

Mitigating Forensic Risk for Practitioners

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Abstract: Mental health and forensic settings experience the highest workplace violence incidents in the healthcare field (Harrell, 2011), yet graduate programs in psychology generally do not teach clinicians how to manage risk in these settings (Burl *et al.*, 2012). To identify preventable risk factors in forensic settings seven subject matter experts employed in forensic settings completed a qualitative survey. Responses were combined into themes with the goal of representing both variety and prevalence of responses. Those sources of risk included: self-awareness, situational awareness, system checks, and de-escalation and offender knowledge. Some of their recommendations for addressing these issues included having staff identify and monitor their own needs and boundaries, with particular attention to sexual cues. Avoid becoming complacent with offenders, remain skeptical, and keep up to date on threats. Ensure facility staff are aware of your movements and schedule. Lastly, enlist interpersonal skills, de-escalation techniques, and adequately prepare for the setting, to effectively work with dangerous persons.

Keywords: graduate training, workplace violence, forensic psychology, workplace violence, assault

Introduction

Professional staff working in forensic settings experience significant risk of workplace violence. Mental health and forensic settings experience the highest workplace violence incidents in the healthcare field (Harrell, 2011). Workplace violence incidents in the mental health field made up 3.9% of all workplace violence incidents, yet employs just 1% of the workforce (Harrell, 2011).

There is evidence that some groups are at greater risk in these settings. For example, men are killed more frequently (81.6% of workplace homicides, Harrell, 2011). On the

other hand, reported incidents indicate that women employed in mental health care are more likely than men to be sexually assaulted and equally likely to be physically assaulted, and require longer to recover from the degree of injury (Fisher & Gunnison, 2001). However, women in healthcare settings were significantly less likely than men to report the workplace violence they experienced (Arnetz *et al.*, 2015).

Women in forensic and psychiatric settings specifically experienced significantly more sexualized threats but were not more likely to report such incidents (Hatch-Maillette *et al.*, 2007). Those who are single (divorced, separated, unmarried, and widowed) are more likely to be victims of non-fatal workplace violence than married employees (Harrell, 2011). More specific to practitioners, one study of therapists found that 81% reported physical attack, verbal abuse, or other harassment from their patients (Tryon, 1986).

In a field known to have particularly high rates of workplace violence, it would seem logical to prepare incoming specialists for the realities of potential violence. Yet, despite graduate programs offering specializations in forensic psychology now including at least 68 programs in the United States (Alexander, 2017), less than 25% of clinicians working in correctional settings have received any formal training in their graduate program on workplace violence risk, such as conflict resolution and safety training (Burl *et al.*, 2012; Magaletta *et al.*, 2007). The forensic specialty aims to train students for the described forensic and psychiatric settings laden with high rates of workplace violence; however they are not trained to mitigate workplace violence. Forensic psychology graduate programs have predominantly female students, in alignment with the gender distribution in the field, who are more likely to experience workplace violence (Fisher & Gunnison, 2001; Fowler *et al.*, 2018; Hatch-Maillette *et al.*, 2007).

Because of the risk in this setting, individual traits that may put someone at greater risk, and the popularity of graduate programs specializing in working with this population, it is important to review the best practices to address the vulnerability of staff. Research has demonstrated that the risk for harm is present for employees in mental health care, and there are some differences between groups. However, it has not examined factors contributing to risk in these settings that may be able to be addressed through training. This study will evaluate what factors supervisors responsible for security find the most problematic and what practices they recommend to mitigate this risk to staff.

Methods

To collect this data, the authors surveyed staff responsible for the security of persons in forensic settings, including those responsible for psychologists, visitors, full time staff, corrections officers, or law enforcement officers. The data was collected anonymously and with approval of the university Institutional Review Board. The data that support

the findings of this study are available from the corresponding author upon reasonable request. A network of approximately 30 supervisors in secure settings were contacted and asked to complete the survey or send the link to another qualified staff member. Of those who ultimately completed the survey, participants included seven subject matter experts (N=7). They described their facilities as three state prisons, one county jail, and three forensic psychiatric hospitals. Six participants were mental health professionals and one was primarily employed as a researcher in these settings. All seven described supervising mental health staff, and some described also supervising other staff, visitors, and inmates or patients. Utilizing an open-ended qualitative survey, they were asked to describe problematic safety issues in their work and best practices they recommend to address these issues. While the people they work with are referred to in different terms (resident, patient, inmate, etc.) we will use the term *offender* throughout to represent a person confined to a secure forensic setting.

Results

A thematic analysis was conducted. Independently, the two authors systematically coded all responses to the content questions. Coded statements were then combined into themes (Braun & Clark, 2006). The authors compared their resulting themes and underlying constructs, which had a high level of agreement. Discrepancies were resolved with the goal of representing both variety and prevalence of responses. The themes that emerged regarding sources of risk included: Self-Awareness, Situational Awareness, System Checks, De-escalation and Offender Knowledge.

Self-Awareness. The participants noted that a variety of personal issues present before employment can increase vulnerability. In the workplace environment a participant noted, “staff are constantly being watched by offenders for behavioral and personality traits they can exploit.” Comments pointed to a path of exploitation by validating staff member’s need to feel attractive. “In my experience, female staff are the most likely to become romantically/sexually involved with _[offenders]. Usually, these women are emotionally needy due to loneliness, divorce, loss, etc. Staff should be cognizant of their own self-care and when they are having personal problems, keep supervisors in the loop. That is being professional.” Statements in this theme also centered around the failure to minimize femininity and attention to sexuality, resulting in increased risk to staff. “Common correctional facility directions forbidding open-toed shoes/sandals, tank tops, tight-fitting clothing help to prevent unwanted sexual attention...[that] could create safety issues for the research team and correctional facility personnel.” Planning for safety in facilities includes planning “everything from the type of attire worn in the prison and the types of personal and team equipment that can be carried into the facility.”

Other statements in this theme also addressed the need to monitor your behavior to maintain professionalism and therapeutic distance with the offenders. One comment put the issue rather succinctly: "Boundaries." This participant stated, "In my career I have lost five female students who lost track of this concept." This points to the issue that their "staff sometimes are not prepared or properly supervised for the types of offenders housed in the facility: rapists, child molesters, pedophiles, stalkers, arsonists, etc." These comments included understanding the professional role and examining the reason why when a staff member allowed any boundary breaches. These statements indicate that self-awareness includes the need for staff to identify and monitor their own emotional needs, manage the way they present themselves to clients with particular attention to sexual cues, and to maintain strong professional boundaries.

Skepticism and Situational Awareness. The participants noted the need to remain vigilant at all times, aware of the setting and people in it. They described this source of risk as due to "staff's lack of personal awareness of their surroundings and lack of situational awareness." They noted that situational awareness "requires a thorough understanding of the environment the team will be operating in." Respondents noted the need to be aware of recent threats against staff and offenders, as well as how day-to-day operations should appear. The participant stated, "The team must know what 'right or normal' looks like. Unfamiliarity with common conditions ... could lead to poor judgements and overreaction by the research team that exacerbates an otherwise benign event into a security concern." Specific recommendations include practicing "awareness of the environment, removing unnecessary objects from the room, sitting closest to the door."

Skepticism encompasses how they develop rapport and comfort with the offenders. Awareness of the capabilities of the offenders and taking appropriate precautions despite the offenders' abilities to manipulate their presentation is essential. A respondent stated, "Staff must always be alert and never be alone with offenders." The respondent elaborated, "some of the nicest people I interview are serial killers," pointing towards the discrepancy between offenders' potential charisma and their possible underlying malevolence.

Likewise, staff training and knowing the offenders is paramount, as "staff sometimes are not made aware of those offenders most likely to exploit them and how they will likely do it." Both having this information and knowing how to implement it is vital. An important skill is quickly "...identifying increased agitation/aggression in the _[offender] and terminating the session if necessary." Respondents recommended "Constant, thorough communication and planning based upon staff's knowledge of their _[offenders]." The respondents noted that each staff member must take "personal responsibility in maintaining situational awareness."

These statements indicate that staff must not only be aware of potential risk in their surroundings; they must also avoid becoming complacent with people who they develop comfort with or in settings where no harm has yet come to them. Skepticism is needed to keep up to date on offender threats and attempts to exploit and harm staff within the facility.

System Checks. Beyond knowing individual threats, it is vital to use the structure in place to ensure safety within facilities. Awareness and appropriate use of basic system security makes a difference. Participants noted the need to heed “specific advice about moving about within/ through the facility and how to make contact/record of one’s presence.” They noted that having the facility staff know where you are, who you are with, and when you are expected back is a system precaution. In the event of an emergency, “Fully understand and comply with standing security protocols established by the Correctional Facility.” Being well-informed of system safety protocol is extremely important considering situations where “[you may] have up to 15 [offenders] in a room with a counselor or tech, so things can get out of hand quickly.”

Participants noted that as the offender’s mental state fluctuates and risk factors change, it is important to all the facility staff that each member takes responsibility for sharing that information. Participants stated, “Document any suspicious behavior for other staff to be informed,” as “a lack of communication and planning between staff can also lead to critical mistakes in safety.”

Participants noted that not all systems are well designed for safety and knowing the weaknesses in the system is important. For example, in one respondent’s workplace, “the officer not being in close proximity to the session can make a person vulnerable.” There are also risk factors of limited “staffing (both numbers, and quality) and diffuse responsibilities.” Weaknesses in the system also include “poor communication and diffuse responsibility by leadership” as well as the physical layout of the environment. A big area of risk is the “logistical set up of the room and any furniture/objects in the room [and] the [offender’s] restraint status (whether they are restrained when leaving their cell or not).”

Training methods should include planning “familiarity with the correctional facilities’ security protocols and how they will comport themselves within the correctional facility during their research project. ... Development of a comprehensive risk mitigation plan that can be supported by the Correctional Facilities security professionals and other key stakeholders ... [and] rehearse it prior to departure from home station and implement it upon arrival.” These statements indicate that staff must use the security structure to notify other staff members of their movement in the facility and communicate fluctuating risk factors. It is also important to be aware of weaknesses in the system, such as the physical layout, and prepare for entering the facility by developing a risk mitigation plan.

De-escalation Skills and Offender Knowledge. The participants emphasized the importance of interpersonal skills and adequate preparation to effectively work with dangerous persons. One risk factor for staff is "...poor awareness of the mood of the group or _[offenders], getting too close physically (within arm's reach), having poor self-awareness and saying things that would get the _[offenders] riled up, not knowing when to set a boundary and kick an aggressive _[offender] out of group, and being ignorant of any underlying factors (gang affiliation, etc.)." Being aware of an offender's recent aggressions and awareness of factors or themes that may escalate them is essential in planning. Some participants noted that developing an understanding of each _[offender] is built into their security protocols. All "... new admissions are placed on restraints (arm and leg cuffs) when they attend mental health services for their first few days so we can see how they do with others while having limited mobility. Once we get enough behavioral data _[and risk assessment results], the mental health and security have a meeting and discuss if the team would be ok taking them off restraints and attending groups with other _[offenders] who have proven to be calm." Removal of restraints can be a motivator for offenders as, "[they] see coming off restraints as a privilege and they work hard to earn it." Careful consideration of the offender's history of behavior and current adjustment issues are excellent harm prevention tactics.

De-escalation and interpersonal skills to handle offenders who escalate is necessary to effectively manage risk when it does occur. The staff of one participant's workplace "emphasize the use of motivational interviewing and humanistic approaches so that [they] get off on the right foot with this volatile population." Their training also includes "[teaching] de-escalation techniques," and requires "new staff shadow existing staff their first few weeks so they can observe how to interact with the _[offenders]. We move staff to other treatment areas if they prove to be unfit or have an abrasive approach." However, while intervening with offenders during an escalation seems related to the skills of psychology staff, many students report not being trained in de-escalation, safety, and conflict resolution (Burl *et al.*, 2012). These statements indicate that staff must both be aware of offenders' repertoire of behavior and recent escalations, as well as develop skills to de-escalate them when needed.

Conclusions

We have found that the majority of future psychologists enrolled in APA accredited clinical psychology doctoral programs offering specialized opportunities in forensics are women (of those with student demographics publicly available). Research indicates that women experience the most unreported assaults in forensic settings (Arnetz *et al.*, 2015). Females are also underrepresented in law enforcement and correctional staff

(Federal Bureau of Prisons, 2022; Prenzler & Sinclair, 2013). Femininity appears to be a risk factor. While the topic is certainly sensitive, it has a direct nexus to assaults and therefore is important for female practitioners to consider the practices described by our participants. These practices include remaining aware of the objects in the room that can be used as a weapon and the range of possible offender behavior, facility-wide compliance of the systems in place for safety, and developing interpersonal skills to identify increasing agitation in offenders and to de-escalate.

Perhaps the most consequential action training programs and facilities can take is to recognize the importance of clear and meaningful written directives and policies. Facility policies must be inclusive of all staff operating in the facility and reviewed consistently. When policies are poorly developed or become outdated, practice can trump the written policy and create ambiguity and confusion. Directives must be communicated clearly, reinforced by periodic training, and allow for no variations or violations. Exceptions lead to unclear expectations among staff and an opportunity for offenders to exploit. It is also critical that supervisors and managers enforce compliance of these critical safety and security systems. In the event a written directive is not working or ineffective, then have a process in place to address the issue and change the policy. Systems are critical to communicating how things are done consistently which leads to clear action and response when incidents occur and require action. Properly designed policies supported with consistent training and compliance are cornerstone to staff safety. This concept is very similar to “officer safety” in law enforcement and corrections where best practices may be leveraged.

Regarding potential training opportunities, themes of risk identified in this study included self-awareness, skepticism and situational awareness, system checks, offender knowledge and de-escalation skills. Self-awareness includes the need for staff to identify and monitor their own needs, manage the way they present themselves to clients with particular attention to sexual cues, and to maintain strong professional boundaries. The self-awareness and self-monitoring repeatedly mentioned by participants is more difficult to teach in graduate programs. However, leveraging practitioners for role play scenario training is a best practice. There should also be training regarding the dual role that forensic psychologists and mental health technicians will experience. Akin to the probation officer dilemma, where they are charged to help probationers while enforcing a judge’s order, forensic professionals working with offenders face a similar challenge. Awareness and preparation on how to effectively treat offenders, while maintaining the self-awareness and situational awareness of a law enforcement or correctional officer, can be daunting. In effect, forensic professionals in offender facilities must wear two hats effectively and consistently.

Ethics texts encourage discussion of the impact of personal needs on psychological practice in supervision, but many practitioners still find it to be a taboo subject (Pope, Sonne, & Greene, 2006). Addressing this more readily in graduate programs would be advisable, particularly for those with forensic specializations where security errors can be life threatening. Identifying life events and how it may impact staff members' own abilities to maintain boundaries may be better monitored using Dickenson and colleagues' Boundary Violating Propensity Questionnaire (Dickenson *et al.*, 2020). Boundary training such as the guided self-reflection described by Epstein (1994), would be an excellent addition to clinical training and supervision practices.

Skepticism and situational awareness help staff avoid becoming complacent and encourages them to collect behavioral data to inform risk decisions, even when staff have developed rapport and a level of comfort with offenders. Being aware of offenders' attempts to exploit and harm others in the facility can help practitioners remain vigilant of their environment despite not experiencing any harm themselves. Policies and routine trainings on managing disruptive behaviors and briefings on physical altercations and threatening behaviors within the facility can help staff remain cognizant of the risk and continually develop de-escalation skills.

Site specific trainings could further demonstrate appropriate security procedures in cases of escalation and physical risk that could prevent harm. Staff being adequately trained in the existing security procedures—and using them to communicate changing risks and their movement in the facility—are vital. Supervisors encouraging staff to evaluate the settings themselves and report weaknesses may be an effective way to continually evolve the security procedure while also keeping staff conscious of risks and appropriate procedures.

Participants noted that knowing the offenders a practitioner is surrounded by, and generally knowing how to appropriately build rapport and set limits, are important interpersonal skills. Systems and adherence to staff updates on changing risk factors and behaviors each morning is an excellent tool for building knowledge of the fluctuations in offender mental health.

Graduate programs and facility trainings on de-escalation are warranted. Practicing a simple model of de-escalation decision making and interventions could be incorporated into classes of clinical skills. From the experience of these authors, thinking of escalation as an inflated balloon and having the options of joining, dominating, distracting, or fleeing are simple concepts clinicians can quickly recall. Joining is to calm them with empathy, dominating is to remind them of expectations and consequences for choices, distracting is to use a change of target or humor to reduce the tension, and fleeing is to find a safe way to leave the situation if explosiveness seems inevitable. There are many excellent models for de-escalation with additional examples and practice opportunities

that could be explored, including a more collaborative model by Roberts and Ottens (2005). We also appreciated the meta-analysis by Price and Baker (2012) of verbal and non-verbal approaches.

The participants in this study identified risk factors under personal control, such as skepticism and attire, as well as management of facility security protocols. They implicate many training opportunities in graduate programs preparing students for work in these settings, at the facility when onboarding, and maintained throughout clinical supervision. Supporting practitioners to work effectively in these settings benefits the field through reduced turnover, as well as practitioners, security staff, and the offenders receiving their care.

References

- Alexander, A. (2017). *Guide to Graduate Programs in Forensic and Legal Psychology*. American Psychology-Law Society. <https://apls.wildapricot.org/resources/Documents/GuidetoGraduateProgramsinForensicPsych.pdf>
- Arnetz, J. E., Hamblin, L., Ager, J., Luborsky, M., Upfal, M. J., Russell, J., & Essenmacher, L. (2015). Underreporting of workplace violence: comparison of self-report and actual documentation of hospital incidents. *Workplace Health & Safety*, 63(5), 200-210.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101.
- Burl, J., Shah, S., Filone, S., Foster, E., & DeMatteo, D. (2012). A survey of graduate training programs and coursework in forensic psychology. *Teaching of Psychology*, 39(1), 48-53.
- Dickenson, E., Roberts, R., & Smout, M. F. (2020). Predicting boundary violation propensity among mental health professionals. *Clinical Psychology & Psychotherapy*, 27(6), 814-825.
- Epstein, R. S. (1994). *Keeping boundaries: Maintaining safety and integrity in the psychotherapeutic process*. American Psychiatric Press.
- Federal Bureau of Prisons. (2022). *Staff Gender*. https://www.bop.gov/about/statistics/statistics_staff_gender.jsp
- Fisher, B. S., & Gunnison, E. (2001). Violence in the workplace: Gender similarities and differences. *Journal of Criminal Justice*, 29(2), 145-155.
- Fowler, G., Cope, C., Michalski, D., Christidis, P., Lin, L., & Conroy, J. (2018, December). Women outnumber men in psychology graduate programs. *Monitor on Psychology*, 49(11). <http://www.apa.org/monitor/2018/12/datapoint>
- Harrell, E. (2011). *Workplace Violence, 1993-2009*. Washington, DC: US Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.
- Hatch-Maillette, M. A., Scalora, M. J., Bader, S. M., & Bornstein, B. H. (2007). A gender-based incidence study of workplace violence in psychiatric and forensic settings. *Violence and victims*, 22(4), 449-462.

- Magaletta, P. R., Patry, M. W., Dietz, E. F., & Ax, R. K. (2007). What is correctional about clinical practice in corrections?. *Criminal Justice and Behavior*, *34*(1), 7-21.
- Pope, K.S., Sonne, J., & Greene, B. (2006). *What Therapists Don't Talk About and Why: Understanding taboos that hurt us and our clients*. American Psychological Association.
- Prenzler, T., & Sinclair, G. (2013). The status of women police officers: An international review. *International Journal of Law, Crime and Justice*, *41*(2), 115-131. <https://doi.org/10.1016/j.ijlcj.2012.12.001>
- Price, O., & Baker, J. (2012). Key components of de-escalation techniques: A thematic synthesis. *International Journal of Mental Health Nursing*, *21*(4), 310-319.
- Roberts, A. R., & Ottens, A.J. (2005). The seven-stage crisis intervention model: A road map to goal attainment, problem solving, and crisis resolution. *Brief Treatment and Crisis Intervention*, *5*(4), 329-339. <https://doi.org/10.1093/brief-treatment/mhi030>
- Tryon, G. S. (1986). Abuse of therapists by patients: A national survey. *Professional Psychology: Research and Practice*, *17*(4), 357.