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Reason in prison: How emergencies are managed in the Italian penitentiary context

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Abstract

Purpose: The prison system is a complex structure in which staff members monitor the prison population with the aim of preventing and coping with possible emergency events. To examine how prison staff conceive plans to manage these events, the present study focuses on the qualitative analysis of critical events and the related coping strategies and conclusions drawn from each episode.

Method: By drawing on 563 narrative forms completed by prison directors and prison officer commanders from all over Italian prisons, four coding families have been identified (the emergency event itself, strategies adopted to manage this event, knowledge gained from this event, and possible improvements to prevent future emergency events) as well as specific categories for each of them. Frequency and chi-square analyses were conducted to identify the differences in occurrences in each coding family and among categories for the type of emergency event.

Results: The findings revealed significant differences both in the occurrence of different types of emergency events and in the way each type of event is managed, as well as in the specific knowledge gained from the experienced event and possible improvements to prevent future emergency events.

Conclusions: According to the data collected, it seems fair to assume that the management of emergencies in prisons is not a problem that concerns a linear mode of intervention but includes several factors—personal, structural, procedural, and relational factors—which together influence the effectiveness of coping with emergencies. The results have been discussed according to the relevant literature on the topic.

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1. Introduction

1.1. The Penitentiary Institution in Italy

Among the political and social debates of particular importance in the Italian context lies the issue of penitentiaries, which provide a setting that the public tends to ignore as if they were a world far from society (Levenson, 2001; Wilson & O'Sullivan, 2004) until an emergency event brings public attention back on it. However, a prison is a small society that reflects the models, processes, and problems of the context in which it is placed (Beckford et al., 2005; Cloward, 1960; Dikötter & Brown, 2018).

What is common to all prison systems is they rely on coercion and inmates do not have a chance to voluntarily exit (Skarbek, 2020). Nevertheless, there are many differences between prisons around the world, starting with the main function that the prison system promotes. According to Skarbek (2020), the same governance needs that exist throughout society also occur in prisons, so each prison reflects in a small way what is happening in society. In Italy, since 1975, the penitentiary system complemented its control function with the constitutional function of social reintegration of the detainee, providing inmates with treatment and rehabilitation activities aimed at their social integration with the outside world. Rehabilitative treatment is implemented mainly through education, work, cultural, recreational, and sports activities, as well as facilitating contacts with the family and the outside world.

Penitentiary institutions in Italy are under the Department of Penitentiary Administration (DAP), and include several structures pursuing different functions:

- The Surrounding House, where people awaiting trial or those sentenced to sentences of less than five years (or with a residual sentence of fewer than five years) are detained.

- The House of Imprisonment, is the institution used for the expiation of sentences of greater magnitude.

- The juvenile penal institution, is used for the detention of minors (over 14 years old, up to 25 years old).

- The Residences for the Execution of Security Measures (REMS).

The penitentiary institution consists of a multitude of actors and social groups working alongside the prison population, playing different roles and pursuing different objectives, divided into five areas: security, pedagogical, health, administrative accounting, and secretarial (Ministero della Giustizia, 2005). The first area, security, includes the most professional figures

present in Italian prisons, the prison officers. Nonetheless, the average prisoner-to-agent ratio is 6:1, differing greatly from the European one (6:2) (Council of Europe Annual Penal Statistics, 2018). The role of prison officers is to ensure order and security, application of restrictive personal freedom measures, and participate in the observation and re-educational treatment of detainees (Prison Law: Norme sull'ordinamento penitenziario e sulla esecuzione delle misure privative e limitative della libertà, 1975); commanders are the top leaders of the Italian prison police.

Other outstanding figures are directors and deputy directors, carrying out various functions, including the management and territorial coordination of prison administration, and control and monitoring of results and objectives achieved (Prison Law, 1975). Directors also coordinate and control the performance of a penitentiary institution's activities, decide on suitable initiatives for projects in the institution, and provide instructions to staff.

1.2. Emergencies in the penitentiary context

Within the penitentiary system, professionals monitor inmates by referring to a legislative component, specific skills, and individual characteristics, to prevent any possible emergency and manage and mitigate their consequences (Frese & Keith, 2015; Konda et al., 2012; Roosevelt, 2003). An emergency is a complex situation (due to human error, organizational failures, or even external events) possibly leading to serious consequences and requiring rapid and qualified intervention. From a psychological perspective, an emergency is an interactive situation characterized by a threat, leading to emotional activation and a search for available resources to make a rapid decision to cope with the critical issues (Sbattella & Tettamanzi, 2013).

In prisons, the types of emergencies can vary, among them rules violations and prisoner riots with episodes of physical or verbal aggression, refusal of prescriptions, damage, and threats (Jacobs, 1974; Lyman, 1989; Ross & Richards, 2002). Specifically, types of aggression among inmates include reactive aggression (impulsive, affective, or hostile), characterized by a spontaneous lack of control that occurs with little or no thought; and proactive aggression (premeditated, predatory, or instrumental) (Babcock et al., 2014; Weinshenker & Siegel, 2002), characterized by a planned violent response. The risk of aggression can increase in case of substance dependence or psychopathy diseases (Boles & Miotto, 2003; Cima et al., 2008; Gottfredson et al., 2008).

Other types of emergencies include strategic and exploitative threats and hunger or thirst strikes; particularly, it emerges how inmates can act "instrumental" behaviors as a need to draw attention to themselves or diversions to escape from a reality considered intolerable (Buffa, 2011). These

actions can be forerunners of hunger and/or thirst strikes, namely voluntary behaviors without medical justification, which overall constitute an alternative form of communication with the penitentiary institution, to send a message or receive a reply when contextual conditions make it difficult or useless to verbally communicate (Maffei, 2003.).

Ultimately, extreme emergent events can be self-harm and even suicide, which may affect both the prison population and personnel (Clemmer, 1958; Dikötter & Brown, 2018; DiIulio, 1987; Hassine, 1996; Jacobs, 1974). Literature suggests that detainees tend to commit suicide more frequently in the first days and weeks of detention, due to the impact of the prison environment and the shock resulting from it, which would take on the meaning of "main precipitating factor towards the self-suppressive gesture". Moreover, the research highlighted a relation between suicidal events and the crowding of penal institutions (Buffa, 2008). Prolonged exposure to these events triggers work-related stress that may lead to burnout or other long-term pathological conditions (Dowden & Tellier, 2004).

1.3. Reason's model as a theoretical framework

According to Reason's (2000) "Swiss cheese model of system accidents", a detailed analysis of the conditions leading to failures is essential for discovering systematic and recurrent errors and, thus, identifying improvements applicable to the whole system. Taking a systemic perspective allows us to acknowledge that "the error is not the monopoly of a few unfortunate people" (Reason, 2000), thus overcoming a "scapegoat" logic. This paves the way to identifying the latent factors that affect recurring patterns of errors, namely, the same set of circumstances that can cause similar mistakes, regardless of the people involved.

Reason suggests that complex organizations can be metaphorically seen as a form of Swiss cheese with many holes. Although the presence of holes in any "slice" does not normally lead to a negative result, when the holes in many layers align, a trajectory of accident opportunities may lead to failures. An important protective factor that complex organizations—such as the penitentiary system—may rely on to face possible failures, is reflection on the critical issues faced over time and learning from how they have effectively managed these issues (Schippers et al., 2013).

1.4. The present study

The study presented below stems from the need of the Department of Penitentiary Administration of understanding the functioning of management practices in emergencies. Based on Reason's (2000) model, factors of interest in emergency management in detention

settings were identified, taking into consideration the characteristics of the Italian detention context.

1.4.1. Aims

Our first research question was about understanding the main factors that played a role in enhancing the occurrence of critical events in prisons, in the eyes of prison managers (namely, prison directors and prison officer commanders). Assuming that prisons are complex organizational systems, we adopted Reason's (2000) conceptualization to identify the latent factors related to different domains of organizational life which could lead to emergencies. To the best of our knowledge, no studies have applied this model to the prison context; thus, this study may contribute to the literature by highlighting a dynamic framework for understanding emergencies in the penitentiary system. Furthermore, few studies have analyzed prisons from an organizational perspective. Thus, assuming that qualitative methods may better capture the complex nature of these workplaces and applying Copes et al.'s (2000) suggestion to prioritize these methodologies to focus on the understanding of specific processes, we adopted a qualitative method to offer an in-depth analysis of key factors and a description of how each may contribute to the likelihood of a critical event in prisons.

The second research question involved the relationship between critical events and the possible strategies to cope with them. Failures and errors are stressful events, and the way organizations appraise and manage them may lead to worse or milder consequences (Farnese et al., 2020; Frese & Keith, 2015). The error management approach assumes that human errors can never be completely prevented, and prevention should be complemented with effective coping strategies to manage the situation once a failure has occurred. Effective error management implies the early detection of criticalities and latent errors, competency in recovery and communicating with teammates, and, afterward, learning from errors and implementing improved or new practices (van Dyck et al., 2005). Therefore, in this study, we focused on the strategies taken by staff to deal with stressful events, aiming to highlight the most adopted mechanisms and to gain further knowledge on how they specifically relate to different types of critical events.

Third, according to the hypothesis that national context may affect specific processes and dynamics (Schaufeli & Peeters, 2000), we further aimed to contribute to the knowledge on emergency management in prison, focusing on the Italian context, which is underrepresented in the literature (Farnese et al., 2017, 2018).

2. Materials and Methods

This study analyzed narratives regarding critical events faced by prison directors and prison officer commanders from prisons all over Italy; drawing on the critical interview method (Flanagan, 1954), participants were asked to think about a concrete emergency they faced in their professional experience over the previous 5 years. They were asked to describe, in paper-and-pencil format, *a)* two critical events they had thought of and *b)* what they had learned from these events. All participants provided written consent.

2.1. Procedures

Forms were collected over a year and a half (October 2016—February 2018) during several training sessions on emergency management, with different groups of participants that, overall, represented the whole management level of the Italian prison system. The researchers were part of a team of trainers and one of them, at the beginning of each session, proposed participants to fill out the form to better understand their representation of emergencies in their work context and to reflect with them on these critical experiences. The narratives of the episodes (N = 563) were transcribed.

2.2. Analyses

Adopting a quantitative content analysis technique (Braun & Clarke, 2006; Riffe et al., 2019), we followed two steps. In the first step, two team members separately encoded the narratives to identify the relevant sections and recurring themes. A systematic comparison was performed to reach a consensus, disagreements were solved through discussions, and in cases of disagreement a third team member was involved (Levitt et al., 2017).

The two coding team members identified two main families within the first question (the critical event description): "Critical event" and "Crisis management strategies" and two main families within the second question (lessons learned): "Learning" and "Improving".

"Critical event" represents a set of linked events that led to an emergency. Respondents could report the critical event that most affected their professional experience, discussing an event that led to the beginning of an emergency as well as the conditions underlying the critical situation. "Crisis management strategies", relates to the coping actions—whether effective or not—adopted to solve the critical event. "Learning", concerns all aspects that have been learned, namely, lessons to remember when managing this kind of emergency in the future; "Improving", refers to the actions that have been taken for granted, which are worth recalling or can be implemented in the future. For each coding family, researchers identified the main dimensions and specific categories emerging from the narratives.

In the second step, to highlight possible patterns of relations among categories, Chi-square analyses were conducted to test for differences among each coding family and for differences across the dimensions included in each coding family. Coding and statistical analyses were performed using ATLAS.ti Scientific Software Development GmbH (version 5).

3. Results

3.1. Critical Events

The "Critical event" family includes all those conditions that are the basis for an emergency; such an event is the pivot around which the whole event revolves and determines the type of management strategy to put into action (Ghaddar et al., 2008; Trounson & Pfeifer, 2017). Critical events are influenced by how the staff manage them and by organizational strengths or weaknesses. Consequently, these events and the resulting stress hurt the effective functioning of the whole prison organization (Dowden & Tellier, 2004).

In the "Critical event" coding family, seven dimensions emerged: organizational issues, structural problems, breach of rules, medical matters, individual discomfort, self-harm, and suicide. The dimensions and the categories identified for each of them are described in the following subparagraphs and summarized in Table 1 (For narratives examples see Supplementary Table S1; for categories description Supplementary Table S2).

3.1.1. Organizational issues

All the cases originating from internal events within the prison—such as the workload of staff and prisoner placement and transfer—have been grouped in the "organizational issues" dimension (Dowden & Tellier, 2004; Gould et al., 2013; Lambert et al., 2010; Mahfood et al., 2013). Among these events, the most frequent difficulties concern "organizational problems", such as bureaucratic and time pressures in communication and work performance, which cause the staff to act immediately, without being prepared in advance, and make personal sacrifices, thus leading to increased workload or stress level (Dabney, 2010; Violanti & Aron, 1995). Other categories are related to the integration activities of inmates and the employment or management of personnel. In these dimensions, an emergency arises during the intervention, feeling that there are not enough skills and expertise (Bennett & Dyson, 2014; Ramluggan, 2013). The chi-square test showed statistically significant differences in frequencies among categories ($X2$ (16, $N = 100$) = 133.580, $p < .001$; Table 2). From the analysis of residues, it emerged that the most common scenario is the "organizational problems" category. It can be hypothesized that choosing to report generic problems rather than specific events is related to

the importance of these situations at the outset of emergency events, often at the beginning of the chain of errors (Reason, 2000).

3.1.2. Structural problems

"Structural problems" concerns all categories that result from the inadequacy of the workplace. It relates to workplace safety, highlighting failures to cope with external factors (e.g., an earthquake, a gas leak, the presence of mice) and in performing effective joint intervention of internal and external professionals, such as authorities or maintenance services. It also relates to the physical security of prisons, being insufficient or obsolete architectural aspects (e.g., housing conditions, or rescue devices) are a main cause of emergencies (Shaw, 2019; United Nations Office on Drugs and Crime, 2015). Within this dimension, there are no statistically significant differences between the emergencies.

3.1.3. Breach of rules

The "Breach of rules" dimension includes episodes of all deviant behaviors expressing the active and intentional purpose of violating shared norms (e.g., physical, or verbal aggression, rejection of directions or prescriptions, damage, threats, and protests). Almost all these episodes are carried out by inmates, yet in a few cases by officers. Protests are the most represented critical events. Additionally, episodes of interpersonal aggression are prominent critical events, usually described without any indication of their causes while violations such as objects' concealment or narcotics' possession take place because of the culture of exchange and extortion shared by inmates (Buentello et al., 1991; Skarbek, 2014). These violations are usually carried out to obtain benefits from other inmates such as being protected within the prison walls (Gundur, 2018). Other deviant behaviors are against the organization, such as the damage caused to facilities, the refusal to take prescriptions, and the exertion of demonstrative behavior towards the organization (Crewe et al., 2014).

Finally, some narratives relate to an unintentional breach of rules, that nonetheless lead to emergency episodes (such as traumatic accidents) that involve prison officers, both directly in their management, and in-directly as a witness. (Harrell, 2011; Spinaris et al., 2012).

The chi-square test shows statistically significant differences in frequencies among these categories ($X2$ (18, $N = 205$) = 207.161, $p < .001$; Table 2). From the observation of residues, "prisoner protest" is the most frequent category in this dimension.

3.1.4. Medical matters

This dimension includes categories concerning "medical matters", such as epidemics, the need to go to the emergency room, and prisoner illnesses, that is all medical emergencies or acute physical health conditions. Also, cases of deaths of prison staff due to natural causes during working hours have been included, representing an unexpected tragic event affecting the work life. Whereas the mental and physical pathologies of a chronic nature (which represent the routine practices of the prison health sector that do not involve participants) have been excluded. Among the categories reported, there were statistically significant differences ($X2$ (3, $N = 26$) = 22.923, $p < .001$; Table 2). Analyzing the residues, in accordance with a recent prison health study (Semenza & Grosholz, 2019), the severe illness of prisoners is the most statistically frequent event quoted in the narratives.

3.1.5. Individual discomfort

The dimension "individual discomfort" involves episodes of pain reported by prisoners (and, in a few cases, by prison staff), including family-related problems. For prisoners, confinement involves discomfort and stress, as they must adapt to confinement, accept being away from their spouses and children and deal with legal issues. These categories are mostly represented by prisoners' demands concerning their well-being needs and personal problems, which are often intertwined with psychological discomfort and physical distress (Bonner, 2000). This leads people to make repeated requests for movements, telephone contacts or meetings, and clarifications of their legal position. Regarding the detention condition, the negative feelings of prisoners are often projected onto the prison officers, who, for their part, should dissolve the psychic tension and try to break the vicious cycle of aggression in which the line between "perpetrator" and "victim" becomes blurred (Hemmens & Marquart, 2000). Narratives highlight that the restriction of freedom and the consequent pathologies seem to affect not only individuals who have committed a crime but also those who are called to contain, control, and rehabilitate them (Maslach et al., 2001; Schaufeli, 2006).

Within this dimension, there are statistically significant differences between the categories reported ($X2$ (5, $N = 66$) = 33.091, $p < .001$; Table 2), being the personal distress of prisoners the most frequent critical, event and psychological discomfort due to homicide being the least frequent.

3.1.6. Self-harm

The "self-harm" dimension includes all the categories concerning hunger or thirst strikes, self-injury, or strategic and exploitative threats. These acts are mostly used to receive attention and

express distress and are mainly adopted by foreign inmates due to language difficulties in showing their discomfort. Protests reflect the choice to take a risk rather than be subjected to injustice by authorities (Scanlan et al., 2008). Moreover, Italian prisoners often carry out self-harm to obtain benefits that are not provided (Laws & Crewe, 2016). Recently, scholars conceptualized harmful conduct towards oneself and other people simultaneously as "dual harm" (Slade, 2018), misconduct due to a dysregulation of emotions (Hemming et al., 2020; Roberton et al., 2012). Indeed, these self-harm behaviors endanger the life of the individual who, from being the subject of the protest, then becomes a victim (Biggs, 2007; Siméant & Traini, 2016; Stern et al., 2010).

In this dimension, statistically significant differences among the categories emerged ($X2$ (3, $N = 78$) = 35.538, $p < .001$; Table 2), with self-harm and hunger strikes being the most represented emergencies.

3.1.7. Suicide

In this dimension, all the narratives concerning suicides, suicide attempts, or threats are collected; it is worth noting that such events may be related to either prisoners or staff members. These dramatic episodes are prominent stressors because they are high emotionally demanding events. Moreover, they are often perceived as unexpected behavior, whose signals are complicated to catch early, and difficult to prevent. Suicide is such a shocking event that can even become a causal precursor of the suicide of someone else; the intensity of their pain can lead to consider emulating the suicide that they heard about (the Werther effect). Prison staff, in the role of the containment and care of prisoners, are subjected to these stressors that can damage their psychophysical well-being or trigger harm mechanisms, toward others or themselves (Ghaddar et al., 2008; Trounson & Pfeifer, 2016). Studies have reported an increase in suicides in the areas surrounding local people who commit suicide, especially if the news is unexpected and sensationalized (Niederkrotenthaler et al., 2010; Phillips, 1974). The frequencies among categories do not show statistically significant differences in their occurrences.

Overall, within the "Critical event" coding family, Breach of rules (n.205) and Organizational issues (n.100) were the most represented dimension, followed by behaviors expressing deep emotional discomfort (Self-harm n.87; Individual discomfort n.66; Suicide n.56), whereas Structural problems (n.32) and Medical matters (n.26) are the least represented dimensions (Table 1). Their different weight in the narratives suggests that respondents, from their managerial perspective, interpret emergency events as mainly affected by organizational factors and processes that are under their direct responsibility and are often latent causes of subsequent critical issues (Table 2).

Table 1. Dimensions and Categories for "Critical Event" coding family.

Dimensions	Categories	Frequency	Total
Organisational issues	Workload	4	
	Institute closure	3	
	Confused intervention	6	
	Staff employment	6	
	News spread	2	
	Prisoner integration	11	
	Chain investigation	1	
	Indult and release	2	
	Non-Intervention	2	
	Request denial	4	
	Work news	7	
	Organisational problems	30	
	Being together issues	12	
	Prisoner displacements	2	
	Staff displacements	2	
	Office relocation	1	
	Transfer of prisoners	5	100
Structural problems	Environmental emergency	12	
	Structural emergency	20	32
Breach of rules	Physical aggression	32	
	Verbal aggression	11	
	Staff verbal aggression	9	
	Barricade	8	
	Property damaging	11	
	Evasion	8	
	Detainee/Staff management	1	
	Fire	15	
	Threats	9	
	Objects concealments	5	
	Drugs possession	6	
	Prisoner's protest	46	
	Staff protest	5	
	Prisoner withholding of instructions	19	
	Staff withholding of instructions	6	
	Prisoner's disappearance	1	
	Attempted evasion	6	
	Rules violation	2	
	Breach of licenses	5	205
Medical matters	Staff death	2	
	ER or hospitalization	3	
	Prisoner physical illness	17	
	Epidemic risk	4	26
Individual discomfort	Individual discomfort	8	
	Problematic prisoner	24	
	Staff individual discomfort	5	
	Homicide	1	
	Family problems	10	
	Detainee's demands	18	66
Self-harm	Self-harm	34	
	Self-harm threat	9	
	Hunger strike	31	
	Thirst strike	4	78
Suicide	Prisoner suicide threat	14	
	Prisoner suicide	15	
	Staff suicide	9	
	Prisoner attempted suicide	10	
	Staff attempted suicide	1	
	Prisoner suicide intent	7	56
Total			**563**

Table 2. Chi-square statistics for cases within each Critical Event.

Test Statistics

	Organisational issues	Structural problems	Breach of rules	Medical matters	Individual discomfort	Self-harm	Suicide
Chi-Square	133.580[b]	2.000[f]	207.161[a]	22.923[g]	33.091[d]	35.538[c]	13.857[e]
df	16	1	18	3	5	3	5
Asymp. Sig.	0.000***	0.157	0.000***	0.000***	0.000***	0.000***	0.017*

3.2. Crisis Management strategies

The second coding family refers to "crisis management strategies", namely, all the forms of intervention, whether decisional or practical, that the staff carries out to deal with an emergency. The gauging of an effective management strategy is the most delicate phase because the pursuit of finding the best solution must be combined with security criteria and available resources. Further, this is the most demanding phase for the implementation of problem-focused strategies because, at the same time, prison officers are also facing a critical or traumatic event (that requires emotion-focused strategies) and are often under time constraints, having to take immediate responsibility for managing the emergency (Trounson & Pfeifer, 2017).

Five categories concerning the operational strategies implemented by prison staff have been identified, referring to an interaction with the individual—staff member or inmate—who caused or experienced the critical event (dialogue and listening); in the case of medical issues, the request for intervention of health care professionals and doctors (medical intervention). Other strategies concern the swift application of protocols and well-rooted practices (immediate intervention), the intervention of prison directors, law enforcement, or other institutional figures (intervention of authority), or the collaboration between different professionals within the prison, such as educators, psychologists, and interpreters (cooperation). The occurrences of these different management strategies have been analyzed about each type of critical event (Table 3) and described below.

Table 3. Categories for the "Crisis management strategies" and occurrences in each Type of Critical Event

Crisis management strategies

	Cooperation	Dialogue and listening	Intervention of the authority	Immediate intervention	Medical intervention
Organisational issues	45	17	26	17	6
Structural problems	13	3	27	7	0
Breach of the rules	38	68	71	88	17
Medical matters	6	4	5	7	8
Individual discomfort	44	21	10	15	5
Self-harm	24	34	21	13	15
Suicide	17	15	7	16	7
Total	**187**	**162**	**167**	**163**	**58**

3.2.1. Strategies for managing organizational issues

"Cooperation between subjects and areas" is the most used strategy to cope with organizational issues. It focuses on individual treatment and detainee re-education. Cooperation within the staff is fundamental for the recovery of inmates because different professionals look at inmate problems from different perspectives and can adopt the most appropriate form of intervention for the specific person and circumstance. Work experience depends largely on the structural and social arrangements of the organization. A rigid organization can often be oppressive and inhibit the work of prison officers; because they have to cope with complex situations but have no freedom to make decisions, their performance may decrease (Shane, 2013). The literature on the management of organizational problems in the prison context is rather sparse, and the results of the various existing studies are inconsistent (Gould et al., 2013; Trounson & Pfeifer, 2016). However, from our narratives, a systemic perspective for managing complex organizational issues emerges. The strategies for managing organizational issues show significantly different occurrences ($X2$ (4, $N = 111$) = 38.324, $p < .001$; Table 4).

Table 4. Chi-square statistics among Critical Event (CE) categories and among categories of each of the other Coding families.

		Organisational issues	Structural problems	Breach of rules	Medical matters	Individual discomfort	Self-harm	Suicide
CE* Management	Chi-Square	38.324[b]	26.480[f]	57.397[a]	1.667[g]	48.526[d]	12.953[c]	8.000[e]
Strategies	df	4	3	4	4	4	4	4
	Asymp. Sig.	0.000***	0.000***	0.000***	0.797	0.000***	0.012*	0.092
CE*Learning	Chi-Square	8.353[b]	10.273[e]	17.759[a]	2.000[f]	23.667[d]	8.634[c]	10.273[e]
	df	5	4	5	3	5	4	4
	Asymp. Sig.	0.138	0.036*	0.003**	0.572	0.000***	0.071	0.036*
CE*Improving	Chi-Square	9.263[b]	16.824[f]	17.611[a]	4.857[g]	16.957[d]	4.351[c]	6.091[e]
	df	5	4	5	3	5	5	5
	Asymp. Sig.	0.099	0.002**	0.003**	0.183	0.005**	0.500	0.297

3.2.2. Strategies for managing structural problems

These strategies concern situations where the intervention of the professional alone is not sufficient because different roles, responsibilities and authority are needed, for instance when upper-level decisions or coordination with other areas of intervention are needed (e.g., health care institutions, fire departments, or other institutions). Security strategies include respect for hierarchies, the use of necessary equipment and resources in each specific situation, and cooperation with law enforcement agencies outside of the prison (Shaw, 2019; United Nations Office on Drugs and Crime, 2015). The chi-square test confirms that "intervention of the authority and law enforcement" is the most used strategy to manage emergencies due to structural factors ($X2$ (4, $N = 50$) = 26.480, $p < .001$; Table 4).

3.2.3. Strategies for managing breach of rules

In this dimension, "immediate intervention" is the most used approach to deal with violations. Since this intervention is strongly associated with aggressive or damaging actions, prison workers are the first to arrive and work towards the containment of the emergency. Despite the number of studies on prison organizations, few of them have focused on the acts of aggression by inmates towards prison workers (Williams & Porter, 2016).

The formal support by authorities and negotiating processes through dialogue and listening are further strategies often applied to cope with breach of rules emergency episodes. The chi-square test confirms that the differences in the choice of management strategies are statistically significant ($X2$ (4, $N = 282$) = 57.397, $p < .001$; Table 4).

3.2.4. Strategies for managing medical matters

Consistent with the issue, the more common approach in this dimension concerns the "medical intervention" category, which is used whenever the urgent help of medical personnel is required. Nonetheless, no statistically significant differences emerged among the management strategies categories; therefore, it seems that events concerning health problems are managed in different ways and with multiple strategies (Table 3), depending on the situation.

3.2.5. Strategies for managing individual discomfort

In the "individual discomfort" dimension, the most commonly used crisis management strategies related to the "cooperation between subjects and areas" category, allowing us to evaluate the case-by-case specific needs of the individual and prevent the precipitation of discomfort (Hemming et al., 2020). More rarely, "medical intervention" is required unless these events also entail acts of self-harm or prisoners' pathologies. The chi-square test shows that emergencies related to individual discomfort are managed in significantly different ways ($X2$ (4, $N = 95$) = 48.526, $p < .001$; Table 4).

3.2.6. Strategies for managing self-harm

The most used approach to managing self-harm critical events refers to the practices related to "dialogue and listening". This strategy can be used on several occasions because it is fundamental for case-by-case assessment. For instance, when self-harm situations are perceived as acts of manipulation and blackmail, this can affect prison staff responses and lead to collective negative feelings (Ramluggan, 2013). Other strategies often adopted are listening among colleagues (e.g., in ad hoc meetings) to update, resolve internal conflicts, find a response to organizational problems, and complement the lack of skills of some teammates (Council of Europe, 2014). Respondents reported several practices with reflexive aims (e.g., meetings to discuss an event and think about the best way to proceed), mediation aims (e.g., in the case of role conflicts), or skill development (e.g., the sharing of information to make some people aware of the operational methods of intervention; Trounson & Pfeifer, 2016). Other important strategies are related to cooperation among different professionals, which may offer tailored support, and call for the intervention of higher authorities.

The chi-square test confirms that the differences in the choice of management strategies are statistically significant (X2 (4, N = 107) = 12.953, p < .001; Table 4).

3.2.7. Strategies for managing suicide and suicide attempts

Strategies for coping with this disruptive critical event mainly include collaboration between different areas of intervention and professionals, to achieve individualized support. Also, interpersonal collaboration through listening and dialogue seems to be an important factor for enhancing unity within the working group and the feelings of support provided by operators to prisoners as well as the social support existing among the prisoners themselves. The chi-square test shows that the strategies for coping with suicides significantly differ and that "cooperation between subjects and areas" is the most frequently adopted strategy (X2 (4, N = 62) = 8.000, p < .001; Table 4).

3.3. Lessons from critical events

After describing emergency events, participants were asked to highlight what they learned from them. The analysis of their reflections led to the identification of two coding families, one ("learning") related to what they have learned from the experience, the other ("improving") related to the competences that could be implemented in the future to enhance emergency management effectiveness.

For both coding families, six categories were taken into account: awareness of each individual's problems (attention); ability to involve the families of inmates and staff in taking care of inmates' needs (caring); accountability and commitment of staff and their willingness to cooperate to pursue institutional aims (collaboration); development of procedural and emotional skills, above all through training, to implement prevention; prompt intervention through technical and nontechnical skills (e.g., communication); and staff management abilities (staff abilities). These are the main competences that participants assessed as possible strengths or weaknesses in managing critical events. Detailed occurrences of competences are shown in Tables 5 (Learning) and Table 6 (Improving). These six categories have been analyzed, referring to each of the seven types of critical events both for learning and for improving.

3.3.1. Learning

Table 5. Categories for "Learning" and occurrences in each Critical Event

Learning

	Collaboration	Intervention	Prevention	Attention	Caring	Staff abilities
Organisational issues	11	5	7	5	2	4
Structural problems	10	4	3	4	0	1
Breach of rules	22	11	22	14	15	3
Medical matters	4	4	3	0	0	1
Individual discomfort	12	8	1	12	1	2
Self-harm	14	7	4	11	5	0
Suicide	8	1	8	3	2	0
Total	**81**	**40**	**48**	**49**	**25**	**11**

3.3.1.1. Learning from structural problems

Collaboration seems to be a response to the difficulties and can help to overcome the closure attitude of prison staff, brought about by a "procedural" vision (Reason, 2000; Shane, 2013). Indeed, the critical events concerning structural problems highlight how collaboration, on these occasions, is considered a competence of remarkable importance ($X2$ (4, $N = 22$) = 10.273, $p < .05$; Table 4).

3.3.1.2. Learning from breach of rules

The analysis of the narratives has shown the need for specific prevention work, for those events that are more difficult to manage (Harrell, 2011; Spinaris et al., 2012). Participants focus their attention on training and stress prevention. This is the case when stress spills over into both family and work life, with dramatic consequences for the individual and their family, colleagues, and prisoners (Roberts & Levenson, 2001).

The chi-square analysis within the critical event "breach of rules" confirms that collaboration and prevention are considered the most important lessons from emergency events ($X2$ (5, $N = 87$) = 17.759, $p < .01$; Table 4).

3.3.1.3. Learning from individual discomfort

The critical events concerning the individual discomforts of inmates and prison staff highlighted how collaboration and attention are important dimensions learned from such events (X2 (5, N = 36) = 23.667, p < .001; Table 4). Specifically, attention relates to the ability to deal with each personal discomfort as unique, where individual cases deserve the same attention as other critical events that may occur in the prison environment. Moreover, attention also relates to the early detection of behavior escalation, which can aid in the implementation of a swift intervention, avoiding a dramatic outcome (Hobbs & Dear, 2000).

3.3.1.4. Learning from suicide

In this case, as already highlighted for the breach of rules, the training of staff in stress management skills can be of the utmost importance for both suicide prevention and in coping with the emotions arising from such an event (Hemming et al., 2020; Lucchetti, 2014). Within the narratives included in "suicide", the differences that emerged among dimensions are oriented towards collaboration and prevention (mainly through training) (X2 (4, N = 22) = 10.273, p < .05; Table 4).

3.3.1.5. Learning from other types of critical events

When describing the other types of critical events (organizational issues, medical matters, and self-harm episodes), participants related to the six possible competencies gave them similar relevance. Indeed, the chi-square analysis did not show significant differences. This result suggests that reflecting on these critical events, participants learned that all of them were important competencies that had played a role in managing these emergencies.

3.3.2. Improving

Table 6. Categories for "Improving" and occurrences in each Critical Event.

	Improving					
	Collaboration	Intervention	Prevention	Attention	Caring	Staff ability
Organisational issues	9	11	21	10	9	16
Structural problems	0	3	10	2	1	1
Breach of rules	13	18	30	10	13	11
Medical matters	1	6	5	2	0	0
Individual discomfort	4	8	16	10	8	1
Self-harm	7	6	7	9	6	2
Suicide	5	5	10	5	6	2
Total	**39**	**57**	**99**	**48**	**43**	**33**

3.3.2.1. Improving from structural problems

To manage structural problems, it seems necessary to act preventively by limiting the occurrence of errors and using specific procedures to contain their effects (Roosevelt, 2003; Stern et al., 2010). This can also be done by monitoring the stress of prison operators (Nieuwenhuijsen et al., 2010), the existence of evacuation protocols, or direct access to rescue devices (Shaw, 2019; United Nations Office on Drugs and Crime, 2015). Therefore, prevention strategies seem to be the most represented dimension that should be improved to solve "structural problems" ($X2$ (3, $N = 26$) = 22.923, $p < .01$; Table 4).

3.3.2.2. Improving from breach of rules

Regarding prevention, the need to provide documents of good practices for the identification of signs of suicidal acts and gestures of self-harm emerged (Council of Europe, 2014). Additionally, identifying the escalation of such behavior can help prison staff to implement early interventions that avoid dramatic outcomes. To prevent these critical events, training is the main tool: narratives underline the importance of acquiring specialistic skills for the management of psychiatric inmates, mediation techniques to mitigate internal conflicts among inmates, and communication techniques both horizontally, between different areas of operation, and vertically, between managers and administration (Trounson & Pfeifer, 2017). Also, for this type of critical events, prevention seems to play an important role to improve ($X2$ (5, $N = 95$) = 17.611, $p < .01$; Table 4).

3.3.2.3. Improving from individual discomfort

In situations of individual discomfort, a stigma regarding mental disorders still exists, among both inmates and officers (Bennett & Dyson, 2014; Ramluggan, 2013). To deal with these emergencies, preventing emergencies seems to be the main competence to manage these emergency events ($X2$ (3, $N = 26$) = 22.923, $p < .01$; Table 4).

3.3.2.4. Improving from other types of critical events

Also, when reflecting on how to improve in managing the other types of critical events (organizational issues, medical matters, self-harm episodes, suicide), participants considered all the possible competencies were similarly important and could play a role in managing these types of emergencies. Indeed, the Chi-square analysis did not show significant differences (Table 4).

Considering both lessons learned and key competencies to implement, findings highlight that some types of emergencies (structural problems, breach of rules, individual discomfort) need

specific competencies to be managed, whereas other types need several competencies, presumably to enact based on the specific situation or in an integrated way.

4. Discussion

This study aimed to explore critical events in prisons, investigating whether and how latent factors contribute to their existence and the possible strategies adopted to cope with these events; findings showed how the emergencies may be extremely different, requiring multiple management strategies, which can play a key role in the effective handling of the critical situation.

Regarding the types of critical events that emerged from the analysis, two of the seven coded dimensions—organizational issues and structural problems—were related to the typical latent factors that Reason (2000) identified as the main causes of accidents and emergencies. Indeed, participants mentioned inadequate skills, a lack of resources, and slowdowns for bureaucratic reasons, as the prominent elements of critical events. These elements, overall, refer to organizational constraints, which have been acknowledged in the literature as major stressors in work-life (Kaluza et al., 2020; Pindek & Spector, 2016). Two further dimensions—breach of rules and self-harm—are related to procedures; nonetheless, they express prisoners' intentional violations of norms. They depict counterproductive behaviors (Fox et al., 2001; Singh, 2019) both against the organization (e.g., damage to objects) and against persons (e.g., self-harm). Through these behaviors, conflicts in the workplace are expressed, especially when actors have asymmetric power relationships, because of perceived unfairness or situational constraints (Hershcovis et al., 2007); role ambiguity is enhanced among prison staff, who have two conflicting demands to meet simultaneously, facilitating prisoners' education in terms of the law and guaranteeing order and safety (Schaufeli & Peeters, 2000). Thus, these events represent an emotion-based response of inmates to cope with stressful conditions (Fox et al., 2001), which in turn paves the way for higher perceived stress among prison staff. Further consideration can be made regarding people with psychiatric disorders who are incarcerated; although the collected data is not sufficient to make a specific analysis on the issue, it should be acknowledged that people with psychiatric disorders are at greater risk of enacting suicidal or aggressive behavior. Previous studies have shown possible links between suicidal, self-harming, and aggressive behaviors in psychiatric inmates, particularly in the presence of comorbidities (Blaauw et al., 2000; Bruno et al., 2018; Facer-Irwin et al., 2019; Ferraro et al., 2018; Sorge & Saita, 2021). These studies have focused more on the presence of disorders such as PTSD (Facer-Irwin et al., 2019) and addiction behaviors (Frisone, 2021; Stojadinovic, 2020; Williaams

et al., 2005). It is also important to include within emergency management in detention settings the psychopathological aspects, as studies investigating the link between the presence of severe mental disorders and the risk of recidivism at the end of the detention period show mixed results (Baillargeon et al, 2019; Begun et al, 2016; Cloyes et al., 2010; King et al., 2018; Visher et al., 2014), and integrating these considerations within emergency management procedures in the detention setting can be useful both in the immediate support of detainees and in the long-term detention pathway to help them with return into society as well.

Most of the dimensions—medical matters, individual discomfort, self-harm (again), and suicide—are related to different degrees of emotional stressors, that is, to highly demanding relations with inmates because they strongly affect the emotional sphere. These dimensions can be considered similar to the "demanding social contacts" factor that scholars (Schaufeli & Peeters, 2000) have highlighted as a notable source of stress among prison officers and to the relational factors (e.g., conflicts and a lack of support) included in many work-related stress models, starting from Karasek's (1979) demand-control model. However, what participants stated in their narratives is a much more demanding facet of their professional life, as they have to deal with stressful but short-lived events, the impact of which can even compromise their mental health (Hemming et al., 2020; Schaufeli & Peeters, 2000) due to their severity and their understanding.

Overall, considering the relevance of the type of events participants acknowledged as "emergencies", the most recurrent were organizational issues due to inefficiencies, malpractices, and failures in managing the ordinary work-life in prison, and the breach of rules, that is when actors (mainly prisoners) alter routines using violations. Thus, the critical events they told root in widespread and manifold factors that boost the possibility for an emergency to arise. In other words, they are "holes" in the procedures that weaken the capability of a complex system –as prisons are– to apply ordinary procedures and create unexpected situations, often resulting in a serious emergency (Reason, 2000; Weick & Sutcliffe, 2001).

Regarding crisis management strategies, most are related to prompt intervention by prison staff or other actors. Thus, our findings are in line with literature that identifies recovery as one of the main dimensions of the error management process, allowing people to cope with critical events once they happen by mitigating their negative consequences (Frese & Keith, 2015; van Dyck et al., 2005).

In addition to these operational strategies, however, there are other relational strategies, listening, and cooperation among teammates. Listening seems to play a role in the management

of most emergencies, especially when emotions are involved. For instance, individual discomfort and personal problems seem to be faced on a case-by-case basis through dialogue and understanding of the causes of such discomfort and the overall condition of the subject or assisting with support, containment, or disciplinary measures (Bosworth et al., 2005; Miller, 2011). Conversely, when dialogue fails, there may be an escalation of discomfort that can lead to nonconservative behavior (Hobbs & Dear, 2000). Through listening, it is possible to understand the conditions of the subject and contextualize the situation that leads to self-harm behavior, used as a bargaining chip (Scanlan et al., 2008). Indeed, listening is a key strategy in negotiation situations in the case of inmates' manipulative behavior to overcome conflict and avoid negative consequences. This may often be sufficient and conclusive because, as explained in their narratives, in many cases, the prisoner just wanted to be understood and supported (Bosworth et al., 2005). Communication is acknowledged as an important skill in understanding the real problem, looking beyond the exhibited behavior (Frese & Keith, 2015; van Dyck et al., 2005), yet in these narratives, the aim of communication is not so much to ask for teammate support as it is to interact with prisoners or for inter-organizational communication, allowing for systemic control over critical events.

Directors and commanders also highlighted some lessons they learned reflecting on the critical events they experienced (collaboration, intervention, prevention, attention, caring, and staff management), which as well represent the pivotal competencies to develop for improving in the future. It is worth noting that in some cases these are capabilities aimed at preventing emergencies from occurring (prevention) and coping with them in case of occurrence (intervention). In other cases, they are capabilities that allow the prison professionals to interpret the context and to detect the presence of signals, even when they are weak (Weick & Sutcliffe, 2001). Overall, the richness of these categories expresses their ability to reflect on the critical event, seeking not only to recover it, but also to understand the interplay among the several factors and the several strategies to cope with them, and learn for the future. Drawing from Reason (2000), we could say they are aware they work in and lead, complex organizations composed of multiple actors and factors. To stem emergencies seems to be necessary to make the latent factors more evident through reflexivity, as well as to activate several strategies to downplay their effects.

Learning is the last step of the error management process (Frese & Keith, 2015), allowing one to reflect on the factors that determined critical events and to improve these conditions to avoid failure repetition in the future. The categories that emerged thus may represent either weakness

factors, which made the management of the event more difficult, or strength factors, which helped to solve the emergency and should be improved to boost organizational preventative measures (2000).

5. Conclusions

The error handling process has two components: avoiding the occurrence of errors and creating systems that can tolerate them and mitigate their dangerous effects (Roosevelt, 2003). For this reason, it is appropriate to take a systematic approach that aims to achieve a comprehensive management program to reach different targets (Heron & Reason, 1997; Petkov, 2015): the individuals, the team, the task, and the institution as a whole, rather than a "person approach", which directs most of its efforts towards making individuals less fallible (Stern et al., 2010). For complex organizations, the search for security should not just prevent and isolate emergencies but also make the system solid and resilient to address human and operational risks (Reason, 2000).

According to Trounson and Pfeifer (2017), few studies have aimed at identifying the responses of prison staff when trying to manage critical events in the workplace; moreover, previous research has neither specifically focused on direct questions about the experience of penitentiary agents nor used tools specifically developed for the prison setting. This research has allowed us, for the first time in Italy, to have access to a unique sample, directors, and commanders from all over Italian prisons, who are ultimately responsible for the management of all aspects of the prison reality, including critical events.

Our study offers some important observations. First, operating in environments characterized by restrictions on freedom, the staff is exposed to emergencies daily, although they have well-established practices and routines for dealing with these issues (Karasek, 1979; Konda et al., 2012; Patterson, 2001; Schaufeli & Peeters, 2000); monitoring work-related stress and reducing psychosocial risk factors involve considering the well-being of the whole organization (Barling et al., 2005; Fox et al., 2001; Mayhew, 2001; Nieuwenhuijsen et al., 2010).

Moreover, the management of emergencies in prisons seems not to be a problem that involves a single style of intervention, but it includes several factors that interact in influencing the effectiveness of emergency management. Thus, drawing on Reason's (2000) model, we recommend the regular monitoring of latent factors and their analysis through a systemic perspective, routinizing reflexive practices (e.g., team debriefings and information sharing of the knowledge gained). Participants identified training as a booster for prevention; not only for knowledge updating and development of operational skills but also to nontechnical skills (e.g.,

teamwork and the solving of conflicts), which play a pivotal role in the management of critical events (Mishra et al., 2009).

It also seems necessary to act on the individual level to favor the development of resilience factors and strategies for managing the stress caused by an emergency, thus also preventing negative attitudes that may arise among staff due to a lack of knowledge, not feeling prepared for certain events (Bennett & Dyson, 2014; Ramluggan, 2013).

Overall, it seems necessary to examine emergency intervention at two levels: the preventive level, which considers the availability of personnel, skills, and structural resources, and the operational level, which provides for the use of the resources mentioned. Necessary for both levels are a horizontal collaboration with other institutions and associations and a vertical collaboration with the prison administration itself.

This study also has several limitations that need to be mentioned. First, it relies on loose narratives which differed in length and in deepening, and their interpretation may have given rise to interpretation bias, for instance, because some coding families were interconnected or because some narratives referred to specific issues that we could not discuss or explore in more detail with participants. Moreover, because of the data collection context, it was not possible to analyze the emergency events according to the different types of prisons, which could be done in future studies. Furthermore, penitentiary contexts are somewhat different in mission, procedures, and organizational culture in different countries, so further studies can contribute to their generalization in other countries. Future studies can also investigate the perspective of the other professionals involved in the management of prison emergencies.

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visualization, G.L.; supervision, A.M.G., R.P. and M.L.F. All authors have read and agreed to the published version of the manuscript.

Conflict of Interest Statement

The authors declare that the research was conducted in the absence of any potential conflict of interest.

References

1. Babcock, J. C., Tharp, A. L., Sharp, C., Heppner, W., & Stanford, M. S. (2014). Similarities and differences in impulsive/premeditated and reactive/proactive bimodal classifications of aggression. *Aggression and violent behavior*, *19*(3), 251-262. http://dx.doi.org/10.1016/j.avb.2014.04.002
2. Baillargeon, J., Hoge, S. K., & Penn, J. V. (2010). Addressing the challenge of community reentry among released inmates with serious mental illness. *American journal of community psychology, 46*(3), 361-375. https://doi.org/10.1007/s10464-010-9345-6
3. Barling, J., Kelloway, E.K., & Frone, M.L. (2005). *Handbook of Work Stress*. SAGE http://dx.doi.org/10.4135/9781412975995
4. Beckford, J., Joly, D., & Khosrokhavar, F. (2005). *Muslims in Prison: Challenge and Change in Britain and France*. Palgrave Macmillan https://doi.org/10.1057/9780230501300
5. Begun, A. L., Early, T. J., & Hodge, A. (2016). Mental health and substance abuse service engagement by men and women during community reentry following incarceration. *Administration and Policy in Mental Health and Mental Health Services Research*, *43*(2), 207-218. https://doi.org/10.1007/s10488-015-0632-2
6. Bennett, L. & Dyson, J. (2014). Deliberate self-harm among adults in prisons. *Mental Health Practice, 18(1),* 14-20. https://doi.org/10.7748/mhp.18.1.14.e931
7. Biggs, M. (2007). The Rationality of Self-Inflicted Sufferings: Hunger Strikes by Irish Republicans, 1916–1923. *Sociology Working Papers*, 2007-03.
8. Blaauw, E., Roesch, R., & Kerkhof, A. (2000). Mental disorders in European prison systems: Arrangements for mentally disordered prisoners in the prison systems of 13 European countries. *International Journal of Law and Psychiatry, 23*(5-6), 649-663 https://doi.org/10.1016/S0160-2527(00)00050-9
9. Boles, S. M., & Miotto, K. (2003). Substance abuse and violence: A review of the literature. *Aggression and violent behavior*, *8*(2), 155-174. https://doi.org/10.1016/S1359-1789(01)00057-X
10. Bonner, R. L. (2000). Correctional suicide prevention in the year 2000 and beyond. *Suicide and Life-Threatening Behavior*, *30*(4), 370-376. Available from: http://www.embase.com/search/results?subactioN=viewrecord&from=export&id=L32106132
11. Bosworth, M., Campbell, D., Demby, B., Ferranti, S.M. & Santos, M. (2005). Doing prison research: Views from inside. *Qualitative Inquiry*, *11*(2), 249-264 https://doi.org/10.1177/1077800404273410
12. Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, *3*(2), 77-101. https://doi.org/10.1191/1478088706qp063oa
13. Bruno, A., Muscatello, M. R. A., Pangallo, N., & Zoccali, R. A. (2018). Comment on: Psychopathology and female detention at the "Pagliarelli" jail of Palermo: preliminary results. *Mediterranean Journal of Clinical Psychology, 6*(3). https://doi.org/10.6092/2282-1619/2018.6.1937
14. Buentello, S., Fong, R.S. & Vogel, R.E. (1991). Prison gang development: A theoretical model. *Prison Journal 71(2),* 3-14 https://doi.org/10.1177/003288559107100202
15. Buffa, P. (2011). Il suicidio in carcere: diffondere la riflessione per migliorare la prevenzione in. *La prevenzione dei suicidi in carcere, contributi per la conoscenza del fenomeno*.

16. Cima, M., Smeets, T., & Jelicic, M. (2008). Self-reported trauma, cortisol levels, and aggression in psychopathic and non-psychopathic prison inmates. *Biological psychology, 78*(1), 75-86. https://doi.org/10.1016/j.biopsycho.2007.12.011
17. Cloward R.A (1960). *Theoretical studies in social organization of the prison* (Vol. 15). Kraus Reprint. Company.
18. Cloyes, K. G., Wong, B., Latimer, S., & Abarca, J. (2010). Women, serious mental illness and recidivism: A gender-based analysis of recidivism risk for women with SMI released from prison. *Journal of Forensic Nursing*, *6*(1), 3-14. https://doi.org/10.1111/j31939-3938.2009.01060.x
19. Copes, H., Beaton, B., Ayeni, D., Dabney, D., & Tewksbury, R. (2020). A content analysis of qualitative research published in top criminology and criminal justice journals from 2010 to 2019. *American Journal of Criminal Justice*, 1-20. https://doi.org/10.1007/s12103-020-09540-6
20. Council of Europe (2014). Restorative justice in prisons: Methods, approaches and effectiveness. *European Committee on Crime Problems*. https://rm.coe.int/16806f9905
21. Council of Europe Annual Penal Statistics (2018). http://wp.unil.ch/space/space-i/
22. Crewe, B., Warr, J., Bennett, P., & Smith, A. (2014). The emotional geography of prison life. *Theoretical Criminology, 18(1),* 56-74. https://doi.org/10.1177/1362480613497778
23. Dabney, D. (2010). Observations regarding key operational realities in a Compstat model of policing. *Justice Quarterly, 27(1),* 28-51. https://doi.org/10.1080/07418820902855370
24. DiIulio, J. (1987). *Governing prisons: A comparative study of correctional management*. The Free Press.
25. Dikötter, F., & Brown, I. (Eds.). (2018). *Cultures of confinement: a history of the prison in Africa, Asia, and Latin America*. Cornell University Press.
26. Dowden, C., & Tellier, C. (2004). Predicting work-related stress in correctional officers: A meta-analysis. *Journal of Criminal Justice, 32*, 31-47 https://doi.org/10.1016/j.jcrimjus.2003.10.003
27. Facer-Irwin, E., Blackwood, N. J., Bird, A., Dickson, H., McGlade, D., Alves-Costa, F., & MacManus, D. (2019). PTSD in prison settings: A systematic review and meta-analysis of comorbid mental disorders and problematic behaviours. *PLoS one, 14*(9), e0222407. https://doi.org/10.1371/journal.pone.0222407
28. Farnese, M.L., Barbieri, B., Bellò, B., & Bartone, P.T. (2017). Don't abandon hope all ye who enter here: the protective role of formal mentoring and learning processes on burnout in correctional officers. *Work*, *58*(3), 319-331. https://doi:10.3233/WOR-172628.
29. Farnese, M.L., Fida, R., & Picoco, M. (2020). Error orientation at work: Dimensionality and relationships with errors and organizational cultural factors. *Current Psychology*, 1-20. https://doi.org/10.1007/s12144-020-00639-x
30. Farnese, M.L., Livi, S., Barbieri, B., & Schalk, R. (2018). "You can see how things will end by the way they begin": The contribution of early mutual obligations for the development of the psychological contract. *Frontiers in Psychology*, *9*, 543. https://doi.org/10.3389/fpsyg.2018.00543
31. Ferraro, L., Nuzzo, M. C., Sideli, L., Maniaci, G., Capri, C. A., La Barbera, D., & La Cascia, C. (2018). Psychopathology and female detention at the "Pagliarelli" jail of Palermo: preliminary results. *Mediterranean Journal of Clinical Psychology, 6*(2) https://doi.org/10.6092/2282-1619/2018.6.1840

32. Flanagan, J.C. (1954). The critical incident technique. *Psychological Bulletin*, *51*(4), 327–358. https://doi.org/10.1037/h0061470.
33. Fox, S., Spector, P., E., & Miles, D. (2001). Counterproductive Work Behavior (CWB) in response to job stressors and organizational justice: Some mediator and moderator tests for autonomy and emotions. *Journal of Vocational Behavior* (59)3, 291-309. https://doi.org/10.1006/jvbe.2001.1803
34. Frese, M., & Keith, N. (2015). Action errors, error management, and learning in organizations. *Annual Review of Psychology*, *66*, 661-687. https://10.1146/annurev-psych-010814-015205
35. Frisone, F. (2021). problem gambling in phenomenological psychopathology. *International Gambling Studies, 21*(3), 537-541. https://doi.org/10.1080/14459795.2021.1918209
36. Ghaddar, A., Mateo, I., & Sanchez, P. (2008). Occupational stress and mental health among correctional officers: A cross-sectional study. *Journal of Occupational Health*, *50*, 92-98. https://doi.org/10.1539/joh.50.92
37. Gottfredson, D. C., Kearley, B. W., & Bushway, S. D. (2008). Substance use, drug treatment, and crime: An examination of intra-individual variation in a drug court population. *Journal of Drug Issues*, *38*(2), 601-630. https://doi.org/10.1177/002204260803800211
38. Gould, D.D., Watson, S.L., Price, S.R., & Valliant, P.M. (2013). The relationship between burnout and coping in adult and young offender center correctional officers: An exploratory investigation. *Psychological Services,* 10, 37-47. https://doi.org/10.1037/a0029655
39. Gundur, R.V. (2018). The changing social organization of prison protection markets: When prisoners choose to organize horizontally rather than vertically. *Trends Organ Crim.* https://doi.org/10.1007/s12117-018-9332-0
40. Harrell, E. (2011). *Workplace violence, 1993–2009*. Bureau of Justice Statistics.
41. Hassine, V. (1996). *Life without parole: Living in prison today*. Los Angeles, California: Roxbury Publishing Company.
42. Hemmens, C., & Marquart, J. W. (2000). Friend or foe? Race, age, and inmate perceptions of inmate-staff relations. *Journal of Criminal Justice*, *28*(4), 297-312. Available from: https://linkinghub.elsevier.com/retrieve/pii/S0047235200000441
43. Hemming, L., Pratt, D., Shaw, J., & Haddock, G. (2020). Prison staff's views and understanding of the role of emotions in prisoner suicide and violence. *The Journal of Forensic Psychiatry & Psychology*, https://doi.org/10.1080/14789949.2020.1807584
44. Heron, J., & Reason, P. (1997). A participatory inquiry paradigm. *Qualitative inquiry*, *3*(3), 274-294. https://doi.org/10.1177/107780049700300302
45. Hershcovis, M.S., Turner, N., Barling, J., Arnold, K.A., Dupré, K.E., Inness, M., LeBlanc, M.M. & Sivanathan, N. (2007). Predicting workplace aggression: A meta-analysis. *Journal of Applied Psychology*, *92*(1), 228-238. https://doi.org/10.1037/0021-9010.92.1.228
46. Hobbs, G. S., & Dear, G. E. (2000). Prisoners' perceptions of prison officers as sources of support. *Journal of Offender Rehabilitation*, *31(1-2),* 127-142. https://doi.org/10.1300/j076v31n0109
47. Jacobs, J.B. (1974). Street gangs behind bars. *Social problems*, *21(3)*, 395-409. https://doi.org/10.2307/799907

48. Kaluza, A. J., Boer, D., Buengeler, C., & van Dick, R. (2020). Leadership behaviour and leader self-reported well-being: A review, integration and meta-analytic examination. *Work & Stress, 34*(1), 34-56. https://doi.org/10.1080/02678373.2019.1617369
49. Karasek Jr, R.A. (1979). Job demands, job decision latitude, and mental strain: Implications for job redesign. *Administrative Science Quarterly*, 285-308. https://doi.org/10.2307/2392498
50. King, E. A., Tripodi, S. J., & Veeh, C. A. (2018). The relationship between severe mental disorders and recidivism in a sample of women released from prison. *Psychiatric Quarterly, 89*(3), 717-731. https://doi.org/10.1007/s11126-018-9572-9
51. Konda, S., Reichard, A.A., & Tiesman, H.M. (2012). Occupational injuries among U.S. correctional officers, 1999–2008. *Journal of Safety Research*, *43,* 181-186. https://doi.org/10.1016/j.jsr.2012.06.002
52. Lambert, E.G., Hogan, N.L., & Altheimer, I. (2010). An exploratory examination of the consequences of burnout in terms of life satisfaction, turnover intent, and absenteeism among private correctional staff. *The Prison Journal, 90*, 94-114. https://doi.org/10.1177/0032885509357586
53. Laws, B., & Crewe, B. (2016). Emotion regulation among male prisoners. *Theoretical Criminology*, *20*(4), 529-547. http://dx.doi.org/10.1177/1362480615622532
54. Levenson, J. (2001). Inside information: Prisons and the media. *Criminal Justice Matters, 43*, 14-15. https://doi.org/10.1080/09627250108552957
55. Levitt, H.M., Motulsky, S.L., Wertz, F.J., Morrow, S.L., & Ponterotto, J.G. (2017). Recommendations for designing and reviewing qualitative research in psychology: Promoting methodological integrity. *Qualitative Psychology, 4*(1), 2-22. https://doi.org/10.1037/qup0000082
56. Lucchetti, L. (2014). *Caduti senza l'onore delle armi. Lo studio e la prevenzione del suicidio nelle forze di polizia.*
57. Maffei, M.G. (2003). *Lo sciopero della fame della persona detenuta.*
58. Mahfood, V.W., Pollock, W., & Longmire, D. (2013). Leave it at the gate: Job stress and satisfaction in correctional staff. *Criminal Justice Studies, 26*, 308-325. https://doi.org/10.1080/1478601X.2012.730997
59. Maslach, C., Schaufeli, W. B., & Leiter, M. P. (2001). Job burnout. *Annual review of psychology*, *52*(1), 397-422. Available from: www.annualreviews.org
60. Mayhew, C. (2001). Occupational Health and Safety Risks Faced by Police Officers. *Trends & issues in crime and criminal justice*, 196. https://www.aic.gov.au/publications/tandi/tandi196
61. Miller, S.L. (2011). *After the crime: The power of restorative justice dialogues between victims and violent offenders*. NYU Press.
62. Ministero della Giustizia (2005). *Glossario.* Available from: https://www.giustizia.it/resources/cms/documents/glossario.pdf
63. Mishra, A., Catchpole, K., & McCulloch, P. (2009). The Oxford NOTECHS System: reliability and validity of a tool for measuring teamwork behaviour in the operating theatre. *BMJ Quality & Safety, 18*(2), 104-108. https://doi.org/10.1136/qshc.2007.024760
64. Nieuwenhuijsen, K., Bruinvels, D., & Frings-Dresen, M. (2010). Psychosocial work environment and stress-related disorders, a systematic review. *Occupational Medicine*, *60*(4), 277-286. https://doi.org/10.1093/occmed/kqq081

65. Norme sull'ordinamento penitenziario e sulla esecuzione delle misure privative e limitative della libertà, Pub. L. No. 354 (1975) https://www.gazzettaufficiale.it/eli/id/1975/08/09/075U0354/sg
66. Patterson, F. (2001). Summary and concluding comments. *Journal of Occupational and Organizational Psychology, 74*(4), 559-562. https://doi.org/10.1348/096317901167433
67. Petkov, G. (2015). Symptom-based context evaluation of human performance and convergence of HEAP into its HPLV. In *Proceedings, ESREL 2015 Conference.*
68. Phillips, D.P. (1974). The influence of suggestion on suicide: Substantive and theoretical implications of the Werther effect. *American Sociological Review*, *39*(3), 340-354. https://doi.org/10.2307/2094294
69. Pindek, S., & Spector, P. E. (2016). Organizational constraints: a meta-analysis of a major stressor. *Work & Stress*, *30*(1), 7-25. http://dx.doi.org/10.1080/02678373.2015.1137376
70. Ramluggan, P. (2013). A critical exploration of the management of self-harm in a male custodial setting: Qualitative findings of a comparative analysis of prison staff views on self-harm. *Journal of Forensic Nursing*, *9*(1), 23-34. https://doi.org/10.1097/JFN.0b013e31827a5984
71. Reason, J. (2000). *Human Error.* Cambridge University Press.
72. Riff, D., Lacy, S., & Fico, F. (2014). *Analyzing media messages: Using quantitative content analysis in research.* Routledge.
73. Roberton, T., Daffern, M., & Bucks, R. S. (2012). Emotion regulation and aggression. *Aggression and violent behavior*, *17*(1), 72-82. Available from: https://linkinghub.elsevier.com/retrieve/pii/S135917891100098X
74. Roberts, N.A., & Levenson, R.W. (2001). The remains of the workday: Impact of job stress and exhaustion on marital interaction in police couples. *Journal of Marriage and Family*, *63*(4), 1052-1067. https://doi.org/10.1111/j.1741-3737.2001.01052.x
75. Roosevelt, K., (2003). *Exhaustion under the prison litigation reform act: The consequence of procedural error.* Penn Law Legal Scholarship Repository.
76. Scanlan, S. J., Stoll, L. C., & Lumm, K. (2008). Starving for change: The hunger strike and nonviolent action, 1906–2004. In *Research in social movements, conflicts and change.* Emerald Group Publishing Limited. http://dx.doi.org/10.1016/S0163-786X(08)28010-9
77. Schaufeli, W. B. (2006). The balance of give and take: Toward a social exchange model of burnout. *Revue internationale de psychologie sociale*, *19*(1), 75-119. Available from: https://www.cairn.info/revue-internationale-de-psychologie-sociale-2006-1-page-75.htm
78. Schaufeli, W.B., & Peeters, M.C. (2000). Job stress and burnout among correctional officers: A literature review. *International Journal of stress management*, 7(1), 19-48. https://www.wilmarschaufeli.nl/publications/Schaufeli/133.pdf
79. Schippers, M.C., Homan, A.C., & Van Knippenberg, D. (2013). To reflect or not to reflect: Prior team performance as a boundary condition of the effects of reflexivity on learning and final team performance. *Journal of Organizational Behavior*, *34*(1), 6-23. https://doi.org/10.1002/job.1784
80. Semenza, D.C., & Grosholz, J.M. (2019). Mental and physical health in prison: how co-occurring conditions influence inmate misconduct. *Health Justice, 7(1).* https://doi.org/10.1186/s40352-018-0082-5

81. Shane, J.M. (2013). Daily work experiences and police performance. *Police Practice and Research, 14*(1), 17-34. https://doi.org/10.1080/15614263.2011.596717
82. Shaw, R. (2019). Up the creek without a paddle: Consequences for failing to protect prisoners during a natural disaster. *Earth Jurisprudence & Envtl. Just. J., 9*, 55. https://lawpublications.barry.edu/ejejj/vol9/iss1/3
83. Siméant, J., Traïni, C., & Jasper, J. (2016). *Bodies in Protest*. Amsterdam University Press.
84. Singh, S. K. (2019). Territoriality, task performance, and workplace deviance: Empirical evidence on role of knowledge hiding. *Journal of Business Research, 97*, 10-19. https://doi.org/10.1016/j.jbusres.2018.12.034
85. Skarbek, D. (2014). *The social order of the underworld: how prison gangs govern the American penal system*. Oxford University Press.
86. Skarbek, D. (2020). *The puzzle of prison order: Why life behind bars varies around the world*. Oxford University Press, USA.
87. Slade, K. (2018). Dual harm: an exploration of the presence and characteristics for dual violence and self-harm behaviour in prison. *Journal of criminal psychology*. https://doi.org/10.1108/JCP-03-2017-0017
88. Sorge, A., & Saita, E. (2021). Assessment of suicide and self-harm risk in foreign offenders. Evaluating the use of tree-drawing test. *Mediterranean Journal of Clinical Psychology, 9*(3). https://doi.org/10.13129/2282-1619/mjcp-3024
89. Spinaris, C.G., Denhof, M.D., & Kellaway, J.A. (2012). Posttraumatic stress disorder in United States corrections professionals: Prevalence and impact on health and functioning. *Desert Waters Correctional Outreach*, 1-32
90. Stojadinovic, S. (2020). The Role of Defensive Emotional Distancing in Loneliness of Offenders with Substance Use Disorders. *Mediterranean Journal of Clinical Psychology, 8*(3). https://doi.org/10.6092/2282-1619/mjcp-2566
91. Stern, M.F., Greifinger, EB., & Mellow, J. (2010). Patient safety: Moving the bar in prison health care standards. *American Journal of Public Health 100(11),* 2103-2110. https://doi.org/10.2105/AJPH.2009.184242
92. Trounson, J.S., & Pfeifer, J.E. (2016). Promoting correctional officer wellbeing: Guidelines and suggestions for developing psychological training programs. *Advancing Corrections*, 1, 56-64.
93. Trounson, J.S., & Pfeifer, J.E. (2017). Correctional officers and workplace adversity. *Journal of Correctional Health Care*, *23(4),* 437-448. https://doi.org/10.1177/1078345817720923
94. United Nation Office on Drugs and Crime (2015). Handbook on Dynamic Security and Prison Intelligence. *Criminal Justice Handbook Series*. https://www.unodc.org/documents/justice-and-prison-reform/UNODC_Handbook_on_Dynamic_Security_and_Prison_Intelligence.pdf
95. Van Dyck, C., Frese, M., Baer, M., & Sonnentag, S. (2005). Organizational error management culture and its impact on performance: A two-study replication. *Journal of Applied Psychology*, *90*(6), 1228. https://doi.org/10.1037/0021-9010.90.6.1228
96. Violanti, J.M., & Aron, F. (1995). Sources of police stressors, job attitudes and psychological distress. *Psychological Reports*, *72*, 899-904. https://doi.org/10.2466/pr0.1993.72.3.899
97. Visher, C. A., & Bakken, N. W. (2014). Reentry challenges facing women with mental health problems. *Women & health*, *54*(8), 768-780. https://doi.org/10.1080/03630242.2014.93288

98. Weick, K.E., & Sutcliffe, K.M. (2001). *Managing the unexpected.* San Francisco: Jossey-Bass.
99. Weinshenker, N. J., & Siegel, A. (2002). Bimodal classification of aggression: affective defense and predatory attack. *Aggression and Violent Behavior*, *7*(3), 237-250 https://doi.org/10.1016/S1359-1789(01)00042-8
100. Williams, C.L., & Porter, J.R. (2016). An examination of inmate physical assaults on jail correctional staff: Exploring inmate-level and jail-level conditions in the United States. *Deviant Behavior. 37(11),* 1239-1251. https://dx.doi.org/10.1080/01639625.2016.1170546
101. Williams, R. J., Royston, J., & Hagen, B. F. (2005). Gambling and problem gambling within forensic populations: A review of the literature. *Criminal Justice and Behavior, 32*(6), 665-689. https://doi.org/10.1177/0093854805279947
102. Wilson, D., & O'Sullivan, S. (2004). *Images of incarceration: Representations of prison in film and television drama.* Waterside Press.

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Supplementary Materials:

Table S1: Narratives from prison

[#131, Prison director]

I was informed in the afternoon that a foreign prisoner was late from external work, in a bar near the Town. Even though the Department activated its security checks, it wasn't possible to track down the prisoner who, after 12 hours, was declared a fugitive. This resulted in further inspections and more intensive searches, but by then the escape had occurred. With regard to the dynamics, the prisoner also had plenty of time to organise things. The way we manage inmates external work didn't allow us to avoid what happened.

We felt fear, disappointment, helplessness. We felt regret anyway, although it was an escape happened outside the prison.

I believe that the constant dialogue with the educational area can allow the director to assess more clearly the situations, even predictable ones, according on to the tendency of the inmate. Both well-knowing the inmate and external control should always be a continuous process governed by multidisciplinary discussion. If different professional areas work in sealed compartments, it is impossible to identify those individual indicators that would give rise to a gauge other than the one actually gave. This requires a great commitment and effort to overcome established practices, the habit of working alone for certain areas. When the criticality occurs, the responsibility lies with everyone.

[#215, Police commander]

The prisoner, desperate because having been left by his wife after his arrest, decided to commit suicide and cut his throat with a razor blade. Being saved in extremis, he came back from hospital terribly distressed and showed strong signs of atrocious suffering, so that all of us kept a very high level of attention. We also alerted the two cellmates, who did nightshifts to monitor the inmate. The greatest problem was morning him during the walking in the yards.

The meetings followed one another, to develop the best strategies to avoid the worst. The prisoner was assigned to the teacher of the lecturing class, in order to keep him busy in the morning, to push away the idea of dying and to get him more involved in the visits.

At first, we felt very frustrated, but in the end, we were satisfied with the final result related to the proper involvement of the various operators, who felt a team; and also, for the positive response we received from his cellmates who, despite not having been trained for this, immediately understood the importance of their role in that situation.

At the end of this story, I've the growing awareness of the need for a high level of attention and for the necessary involvement of all the staff, who must feel part of the group, always and in every critical situation.

[#292, Police commander]

It's 4:00 p.m. on a Friday afternoon. The office is about to close, and almost all the staff have left, when we receive a request for an urgent relocation from a detainee who has caused a fight, assaulted the staff and self-harmed. It became necessary to decide what it could be done, since the resolution can't be postponed to Monday: too much time would pass. But it's not easy: the only location where the detainee could be assigned is an institution from which he was already been moved but is the only one with the adequate health care facilities. We already know that difficult in accommodation will occur, but he can't stay in the current institution: he is too disliked by his peers and the staff members also frown on him; therefore, it would be put to solitary confinement. The doctor, whom we would like to confront, does not respond. We decide on the transfer, pointing out the need for adequate accommodation to the receiving institute, which we explain the reasons for the choice.

it is hard to figure out what is the right thing for the detainee, a sense of responsibility is important. It is also necessary to consider the reactions of operators when confronted with difficult cases, for example: concern for the receiving office (sudden heavy burden). I felt loneliness. And not full satisfaction in the decision taken

To better manage situations like this, we should better integrate institutions and resources. Caring for the person: what methods, what responses in dealing with critical issues.

[#292, Police commander]

A detainee of Bulgarian nationality repeatedly tried to ask for help to understand his legal position and the certainty of being released. He was a worker in the section, with a good relationship with his peers, and the legal position of an applicant on appeal. Once the council chamber on appeal was signed, the conviction was confirmed but the President of the panel used the 90-day time limit and requested an extension for filing. The prisoner asks for explanations for the delay to his companions, to the prison police staff, he seeks certainty, but has difficulty making himself understood with the language. One day, after his work, he locks himself in his room and hangs himself from the window grates.

I felt a strong sense of impotence and defeat of justice. If the President had filed the motivations and the sentence, the prisoner could have asked for the sentence to become final. Consequently,

by applying for early release, free of disciplinary offences, with full benefit granted, he would have been released the day before his suicide. The legislation does not consider the human implications that sometimes cause irreversible damage.

I would like to learn to be cooler in the face of such episodes but, despite the various cases of suicide I have witnessed, I still feel a sense of suffering and human and professional unease.

Table S2. Categories description

Organisational Issues	difficulties, within the organisation, occurring in the day-to-day operations of the work.	
	Workload	staff shortages, bureaucratic difficulties, lack of communication and support, inadequate resources, leading to staff overburden.
	Institute Closure	closure of a penitentiary institution for political or territorial administration.
	Confused Intervention	the intervention choice is not appropriate to the critical event.
	Staff Employment	job allocation of staff according to roles and competencies and the presence or absence of staff in terms of quantity and adequacy.
	News Spread	handling cases of media relevance.
	Prisoner Integration	difficulties in placing individuals in a restricted context, often worsened with foreign detainees for language issues.
	Chain Investigation	sudden search for a linear causality in the genesis of an event; involves many figures.
	Indult and Release	sudden organisation, in the case of granting of exemption from punishment, or gradual reintegration following release of the individual.
	Non-Intervention	not carrying out the intervention due to underestimation of problems or lack of necessary resources.

	Request Denial	refusal of prisoners' requests, e.g., to meet with family members, clarify legal status, grant bonus leave.
	Staff Request Denial	refusal of staff's requests, e.g., r reduction of workload and granting of relocation.
	Work News	introduction of new working practices for prison workers, e.g., issuing new laws or operational protocols, involving a change in roles and activities.
	Organisational Problems	staff problems arising when physical resources or skills are lacking or when protocols are too rigid
	Being Together Issues	lack of contact between detainees or between operators and detainees, presence of a self-defensive climate.
	Prisoner Displacements	moving a prisoner from a section to another for health or disciplinary reasons or for structural problems.
	Staff Displacements	moving staff from a section to another for health or disciplinary reasons or for structural problems
	Office Relocation	relocation of an administrative department or office which also involves resources' relocation
	Transfer of Prisoners	transferring a prisoner to another institution or location for external activities.

Structural Problems	events arising from external factors or workplace inadequacy	
	Environmental Emergency	consequences of environmental emergencies such as earthquakes, floods, hurricanes, etc.
	Structural Emergency	lack of adequate sections or spaces, equipment malfunctioning, buildings collapse due to lack of maintenance.

Breach of Rules	intentional behaviour aimed at violating shared norms.	
	Physical Aggression	active behaviour by detainees, sometimes towards operators, which causes are difficult to identify as closely linked to situation
	Verbal Aggression	insults towards operators with the intention of disqualifying their role.
	Staff Verbal Aggression	inappropriate verbal behaviour of operators towards other operators or towards detainees.
	Barricade	making an area of the institution inaccessible for a demonstrative or blackmailing function.
	Property Damaging	damage to places or objects for demonstrative or blackmailing purposes
	Evasion	not returning from leave or escaping from prison
	Detainee/Staff Management	issues arising from critical conflict relationships between an operator and a detainee.
	Fire	demonstration action for which a fire is set.
	Threats	directed at staff against the organisation with a view to obtaining benefits.
	Object Concealments	exchanging objects with visitors for personal or protest purposes
	Drugs Possession	possession of drugs, for use or exchange to obtain benefits from other prisoners
	Prisoners' Protest	individual or group response to denial of requests made or blackmail method to obtain benefits.
	Staff Protest	usually of a non-violent nature, used to get the organisation's attention to work-related issues

	Prisoner Withholding of Instructions	detainee's refusal to follow daily prescriptions, lack of compliance with schedules or rules.
	Staff Withholding of Instruction	refusal of the operator to follow organisational prescriptions with the aim of reducing work-related discomfort.
	Prisoner's Disappearance	disappearance of a detainee who, after meals or an outdoor activity, does not answer the call.
	Attempted Evasion	attempt not to return from leave or escape from prison
	Rules Violation	violations in daily life, such as not coming home on time from walks, not showing up for assigned work, etc.
	Breach of Licenses	failure to return (on time and within the prescribed limits) from an approved permit or special leave.
Medical Matters	covers all situations, emerging or chronic, requiring medical intervention.	
	Staff Death	accidental or occupational death of an operator.
	ER Or Hospitalization	transferring to external places of treatment if the intervention cannot take place inside the prison.
	Prisoner Physical Illness	chronic or minor diseases requiring a medical and pharmaceutical
	Epidemic Risk	presence of an infectious disease leading to isolation of the patient to secure detainees and officers.

Individual discomfort	discomfort, stress and pain of prisoners and operators	
	Individual Discomfort	personal problems concerning the psychophysical discomfort generated because of prisoners' non-resignation to sentence or distance from their family.
	Problematic Prisoner	prisoners with a complicated custodial history often combined with a medical condition.
	Staff Individual Discomfort	stress and psychological distress, often work-related, leading to addiction, depression, or self-harm.
	Homicide	prisoners or workers who, due to their psychophysical alteration, fatally injure another person within the institution.
	Family Problems	situations of distress resulting from family problems that cannot be resolved due to detention status
	Detainee's Demands	requests for help or clarification that fail to be solved for bureaucratic reasons resulting in psychological distress
Self-harm	expression of distress through self-directed aggressive behaviour.	
	Self-Harm	self-harming and parasuicidal behaviour
	Self-Harm Threat	threat of self-directed aggressive behaviour with the aim of gaining attention, response to requests or benefits
	Hunger Strike	attempt at starvation by refusing food for psychological or instrumental reasons.
	Thirst Strike	attempt to dehydrate by refusing to drink for psychological or instrumental reasons.

Suicide	engaging in life-denying behaviour	
	Prisoner Suicide Threat	the prisoner threatens to commit suicide, often to gain attention or benefits.
	Prisoner Suicide	the prisoner commits suicide, often following a distress for detention condition.
	Staff Suicide	a staff member commits suicide, often resulting from burnout.
	Prisoner Attempted Suicide	the prisoner attempts and fails in committing suicide, often because of the immediate intervention of staff members or other detainees.
	Prisoner Suicide Intent	the prisoner plans to commit suicide, often for individual discomfort or educational problems which prevent them from understanding what is happening