IACFP Bulletin

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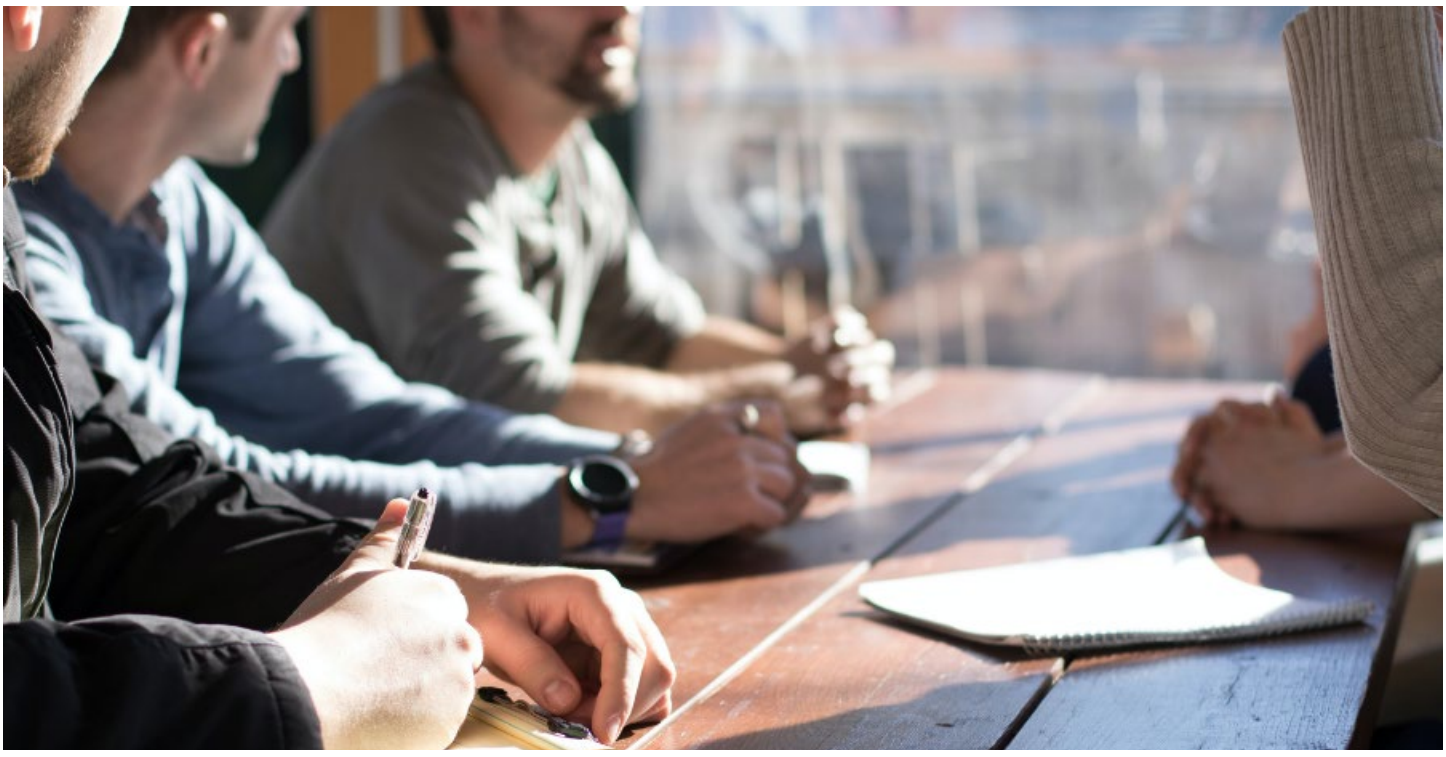
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WHO WE ARE

The International Association for Correctional and Forensic Psychology (IACFP)

The International Association for Correctional and Forensic Psychology (IACFP) is an organization of leaders, practitioners, and researchers who are concerned with the delivery of high-quality mental health services to justice-impacted individuals. We aim to advance evidence- and practitioner-informed policies and practices, and to elevate psychology's role in correctional settings.

IACFP members are not all psychologists and are not all active in the practice of forensic evaluations or correctional mental health. However, they typically have advanced degrees in psychology and behavioral sciences and engage in the administration, practice, teaching or research relating to incarcerated populations and those under community supervision. Our strategic areas of focus for 2025-2031 are:

- **Helping the Helpers:** IACFP is dedicated to advancing the voice of psychology in corrections through supporting psychologists and other helping professionals. The current focus of this support is opportunities for connection with colleagues globally through our *Correctional Mental Health Leadership Network*, and learning through Continuous Professional Development.
- **Research to Practice and Practice to Research:** IACFP's journal, *Criminal Justice and Behavior*, offers evidence-based and practitioner-informed research results and resources for practitioners. Our *IACFP Bulletin* bridges research and practice by summarizing current studies and showcasing international corrections initiatives.
- **Creating a Resilient and Sustainable Association for the Future:** IACFP is committed to building our international identity, enhancing communication with members, and strengthening partnerships with other organizations.

We are now accepting submissions.

The *IACFP Bulletin* has six issues per year, and is now accepting submissions. To inquire how to submit, please email **community@myiacfp.org** with your proposed article topic.

PRESIDENT'S FOREWORD

Learning Across Borders: Shared Principles, Local Practice

DR EMMA REGAN / 3 MINS



Dr Emma Regan

One of the things I enjoy most about speaking with colleagues internationally is the moment when someone describes a difficulty in their service and I think: "Oh yes, we know that one too!" The scale, resources, legislation and culture may be different, but there is often something very familiar in the challenge itself. Then comes the more useful question: how have they approached it, and what might we learn? Those are conversations I always appreciate.

This IACFP Bulletin brings together contributions from the United States, Australia, the United Kingdom and Ireland.

Joseph Obegi's 4-Square Model, used in California, broadens our thinking about suicide prevention to include prevention, treatment, preparedness and quality. In South Australia, Kimberley Gilson describes work to improve access to care for people with borderline personality disorder across custodial and community settings, connecting treatment, consultation, workforce development and research.

Tassie Ghilani takes lived experience beyond consultation, describing how it can shape care, service design, recruitment and policy and how His Majesty's Prison and Probation Service is approaching this in England and Wales.

From Ireland, Richard Booth and Rachel Egan describe adapting Group Radical Openness for prisons, including work with people whose difficulties may be less apparent because they present as highly controlled.

International learning becomes worthwhile when it helps inform better decisions within our own services. I could draw on countless examples of this within my own role, from amendments to interventions for sexual violence to addiction treatment options, mental health care pathways, specialist units and beyond.

It requires more than simply finding an appealing programme elsewhere. We need to understand why it was developed, the problem it solved, how it really works on the ground, differences in legislation and culture, resource requirements, and how it has adapted. I find it is often shared principles that are most helpful when adapting an approach to one's own needs, resources and culture.

My sincere thanks to our contributors for sharing their work. For colleagues receiving this Bulletin at the International Corrections and Prisons Association conference, and for our readers elsewhere, I hope you find something here worth pursuing. Connect with the authors! Those conversations may help you move from recognising a familiar challenge to deciding what you might do differently.

Dr Emma Regan
IACFP President
October 2026

No One Is Just One Thing: Bringing Lived Experience into Criminal Justice Practice

TASSIE GHILANI / 20 MINS



Tassie Ghilani

One of the ideas that has stayed with me throughout my career is a very simple one: no one is just one thing.

"As vulnerable and dependent creatures, human beings depend on acknowledgement (recognition) and justice as a condition of human flourishing." — Alison Liebling

In criminal justice, it can sometimes be difficult to hold on to a simple truth: we are people working with people. We may work with individuals who have caused significant harm, whose behaviour is complex or deeply entrenched, and we have clear responsibilities around risk, accountability and public protection. None of that changes, but neither does their humanity.

Alison Liebling's work on prisons has repeatedly returned to humanity and personhood: the idea that a person is not static, fixed or simply the sum of what they have done. That matters enormously for rehabilitation because change asks a great deal of people. We may be asking somebody, after decades of living or surviving in a particular way, to behave differently, relate differently and begin to see themselves differently.

Those ways of being do not appear overnight. How we understand ourselves and the world develops through our relationships, environments and experiences. For some people in contact with criminal justice, those experiences may include trauma, poverty, exclusion, care, poor mental health, substance use or repeated contact with services. None of this explains away offending or removes responsibility, but it gives us a fuller picture of the person we are asking to change.

By the time somebody reaches prison or probation, criminal justice may be one of the last in a long line of systems they have encountered. Those interactions will have helped shape what they believe about services, authority, other people and, importantly, themselves. Yet we are often expected to manage risk, support rehabilitation and create opportunities for change with people who, based on previous experience, may have very little reason to believe that change is possible. It is within that complexity that lived experience becomes particularly valuable.

For me, lived experience is not about replacing professional expertise or suggesting that somebody who has experienced the criminal justice system automatically knows how to fix it. It recognises a form of knowledge that policy, research, performance data and professional expertise cannot provide in quite the same way: an understanding of how our systems are actually experienced by the people moving through them. We can know that a service exists without knowing whether somebody could access it; know that an intervention was delivered without understanding why somebody disengaged; and design something that makes operational sense while creating a barrier we had not considered. Equally, lived experience can help us understand what built trust, what made somebody stay and what helped a different future begin to feel possible.

Over recent years, His Majesty's Prison and Probation Service (HMPPS) has been grappling with precisely this challenge: how do we move beyond asking people what they think and use that knowledge systematically to improve policy, services and rehabilitation? This

> This article explores...why lived experience is so important, what HMPPS has learned about embedding it within a large correctional system and, most notably, what it takes to translate the principle into everyday practice.

article explores that journey: why lived experience is so important, what HMPPS has learned about embedding it within a large correctional system and, most notably, what it takes to translate the principle into everyday practice.

Lived Experience is Not New

There is a temptation to talk about lived experience as though it is a new development in criminal justice. The terminology may be new, and the structures we now build around it certainly are, but the underlying idea has a much longer history.

That is particularly fitting when we consider the origins of probation in England and Wales. Before there was a statutory Probation Service, police court missionaries were already working alongside the courts, combining supervision with practical and relational support. When probation was formally established through the Probation of Offenders Act 1907, part of the probation officer's duty was captured in three words still familiar today: "advise, assist, and befriend."

Probation has changed enormously since then, developing more sophisticated approaches to risk, public protection, evidence and accountability. Those developments have changed practice, but the original principle is worth remembering: supportive human relationships have always been part of the work of change (Probation of Offenders Act 1907, s.4(d)).

The same is true of lived experience. Gill Buck and colleagues have traced forms of lived-experience-led activity in criminal justice back through the nineteenth century, including people in custody supporting one another, acting as caregivers, challenging poor conditions and contributing to institutional life. People affected by criminal justice have never simply been passive recipients of professional intervention. What has changed is how formally that knowledge has been recognised and used (Buck et al., 2026).

Over recent decades we have seen a progression from informal peer support, to structured peer mentoring, service-user forums, consultation, co-production and increasingly to lived experience contributing to service design, policy, leadership and organisational learning. Work by Gill Buck, Paula Harriott and others has helped document the breadth of that contribution (Buck et al., 2020; Buck, Tomczak & Quinn, 2022).

Stories humanise systems and help us understand what services can feel like from the other side. Somebody who has navigated the criminal justice system brings more than their story; they may understand where services connect, where they fail to connect, what created trust, what became a barrier and why something that appeared reasonable on paper did not work in practice. Shadd Maruna's work on desistance is important here because it highlights identity, narrative, agency and the possibility of seeing oneself differently (Maruna, 2001).

The Five W's and How

One of the questions I am asked most often is:

What does lived experience actually add?

Part of the answer is understanding that lived experience is not one thing. Someone may bring their own personal story; someone else may have developed a lived experience specialism through working with others; and a professional may also bring lived experience alongside their professional expertise. All are valuable, but they bring something different.

The important thing is matching the right kind of lived experience to the right conversation. One person's story

> **Before changing individual processes, we first needed a shared organisational approach. At the heart of that was a balance between compliance and enablement.**

should not be expected to represent everybody, just as professionalised lived experience should not become the only voice we hear.

When I explain the value of lived experience, I often use the Five W's and How:

- Who — helps us understand the person beyond the offence, risk category or presenting need: their identity, relationships, strengths, fears and what is important to them.
- What — tells us what actually happened and how a service, intervention or decision was experienced, rather than only what we intended to happen.
- Where — helps us identify where things worked, where they broke down and where people can fall between organisational or service boundaries.
- When — helps us understand timing and sequence. Something can be the right intervention but offered at the wrong point, when somebody is overwhelmed, not ready or dealing with more immediate needs.
- Why — helps us understand the context behind behaviour, engagement or disengagement. Understanding why does not excuse behaviour; it helps us respond to it more effectively.
- How — for me, this is one of the most important contributions lived experience can make. Organisations are often good at describing what people need to achieve: attend, engage, complete an intervention, build skills, change behaviour, find stability. Knowing *what* someone needs to do is not the same as knowing *how* they can get there.

Lived experience can help us understand what built trust, what removed a barrier, what made change feel possible and what helped somebody navigate a system that had previously felt out of reach.

From Engagement to an Organisational Approach

When HMPPS began developing a more deliberate approach to lived experience, we were not starting from nothing. Across prisons and probation there were forums, engagement days, consultation exercises, peer-led activity and some excellent local practice. The problem was inconsistency. Too often it depended on individual staff, and some of our own recruitment, vetting, access and governance processes made meaningful involvement difficult to implement.

HMPPS wanted to move beyond occasionally inviting lived experience into the organisation and instead make it part of how HMPPS worked: in people's own care and sentence, in service design, in our workforce and in policy and strategy. Before changing individual processes, we first needed a shared organisational approach. At the heart of that was a balance between compliance and enablement.

Our Approach Was Built Around Five Areas

1. Lived Experience Voice

Creating meaningful opportunities to understand what people were actually experiencing. We wanted to know what happened, where things went wrong, why somebody disengaged, what had happened before they reached us and what might help them move forward.

Behind an offence is usually a much longer story. Adversity, relationships, trauma, poverty, poor mental health, substance use or previous contact with services may all form part of that picture. None makes offending inevitable or removes responsibility, but context is essential if we are serious about reducing future offending.

It also matters operationally. We spend significant public money on services and interventions. If the people

they are intended for cannot access them, understand them, trust them or engage with them, we need to know why. In that sense, lived experience becomes a source of operational intelligence.

2. Information, Access and Support

People in prison and on probation are expected to navigate rules, appointments, licence conditions, sentence plans, referrals and consequences, often expressed in language that is completely familiar to us and unfamiliar to them.

I have always felt strongly that we cannot reasonably expect somebody to do what we have not enabled. Procedural justice helps explain why this is important. People's experience of authority is shaped not only by the outcome of a decision, but by whether they feel heard, respected, treated fairly and able to understand what is happening (Tyler, 2006; Wakeling, 2023).

Lived experience gives us a way of testing that from the other side. A letter can be technically correct and still be almost impossible to understand. So, this strand was about making written and verbal communication genuinely support understanding, participation and procedural fairness.

3. Service and Care Decisions

I grew up in care and still remember sitting in rooms while adults talked about me and made decisions about my life, sometimes while I was sitting right there. I know many of them were trying to help, but that did not change how it felt to have things happen around me rather than with me. Criminal justice can reproduce the same dynamic. We assess people, write plans, discuss risks and needs and decide what should happen next, and then sometimes wonder why they feel little ownership of the plan.

Psychological reactance offers one explanation for why people may resist when autonomy feels threatened (Brehm, 1966), while self-determination theory reminds us of the importance of autonomy, competence and relatedness (Ryan & Deci, 2000). Neither means that everything in criminal justice can or should be optional. They do suggest that where participation and choice are possible, they matter.

In practical terms, this means involving people in decisions wherever possible, explaining limits clearly where choice is not available, and recognising that ownership of a plan is often built through participation rather than compliance alone.

Long-term change can involve identity, agency and beginning to imagine a different future. Maruna's work has been particularly influential in showing how people reconstruct the stories they tell about themselves. Relationships can support that process. People often tell us about the officer, probation practitioner or other professional who saw something in them, treated them with respect and believed they could become more.

People learn not only through instruction, but by observing behaviour modelled around them (Bandura, 1977). I tend to put it much more simply: if we want people to do different, at some point they need to experience different.

4. Recruitment and Employment

We asked whether we were prepared to demonstrate our belief in rehabilitation ourselves. It is one thing to encourage employers to give people with convictions opportunities. It is another to examine whether our own recruitment and vetting systems allow those opportunities to exist.

This was never about removing security, safeguarding or proportionate risk assessment. The challenge was whether we could hold those responsibilities alongside rehabilitation rather than automatically seeing them as incompatible. It also meant looking beyond recruitment. How would colleagues respond? Would managers know how to support people with lived experience? Would their

> **Operationalising lived experience is not about creating a collection of lived experience projects. It is about changing how an organisation thinks about knowledge and who gets to contribute to it.**

history continue to define them? Would there be genuine opportunities to progress?

Change is not only about seeing yourself differently; it can also depend on that changed identity being recognised by others. If an organisation says it believes people can change but continues to treat the past as a permanent identity, there is an obvious contradiction.

5. Policy and Strategy

If lived experience only happens in forums or individual projects, the insight can disappear when the activity ends. We needed ways of connecting what people told us, identifying patterns and making sure that insight could influence service design and policy.

This is where the distinction between lived experience as story and lived experience as knowledge becomes important. Individual stories are crucial, but no organisation should make policy on the basis of one story alone. Lived experience needs to sit alongside research, professional expertise, operational evidence, performance information and risk data. Each tells us something different. For HMPPS, the ambition was to create a clearer line between people's experiences and the decisions that shape the system they experience.

From Strategy to Practice: Operationalising Lived Experience

A strategy is only useful if it changes something in practice. Once we had agreed what lived experience should mean for HMPPS, the harder work was creating the structures to make it possible. It could not depend on one team, one enthusiastic member of staff or an occasional engagement event. It needed to reach service delivery, workforce practice, evidence, governance and improvement.

One example is Engaging People on Probation (EPOP), developed as a national framework for participation and lived experience across probation. Its principle of being nationally led, regionally owned and locally delivered gives consistency without assuming every community or region needs the same response. Alongside opportunities for people on probation to influence services sit governance, workforce development, feedback mechanisms and an Engagement Maturity Model that helps regions identify strengths and areas for development.

One of the easiest traps in lived experience work is to measure activity rather than impact. We can count forums, consultations and attendees. The harder and more useful question is:

What happened because people were involved?

Peer mentoring provides another example. People with direct experience of criminal justice can bring credibility, practical understanding and visible evidence that a different future is possible. Bandura's work on observational learning helps explain why relatable role models can be powerful: people learn not only through what they are told, but through what they see modelled around them (Bandura, 1977; Buck, 2020).

But lived experience alone does not make someone a mentor. Good peer support still requires recruitment, training, supervision, boundaries and safeguarding. If we genuinely value lived experience, we also have a responsibility to support the people using it.

In custody, Prisoner Councils provide another route for people to raise collective concerns and contribute to prison life, creating a more ongoing relationship between lived experience and decision-making rather than relying solely on one-off consultation.

We also needed to think differently about evidence. Sources such as Your Views Matter and Measuring the Quality of Prison Life (MQPL) allow us to look across individual experiences and identify wider patterns around relationships, safety, respect and legitimacy (Liebling & Arnold, 2004).

The aim is not to turn people's experiences into another sterile dataset. It is to keep their richness while structuring them enough for the organisation to learn. A single story may alert us to something; connected stories, feedback, research and operational evidence help us understand whether it is systemic.

The same thinking is beginning to extend into quality assurance, complaints and service improvement. Large organisations are often very good at asking whether the correct process was followed. Lived experience can add another question:

What was it actually like to be on the receiving end of that process?

Recruitment has required some of the most fundamental change. Routes such as Going Forward into Employment, lived-experience recruitment pathways and risk-assessed approaches to vetting have helped create opportunities for people with direct experience of prison, probation or the wider criminal justice system to contribute directly to the workforce while maintaining HMPPS's security and safeguarding responsibilities (Cabinet Office, 2024; Ministry of Justice & HM Prison and Probation Service, 2026).

If we value lived experience as a form of expertise, people also need opportunities to develop, progress and lead. Otherwise we risk recruiting somebody because of their past and then permanently defining them by it.

And none of this works without culture. Policies and frameworks can make lived experience possible, but they cannot make people value it. That requires leadership, learning, visibility and sometimes difficult conversations about stigma and assumptions. Operationalising lived experience is not about creating a collection of lived experience projects. It is about changing how an organisation thinks about knowledge and who gets to contribute to it.

It means somebody in prison having a meaningful voice in the environment in which they live. It means a person on probation helping shape the service they receive. It means a peer using their experience to support someone a few steps behind. It means a colleague being valued for their professional contribution as well as their lived experience. And it means policy being informed not only by what a system intends to happen, but by what people tell us actually happens when they experience it.

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References available upon request.

Borderline Personality Disorder in the Forensic Community: How South Australia is Supporting Complex Personality Disorder in the Justice System

KIMBERLEY GILSON / 10 MINS



Kimberley Gilson

People living with borderline personality disorder (BPD) who become involved with the criminal justice system often experience a complex set of difficulties associated with mental health, social exclusion and criminogenic needs. For services, these complexities can present significant challenges. Characteristics associated with BPD, including emotional dysregulation, impulsivity and interpersonal difficulties, may interact with offending and rehabilitation needs for some individuals. At the same time, the systems designed to respond to offending behaviour do not always have access to specialist knowledge about personality disorder and evidence-based treatment. People with BPD involved with the justice system may also experience barriers to accessing diagnosis, psychoeducation and appropriate treatment.

It was against this background that the criminal justice role at South Australia's Borderline Personality Disorder Collaborative (BPD Co) was developed. BPD Co opened in 2019 as a specialist statewide service with the aim of improving access to evidence-based care for people with BPD, while also building the capacity of the broader systems through training, research and service development. The model of care specifically identified a criminal justice program as one component of this statewide approach.

When I first heard about the development of BPD Co, the criminal justice role immediately sparked my interest. It represented an opportunity to bring together two areas I was passionate about: forensic practice and supporting people with BPD. At that time, I had worked for the South Australian Department for Correctional Services (DCS) for 11 years in various custodial roles, including delivering criminogenic and therapeutic programs and working with people at risk of suicide. The criminal justice role presented an opportunity to draw on all my existing experience, knowledge and partnerships while delving further into the specialist area of personality disorder.

Since stepping into the criminal justice role when it was first established in 2020, it has become clear to me that this is much more than a clinical position. It involves consultation and liaison across correctional, youth, courts and forensic mental health services; development of therapeutic initiatives; workforce training; and research designed to better understand the needs of people with BPD involved with the justice system. Underpinning the role has been a central target: improving the capacity of forensic systems to respond to BPD in ways that are effective, evidence-informed and relevant to people with justice involvement.

From Concept to Implementation

From the outset, it was clear that the criminal justice program needed to operate at several levels. Providing

This created something of a service gap: people with the greatest complexity could also be the people least likely to receive evidence-informed services.

individual clinical support was important, but a single clinician could never meet the needs of an entire forensic population. If the role was going to have a broader impact, it also needed to focus on system development.

There were several needs that shaped our early priorities. We were aware that people with BPD and offending histories could experience difficulties accessing appropriate treatment due to concerns about risk, complexity or the impact of their behaviour on other participants. Additionally, clinicians experienced in treating BPD sometimes felt less confident working with people with significant offending histories, particularly where antisocial traits or other complexities were also present.

This created something of a service gap: people with the greatest complexity could also be the people least likely to receive evidence-informed services.

Our first priorities were to increase opportunities for access to evidence-based intervention and increase the capacity of the systems surrounding consumers. Prison officers, allied health clinicians, medical staff and other professionals encounter people with BPD in very different circumstances and we needed to support them to better understand BPD.

There were practical barriers. At the time, approximately 9,000 people were either imprisoned or subject to community-based correctional orders in South Australia. A specialist service could not provide direct intervention to everyone with BPD. To achieve a broader impact, we needed to consider how we could support the wider justice system.

There was also very little research to guide us. Although personality disorder was known to be over-represented in forensic populations, estimates of BPD prevalence varied considerably and Australian research was limited. Additionally, entering established correctional and forensic systems required trust, approvals and an understanding of operations. Research presented similar challenges; conducting research within busy operational environments can be difficult with limited personnel and resources.

However, these challenges ultimately helped define the role. Rather than developing a single intervention, we built the criminal justice program around four interconnected areas: treatment, consultation, workforce development and research.

Creating Pathways to Treatment

One of the first initiatives established was the Road Maps: In the Driver's Seat group. The 12-week therapeutic program was adapted from BPD Co's existing Road Maps program.

The short-term intervention uses a generalist common-characteristics approach rather than relying on a specialist treatment model. Using a generalist model also created potential for the program to one day be delivered outside of BPD Co. In the group, participants develop an understanding of patterns associated with emotional dysregulation and personality difficulties as well as the relationships between thoughts, feelings and behaviour. The program emphasises structure, consumer agency, and active engagement between clinicians and participants. The forensic program was entitled In the Driver's Seat to reflect the importance of fostering personal agency and ownership in the process of behavioural change.

In developing the program, it was recognised that forensic participants may have additional complexities and needs. Written language and program delivery were adapted to improve accessibility for people with lower literacy. Although the program is not designed primarily to address criminogenic needs, it was noted that BPD

and criminogenic factors sometimes overlap. As such, content addressing substance use and impulsivity was incorporated, and participants were provided opportunities to reflect on the possible links between BPD-related problems and offending behaviour.

Alongside group intervention, we established a consultation and complex-care pathway. This allows DCS clinicians to seek specialist input for people presenting with severe and complex personality difficulties where additional formulation, treatment planning or longer-term treatment may be helpful.

Building Capability Across the System

Perhaps the greatest opportunity for system-wide impact has been workforce training and supervision. We developed a suite of training for staff, with content tailored to different roles. Half-day workshops are delivered to trainee correctional officers, while full-day workshops are provided to clinicians, nurses and other staff working directly with people in custody and the community.

The training workshops cover the conceptualisation of personality disorder, challenging stigma and misconceptions, and provide practical strategies for responding to behaviours associated with personality disorder. An essential component of our full-day training is lived experience. Workshops are delivered by two clinicians alongside a lived-experience educator, who shares their experience of BPD and their recovery journey. This adds an important perspective beyond clinical information, providing insight into how BPD can be experienced and how interactions with services and providers can support engagement and recovery.

Over the past five years, we have trained approximately 550 clinical and mental-health-adjacent staff and almost 200 trainee correctional officers with more training yet to come. We see this training as an important step towards a broader goal of culture change, increased confidence and capability of staff, and improved awareness of BPD-related concerns.

Additionally, mental health clinicians are able to access regular group and individual supervision focused on BPD-related issues. This provides opportunities to strengthen clinical formulation and practice, reflect on complex presentations, and support clinicians to approach their work with greater confidence and consistency.

Building the Evidence Base

Research has become another important component of the criminal justice role.

In collaboration with researchers from the University of Adelaide, we conducted a systematic review and meta-analysis examining both diagnosed BPD and self-reported BPD symptoms amongst people in prison (Dahlenburg et al., 2024). The review included 48 studies and more than 20,000 participants and demonstrated higher than expected rates of BPD amongst incarcerated males and females.

We then set out to get a better understanding of what was occurring locally through establishing a research partnership with DCS to retrospectively examine routine assessment data from people entering moderate- to high-risk rehabilitation programs (Bartsch et al., 2025). The results again showed high levels of borderline symptoms. These findings were important in reinforcing the need for ongoing education, capacity building and treatment opportunities for forensic consumers with BPD.

Where to From Here?

Six years into the criminal justice role, there is still much to do.

One continuing priority is to strengthen the evidence base. In particular, we need to better understand how personality difficulties interact with criminogenic needs and responsivity factors, and whether interventions targeting these difficulties can improve both wellbeing and justice outcomes.

Over the past five years, we have trained approximately 550 clinical and mental-health-adjacent staff and almost 200 trainee correctional officers with more training yet to come.

Evaluating treatment outcomes is another important step. We are evaluating the Road Maps: In the Driver's Seat program to better understand the potential effectiveness of short-term therapeutic interventions for this population. At a systems level, workforce development must also remain ongoing. As workforces change and evidence develops, we need to continue to offer staff opportunities to build knowledge and confidence in working with people with BPD.

Future goals also include extending our reach into earlier stages of the criminal justice system. To date, much of our work has focused on adult forensic services; however, we intend to work more closely with youth justice services to improve early identification and intervention services for young people with BPD. Additionally, building awareness of BPD among lawyers, judicial officers and other court-based staff may create opportunities to improve interactions and outcomes early in the judicial process.

Reflections

When I first heard about BPD Co in 2018, I saw the proposed criminal justice role as an opportunity to bring together my experience in corrections with my interest in improving care for people with BPD. What I probably did not appreciate then was how much of the role would involve establishing links — between mental health and correctional services, research and practice, specialist services and frontline staff, and clinical knowledge and lived experience. My experience over the past six years in this role has reinforced that supporting people with BPD in the criminal justice system cannot sit solely with one clinician, one program or even one service. Sustainable change requires partnerships and a willingness across systems to create opportunities for improved services and intervention

Upon hearing that I was presenting at an international conference earlier this year, one forensic client said to me:

> "I hope that they [conference attendees] are inspired to open a BPD Co in every country."

For me, I think that statement was a clear reminder of why this work matters – to create hope for recovery and support the people who may otherwise miss out on the help they need.

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Forensic Group Radical Openness

DR RICHARD BOOTH, DR RACHEL EGAN / 8 MINS



Dr Richard Booth



Dr Rachel Egan

Group Radical Openness (GRO) is a structured group therapy intervention that we initially developed for a psychiatric population (Booth & Egan, 2023). Emerging research supports GRO's feasibility and acceptability, with preliminary evidence of improved clinical outcomes (Egan et al., 2021; Egan et al., 2025; Johnstone et al., 2024; Twomey et al., 2026; Twomey & Nelson-Sisinni, 2026). Over the last two years, we have pioneered an adaptation of this therapy in the Irish Prison Service (IPS). It is aimed at incarcerated people who fit a profile of what is termed "overcontrol". This paper outlines the development of GRO, key features of overcontrol, how GRO has been implemented in prisons, and how its application has resulted in a new model called Forensic GRO.

Background To Group Radical Openness (GRO)

The journey to GRO started in St. Patrick's Mental Health Services in Dublin, Ireland. We were running a Dialectical Behaviour Therapy (DBT) group for service users who experienced a range of difficulties and were self-harming. Many benefited from the intervention, but there were some individuals who were not making progress. It became apparent that, although they presented with some similar symptoms, their difficulties had very different underpinnings. In contrast to the majority of the group who were impulsive and emotionally dysregulated, this subgroup was highly controlled. We set out to learn more about overcontrol and its associated mental health costs.

Features of Overcontrol

Our early research highlighted three key patterns in those with disorders of overcontrol. First, they tended to be distant in relationships. This is not to say that they were solitary figures, but they were challenged by real intimacy, and it was often partners or colleagues who grew to find this intolerable. In some cases, their vigilance to threat impacted their signalling to others who found them unwelcoming, cold or even hostile. The prioritisation of protection over connection left them feeling lonely, adrift and fearful of getting close to others.

Second, they were likely to be rigid in their ways of coping. Strict rules and harsh, unrelenting standards made life hard for themselves and others. Certain ways of protection, adaptive in early life, were now costly and often shameful. Play and spontaneity proved hard to access and they experienced regret over lost opportunities in life.

Third, they viewed emotions as a liability, either suppressing them or not acknowledging them at all. They resorted to caring for or appeasing others, rather than expressing their full range of emotions. While one or two emotions may have been accessible, others had been shut out for so long that they felt inaccessible. This inhibition or suppression meant that on an infrequent basis, bottled-up emotion could come bursting out. These outbursts were much more intense than warranted by the situation and often resulted in further incentive to suppress emotion. Together with self-harm, these

outbursts (sometimes labelled emotional leakage or emotional overflow) were the main reason there could be confusion between undercontrol and overcontrol and why careful clinical assessment is required.

The GRO Treatment Model

Our initial therapeutic efforts were similar to Radically Open Dialectical Behavior Therapy (RO DBT; Lynch, 2018a, 2018b). We thought that teaching skills to upregulate emotion and improve social signalling would work for our overcontrolled population. However, as our work progressed, we felt that a lack of skills was not the fundamental problem and this led us to develop our own model. Central to the GRO model is the belief that the best place to risk being more open to connection, more flexible in how to approach life, and more willing to experience emotions is in the company of like-minded others. Not only are participants having the experience of being in a social group, but they are with others who share their learning history and mixed feelings about giving up strategies that, to some degree, have served them well. The course content is one element of the therapy but the connection, the common humanity, and the shared experiences play an integral role. In the manual (Booth & Egan, 2023) and five subsequent research papers, this approach is being extensively explored and evaluated. Participants of GRO have consistently highlighted how helpful and healing the social connection of the group has been and how much it reduced their overcontrolled coping and improved their lives outside the group.

Forensic GRO

Let's consider a particular fictional client profile.

"Jack" was a model citizen, a hard-working, honest family man, well respected in his community. Seemingly out of the blue, he murdered his wife. During his detention, he has been a model prisoner. There have been no disciplinary reports on his record and prison staff often remark on how hard he works. His crime was an apparent aberration. It is hard to plan an intervention for Jack, harder still to know if it might be having an impact.

Just as we had found with a psychiatric population, once we started to look, there were far more incarcerated people who fit these profiles than we had imagined.

When psychologists in the IPS read about GRO, they felt that it would be a very good fit for someone like Jack. He displayed many of the key traits of overcontrol. He had difficulty getting close to others, his rigidity and inflexible standards made him an unwelcome work colleague and, though he could express anger and frustration with others, for the most part he was closed to emotional expression. The murder of his wife fitted with the understanding of emotional overflow.

As our work progressed, we also felt that this therapy would suit incarcerated people who became overcontrolled as a result of their offence and subsequent length of time in prison. They too had shut out connection, become rigid, and suppressed emotions as a means to survive prison life.

Just as we had found with a psychiatric population, once we started to look, there were far more incarcerated people who fit these profiles than we had imagined. Much of the style and content of Forensic GRO remains the same as in the original model. The group fosters self-awareness. It helps participants to understand that their overcontrolled strategies were learned and often adaptive. The group builds a sense of belonging; they have the opportunity to regulate others and be regulated by them. They become invested in each other's journeys. But we have made some adaptations. With our psychiatric population, there has been a cost (a breakdown, the loss of a key relationship, a serious suicide attempt, a hospital admission) that motivates them to consider their overcontrol. With

> **With our psychiatric population, there has been a cost (a breakdown, the loss of a key relationship, a serious suicide attempt, a hospital admission) that motivates them to consider their overcontrol.**

those in prison it takes more time for them to see their overcontrol and they are likely to feel it has been necessary to help them cope with a long sentence. It requires a slower approach for them to realise that their overcontrol may have been a key element in their offending, and that it may not serve them well after release. In place of generalising what is happening in the GRO group to life outside (which is often not practical in prison), time is spent being more radically open in the group. A further adaptation of Forensic GRO is a key exercise requiring participants to be more radically open about their offence in front of the group.

Current Implementation of Forensic GRO and Next Steps

We have trained many practitioners in the Irish Prison Service and elsewhere. To date, we have delivered GRO groups in four Irish prisons and there has been a GRO group running in the UK (in HMP Frankland) for three years. The 27-session programme has up to now been aimed at those nearing the end of a life sentence, but is being broadened to other categories of incarcerated people, including individuals serving sentences for sexual offences. The programme has been very well received by both the psychologists and those taking part. Now that Forensic GRO has been created, formal data will be gathered and analysed. Informal qualitative data is already showing great promise and many points of interest.

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References available upon request.

The 4-Square Model of Suicide Prevention in Corrections

DR JOSEPH H. OBEGI / 10 MINS



Dr Joseph H. Obegi

Conventional thinking about suicide prevention in corrections holds that the aim of a suicide prevention program is to prevent suicide, and preventing suicide means the program must identify and respond to suicidal adults. In this paper, I explain why this conventional thinking is too narrow and then present a model of suicide prevention—the 4-Square Model of Suicide Prevention adopted in California prisons—that offers a broader view of what suicide prevention means in carceral settings.

What Are We Trying to Prevent?

Ordinarily, healthcare prevention programs aim to avoid adverse health outcomes by (a) preventing the onset of the condition believed to cause them and (b) treating the condition once it becomes apparent. For example, a program to reduce deaths from heart disease may encourage all people to eat healthily and be physically active. When heart disease appears, clinicians apply a variety of interventions to halt its progression. In a suicide prevention program (SPP), the outcome we wish to avoid is clear: suicide. But what condition must we aim to prevent and treat to avoid suicide? What condition always precedes suicide? A reasonable answer is suicidality. Suicidality is a condition affecting living people who, however briefly, contemplate ending their lives. To say a patient is suicidal is to say they suffer from suicidality severe enough to require treatment. Suicidality includes traditional signs and symptoms, such as suicidal thoughts and suicidal intent (e.g., preparations to die, devising a plan, communications that allude to impending death), as well as emotional, cognitive, and behavioral symptoms (e.g., unbearable pain, rigidly clinging to suicide as a solution, insomnia).

What Is a Suicide Prevention Program?

The distinction between suicide as a kind of death and suicidality as a condition clarifies the aims of an SPP: to prevent, identify, and treat suicidality to avoid the outcome of suicide. To achieve these aims, the program must be complex. It must include multiple components that operate at different levels of the correctional system (Krishnamoorthy et al., 2022). Some interventions are delivered directly to incarcerated people. Others target staff skills, environmental safety, and departmental operations. Some interventions occur upstream; that is, they prevent suicidality by promoting overall well-being, strengthening the resilience of all adults, and screening for early signs of suicidality. Others occur downstream. Once suicidality sets in, downstream interventions respond to and treat the condition. Together, these components form an integrated system of safety nets that can prevent, identify, and treat suicidality.

The 4-Square Model of Suicide Prevention in Corrections

In the California correctional system, we rely on the 4-Square Model of Suicide Prevention to understand the content and scope of suicide prevention efforts. The model addresses suicidality and suicide, recognizes

upstream and downstream efforts (i.e., prevention versus treatment), and acknowledges a multi-component, multi-level view. The model consists of four squares: Prevention, Treatment, Preparedness, and Quality. Figure 1 presents the model and the interventions currently used in California prisons within each square.

The 4-Square Model of Suicide Prevention in CDCR



Figure 1. The 4-Square Model of Suicide Prevention in Corrections

The Prevention Square includes components designed to stop suicidality from developing or fully developing. Components in this square are intended to enhance the well-being of all incarcerated people (promotion interventions), apply low-cost interventions to all adults (universal interventions), support select groups who may be at elevated risk of suicidality (selective interventions), and respond to those who may be showing signs of suicidality (indicated interventions). For example, a facility may use educational and vocational programs to support self-efficacy (promotion), conduct suicide screening prior to placement in disciplinary units (selective), and require a suicide risk assessment for any resident reporting suicidal thoughts (indicated).

The Treatment Square comprises components meant to treat suicidality to avoid the outcome of suicide. Once suicidality has emerged, treatment is tailored to the severity of the condition. Outpatient care and safety planning may be sufficient for low-severity presentations, whereas high-severity presentations may require psychiatric hospitalization, safety measures (such as enhanced monitoring and means restriction), and a plan for follow-up to reduce the risk of suicide post-discharge. Ideally, programs have a clinical pathway for suicidality, that is, a roadmap informed by evidence and expertise that describes how to care for suicidal patients.

The Preparedness Square includes components that ensure staff are equipped to fulfill their suicide-prevention roles and that the physical environment in treatment areas is suicide-resistant. SPPs commonly include an annual suicide-prevention training requirement for all staff. However, Preparedness can also include real-time delivery of risk information via custom flags in the electronic medical record, the availability of emergency equipment in housing units, emergency response procedures for suicide attempts and self-injury, and the dissemination of recent research on suicide.

The Quality Square has components that are frequently overlooked in SPPs. Traditionally, the primary quality indicator of an SPP is a written policy. However, the Quality Square goes a step further by measuring how well the central components in the other squares are working. For example, a dashboard of key performance indicators can provide continuous feedback on how often referrals for suicidal ideation are completed in a timely manner, whether annual training is completed by all staff, and whether suicide risk screenings are completed per policy. In addition, facilities can measure rates of self-harm, hospitalization for danger to self, and suicide precaution to identify emerging sources of suicide risk.

Using the 4-Square Model of Suicide Prevention

The 4-Square Model offers a way to appreciate the diversity of suicide prevention interventions and targets; it is not a prescription for a suicide prevention policy or a reimagining of its core components. For example, components dedicated to promotion theoretically decrease suicide risk by improving overall well-being but may be too peripheral to an SPP's core aims to warrant inclusion in a suicide prevention policy. Additionally, the model is conceptual; we know precious little about which components actually reduce suicide rates in corrections (Obegi, 2024). Indeed, our motivation to reduce deaths far exceeds what we know about what works.

> **The distinction between suicide as a kind of death and suicidality as a condition clarifies the aims of an SPP: to prevent, identify, and treat suicidality to avoid the outcome of suicide. To achieve these aims, the program must be complex.**

With these caveats in mind, the 4-Square Model can be a useful tool for designing or evaluating an SPP's content and scope. For example, facilities can compile a list of their SPP's components and map them to the model. This exercise clarifies where interventions are currently focused and which squares may need strengthening.

The 4-Square Model may also be useful when evaluating proposals to improve suicide prevention in a facility. When investigating a local death by suicide, it is often tempting to conclude that the death, by itself, is sufficient evidence that a new or more complex policy component is needed. The 4-Square Model provides context for these decisions. When a facility has mapped its SPP using the model, it is easier to see where the new proposal fits conceptually. Does the new proposal fill a gap in a square, or does it merely add complexity to an existing component? In other words, does it add value? If a gap exists, how important is it relative to other known gaps? Will the new proposal negatively impact other components? Does the new proposal focus on preventing suicidality from developing or on treating it? These questions complement pragmatic and analytic ones, such as: Is the idea based on anecdotal observations or robust local data? Does the idea have a basis in the empirical literature? Will the new idea introduce a performance standard that is achievable? Is the idea about preventing exposure to a risk factor or mitigating risk after exposure occurs?

Summary

No SPP is foolproof. Suicides may occur even when an SPP is comprehensive, well-monitored, and high-performing. This tragic reality stems largely from extremely limited research on what reduces suicides in correctional facilities. The 4-Square Model of Suicide Prevention in corrections cannot fill this gap. It can, however, help us appreciate the breadth of suicide-prevention opportunities, study and enhance a facility's SPP, and ensure that an SPP's components perform as intended.

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IACFP International News, Research, and Resources

TIA TOURVILLE / 15 MINS

This month, we highlight a selection of international updates, research highlights and upcoming professional development opportunities that may be of interest to IACFP *Bulletin* readers working across prisons, probation and community corrections. If there's something happening in your region that we should know about —news, research calls, webinars or conferences, etc.— please get in touch with us at community@myiacfp.org.

1. International Updates

New Podcast: The Forensic Psychologist Podcast



Introducing a brand-new resource for mental health and legal professionals: *The Forensic Psychologist Podcast*. Hosted by licensed forensic psychologist Dr. Casey Mangnall, this podcast is designed for psychologists, trainees, and mental health professionals navigating the practical realities at the intersection of psychology and the law. Moving beyond media stereotypes, episodes so far have offered grounded discussions on key topics such as conducting forensic evaluations, managing personal bias, understanding legal evidentiary standards, and navigating complex ethical grey areas like test security and AI integration. By bridging the gap between clinical training and legal practice, the podcast plans to serve as a guide for clinicians seeking to apply psychological expertise within a courtroom framework. Available on Spotify [https://open.spotify.com/show/04YwUQ4eOrf0zy4NuYqum8?si=64a129e93bb04f1b] and Apple Podcasts [https://podcasts.apple.com/us/podcast/the-forensic-psychologist-podcast/id6814957644]!

Final Reminder: In the Act (ITA) Training Opportunity

The *In the Act* team (article [https://www.myiacfp.org/bringing-frontline-corrections-staff-into-the-fold-teaming-up-to-address-criminogenic-thinking/] featured in IACFP's Mar/April 2026 *Bulletin* [https://www.myiacfp.org/wp-content/uploads/2026/05/IACFP_Bulletin_2026-Mar-Apr_Pages-2.pdf]) has partnered with CONCEPT Continuing and Professional Studies at Palo Alto University in California to offer a two-day train-the-trainer webinar. The two-day training provides 7 CE credits in total and includes reviewing program goals, key learning tools, and effective group facilitation skills, and will allow attendees to practice delivering training segments in a safe and supportive environment.

Training dates: November 2–3, 2026
Registration and information: https://training.concept.paloaltou.edu/courses/LIVE-In-the-Act-Train-the-Trainer-Session-Teaching-Correctional-Staff-to-Recognize-Criminal-Thinking-Errors

2. Research & Reports

Criminological Highlights, Volume 23, Number 2, August 2026

The most recent issue of *Criminological Highlights*, published by the University of Toronto Centre for Criminology and Sociolegal Studies, summarizes research addressing the following questions:

1. Can social programs really reduce crime?
2. Why do Americans think tough-on-crime programs will reduce crime?
3. Do intuitive (or clinical) overrides of crime-prediction instruments improve predictions?
4. How do families react to the pretrial detention of one of their family members?
5. Which police officers are most likely to use force when dealing with citizens?
6. Can a country with a high homicide rate due to gangs and organized crime reduce that rate quickly?
7. How do schoolteachers react to the incarceration of a student's parent?
8. How does pretrial detention affect an accused person's decisions in court?

Full issue: https://www.crimhighlights.ca/criminological-highlights-vol-23-no-2-august-2026

Call for Papers: *Advancing Corrections Journal* – Effecting Change in Corrections



The *Advancing Corrections Journal* (Edition #22, Volume 2) is accepting submissions on the theme "Effecting Change in Corrections," focusing on real-world processes of introducing, sustaining, adapting, or abandoning change across institutional and community contexts. The journal welcomes research articles, policy views, and practice innovations addressing priority areas such as evidence-based change, peer-led culture shifts, practitioner perspectives, and subgroup approaches. Complete manuscripts must be submitted via email to Dr Frank Porporino by **December 15, 2026**. Submit manuscripts: fporporino@icpa.org

Call for Papers: *International Journal of Forensic Mental Health* – 25th Anniversary



The *International Journal of Forensic Mental Health* is accepting submissions for its 25th Anniversary Collection, titled "Reflecting on 25 Years, Shaping the Future of Forensic Mental Health." Edited by Alicia Nijdam-Jones, the collection seeks papers—including review papers, empirical research, and scholarly perspectives—that examine the field's evolution, remaining challenges, and future priorities across areas such as risk assessment, trauma-informed practice, cultural safety, and emerging technologies. Manuscripts are being accepted on a rolling basis throughout 2026, with priority consideration given to submissions received by **December 31, 2026**. Online submissions: mc.manuscriptcentral.com/ufmh

3. Upcoming Conferences

National Conference on Correctional Health Care



October 24 – 28
Las Vegas, Nevada, United States

Celebrating "50 Years of Impact", the National Conference on Correctional Health Care [https://events.ncchc.org/national-conference] brings together correctional leaders, clinical staff, mental health professionals, and legal experts to tackle critical challenges across jails, prisons, and juvenile facilities. The event focuses on delivering practical, evidence-based strategies in high-priority areas such as mental health care, substance use treatment, chronic disease management, and quality compliance. Designed to foster multidisciplinary collaboration, the conference equips attendees with actionable solutions to pressure-test their systems, elevate the standard of care, and improve patient outcomes nationwide.

International Corrections and Prisons Association (ICPA) Annual Conference



October 25 - 30
Belfast, Northern Ireland

ICPA's 2026 Annual Conference [https://icpa.org/events/icpa-2026-annual-conference.html] will bring together the international corrections community to address worldwide rising custody numbers and complex risk profiles through collaboration with government, research bodies, non-profits, and local communities. The program features sessions on global prison health data, lived experience in justice reform, relational approaches to reintegration, sport-based interventions, and more.

Professor Shadd Maruna from the University of Liverpool is featured as IACFP's Distinguished Scholar and Keynote Speaker, with his talk titled, "Who Owns Reintegration?: Collaboration, Lived Experience and Co-Production of Justice Outcomes." In preparation for ICPA, Professor Maruna was highlighted in the July/August edition of the IACFP *Bulletin* [https://www.myiacfp.org/distinguished-scholar-spotlight-dr-shadd-maruna/].

6th North American Correctional and Criminal Justice Psychology Conference (N6)

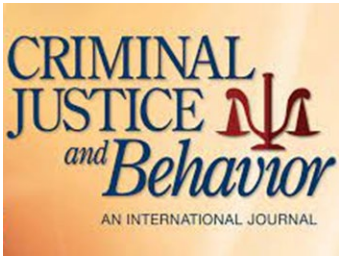


June 3 – 5, 2027
Victoria, Canada

The 6th North American Correctional and Criminal Justice Psychology Conference (N6) will be hosted by the Canadian Psychological Association. This international gathering will bring together global researchers, practitioners, and policymakers to exchange innovative work at the cutting edge of criminal justice and correctional psychology. Abstract submissions are NOW OPEN and close **December 3, 2026**! Conference information: cpa.ca/naccjpc/

Criminal Justice and Behavior Practitioner Summaries

7 MINS



Authors publishing articles in Criminal Justice and Behavior (CJB) now include practitioner summaries to bridge the gap between research and practice in forensic and correctional psychology fields across international jurisdictions. Below, we highlight some of the most practitioner-relevant summaries which have been approved for publication in CJB, and may have already appeared in OnlineFirst or in a printed journal or may be scheduled for publication. In this issue of the IACFP Bulletin, included articles address a wide variety of topics, including victimization of incarcerated persons, considerations for community supervision, and unique perspectives for justice-involved youth.

Aranda-Hughes et al. (2026). **The Victim-Offender Overlap in Prison Interpersonal Harm: Comparing Incarcerated-Person and Staff-Related Events.** http://doi.org/10.1177/00938548261478301

> "This study found that prison victimization and offending are often interconnected, with some incarcerated people experiencing both roles. Using administrative records from a large state correctional system, we found that individuals with mental illness were consistently more likely to be both victims and offenders in incidents involving other incarcerated people and correctional staff. Individuals housed primarily in maximum custody also had greater involvement in the victim-offender overlap. For correctional systems, the findings underscore the importance of identifying individuals who may be at heightened risk of both experiencing and engaging in interpersonal harm. Mental health screening and appropriate treatment may help address this risk. Staff training that improves recognition of mental health-related behaviors may also help prevent escalation. More broadly, correctional systems should consider how housing and supervision practices may contribute to interpersonal conflict when developing strategies to improve institutional safety."

Costaris et al. (2026). **Examining Relationships Between Treatment Motivation, Service Engagement and Recidivism in Canadian Adolescent Justice System-Involved Boys.** http://doi.org/10.1177/00938548261473808

> "Adult research shows that treatment motivation drives engagement in rehabilitative interventions for adults in the criminal justice system; in turn, engagement is related to reoffending. Because motivation is amenable to change (e.g., through Motivational Interviewing), it is an important target at the outset of services to promote engagement and successful completion. However, there is almost no research examining these relationships with justice system-involved youth. In this study of Canadian justice system-involved adolescent boys, scores on a treatment motivation questionnaire developed for adults (the CVTRQ) did not predict engagement in probation services but two motivation items from the Youth Level of Service/Case Management Inventory did. Youths' engagement in services predicted reoffending, even when controlling for risk. Findings suggest that supporting youth's motivation

> to engage in rehabilitative services is a worthwhile effort. Developing a valid motivation measure for youth may aid service providers in accurately assessing youth's readiness to engage in services."

Phillips et al. (2026). **Pandemic-Driven Adaptations in Community Supervision: Resilience or Fragility in Experiences for Clients and Staff.** http://doi.org/10.1177/00938548261473807

> "This study examines how probation and parole agencies adapted supervision during COVID-19 and what those changes mean for post-pandemic practice. Drawing on interviews with clients, officers, supervisors, and support staff in Missouri and Tennessee, the study shows that virtual contact and flexible scheduling reduced transportation and work-related burdens for many clients while helping staff maintain continuity during crisis conditions. However, the same adaptations also created risks when clients lacked digital access, needed more structure, experienced treatment disruptions, or became less visible to officers, thereby heightening officer workload and stress. The findings suggest that hybrid supervision should not be treated as universally beneficial or harmful. Instead, agencies should match contact strategies to client needs, preserve periodic in-person visibility for higher-need clients, provide digital access support, strengthen treatment coordination, and invest in staff technology, training, and wellness infrastructure."

Sanders (2026). **Reentry on the Move: An Exploration of Black People on Parole's Experiences Using Technology for Rideshare Services and Other Transportation Needs.** http://doi.org/10.1177/00938548261478638

> "The current study used qualitative data from 73 Black people on parole to explore their experiences using technology for rideshares and other transportation needs. The findings revealed that participants appreciated the utility of rideshares but found them to be costly. Digital illiteracy and phone access were also barriers to rideshare use. Additionally, participants recognized that technology helped and hindered their ability to meet other transportation needs. Some were able to use their devices to learn how to conduct car repairs, but others had challenges using GPS apps. To address these digital inequities, practitioners need to connect people exiting prison with resources providing free or low-cost technology devices and provide reentry-focused digital literacy programming."

Wang et al. (2026). **Family Structure and Bullying Perpetration Among Adolescents: Direct and Indirect Pathways.** http://doi.org/10.1177/00938548261478300

> "This study examines how family structure is associated with bullying perpetration among Chinese adolescents, focusing on the roles of social bonds and bullying peer associations. Findings show that adolescents in nontraditional family arrangements tend to report weaker social bonds, and weaker social bonds are associated with higher bullying perpetration. However, family structure itself does not operate as a simple direct risk factor. Instead, the results suggest that bullying prevention should focus less on labeling youth by family arrangement and more on strengthening protective social connections. For practitioners in juvenile justice, schools, and community-based prevention, the findings highlight the importance of supporting caregiver-child attachment, school commitment, structured involvement, and respect for school rules. Peer-focused interventions remain important because association with bullying peers strongly predicts bullying behavior. Overall, effective prevention should address both family-related support and school-based peer contexts."

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