Pennsylvania
Department of Corrections



PA Department of Corrections
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Violence Prevention Front-Loading

Background

As part of the Pennsylvania Department of Corrections (PA DOC) Violence Reduction Committee's efforts to reduce institutional violence, a randomized controlled trial (RCT) was conducted to evaluate the impact of providing Violence Prevention–High Intensity (VP-High) programming earlier in an individual's incarceration.

Historically, individuals who are recommended for VP-High receive programming closer to their minimum sentence date or parole eligibility date. The Committee recommended examining whether providing VP-High earlier in an individual's sentence could reduce violent incidents during incarceration, while potentially also improving post-release recidivism outcomes.

The study tested whether front-loading VP-High programming, rather than delivering it according to the traditional programming schedule, would result in lower rates of institutional violence among individuals assessed as having a high risk for violent behavior.

Study Design

Individuals were eligible for inclusion in the RCT if they met four criteria:

- Committed to PA DOC within the previous five years,
- At least three years remaining until their minimum sentence date,
- Assessed as high violent risk on the STRONG-R, and
- Received at least one Class 1 misconduct within the previous year.

Eligible individuals were randomly assigned to either a treatment group, which was prioritized to receive VP-High programming earlier in their incarceration, or a control group, which received VP-High later (on the traditional programming schedule closer to their minimum sentence or parole eligibility date).

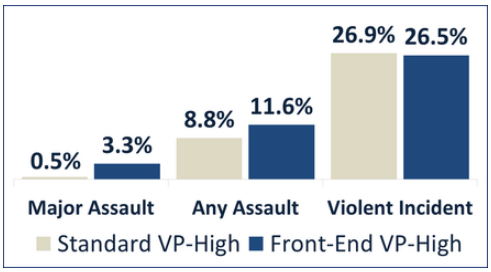
The study included 363 individuals, with 181 assigned to the treatment group and 182 assigned to the control group. The analysis examined three outcome measures of institutional violence during a one-year follow-up period: (1) major assault misconduct, (2) any assault misconduct, and (3) any violent incident. It is important to note that none of the control group received VP-High programming during the one-year follow-up period.

Results

The control group had a lower major assault misconduct rate (0.5%) compared to the treatment group (3.3%). Likewise, the one-year rate of any assault misconduct was 8.8% for the control group compared to 11.6% for the treatment group. The rate of any violent incident was nearly identical between the control and treatment groups (26.9% versus 26.5%, respectively).

None of these differences were statistically significant. The findings therefore provide no evidence that providing VP-High programming earlier in an individual's incarceration reduced institutional violence during the one-year follow-up period.

1-Year Violence Rates



Conclusion

Results from the VP-High RCT study suggest that front-loading VP-High programming did not significantly reduce institutional violence compared to providing programming according to the traditional schedule.

Across all three institutional violence rates examined (major assaults, any assaults, and violent incidents) no statistically significant differences were observed between the treatment and control groups.

These findings do not demonstrate an institutional violence reduction benefit from prioritizing VP-High programming earlier in an individual's sentence. However, they do not establish that VP-High programming itself is ineffective, as the evaluation examined the timing of programming rather than its overall impact on post-release recidivism.