Carceral riskscapes and working in the spaces of mental health care

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This study participates in the discussion on risks and carceral spaces, and furthermore, introduces the concept of carceral riskscape. Since there is a strong, but less studied connection between risk and the carceral, this study combines these concepts to provide a new viewpoint on the mechanisms that create carceral spaces. Riskscapes represent spaces embedded with risk and they are usually referred to in connection with health or environmental hazards. The emphasis in this study is on the carceral riskscapes that working communities face in institutional premises. The study analyses the working culture of a geropsychiatric ward in Turku, Finland. Some of the staff members allegedly mistreated the patients and some of the carceral practices were also targeted at co-workers. The research is qualitative in nature and analyses documents from the inner reports to the trial documents. The findings of the study suggest that the relationships between staff members are significant in the context of carceral riskscapes. Furthermore, the carceral riskscapes cause inequalities and have influence on the well-being of the staff members as well as the quality of care.

Keywords: carceral geography, work, psychiatric ward, risk, carceral riskscape, institution

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Introduction

This paper analyses alleged misconduct in a geropsychiatric ward, G1, of Kupittaa psychiatric hospital in Turku, Finland during the years 2009–2016. The ward was a closed unit for patients over 65 years of age, who were treated either voluntarily or involuntarily. Most of the patients were in need of mental health care, but there were also cognitively impaired patients waiting to be transferred to dementia care units. Because of the lack of suitable care units, they sometimes had to stay in the ward for extended periods.

There were claims that in this ward the patients were being mistreated, and that the staff members were either causing the mistreatment, allowing it or too afraid to report it. Furthermore, those who tried to intervene, were bullied[1] or ignored. After the journalist of a local newspaper started to investigate the ward in 2016, police implemented investigations which finally led to trials. Two of the four prosecuted staff members were found guilty of abuse yet both of the sentences were disallowed by the Court of Appeal, mainly because there was no solid evidence of a deliberate intent to mistreatment.

In this article, I introduce the concept of *carceral riskscape* to illustrate how riskscapes operate in the context of carceral spaces. The concept of riskscape has been used in geography in studies concerning environmental risks (Müller-Mahn & Everts 2013) and their influence on social aspects (Morello-Frosch *et al*. 2001; Morello-Frosch & Lopez 2006; Morello-Frosch & Shenassa 2006), as well as in studies of border crossings (Lundgren 2018). There are some health-related studies that concern, for example, studies of HIV/AIDS (Krüger 2013; Duncan *et al*. 2018) and pandemics (Everts 2013; Gee & Skovdal 2017). The concept of riskscape was chosen since it illustrates the scene (or view, see Salazar 2013) of the risks that appear in people's everyday life. Furthermore, the concept connects risk and spatio-temporalities together with other dimension of power relations, practices and social relations. The riskscape thus represents a multi-dimensional view of risks.

The specific nature of spaces of confinement, such as strict control, regulations and isolation from society, requires that the concept is adjusted concerning these spaces. Consequently, I have combined the work of carceral geographers with the conceptualisation of riskscape by Müller-Mahn, Everts and Stephan (2018) to acknowledge how carceral riskscapes are formed in spaces of confinement. The connection between risks and carceral spaces has been the subject of considerably less research, although they are linked together through the practices that confine people seen as a risk to themselves, to others or to society. Risk is also present for those who work in psychiatric institutions.

I ask: How are carceral riskscapes formed in a psychiatric ward? What effects do they have on life in institutions? The emphasis is on the carceral riskscapes that a working community has to face in everyday life while practicing their duties; in this particular case, in an institution of care. Since risk and carceral spaces are so strongly linked together, I find it worthwhile to analyse carceral riskscapes in institutional premises. Furthermore, while new care forms are constantly under development, it is essential that institutions are studied from various perspectives in order to develop the care given and the institutions of care themselves. The contribution of the paper is to widen the knowledge of how carceral spaces are constructed and lived, especially in institutions of care.

In the first part of the paper, I will introduce the data and methods used, along with some ethical contemplations. Next I will introduce the theoretical background followed by an introduction to the concept of carceral riskscape. Subsequently, I use the concept of carceral riskscape to analyse the data from the viewpoint of the work community. Specific emphasis is placed on how the riskscapes were formed on the geropsychiatric ward, especially among the staff members. Finally, I conclude the paper by reflecting on carceral riskscapes and their effects on people's lives inside institutions.

Studying carceral riskscapes through critical documentary analysis

This paper concentrates on how this working community created carceral riskscapes on the psychiatric ward. Although there were staff members with various duties on the ward, the data enabled a focus on certain staff members, such as: the superiors, who were mostly head nurses or doctors and the mental, psychiatric, and substitute nurses (the substitute nurses were mostly nursing students). Because of the nature of empirical data, it was not possible to include the patient's perspective in this article. The material for this paper is purely documental. As a researcher, I was intrigued by what official documents can reveal about the risks and riskscapes of psychiatric care. Furthermore, before writing this article, the ward in question was closed so visiting was not possible. I have analysed the material by using theory-oriented content analysis through the concept of carceral riskscape.

The data in this paper consists of one internal report made concerning the ward, one official record prepared by the City of Turku, reports from the National Supervisory Authority for Welfare and Health, Valvira (Valvira inspected the premises three times between years 2016 and 2017 and reports were made each time), the pre-examination records of the police, and three trial documents, two from the local court and one from the Court of Appeal. The pre-examination records of the police included personal statements from the four accused staff members and the eight witnesses. In addition, the police had interviewed approximately 50 nursing students by phone and chosen one statement to represent these interviews. This data was gathered by different police officers through official protocols. The police use questioning techniques that differ from the interviewing methods that researchers use and this might have an effect on the statements. The witness statements represent

individual perspectives on the events, thus the witness statements can be treated in a similar way to any interview conducted in qualitative research (Dunn 2010).

It is useful to keep in mind for whom and for what purposes the interviews were made and the documents written (see Black 2010). People may feel nervous when interviewed by the police and therefore do not necessarily describe their emotions or opinions as they would to a researcher. Some of the material (official records and trial documents) are in the public domain and anyone can find them via the Internet or request them from the authorities. The Valvira reports and the material from the police were made available to the researcher for a small fee. However, certain other information was not available as it had been omitted from the material by the authorities due to the Personal Data Act (Ministry of Justice 1999), for example, information concerning a plaintiff's health or information concerning patients.

There are some ethical issues when this kind of material is used. First of all, I was aware of the pressure that was targeted on the staff members by the media attention and did not want to increase their anxiety any further; hence, I decided to anonymise the people related to the study, even though their names can be found in public records. Furthermore, because of the Personal Data Act (Ministry of Justice 1999), the authorities have removed the information and statements made by the alleged victims, thus their voice cannot be heard from the material. This has been taken into consideration when the research questions were formed.

Conceptualising the carceral riskscape

First, I will briefly explain the different parts of the concept: carceral, risk and scape. The carceral was mentioned in the work of Foucault (1995[1977]), who argued that a carceral system was something that reached beyond the actual place of punishment (prison) and influenced the whole of society. For Gill, Conlon and Moran (2013) carceral spaces are not only prison spaces, but all varieties and grades of spaces of confinement outside the prison system. Indeed, several geographers have situated the carceral outside the prison premises (Conlon 2013; Disney 2015, 2017; Schliehe 2016; Rannila & Repo 2018; Villanueva 2018; Repo 2019a) and in institutions of care (Disney 2015; Schliehe 2016; Repo 2019a, 2019b). Carceral spaces are usually heavily controlled and regulated. Nevertheless, they are not static and include dynamics that alter and affect peoples' lives (Philo & Parr 2000; Moran 2015).

The infiltration of the carceral into social systems has led to the question of whether everything can be carceral. This question has been asked previously by carceral geographers and inspired Moran, Turner and Schliehe (2018) to conceptualise the carceral into three conditions: these conditions are detriment, intention and spatiality. Detriment indicates experienced harm, intention relates to agency and the implementation of the carceral, and spatiality describes the space where the detriment is implemented (Moran *et al*. 2018). In order to be carceral, these three conditions should be fulfilled. However, Morin (2018) in her study uses "carceral logic" to describe spaces that do not necessarily fall into all three categories, for example, if the carceral space is not experienced as such. Through carceral logics certain people can be targeted by carceral practices, since they are seen as dangerous and risky.

There is a vast literature concerning risk in several social sciences and the concept of risk has been contemplated over decades. Beck (2000) states that when trust in security ends, the discourse of risk starts, thus he sees risk as a state between security and destruction. Tierney (2014) compressed the conceptualisation of risk into three questions: "What can go wrong? How likely is it? And what are the consequences?". The concept is, nonetheless, fluid and changes over time and space. People must confront risks in everyday life (Mythen & Walklate 2006), in situations when something valued is at stake (Tierney 2014). In such situations, the potentiality of harm, damage and loss has to be balanced against the potential gain and benefit (Furedi 2006; Tierney 2014). Risks are socially constructed and depend on individual choices (Kasperson 1992; Beck 1995; Lupton 2006; Tierney 2014; Müller-Mahn *et al*. 2018), which suggests that the concept of risk has to be considered in relation to societies and contexts (Furedi 2006). The possibility of harm is not seen as equal for all people, but depends on various aspects, such as age, gender and geographical location. Hence, the perception of risk varies between societies, groups, and even individually. Risk can be understood as being a multiple context as risks are entwined with each other because of causalities (Müller-Mahn & Everts 2013).

Scapes as a concept describe the dynamics of global processes (Salazar 2013). For Appadurai (1990) they are manifold and can be constructed from different perspectives. Scapes can be called "imagined worlds" constituted through the historical and cultural imagination of groups and individuals (Appadurai 1990). "As a scape refers to both a scene and a "view," the notion lends itself expediently to analysing the way people experience and understand their world(s), thereby superseding standard geographical thinking in social cultural analysis" (Salazar 2013, 754). Scapes are given meaning and material shape by human action, thus, they are a result of processes but not the processes themselves (Salazar 2013). In a way, scape represents a similar "imagined world" to risks, which also represent something that is imagined, but not yet happened.

There has been a call for geographers to study the spatial dimensions of risk to understand their spatiotemporal aspects (Lupton 2006). The concept of riskscape was developed to answer this call (Müller-Mahn & Everts 2013). Concerning riskscape the -scape suffix connects spatial and temporal dimensions to the risk, and illustrates the scene where the possible risks occur (Milligan & Wiles 2010; Bowlby 2012). I see riskscapes being relational, since they are made and re-made through actions, practices and interactions between individuals, objects and space.

In my previous study, I have recognized the formation of carceral spaces on psychiatric wards (Repo 2019a). These carceralities are formed through regimes, power relationships and spatio-temporality (Repo 2019a). Carceral space and risk are in many ways related to each other. First of all, carceral spaces are usually established for those who are seen as a risk to themselves, to others or to society. What can be considered as risk varies at different times and in different areas. Poverty and homelessness may have led to confinement (Ahonen 2019; Foucault (2001[1967])) and these aspects are still present in contemporary confinement through for example carceral logics (Morin 2018; Story 2019). The Finnish Mental Health Act (Ministry of Social Affairs and Health 1990) stipulates that a person can be ordered into psychiatric hospital care against their will if it is felt that their condition would deteriorate without treatment or if they are a danger to their own or other's safety and health. Consequently, staff members often have to confront aggression and violent behaviour in their everyday life.

Secondly, these spaces both employ multiple risk assessment methods and practices to, for example, decrease violent behaviour (Almvik *et al*. 2007) and use various therapeutic measures and techniques in challenging situations (Kuivalainen *et al*. 2017). Thirdly, the carceral and the risk interact with each other through spatiality. Risks are minimised for example when putting risky "inmates" into specific spaces, such as seclusion rooms, which might in turn create risks both to the "inmates" and staff members. The risks are usually well acknowledged in the physical environment of carceral spaces such as in the design of the wards and surveillance (Curtis *et al*. 2013). However, the spatiality of the risks is not limited to physical premises, but is a complicated combination of physical premises, care, control, regulations and human relationships (see also Parr 2003). These different spatial aspects are very much linked to temporality, since in closed institutions regimes, schedules and surveillance may be linked to a diurnal rhythm (Repo 2019b; Thorshaug & Brun 2019).

The dimensions of carceral riskscape

The six dimensions of riskscapes are practice, power relations, plurality, spatiality, subjectivities and social groups, and temporalities. Because of the spatial features of the carceral, I will not discuss spatiality as a separate dimension, instead I recognise that all the dimensions are related to spatiality, as are temporalities. First of all, the connection between temporalities and spatialities is acknowledged in geography and often not easy to separate. For example, carceral space affects how the passing of time is experienced (Moran 2015). Furthermore, regimes have both a temporal and spatial meaning in institutions (Repo 2019b). For the residents of the institutions especially, temporalities may cause injustice, causing them to lose control over their everyday life. These temporalities are strongly connected to the architecture, politics and institutional elements (Thorshaug & Brun 2019).

The riskscapes are constituted through social practices, reflecting what is said and done. One might add that riskscapes reflect upon what is unsaid and undone, since ignorance and neglect create riskscapes through exclusion and punitive ignorance. Practices within carceral spaces, especially in institutions, are strongly linked to the regime, legal requirements and regulations. Although such

practices are created to reduce risks they do not always succeed, especially if the supervision fails and the subsequent methods used to control and coerce patients become exaggerated. These practices can transfer outwards from carceral spaces causing several risks, such as stigmatisation, which may cause detriment to people long after the confinement (Turner 2016; Gill *et al*. 2018). Furthermore, practices may mutate and develop into policies used beyond carceral spaces (Gill *et al*. 2018).

Secondly, riskscapes are formed and effected by subjectivities and social groups. Not all riskscapes are similarly significant: the influence of experts and their ideas of risks may dominate political agendas and public perception. Due to the relative features of the carceral, some may experience carceral riskscapes while others do not. The riskscapes can be separated depending on the group that share the same perspectives and/or practices (see Müller-Mahn & Everts 2013). These social groups are spatio-temporally divided: when and where people are free to be and move.

Thirdly, power relations have a considerable effect on everyday life in institutions (Milligan 2003; Foucault 2003; Repo 2019a) and they are especially connected to carceral spaces, which involve various forms relationships and relations of power (Moran 2015; Story 2019). A typical concern in power relations and risk is that a small number of people have the ability to make decisions that affect a large number of people (Tierney 2014). This is particularly relevant in the context of carceral riskscapes where the law strictly defines the hierarchy, power relations, and responsibilities (e.g. Mental Health Act (Ministry of Social Affairs and Health 1990)). Furthermore, risk plays a significant role in directing power towards groups of people who are considered risky (Hörnqvist 2010) but also affects power relations between staff members. The power relations of riskscapes are not equal but depend on people's ability to fight, cope with or live with risks (Müller-Mahn *et al*. 2018). This suggests that through inequality in power relations some groups are more exposed to risks than others. This finding resonates with Foucault's (2003) idea about the imbalanced power relations inside (psychiatric) institutions.

Fourthly, plurality means that people are constantly under the influence of several riskscapes. In addition, riskscapes may overlap and cause new risks instead of a reduction of risks. This makes some spaces "hot spots", and riskier than others, suggesting that these overlapping riskscapes accumulate spatially and temporally. This kind of accumulation affects people's perception of risk and their ability to cope. This plurality can cause inequality, since riskscapes are not distributed equally between people due to their socio-spatial aspects. As a result, some of the groups seem to be more vulnerable to risks than others.

Working in a psychiatric hospital

In a psychiatric hospital, the staff members must make constant risk analyses of various situations. Curtis and colleagues (2013, 202) note that "Risk management in psychiatric hospitals involves decision-making, risk reduction, monitoring, and evaluating the effectiveness of a hospital's management plan." If one or more of these elements fails, the possibilities for risks increases. The work in psychiatric units is demanding and the staff members are familiar with the restlessness, aggression and even violence of some patients (Mitchell 2000; Holmes *et al*. 2004). This is especially the situation in the case of psychogeriatric patients with memory disorders (e.g. Pisani & Walsh 2012). On a psychiatric ward entering risky areas and situations is part of the responsibilities of the staff members and as such they are obliged to "do" the riskscapes in order to prevent risky situations escalating (see Lundgren 2018). Risky situations also create carceral riskscapes through, for instance, coercive measures.

The geropsychiatric ward represents a riskscape where various risks are present in everyday life, and in my previous study I found that the ward can be seen as a carceral space (Repo 2019a). In the following, I present a geropsychiatric ward as workplace and as a carceral riskscape or rather how through different practices it may become one. The material used in this paper provided good information about the workplace and the social relationships inside the ward. Furthermore, studying the ward from the chosen aspect reveals how risks are embedded in work communities in carceral spaces. Thus, the emphasis is on the relationships between the staff members and the authorities and their effect on the carceral riskscapes.

Work and workplaces have intrigued researchers in many disciplines. In Geography, some research attention has been given to carceral spaces and work, especially studies concentrating on inmate labour (Nowakowski 2003; Morin 2018; Cassidy *et al*. 2020; Richardson & Thieme 2020). The significance of the relationships between staff members has been acknowledged in care work (Emmerson 2019) as well as the value of staff members in risk governance in psychiatric wards (Curtis *et al*. 2013). Nonetheless, the formation and effects of riskscapes in the workplace have received less attention in research literature. I find the study of a working community particularly relevant, since the influence of the relationships between staff members to the quality of health care has not been the subject of sufficient research (Connell & Walton-Roberts 2016; Gee & Skovdal 2017; Emmerson 2019).

For most people, work plays a central position in their life, as it not only provides a livelihood, but also has significance concerning social relationships, identity, and well-being (Delaney 2014). If considered from the perspective of risk, work (or a lack of it) can be connected with economic risks as well as risks concerning health and well-being (Tombs & Whyte 2006). The workplace itself can be seen as a lifeworld "constituted through the specificities of relationships and lived dynamics that characterize them" (Delaney 2014, 245–246). Hence, not only do people have an effect on the constitution of the workplace, but the workplace has an effect on the people and the relationships between them. The importance of work in people's lives may sometimes explain their behaviour in situations where, for instance, they are afraid of losing their jobs. As Delaney (2014) has noted, sometimes people choose to work in almost intolerable conditions rather than choose the risk of being dismissed from the working community. An example of this kind of condition can be constant bullying, which causes detriment to people in their workplace and can be described as a carceral measure. Other such measures include, for example, people trying to make the work of others more difficult or excluding their co-workers from the working community.

"State inside the state" – carceral riskscapes and working community

There were several practices that caused G1 ward to become a carceral riskscape. According to some witness statements, a group of the regular staff members used old fashioned and even morally questionable working methods on the ward, such as rough handling and overmedication. These practices created risks for the patients and the co-workers. When certain staff members tried to intervene and discuss the problems on the ward, they were bullied and/or treated inappropriately (Southwestern Finland Police Department 2017) Targeting whistle-blowers, those people who report misconduct (McDonald & Ahern 2000) is not rare. Whistle-blowers are considered a risk to those who are keen to maintain current practices. Hence, the whistle-blowers were targeted and punished through bullying and excluding, causing detriment and harm and transforming the workplace into a carceral riskscape. The risk of being bullied influenced other potential whistle-blowers and very few had the courage to intervene in the situation.

On many occasions the old and new practices collided and different opinions about the working culture caused schisms between co-workers, especially between junior and senior staff members. It has been noted that education is in a central position in the prevention of mistreatment of older patients (Pisani & Walsh 2012). The junior staff may have had a higher level of education but less working experience than the senior staff members. It was mentioned that on the ward experience was valued over education (Southwestern Finland Hospital District 2013); thus enabling the old practices, favouring carceral actions, to continue on the ward.

Furthermore, it is acknowledged in research that sometimes staff continue to use old practices despite new regulations, because they are not prepared to accept the workload that new regulations cause. They then feel stress as a result of working in a situation where they are at risk of "getting caught" for not doing their jobs properly (DeForge *et al*. 2011). This might explain some of the behaviour of the senior staff members. Remaining entrenched in the former routines may have eased their fear of the future, which was seen as a risk. These staff members wanted to maintain their working culture, although it was characterised by one witness as "medieval". It is revealing that after G1 ward was merged with another geropsychiatric ward, it was noted at the inspection that the difference in working cultures negatively affected the working atmosphere on the newly combined

ward (Valvira 2017). In this example of a poor working culture, risk operated at different levels throughout the practices. Firstly, the senior staff members considered junior staff members as a risk to the working culture they wanted to maintain. Secondly, junior staff members were at risk of being bullied or being drawn into the poor working culture. Thirdly, patients were at risk of being mistreated. The two latter situations escalated into the carceral practices of exclusion and punishment for the wrong kind of behaviour, and thus created overlapping carceral riskscapes on the ward.

The social relationships between staff members in care-work employment are complex and there are several contexts that affect the working culture inside institutions of care, for example, people make friends with each other, some have arguments and some remain neutral (Emmerson 2019). Working with others creates complex social spatialities (Delaney 2014); therefore when staff members form different kind of cliques it has spatial significance (Emmerson 2019). Working with staff members considered friends may be enjoyable for people that are included in that clique (*ibid*. 2019) and relatively boring tasks may be made tolerable within a friendly working environment (Delaney 2014). However, the situation is different for those who do not belong to the clique. For example, some of the staff members were said to come to work only to hang around, staying mostly in the office, on the Internet, in the coffee room or in the smoking area (Southwestern Finland Police Department 2017) "Especially during the morning shift all smokers would go out [to smoke] at the same time and there were 1–2 nurses left on the ward. What if something happened during that time?" (*ibid*. 2017, 61). It seems that some of the staff members occupied certain spaces on the ward, such as the office and the smoking area, creating their own territories and excluding their co-workers. Some of the staff members were said to sleep during the nightshift, in which case their co-worker was left alone with all the duties (*ibid*. 2017) Even though the ward had a full complement of manpower the tasks were left to only a few staff members. This affected their coping skills, they became tired and made mistakes (Southwestern Finland Police Department 2017). It is to be noted that people who work in institutions of care use different spaces to have a moment of privacy or escape from the work to relieve the monotony or stress connected to the work (Andrews & Shaw 2008). However, if some of the staff members were constantly not present where they should be, this would have increased the formation of risky situations and affected the well-being of their co-workers.

The differences in working cultures formed various social groups inside the ward. One witness stated that some of the staff members adhered to the distorted working culture while working on the same shift with the group of regular staff members, even though they did not act that way when alone (Southwestern Finland Police Department 2017). The example illustrates how carceral riskscapes form in different ways depending on the social relationships and spatio-temporalities, such as work shifts on the ward. The situation was described by one of the witnesses as a "collective psychosis". When she "woke up" she understood that the practices were wrong (Southwestern Finland District Court 2017, 13). The risk of being excluded from the social group gave some of the staff members a motive to support the carceral practices.

The relationships between some of the staff members can only be described as very poor or incompatible. Words like hate, nerve-racking, inappropriate behaviour and bullying were used to describe the relationships between staff members (Southwestern Finland Police Department 2017). One bullied staff member stated: "Quitting my job was purely because of workplace harassment [...] My superior encouraged me to remove to another unit for my own safety" (*ibid*. 2017, 40). In an interview for a magazine she added that she did not want to leave the ward because she had done nothing wrong (Lahdenmäki 2016). The spatial significance of the bullying can be seen when the bullied staff member had to change workplaces "for her own safety", which implicates an existing risk of being in danger on the ward. The Finnish law about security at work (Ministry of Social Affairs and Health 2002) states that authorities have to intervene in cases of bullying. In this case, however, it might have been seen as easier to remove the problem by transferring the target instead of intervening in the distorted working culture. Moving people as a punishment for the "wrong kind of behaviour" has all the signs of what can be called coercive mobility and can be seen as a carceral action. Coercive mobility is quite commonly used in institutions of care (Disney 2017) but it is usually targeted at the residents of the institutions. In this case, the person who did not approve of the working culture and tried to change it was removed from the ward.

One of the accused staff members stated that some co-workers "were clearly against long-term staff members" (Southwestern Finland Police Department 2017, 12). In the court hearing, one of the witnesses stated that the caring culture must have been different when the senior staff members started (Southwestern Finland District Court 2017). The statements illustrate the juxtaposition between senior and junior staff members. If the social groups are in contention with each other, then this will eventually affect the quality of care (Emmerson 2019). For example, one of the whistle-blowers was harassed by one of her co-workers by going close to her and deliberately shouting when she was talking to the relative of a patient on the phone. Furthermore, co-workers stopped talking to her at all (Southwestern Finland Police Department 2017). This kind of activity not only creates carceral riskscapes in the workplace, but will produce immediate effects on the quality of care. Furthermore, these carceral actions disturbed the relatives and their perception of risk concerning the care of their family members.

A characteristic of riskscapes is that different social groups, or even individuals, have different perceptions of risk. It seems that the senior workers were worried about having to change their working culture more than any risks this might cause to patients or co-workers. Whereas the junior staff members were grappling with both their ethics and the risk of being bullied or/and excluded from the working community. They were also worried whether their temporary employment contracts would continue if they drew attention to any misconduct. Trust between co-workers and the certainty that you are not being put at risk by your co-workers creates a functioning working community in health care (Gee & Skovdal 2017). It seems that there was no such trust between the social groups on G1 ward, which led to several problems such as staff members not being able to rely on being helped in risky situations.

Power relations have significance for carceral riskscapes. Many of the staff members said that they did not dare to approach their superiors or that the superiors did not care about the problems on the ward (Southwestern Finland Police Department 2017). It was said that there were "unwritten laws" (*ibid*. 2017) on the ward implying that any occurrences should not be spoken about outside the ward. In the court hearing one of the witnesses stated that the culture on the ward was that new staff members did not defy the long-term staff members (Southwestern Finland District Court 2017). In the inner inspection (Southwestern Finland Hospital District 2013) only two permanent employees and two substitutes spoke about the problems on the ward. The local court stated that it was a credible fact that short-term employees do not have the courage to confront long-term staff for fear of being discharged (Southwestern Finland District Court 2017). Indeed, one witness who spoke about the problems in the pre-examination, seemed to have completely forgotten these actions at the court hearing. Hence, the carceral riskscape created in the working community shifted to the court room and beyond.

Power relations can cause fear in staff members and trigger the feeling that they will put themselves at risk if they talk about any misconduct. The flaws in the management presented a possibility for the accused staff members to put the blame on the authorities. "I want to emphasize [...] that if the employer would have intervened years ago and given proper instructions, these kinds of faults would never have happened" (Southwestern Finland Police Department 2017, 18). Although the risk can be seen as being dependent on individual choices (Lupton 2006; Mythen & Walklate 2006), in this case, the responsibility was put on the shoulders of the employer and management for not giving proper instructions.

One of the reasons for the formation of the distorted working culture was the frequent turnover of nurse managers on the ward and the absence of a doctor (Valvira 2016). The Finnish law stipulates that the doctor has the highest position in the hierarchy of psychiatric treatment (Ministry of Social Affairs and Health 1990).

> When the doctor on our ward had to take a long sick leave, [the staff] was not informed properly about any substitutes. We did not even have a proper substitute. Perhaps some doctor quickly visited the ward once a week. In the worst case, the doctor did not speak Finnish, and did not know how to report and interview, because s/he was not trained to do that. Staff members had to instruct the doctor and the situation became one which was too difficult for the staff members and one in which they had too much responsibility (Southwestern Finland Police Department 2017, 12).

Without proper supervision, the situation that is described in the inspection report was that a "state inside the state" (Valvira 2016) had been created, meaning that some of the staff members took the power into their own hands and handled situations in their own way. The management was not aware of the working culture and if they were, no actions were made to improve it until 2013 when an internal report was made. It was thus possible for the skewed working culture to evolve over time and continue without disruption. Additionally, the authorities used their power to ignore the complaints, which caused the formation of carceral riskscapes that affected both staff members and patients.

Furthermore, power relations have significance for the social relationships that develop between staff members. The work on the ward was done in three shifts, with most of the misconduct being connected to the nightshift, when there were only two nurses working; usually one female and one male. It has been acknowledged that senior staff members wanted to work on the night shifts so as to avoid the workload and stress of the day shifts (DeForge *et al*. 2011). When particular staff members were on the nightshift, it was claimed that they performed illegal seclusions (without telling the doctor) and overmedicated the restless patients (Southwestern Finland Police Department 2017), apparently to keep the patients quiet and calm, so that they could themselves sleep during the shift. Various staff members stated that some of the male nurses slept many hours during the nightshifts and left a female nurse or even a nursing student to cope alone throughout the shift (Southwestern Finland Hospital District 2013). As noted, time passes differently in different spaces (Moran 2015). For those who slept through their shift the night passed quicker than for those who stayed awake. Hence the night shifts were quite popular among the people who slept during the shifts. Nevertheless, these actions created unequal carceral riskscapes in the workplace, as some of co-workers where obliged to carry out the workload alone and left to face situations that caused them detriment. It seems apparent that during the nightshifts the staff were taking more risks by performing practices that were morally or/and legally dubious. Through their actions they were creating a riskscape that could possibly include dismissal or even illegal actions.

Any of the examples above can be connected to several dimensions of riskscapes, which illustrates in a way the plurality of riskscapes. For instance, sleeping during the night shift could be connected to power relations although it also has spatio-temporal meanings. However, the plurality of the riskscapes was originally meant to describe the multiple risks that people have to face in their everyday landscapes (Müller-Mahn *et al*. 2018). While risks differ between people, they do have an effect on how individuals cope and what kind of decisions they make in their everyday lives. In this context, the risk of being bullied, excluded from social groups, and left alone in risky situations were common everyday experiences especially for the whistle-blowers.

The most vulnerable group among the staff members were the substitute workers, the temporary workers and the nursing students. Impeding the dominant working culture put them at risk of losing their jobs (Lahdenmäki 2016). According to one interviewee, the new workers had to comply with the dominant working culture, or their contracts were not renewed (Southwestern Finland Hospital District 2013). Accepting the working culture, however, put them at risk of being part of the mistreatment, and even illegal conduct; furthermore, it put them at risk of suffering from moral dilemmas that might have affected their well-being. One of the nurses stopped doing night shifts, because she found them too morally demanding (Southwestern Finland Police Department 2017). Ignorance of the situation was seen at every level of the hierarchy from the head nurses upwards to the municipal authorities. The intervention of the media and different institutional supervisory authorities was necessary in this case, nevertheless this further exposed the staff members to inspections and tightened regulations which might have proved risky to their well-being.

Concluding remarks

Risks have an influence on our everyday life, for example, on how we make our mundane choices, use spaces and how we construct social spaces. This study contributes to the discussion of risks related to carceral spaces, improves and aids an understanding of how carceral spaces and risk are connected and introduces the concept of carceral riskscape. To a great extent risk is a part of the interior environment of closed institutions such as psychiatric wards and prisons, since people who are

thought to be a risk to themselves, to others or to society are confined in these spaces for cure or/and correction. However, by entering these spaces of confinement people are entering a setting that is under the influence of different risks and further carceral riskscapes. The carceral and risk interrelate, since risk can lead to carceral measures whereas carceral measures create risks.

The interactive relationship between carceral and risk can be seen when some of the carceral actions are caused because of the perception of risk, and, moreover, some risks manifests because of carceral actions. When these risks actualise spatially, it creates carceral riskscapes, within which people experience being at risk or are such that they seem to include risks. Furthermore, carceral riskscapes are created when the perception of risk leads to confinement. They can be created, for example, in certain urban areas where the control, surveillance and power of authorities may lead to (exceeded) carceral actions. Thus, carceral riskscapes are linked to wider societal challenges and inequalities (Morello-Frosch & Shenassa 2006; Story 2019).

In this paper, I examine how carceral riskscapes are formed in institutional mental health care. Institutions as such are under constant debate and development and many of them have been closed during the de-institutionalisation. Closed institutions cannot, nevertheless, "magically wished away" (Philo & Parr 2019, 246) and they are still operating and needed in some cases. It is important that life inside these institutions is studied from different viewpoints to gain as much knowledge as possible that might improve this institutional care. The emphasis in the paper is on people working inside institutions and how carceral riskscapes are formed by and through them; thus, the study offers a new perspective on the research into carceral spaces from the viewpoint of risk. The relationships between the staff members on the psychiatric ward and their effect on the riskscapes has previously been a field that has received little attention in research. The findings illustrate how the working community and spatialities linked to the work create and maintain riskscapes. The concept of carceral riskscape offers a tool to study the complex spatialities in mental health care and to study more extensively working practices in carceral spaces. The study highlights several points which affected the working culture on this particular ward and led to the distorted practices.

One of the features that is a characteristic of carceral riskscapes is inequality, which strongly affects everyday life in carceral spaces. The distorted working culture favouring rough handling and disparagement of the patients and the staff members became divided because of these practices. The staff members formed cliques and these social groups favoured the "insiders" and excluded the "outsiders", which was illustrated by the example of the unequal distribution of the workload. These inequalities had an effect on how and when the staff members could use different spaces inside the ward. The authorities used their power to ignore any complaints and thus supported the dominant working culture, increasing the inequalities between the staff members.

The tasks were shared unequally during the nightshift and injustice was also seen in how time was spent during the shifts in general (e.g. Dodgshon 2008). The nightshift created temporally as well as spatially unequal carceral riskscapes. If one staff member sleeps during the night shift, thus spending time in an inappropriate way, the other staff member will be left on the ward alone with potential risky situations during the shift. Some groups were more vulnerable to risks than others; in this case, the junior staff members and those with temporary contracts were in a difficult situation. Basically, they understood that the practices used were morally dubious, but lacked the courage to intervene for fear of losing their jobs. One of the unequal features that cannot be studied in this paper, but would be interesting to research in the future, is gender. There were small hints about gender based inequalities, but this would need more specific data. Although the concept of risk has been used in feministic studies (Koskela 2009) and riskscapes have been studied for example in matters concerning maternal and child health (Morello-Frosch & Shenassa 2006), gender has gained very little attention in riskscape studies.

The concept of riskscape adds a spatial dimension to the concept of risk. Furthermore, the concept of carceral riskscape raises the opportunity of utilising spatial studies in relation to carceral spaces and adds the insights from these studies to the studies of riskscapes. The concept of carceral riskscape provides a way of acknowledging the mechanisms behind riskscapes and those inequalities that affect everyday life in spaces of confinement by using the knowledge gained from studies concerning carceral spaces.

Notes

[1] There were several bullying practices used at the ward. The bullied person was ignored, complained about to the higher authorities, salt was put in her coffee, and she was harassed while talking to patient's relatives.

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References

Ahonen, K. (2019) *Suomalainen mielenterveyspolitiikka: julkisen vallan ohjaus mielenterveyden häiriöön sairastuneiden ihmisoikeuksien turvaamiseksi.* University of Helsinki, Helsinki. <*http://urn.fi/ URN:ISBN:ISBN 978-ISBN 978-951-51-5671-6*>

Almvik, R., Woods, P. & Rasmussen, K. (2007) Assessing risk for imminent violence in the elderly: the Broset Violence Checklist. International Journal of Geriatric Psychiatry 22(9) 862–867. https://doi.org/10.1002/gps.1753

Andrews, G. J. & Shaw, D. (2008) Clinical geography: nursing practice and the (re)making of institutional space. *Journal of Nursing Management* 16(4) 463–473. https://doi.org/10.1111/j.1365-2834.2008.00866.x

Appadurai, A. (1990) Disjuncture and difference in the global cultural economy. *Theory, Culture & Society* 7(2–3) 295–310. https://doi.org/10.1177/026327690007002017

Beck, U. (1995) International high-risk society – political-dynamics of global threats. *Internationale Politik* 50 13–20.

Beck, U. (2000) Risk society revisited: theory, politics and research programmes. In Barbara, A., Beck, U. & van Loon, J. (eds.) The Risk Society and Beyond: *Critical Issues for Social Theory*, 211–230. Sage, London.

Black, I. S. (2010) Analysing historical and archival sources. In Clifford, N., French, S. & Valentine, G. (eds.) *Key Methods in Geography*, 466–484. Sage, London.

Bowlby, S. (2012) Recognising the time-space dimensions of care: caringscapes and carescapes. *Environment and Planning A: Economy and Space* 44(9) 2101–2118. https://doi.org/10.1068/a44492

Cassidy, K., Griffin, P. & Wray, F. (2020) Labour, carcerality and punishment: "less-than-human" labour landscapes. *Progress in Human Geography* 44(6) 1081–1102. https://doi.org/10.1177/0309132519869454

Conlon, D. (2013) Hungering for freedom: asylum seekers' hunger strikes – rethinking resistance as counter-conduct. In Moran, D., Gill, N. & Conlon, D. (eds.) *Carceral Spaces: Mobility and Agency in Imprisonment and Migrant Detention*, 133–148. Ashgate, Surrey.

Connel, J. & Walton-Roberts, M. (2016) What about the workers? The missing geographies of health care. *Progress in Human Geography* 40(2) 158–176. https://doi.org/10.1177/0309132515570513

Curtis, S., Gesler, W., Wood, V., Spencer, I., Mason, J., Close, H. & Reilly, J. (2013) Compassionate containment? Balancing technical safety and therapy in the design of psychiatric wards. *Social Science & Medicine* 97 201–209. https://doi.org/10.1016/j.socscimed.2013.06.015

Deforge, R., van Wyk, P., Hall, J. & Salmoni, A. (2011) Afraid to care; unable to care: a critical ethnography within a long-term care home. *Journal of Aging Studies* 25(4) 415–426. https://doi.org/10.1016/j.jaging.2011.04.001

Delaney, D. (2014) At work in nomosphere. The spatiolegal production of emotions at work. In Braverman, I., Blomley, N., Delaney, D. & Kedar, A. (eds.) *The Expanding Spaces of Law. A Timely Legal Geography*. Stanford Law Books, Stanford. https://doi.org/10.2307/j.ctvqsdzbj.15

Disney, T. (2015) Complex spaces of orphan care – a Russian therapeutic children's community. *Childrens Geographies* 13(1) 30–43. https://doi.org/10.1080/14733285.2013.827874

Disney, T. (2017) The orphanage as an institution of coercive mobility. *Environment and Planning A* 49(8) 1905–1921. https://doi.org/10.1177/0308518X17711181

Dodgshon, R. A. (2008) Geography's place in time. *Geografiska Annaler Series B: Human Geography* 90B(1) 1–15. https://doi.org/10.1111/j.1468-0467.2008.00272.x

Duncan, D. T., Chaix, B., Regan, S. D., Park, S. H., Draper, C., Goedel, W. C., Gipson, J. A., Guilamo-Ramos, V., Halkitis, P. N., Brewer, R. & Hickson, D. A. (2018) Collecting mobility data with GPS

methods to understand the HIV environmental riskscape among young black men who have sex with men: a multi-city feasibility study in the Deep South. *Aids and Behavior* 22(9) 3057–3070. https://doi.org/10.1007/s10461-018-2163-9

Dunn, K. (2010) Interviewing. In Hay, I. (ed.) *Qualitative Research Methods in Human Geography.* Oxford University Press, Oxford.

Emmerson, P. (2019) More-than-therapeutic landscapes. *Area* [Online Jun 2 2019] https://doi.org/10.1111/area.12557

Everts, J. (2013) Anxiety and risk: pandemics in the twenty-first century. In Müller-Mahn, D. (ed.) *The Spatial Dimension of Risk. How Geography Shapes the Emergence of Riskscapes*, 82–96. Routledge, Oxfordshire.

Foucault, M. (1995 [1977]) *Discipline and Punish: The Birth of the Prison*. Translated by A. Allen Lane. Vintage Books, New York.

Foucault, M. (2001[1967]) *Madness and Civilization*. Translated by R. Howard. Routledge, New York.

Foucault, M. (2003) *Psychiatric Power. Lectures at the Collegé de France 1973–1974.* Translated by G. Burchell. Picador, New York.

Furedi, F. (2006) *Culture of Fear Revisited. Risk-taking and the Morality of Low Expectation.* Continuum, London.

Gee, S. & Skovdal, M. (2017) Navigating 'riskscapes': the experiences of international health care workers responding to the Ebola outbreak in West Africa. *Health & Place* 45 173–180. https://doi.org/10.1016/j.healthplace.2017.03.016

Gill, N., Conlon, D. & Moran, D. (2013) Dialogues across carceral space: migration, mobility, space and agency. In Moran, D., Gill, N. & Conlon, D. (eds.) *Carceral Spaces: Mobility and Agency in Imprisonment and Migrant Detention*, 239–247. Ashgate, Surrey.

Gill, N., Conlon, D., Moran, D. & Burridge, A. (2018) Carceral circuitry: new directions in carceral geography. *Progress in Human Geography* 42(2) 183–204. https://doi.org/10.1177/0309132516671823

Holmes, D., Kennedy L., S. & Perron, A. (2004) The mentally ill and social exclusion: a critical examination of the use of seclusion from the patient's perspective. *Issues in Mental Health Nursing* 25(6) 559–578. https://doi.org/10.1080/01612840490472101

Hörnqvist, M. (2010) *Risk, Power and State After Foucault.* Routledge, London. https://doi.org/10.4324/9780203857052

Kasperson, R. E. (1992) The social amplification of risk – progress in developing an integrative framework. In Krimsky, S. & Golding, D. (eds.) *Social Theories of Risk*, 153–178. Praeger Publ, Westport.

Koskela, H. (2009) *Pelkokierre: pelon politiikka, turvamarkkinat ja kamppailu kaupunkitilasta*. Gaudeamus Helsinki University Press, Helsinki.

Krüger, F. (2013) Spaces of risk and cultures of resilience. HIV/AIDS and adherence in Botswana. In Müller-Mahn, D. (ed.) *The Spatial Dimension of Risk. How Geography Shapes the Emergence of Riskscapes*, 109–123. Routledge, Oxfordshire.

Kuivalainen, S., Vehviläinen-Julkunen, K., Louheranta, O., Putkonen, A., Repo-Tiihonen, E. & Tiihonen, J. (2017) De-escalation techniques used, and reasons for seclusion and restraint, in a forensic psychiatric hospital. *International Journal of Mental Health Nursing* 26(5) 513–524. https://doi.org/10.1111/inm.12389

Lahdenmäki, A. (2016) Osasto G1. *Long Play* 47 1–27. Long Play Media Oy, Helsinki. <*https://www.longplay.fi/jutut/osasto-g1*>

Lundgren, M. (2018) Riskscapes: strategies and practices along the Georgian-Abkhazian boundary line and inside Abkhazia. *Journal of Borderlands Studies* 33(4) 637–654. https://doi.org/10.1080/08865655.2017.1300778

Lupton, D. (2006) Sociology and risk. In Mythen, G. & Walklate, S. (eds.) *Beyond the Risk Society: On Risk and Human Security*, 11–24. Open University Press, Berkshire.

McDonald, S. & Ahern, K. (2000) The professional consequences of whistleblowing by nurses. *Journal of Professional Nursing* 16(6) 313–321. https://doi.org/10.1053/jpnu.2000.18178

Milligan, C. (2003) Location or dis-location? Towards a conceptualization of people and place in the care-giving experience. *Social & Cultural Geography* 4(4) 455–470. https://doi.org/10.1080/1464936032000137902

Milligan, C. & Wiles, J. (2010) Landscapes of care. *Progress in Human Geography* 34(6) 736–754. https://doi.org/10.1177/0309132510364556

Ministry of Justice (1999) Personal Data Act (523/1999). Ministry of Justice, Helsinki. <*https://www.finlex.fi/en/laki/kaannokset/1999/en19990523_20000986.pdf*>. 28.10.2020.

Ministry of Social Affairs and Health (1990) Mental Health Act (1116, 1990). Ministry of Social Affairs and Health, Helsinki. <*https://www.finlex.fi/fi/laki/kaannokset/1990/en19901116_20101338.pdf*>. 28.10.2020.

Ministry of Social Affairs and Health (2002) Työturvallisuuslaki (738/2002). Ministry of Social Affairs and Health, Helsinki. <*https://www.finlex.fi/fi/laki/ajantasa/2002/20020738*>. 28.10.2020.

Mitchell, D. (2000) Dead labor: the geography of workplace violence in America and beyond. *Environment and Planning A* 32 761–768. https://doi.org/10.1068/a3205com

Moran, D. (2015) *Carceral Geography: Spaces and Practices of Incarceration*. Routledge, New York. https://doi.org/10.4324/9781315570853

Moran, D., Turner, J. & Schliehe, A. K. (2018) Conceptualizing the carceral in carceral geography. *Progress in Human Geography* 42(5) 666–686. https://doi.org/10.1177/0309132517710352

Morello-Frosch, R. & Lopez, R. (2006) The riskscape and the color line: examining the role of segregation in environmental health disparities. *Environmental Research* 102(2) 181–196. https://doi.org/10.1016/j.envres.2006.05.007

Morello-Frosch, R. & Shenassa, E. D. (2006) The environmental "riskscape" and social inequality: implications for explaining maternal and child health disparities. *Environmental Health Perspectives* 114(8) 1150–1153. https://doi.org/10.1289/ehp.8930

Morello-Frosch, R., Pastor, M. & Sadd, J. (2001) Environmental justice and Southern California's "riskscape" – the distribution of air toxics exposures and health risks among diverse communities. *Urban Affairs Review* 36(4) 551–578. https://doi.org/10.1177/10780870122184993

Morin, K. M. (2018) *Carceral Space, Prisoners and Animals*. Routledge, London. https://doi.org/10.4324/9781315636986

Müller-Mahn, D., Everts, J. & Stephan, C. (2018), Riskscapes revisited – exploring the relationship between risk, space and practice. *Erdkunde* 72(3) 197–213. https://doi.org/10.3112/erdkunde.2018.02.09

Müller-Mahn, D. & Everts, J. (2013) Riskscapes. The spatial dimensions of risk. In Müller-Mahn, D. (ed.) *The Spatial Dimension of Risk. How Geography Shapes the Emergence of Riskscapes*, 22–36. 1st ed. Routledge, London. https://doi.org/10.4324/9780203109595

Mythen, G. & Walklate, S. (2006) Introduction. In Mythen, G. & Walklate, S. (eds.) *Beyond the Risk Society: Critical Reflections on Risk and Human Security*. Open University Press, Berkshire.

Nowakowski, K. (2003) Landscapes of toxic exclusion: inmate labour and electronics recycling in the United States. In Moran, D., Gill, N. & Conlon, D. (eds.) *Carceral Spaces: Mobility and Agency in Imprisonment and Migrant Detention*, 93–108. Ashgate, Farnham.

Parr, H. (2003) Medical Geography: care and caring. *Medical Geography* 27(2) 212–221. https://doi.org/10.1191/0309132503ph423pr

Philo, C. & Parr, H. (2019) Staying with the trouble of institutions. *Area* 51(2) 241–248. https://doi.org/10.1111/area.12531

Philo, C. & Parr, H. (2000) Institutional geographies: introductory remarks. *Geoforum* 31(4) 513–521. https://doi.org/10.1016/S0016-7185(00)00018-X

Pisani, L. D. & Walsh, C. A. (2012) Screening for elder abuse in hospitalized older adults with dementia. *Journal of Elder Abuse & Neglect* 24(3) 195–215. https://doi.org/10.1080/08946566.2011.652919

Rannila, P. & Repo, V. (2018) Property and carceral spaces in Christiania, Copenhagen. *Urban Studies* 55(13) 2996–3011. https://doi.org/10.1177/0042098017713447

Repo, V. (2019a) Carceral layers in a geropsychiatric ward in Finland. *Geografiska Annaler: Series B, Human Geography* 101(3) 187–201. https://doi.org/10.1080/04353684.2019.1627852

Repo, V. (2019b) Spatial control and care in Finnish nursing homes. *Area* 51(2) 233–240. https://doi.org/10.1111/area.12443

Richardson, L. & Thieme, T. A. (2020) Planning working futures: precarious work through carceral space. *Social & Cultural Geography* 21(1) 25–44. https://doi.org/10.1080/14649365.2018.1446216

Salazar, N. B. (2013) Scapes. In Mcgee, R. J. & Warms, R. L. (eds.) *Theory in Social and Cultural Anthropology: An Encyclopedia*, 754–754. Sage, Thousand Oaks, CA.

Schliehe, A. K. (2016) Locking up children and young people: secure care in Scotland. *Play and Recreation, Health and Wellbeing* 9 601–619. https://doi.org/10.1007/978-981-4585-51-4_19

Southwestern Finland District Court (2017) Sentence 17/136623, R17/1725 19.9.2017. Unpublished material.

Southwestern Finland Hospital District (2013) Sisäisen tarkastuksen raportti vanhuspsykiatrian osastosta G1. Unpublished report.

Southwestern Finland Police Department (2017) Pre-examination record 5650/R/13450/16. Unpublished material.

Story, B. (2019) *Prison Land. Mapping Carceral Power Across Neoliberal America*. University of Minnesota Press, Minneapolis. https://doi.org/10.5749/j.ctvdjrphr

Thorshaug, R. O. & Brun, C. (2019) Temporal injustice and re-orientations in asylum reception centres in Norway: towards critical geographies of architecture in the institution. *Fennia* 197(2) 232–248. https://doi.org/10.11143/fennia.84758

Tierney, K. J. (2014) *The Social Roots of Risk: Producing Disasters, Promoting Resilience. High Reliability and Crisis Management*. Stanford University Press, Palo Alto. https://doi.org/10.1515/9780804791403

Tombs, S. & Whyte, D. (2006) Work and risk. In Mythen, G. & Walklate, S. (eds.) *Beyond the Risk Society: On Risk and Human Security*, 169–193. Open University Press, Berkshire.

Turner, J. (2016) *Prison Boundary: Between Society and Carceral Space*. Palgrave Macmillan, London. https://doi.org/10.1057/978-1-137-53242-8_1

Valvira (2016) Kupittaan psykiatrisen sairaalan osastojen A1, A2, A3, A6, G1 ja G2 tarkastuskertomus. Valvira, Sosiaali- ja terveysalan lupa- ja valvontavirasto. Unpublished report.

Valvira (2017) Varsinais-Suomen sairaanhoitopiirin, Psykiatrian tulosalueen, Turun Psykiatrian tulosyksikön osastojen A6 ja A9 osastotoimintojen tarkastus. Valvira, Sosiaali- ja terveysalan lupa- ja valvontavirasto. Unpublished report.

Villanueva, J. (2018) Pathways of confinement: the legal constitution of carceral spaces in France's social housing estates. *Social & Cultural Geography* 19(8) 963–983. https://doi.org/10.1080/14649365.2017.1328526