

The continuum of moral harms: Correctional officers' perspectives of prison and the influence on their wellness

ROSEMARY RICCIARDELLI PHD

JAMES BLOOMFIELD

JENNIFER TURNER PHD

BETHANY EASTERBROOK PHD CANDIDATE

Current Study

Long recognized is how prisons are inherently punitive, they control, monitor, and limit residents movement but some, like those in Canada, try to be humane and welfare oriented,

The current study is about COs view of prison purposes, which can underpin orientations, but may also cause moral harm. Informing views of prisons among COs are personal experience, insight, exposure, media, and many additional factors—including their training and experience on duty.

Missing is how prison work experience, which shapes COs view of prison, can affect the wellness of the CO. Thus, we interrogate what happens when a CO's interpretation of prison conflicts with their day-to-day work experience?

What is the outcome of officers having to uphold mandated laws, which may create additional tensions that conflict with deeply held values, or are futile for supporting prosocial contact?

Moral Distress

Not yet included in the DSM

Psychological unease generated where professionals identify an ethically and morally correct action but are constrained in their ability to support that action.

Feeling of unease stemming from situations where institutionally required behaviour does not align with moral principles.

BMA

Moral distress and moral injury
Recognising and tackling it for
UK doctors

<https://www.bma.org.uk/media/4209/bma-moral-distress-injury-survey-report-june-2021.pdf>

Moral Injury

Can lead to:

Damage to an individual's soul.

Involves a deep emotional wound and is unique to those who bear witness to intense human suffering and cruelty.

Can arise when one feels undervalued and underappreciated in their occupational endeavors by the very people their interventions intend to help.

War veterans, military personnel, first responders, rape victims, refugees, amongst ones usually listed – but also in health care providers.



A “betrayal of ‘what’s right’ by someone who holds legitimate authority in a high stakes situation”

Moral Injury

Symptoms/ Feelings:

Guilt

Distrust

Shame

Loss of meaning and purpose

Anger

Negative self-talk

Sense of betrayal

Hurt

Changes in Behaviour:

- Self-isolation
- Difficulties concentrating
- Hypervigilance
- Social problems
- Avoidance of certain people or locations
- Compulsive behaviors
- Drastic changes in worldview
- Demoralization
- Intrusive memories
- Self-harming behaviors



Method

Starting in 2018 -- annual semi-structured interviews first with CO recruits and then follow up interviews each year with tenured COs.

We draw on wave 1 follow-up interviews with 93 COs.

Interviewees ranged in age, 19 to 50+ and worked in in all five of CSC's regions: Prairie, Pacific, Quebec, Ontario, and Atlantic.

Interviewed by phone or in-person (COVID), 55 to 120 minutes in length, guided loosely by a 39-item open-ended interview guide.

Participants reflect on their experience working in prison, and in response how they view prisons.

We interpreted from our analysis the affects of their perceptions of prison's purpose on their well-being.

Coded transcripts for emergent themes (social constructionist, semi-grounded approach (QSR NVivo) We removed speech fillers for readability, never impacting context, intention or tone.

Harmful Discrepancies

Participants revealed three dominant ‘purposes’ for prison and each of these may have created moral harms among COs in their partial success and/or failures.

1. Prisons as intended for rehabilitation
2. Prisons as protection for society
3. Prisons as punishment

Prisons as Intended for Rehabilitation

Participants (n=93) overwhelmingly viewed prison as either “trying to be”, “should be”, “wanting to be”, or to be “about” rehabilitation.

Even participants (n=27), who rather adamantly stated, like P10, that prison is “no, actually not at all” about rehabilitation, still felt prisons tried to be and were intended to be rehabilitative.

P154: I still feel the role is to try to get them [PWAI] fit to live in society again and to try to help them with their trauma or to try to help them with their addiction. ... The counselling and all those different things, the elders, like all those things are in place and, maybe things here or there could be better with that.

P103, echoing others, explains: *“I don’t really think there’s a whole lot of rehabilitating going on.”* The lived reality of the rehabilitation situation generates harmful realisations among COs.

Continued: Prisons as Rehabilitation

Prison as a place to pass time. Also a place people live... It should be safe.

Almost all of our offenders are just addicts that come from terrible backgrounds and whatever and a lot of them will never get out of this cycle. But and it just becomes kind of a holding ground for them. It's not necessarily the most appropriate place for them to be but it's somewhere that they're going to spend their lives (P149).

COs live the reality that prison is the better option for some people, more desirable than “sleeping rough” or trying to assimilate into free society.

P18: some “actually trying to figure their shit out and get out and get back on the streets. There's guys here that have been here that have gotten out that openly say I want outta this life style.”

Revolving door of prison is inherently harmful for COs with strong rehabilitative orientations.

Recognize that prison also creates dependency on prison for residents.

Prisoners not availing of programming or manipulating opportunities.

2. Prison as Protection for Society

Some COs (n=11) perceived prison as “protection for society”, a way to “warehouse” people such that they are removed from the opportunity to harm others in free society.

“it’s more about a protection of society, like there are people who are a risk to themselves and others and just need to be managed in an environment where they’re safe from themselves and harming other people” (P150).

“I don’t think it’s [prison] about punishment. I see prison more as protective for the population... you protect the public from the inmates for a few years”.

However, participants were often critical of prison’s ability to facilitate public safety.

Two pathways: people learn a way of life in prison that requires being criminalized—explicitly creating affiliations and practices that lend toward continued criminal engagement—they feel welcome into a society; prison created dependency (participants felt some persons thrived in prison –felt better off and used prison as a place to recharge and meet basic needs—another source of possible moral harm.

Continued: Protection for Society

“I think that some guys come in here and it’s only the sense of belonging they’ve ever felt in their lives and then they just become so institutionalized. And then they become worse because they get put brought into a gang.... and then they just learn worse things than they maybe knew prior to being here so” (P24).

Here, moral frustration is possible due to the very idea that individuals “choose” prison counters rehabilitative potentialities many COs believe are the underlying purpose of prison.

“when guys get released out of here, I think that they make it very difficult for them to stay out... I think it's absurd, I think there's a lot of rules and regulations for these guys when they get out of here that keeps bringing them back... We end up with all these guys that are coming back here because it's damn near impossible for them to stay out” (P16).

The morally injurious problem: the institution is supposed to be about rehabilitation, the justice system itself is not supportive.

3. Prison as Punishment

Many participants (n=70) did believe prison was “about punishment”.

However, this punishment was understood as simply related to restrictions and deprivations – the fact that residents were removed from free society - rather than unnecessarily-poor living conditions or arbitrary discipline:

“the only punishment is they’re not free in society” (P4).

Apparent here is, as many described, the recognition that the purpose of the custodial officer role is neither to pass judgement nor to make life more difficult for those in their custody and care. Instead, they ensure safety within a deprived living environment.

“We’re supposed to be federal peace officers and our job isn’t to make their, their lives worse, it’s to just make sure they’re inside our walls and everybody’s safe” (P49).

“the government is running it right now, it's not really punishment cause we can't really punish them for anything” (P69).

COs also found challenging the lack of consequences in prison (i.e., in free society one is incarcerated for harming others, but PWAI are already incarcerated) for PWAI.

The consequence for many incidents was perhaps simultaneously served time or being fined. This includes for incidents where an incarcerated person's actions result in a CO being harmed or dying. To exemplify, P27 explains the moral stressor of this punitive measure stating that *“I mean a \$50 charge for an assault. If a staff member wants to press outside charges, that's all well and good. They can do that. But if it was a staff assault and they didn't want to charge outside, the max fine for that is \$50 to the inmates.”*

“With inmates stabbing each other, [as] we had recently, other than being in their cells for like maybe a day or two, they're going to come back and then were going to walk around them like nothing happened. There's no punishment at all. It's pretty much hard for them to get a punishment for having stabbing weapons or assaulting an officer” (P143).

P143 laments: *“maybe like a \$20 fine for risking our lives and stuff. There's no punishment at all anymore”*, and P185 elaborates in their response that after an incident:

“if you write a fine, it's like \$5 and then they do the little thing here where it's like ‘well, if you show good behavior for ten days that \$5 fine is gone’. And I don't know how you fix that, but it is extremely frustrating when you see—and then that's the thing I've seen here is with co-workers as well most don't even bother anymore because it's just—we feel pointless like why, why even try [to rehabilitate?]”

Harmful Competing Agendas

Despite how they perceived prison, as punitive, rehabilitative, creating dependencies, or protecting public safety, moral harms became evidenced across perceptions (n=73).

The underlying perception, the rehabilitation perception of prison, is key to this sense of moral injustice.

It is morally conflictual, at its core, to want to see people succeed but to also witness and be part of informal and formal systems prohibiting such success.

Moral beliefs in the importance of rehabilitation are countered in experiences that reveal many factors that stymie rehabilitative efforts.

Continued: Competing Agenda

Health care:

“That’s how I see things in CSC—like I feel bad for senior citizens in care homes who are paying for their own care and they’re getting worse care than the inmates, it’s backwards (P172).”

“it’s unbelievable the things that they can [access], if you have physiological issues out in the real world you’re going to be on a wait list for months and months and months. Here, they get their psychology on hand, they get seen right away, there’s doctors to come in here all the time, they’re more of a priority in here than the regular public. I mean that’s the opposite of punishment” (P12).

“I have mild sleep apnea or moderate depending [on] what side I sleep on and I wasn’t approved for a CPAP machine through my benefits. But I’ve personally taken an inmate on an escort to get a CPAP machine, and I think it’s a year and a half [or] a year in the public system—they [PWA] can just get it fast tracked within months. I am waiting for colonoscopy for, I don’t know like years, perhaps I should get in jail so I can get that faster [laughing] (P109).

Continued: Competing Agendas

COs noted the public misconceptions of the CO occupational role as a source of moral frustration and perhaps moral distress. COs felt the public largely viewed their occupational role negatively—they feel stereotypes tied to media presentations of COs as thugs, keepers, and guards prevailed in public discourse at times – and the prevalence of these perceptions was harmful toward their self-concept, as well as at odds with why many COs chose their careers.

“Allot of the times, they’re down there [in segregated] because it’s for their own safety. Even though the public or certain media outlets [are] trying to portray [us] as ‘we’re punishing them by segregating them from the general population’, it is never used like that. I never once thought it was going to be used like that and since [SIUs] started, it’s never been used like that” (P107).

No counter narrative, no voice to the public...

Discussion

COs views of prison, their rehabilitative-oriented motivation to enter the field, underpin the potential moral harm, distress, frustration, and even injury within the COs experience.

Data reveal COs feel the discrepancies created between their perceived purpose of prison and its lived realities, in conjunction with the competing multipurpose of incarceration more broadly generated potentially morally harmful experiences.

A more individualized understanding of rehabilitation may then serve to provide residents with needed supports at the time of need, without pressures of adherence to realities which may be well outside their scope of ability at a given time (i.e., employment, education).

This may also serve to reduce the morally harmful implications of witnessing such stark contrasts between one's ideals of the job, and the realities of such.

How *should* we respond to Moral Injury and Distress?

Employer responses?

Public responses?

Community responses?

Legislative responses?

Organizational/Institutional responses?

Patients responses?

Friends and families of prison residents' responses?

Responses to those perpetuating the injury?

Responses to colleagues?

Responses to management/supervisors?

Personal responses?



Not addressing Moral Injury is unethical

Steps to Address Moral Injury in Correctional Services

Burnout treatments NOT the way forward unless also coexist.

For Moral Injury and Distress:



1. Start talking about it; include in curriculum & training

- do not pretend it does not exist
- listen and share
- remember, no one is alone, which helps build resilience
- ensure institutional support/opportunities

2. Clear boundaries around roles

- Not all respect officers or understand their motivations for the work
- cannot persuade everyone to be understanding
- provide institutional support
- requires sufficient resources to do job

3. Advocate for societal support and ensure boundaries are maintained

- picketing workers homes or prisons *is* not acceptable
 - value of community speaking up in support
 - may need intervention from authorities to prevent picketing
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4. Anticipate need for psychological support

- support growth of moral resilience
- institutional opportunities & support to get help
- cognitive processing therapy, etc.
- talk about the harm caused, *“together we’re stronger”*



5. More research

- diagnosis, prevention, treatment (is DSM inclusion the way forward?)

Questions?

