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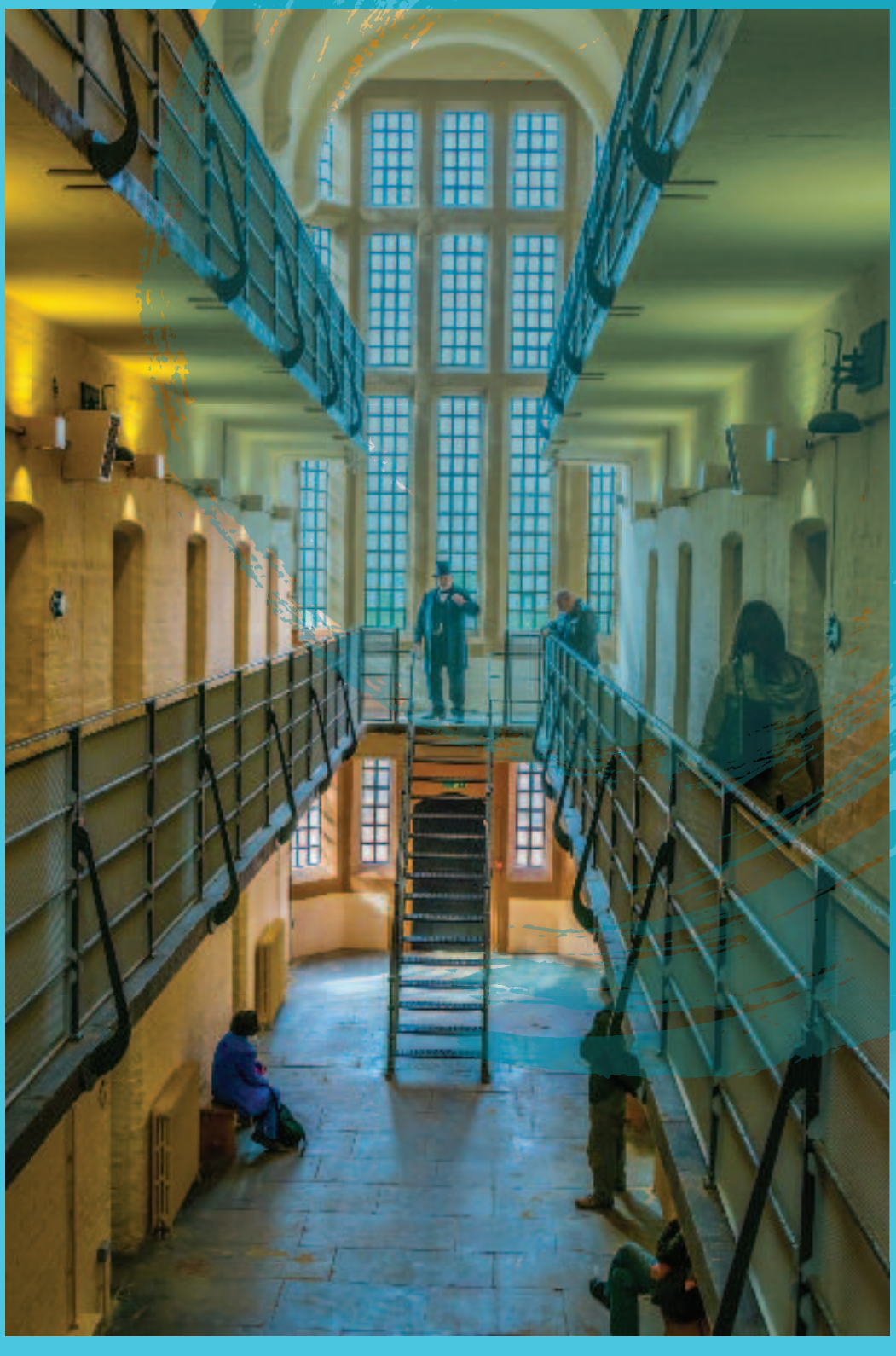

A qualitative study exploring vicarious trauma in prison officers

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Background

Prison officers are at risk of being directly exposed to several potentially traumatic events including violence, suicide and self-harm. Officers are also at risk of being exposed to secondary (or vicarious) trauma when they hear about the victimisation of prisoners and colleagues. Vicarious trauma is a phenomenon that occurs when working empathically with victims of trauma and involves the gradual alteration of an individual's belief system. Research shows that mental health and forensic professionals experience vicarious trauma; however, research on prison officers is sparse. This research aimed to explore prison officers' experiences of vicarious trauma.

Prison officers (n=8) were interviewed about their experiences. Data were analysed using Interpretative Phenomenological Analysis (IPA) and Template Analysis (TA).

Five themes were identified; *experiences of direct and indirect trauma, ways of coping, normalisation of trauma, empathic connections with prisoners and a broken system.*

Results suggest that officers may be exposed to developing trauma symptomology. Their experiences may most closely link to the concept of Corrections Fatigue. Implications for organisational and clinical practice are discussed.

Introduction

Working within a prison environment is challenging, perhaps more so now than ever, with problems of overcrowding and under-staffing. The prison population can be dangerous, violent and intimidating. Prisoners often have high levels of emotional disturbance as a result of adverse life experiences, traumas and victimisation. Prison officers have the role of ensuring the security, safety and wellbeing of both prisoners and staff. Recent statistics indicate a steady rise in violence within prisons, including both inmate-to-inmate assaults and inmate-to-staff assaults[1].

Prison officers are also exposed to high rates of suicide and self-harm. 46 per cent of female and 21 per cent of male prisoners have attempted suicide, compared with only 6 per cent of the general population[2].

Exposure to trauma is higher in the prison population than in the general population[3]. Inmates have often been victims of crime and trauma themselves, both prior to being imprisoned and during their sentences[4, 5]. Indeed, experiencing trauma has been found to be a risk factor for offending[6, 7]. Post-traumatic stress disorder (PTSD), a trauma related disorder[8] is also higher in the prison population than the general

population[9, 10,] as well as other mental health disorders that can develop following trauma, including

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2. Ministry of Justice (2013). *Safety in Custody Update December 2013.* Retrieved from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/305614/safety-in-custody-to-dec-2013.pdf
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10. King, A., Jones, C., & Oliver, C. (2019). The prevalence of PTSD in young people who have offended. *A dissertation submitted in partial fulfilment for the Doctorate of Clinical Psychology, The University of Birmingham.*

psychotic illnesses and major depression[10, 11]. Therefore, those charged with the task of managing prisoners on a day-to-day basis are likely to be exposed to multiple traumas through their close contact with them.

Vicarious trauma. Working with victims of trauma can have a significant impact on professionals. One way professionals may be impacted is through vicarious trauma[12]. VT relates to a gradual and long-term change to an individual's belief system after working empathically with victims of trauma[12]. VT develops when individuals work empathically with victims of trauma and experience long-term exposure to stories of victimisation, changing the individual's belief, thought and memory systems[13]. This can have a negative impact on a person's interaction with the world and other people.

Research has shown that VT is experienced by a range of professionals including therapists working with people who have committed sexual offences, counsellors, social workers, oncology nurses, psychologists and forensic mental health nurses[14, 15, 16, 17, 18, 19]

However, research on VT in prison officers is sparse; two studies have explored VT in prison officers and findings suggest that officers may be at risk of developing VT [20, 21]. The first study[20] examined risk and protective factors for VT and secondary traumatic stress disorder (STSD) in prison officers in the USA. The study found that participants experienced several symptoms of VT and that perceived job stress was a significant risk factor for VT symptoms. A qualitative study[21] explored experiences of prison officers in a therapeutic community within a prison. Themes linked to VT were identified including negative changes to health and perceptions of risk.

The aim of the present study, therefore, was to add to the above limited existing literature on how prison officers in England and Wales experience VT. Although this paper focuses on the negative impact of working in prisons, research on the positive impact of prison work has been explored elsewhere in the literature and is acknowledged[22].

Methodology

A qualitative research design was chosen (where the optimum number of participants is between 4 and 10) to collect rich, meaningful, data from participants. Participants were prison officers (n=8) who had passed their probationary period and were currently working in any mainstream prison in England and Wales. Officers were excluded if they were currently working in a therapeutic role, for example within a therapeutic community, or if they had previously worked in any other role with victims of trauma, for example veteran or police officer, because the aim of the research was to explore the experiences of prison staff in general, non-specialist prisons. Ethical approval was granted by the Research Ethics Committee at the University of Birmingham and the National Offender Management Service (NOMS) National Research Committee for England and Wales. Participants were recruited through the Prison Officers' Association (POA) via the member email distribution list on a first-come-first-served basis. Three prison officers expressed an interest but unfortunately did not meet the inclusion criteria and were therefore ineligible to take part. Two participants consented but did not take part. Six further prison officers were eligible but contacted the researcher after the maximum number of participants had consented to the study and were therefore unable to take part. A final sample of eight participants took part in the research, five male and three female.

Data were collected in two ways; telephone interviews or via a written version of the interview schedule. Interview questions were devised in

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20. Thomas, B. (2012). Predictors of vicarious trauma and secondary traumatic stress among correctional officers. *A dissertation submitted in partial fulfilment of the degree Doctor of Psychology at the Philadelphia College of Osteopathic Medicine.*
21. McManus, J. (2010). The experiences of officers in a therapeutic community prison: an interpretative phenomenological analysis. In: Grendon and the emergence of therapeutic communities. *Developments in Research and Practice,* pp 217-231.
22. Saylor, W.G., & Wright, K.N. (2008). Status, longevity, and perceptions of the work environment among federal prison employees. *Journal of Offender Rehabilitation, 17,* (3), 133-160.

accordance with principles of Interpretative Phenomenological Analysis (IPA) to allow exploration and meaning-making[23]. The questions within the interview schedule are below:

Broad question	Prompts/sub questions
1. How long have you been serving as a prison officer?	
2. What category of prison have you:	a) previously worked in? b) work in currently?
3. What got you into working as a prison officer?	
4. What is it like to work as a prison officer?	a) What does the role involve? b) What are your roles and responsibilities? c) What is a general day like?
5. What do you enjoy about your work as a prison officer?	
6. What are the more difficult parts to the role?	a) Can you tell me about any aspects of the role that have caused you distress? b) What is it like to work closely with colleagues who have had difficult experiences on the job? c) What is it like to work closely with offenders who have been victims of crime themselves?
7. How do you deal with these more difficult aspects of the role?	a) At work b) At home c) Self-care, interests, activities d) Support, therapy, colleagues, external organisations
8. How has working as a prison officer impacted/changed you?	a) Professionally b) Personally

Telephone interviews were conducted in a private office at the University of Birmingham and lasted between one and one and a half hours. Interviews were audio recorded using an encrypted Dictaphone and transcribed following a two-week reflection period in which participants could request that some, or all, of their interview be excluded from the research. Participants were debriefed at the end of each interview. Participants responding in written format were sent the interview questions via post or secure email.

Data from telephone interviews were analysed using IPA[23]. IPA was chosen as an appropriate analysis tool as there is limited research on VT in prisoner officers, so a full exploration of participants' experiences would be beneficial. IPA allows for full exploration, as it is concerned with how individuals make sense of their own personal experiences rather than with objective statements about experiences. IPA can therefore be used as a tool to explore a topic area of which much is unknown due to there being little existing literature. IPA uses systematic coding to look for subthemes and overarching themes within the data to make sense of and understand the data set. Written data were analysed using Template Analysis (TA); a form of thematic analysis which is suitable for analysing textual data[24]. A template was created using the themes from the interview data which was then applied to the written data set.

Findings

The written data mapped onto the themes from the interview data. No new themes were found. The

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24. Brooks, J., & King, N. (2014). *Doing Template Analysis: evaluating an end-of-life care service.* Research Methods Cases, UK: SAGE Publications Ltd.

findings below therefore relate to both the telephone interview and written data sets. For each theme, a brief description and supporting quotes are provided.

Theme 1 — experiences of direct and indirect trauma

This theme described a range of traumatic events witnessed directly or vicariously by participants, including self-harm, suicide, violence and indirect traumas:

> *Seeing prisoners slashed or boiling water and sugar thrown over them. Walking into a cell and seeing the aftermath of someone having had their face half beaten off. Finding a dead prisoner slumped over with his head in the toilet (Luke).*

> *You don't, what they're telling you about this abuse of drugs and this abuse they've been through and the trauma they've been through and people telling you they've been shot — stuff like that you don't actually let go in, so you're not like, you know, but it does (pause) it does go in on some level (Hayley).*

Now I am older I can manage stress differently and maybe do a quick fifteen minute chat before going home with a colleague discussing it

Theme 2 — ways of coping

All participants described ways of coping with the difficult experiences they faced as prison officers. Ways of coping were grouped into four categories;

a) Avoidance:

> *I've got to the stage where I don't want to talk about what's happened if I have a confrontation with someone or you know, there's an argument and try and break up a fight or an argument or even deal with the aftermath of somebody being assaulted, you try to, you shut it off, you leave work, you hand your keys in, you go out the front of the prison, and that's it. You try and put it in the back of your mind because you don't want to talk about it (Graham).*

b) Adaptive coping strategies:

> *I have a very good, strong, friendship group of prison officers and we would leave for coffee and lunch, and you know if you're talking it, it just, I don't know, I don't know if it's just me but I really feel like it's my way of putting things straight in my head, by talking it out, erm, it also puts it straight, makes you see things a bit differently (Hayley).*

> *Now I am older I can manage stress differently and maybe do a quick fifteen minute chat before going home with a colleague discussing it (Lucy).*

c) De-sensitisation:

> *Erm, as I say sometimes, you're so de-sensitised that it's just another person telling you that they've been raped, it's just another you've heard it and heard it (Hayley).*

d) Activation of threat system:

> *You're always thinking it could be you. Always on your guard and feeling under attack. It brings up other things that have happened to me. You need to be strong enough. You think, it could be you just around the corner. I often go into work thinking 'oh, what's going to happen (Peter).*

Theme 3 — normalisation of trauma

A theme of how traumatic experiences become normalised over time was present in four of the participants' dialogues. This included a repetitive cycle of traumatic events:

> *Yeah, I suppose when you look back, I suppose there is. See, every day there's an incident, every day. Whether you're directly involved or indirectly involved. If there's something on a wing, an alarm bell is called, then staff attend (Graham).*

One participant consciously acknowledged the long-term emotional and cognitive impact the cycle of trauma has had on him:

> *I suppose the only, it would enhance the cynical side of you or the miserable side to you*

because you just go, it's another person, another officer, another friend whose just been treated like this. Or, bloody hell, they really can stoop to a new level (Jack).

Here, Jack refers to indirect experiences of trauma and victimisation, and how repetition increases a sense of cynicism and misery about the world. A sense of misery and despair about the world was also conveyed by Hayley after she experienced a prisoner experience flashbacks of past abuse, described previously:

I would be quite, I'd be quite strange like, I could read something in the paper and like cry about it. I hate the thought of putting somebody else through pain and torture. Like, causing someone else pain, and I just think, I just think like (long pause) what is, do you know, how do you help somebody like that? Where do you begin? (Hayley).

Normalisation of trauma was further highlighted through the description of a cultural expectation to cope with trauma exposure effectively:

So, you've got no healthcare, so it means you have to deal with any suicide attempts or any serious self-harm issues, you've got to deal with them on a daily basis. You don't think about it anymore. It's just part of the job (Graham).

Participants also described how not coping as expected would be viewed as a weakness by others:

'It's just [sighs], it's harder to explain when you don't want to talk about it. Well, you try not to talk about it because you don't want anyone else to think you can't cope' (Graham).

One participant elaborates on the impact of the cultural expectation to cope with trauma exposure and how it contributes to his distress:

So, I think sometimes, I don't think it's the violence or the fact that you've seen somebody hanging that upsets you, it's how you're expected to get on with it, deal with it by the management. So, it makes you angry. Because you think, well actually, I just need to go and sit down for half an hour because I've just found someone purple, blue, red-faced because he's been choking for the last half an hour and now he's dead. I just want to go and get that out of my head or go for a walk. And they're like, oh, no you can't go anywhere, get back on the landings, it's only another one, shut up, get on with it (Jack).

Jack attributes his emotional distress to the expectation to cope placed on him, more so than the traumatic event itself. Jack's exert also links to how the cycle of trauma has de-sensitised the whole system, not just frontline officers.

Theme 4 — empathic connections with prisoners

A theme about the ability to have empathic connections with prisoners was evident across all participants. Participants spoke of how gender influenced their ability to feel empathy towards prisoners, with female participants finding it easier to empathise with female prisoners. They appeared to hold the viewpoint that female prisoners have offended as a result of earlier traumas:

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I think for me, the hardest times for me were the X years at HMP X because that was female, and I had more of an affinity with the women because of their circumstances that some of them were in there. They'd been put on the game or they were raped, or you know buggered, whatever, those are the hardest, they were the hardest to deal with, I think… You've got people (women) in there for manslaughter and murder because they stuck a knife in their husband because of 25 years of being abused, so you know, that's different (Katie).

Knowledge of prisoners' offences also appeared to impact empathy:

I don't really care about what's happened to them. I heard horrific stories of prisoners on the vulnerable prisoners' unit. I read letters to family and victims. I'd be on the wing listening to them, it's horrendous, talking about what they want to do to people (Peter).

Participants identified that sexual offences made it harder to empathise with prisoners:

Researcher: Do you think the job has made you think more about the victims of crime?

Graham: Yeah, definitely. Definitely. Because I would (pause), when I was at HMP X I ended up working on the sex offender's wing. And that's got to be the worst place you could ever be. Because they talk about what they've done as if they're talking about a football match you've both gone and watched. Their mentality about what, what they think and what they've done. They don't see it as if they've done anything wrong. Because to them it's ok.

All participants acknowledged times when they have emotionally connected with prisoners and their experiences:

Sometimes, when I'm listening to people talking, I'm thinking, oh god you've got nothing to worry about, you know, some of the things I've had to deal with and the prisoners have had to go through in their lives, and the abuse they've gone through, and you think, you've got nothing to worry about (Peter).

The quote from Peter above demonstrates an empathic understanding of how prisoners have been victims of abuse and how this is likely to have adversely affected them. It appears that participants do, at times, allow themselves to think about prisoners as victims rather than only as perpetrators.

Participants also acknowledged that at other times they purposefully kept prisoners at an emotional distance to protect themselves from distress:

I just think (pause) I have to try and forget about them. I don't know, it's just like, it's de-sensitised you, you kind of just have to. I don't know like (pause) you actually can't take it in sometimes. I think you protect yourself, before you let it, you don't let it affect you because you put that mental block up before, like so I'm not even taking it in' — Hayley.

Theme 5: A broken system

A theme of how both the prison system as a whole and individual prison establishments are broken was described by participants. This included descriptions of splits within the staff team which negatively affected wellbeing and experiences in the workplace. This split was evident between new and old staff and how this negatively affected trust and perceptions of safety:

Because some staff will say, oh I can't work with that person or I can't work on that wing, can you put me somewhere else? And I think, we're all prison officers, but it's just (pause), well, the mentality of some staff now, they don't think of everyone, they just think of themselves. Just themselves all the time. So, you know whether you'll be able to trust that person or whether that person is going to do that job they should do or whether they're going to watch your back. And if there's an incident, will they go towards the incident (Graham).

An empathic understanding of how prisoners have been victims of abuse and how this is likely to have adversely affected them. It appears that participants do, at times, allow themselves to think about prisoners as victims rather than only as perpetrators.

The broken system was also depicted by anger towards those in power within the prison service. Some of this anger directly linked to a lack of resources, for example:

No, I've had enough of it, I've had enough of it. You know, it's changed over the years and none of it for the better…Management. Management have doubled in size and officers have been slashed by over a third (Katie).

Participants expressed objections to several organisational factors including lack of money, lack of staff and changes to the culture of the prison service.

Anger was also directed towards the organisation for taking away power from prison officers:

That's another thing they've done, taken lots of things away now, they've taken us to European court where we now can't take any sort of industrial action. So that's another

thing they've taken away from prison staff (Graham).

Anger also seemed to link to a perceived lack of care for participants and prisoners:

…even sometimes prisoners will talk to you and they'll say, oh that CM or that governor has said that, and it makes you think; they're treating the prisoners with the same arrogance, cockiness, nastiness as us, so then it, you just end up, whether hate is the right word, but you just end up disliking them even more. And I suppose, most of my anger, disappointment, upset and frustrations are aimed at the management, at how they treat us (Jack).

Discussion

Themes highlighted several important theoretical implications. Firstly, participants have been exposed to both direct and indirect traumas and reported managing such traumas through a range of coping strategies. Secondly, participants' accounts potentially linked to trauma symptomology including PTSD, secondary traumatic stress disorder (STSD) and VT. PTSD/STSD symptomology was evident in theme 2 (ways of coping) in relation to avoidance, withdrawal, nightmares and hypervigilance. Additionally, changes to schemas as seen in VT were also evident throughout theme 2 when participants described becoming cynical and mistrusting of others (schema of trust), and a continuous anticipation of danger (schema of safety). These schema alterations link to those posited to occur in the literature on VT[12] and suggest that

participants may be experiencing some aspects of VT. Although these schema disruptions are clear from the data, the mechanism through which they occurred is less clear. Exposure to direct trauma, for example repeated assaults, exposure to indirect trauma for example hearing about sexual prisoners being the victim of childhood abuse, or a combination of exposure to both direct and indirect trauma may be the cause. In addition, schema disruptions may be as a result of exposure to the prison environment itself; a concept outlined in the model of Corrections Fatigue (CF)[25].

CF is described as the unique cumulative effect of prison work over time resulting in negative changes in three domains; declined physical health/functioning, negative personality changes, and dysfunctional workplace ideology/behaviour as a result of organisational factors, operational issues and experiences of direct and indirect trauma[24].The theme *'experiences of direct and indirect trauma'* maps directly onto the concept of CF in terms of direct and indirect trauma exposure. The subthemes of 'avoidance' and *'activation of threat system'* match the symptoms of CF in the areas of declined physical health and negative personality changes. The theme of *'normalisation of trauma';* and it's subtheme of the 'expectation to cope' also correlate with the idea of a 'culture of toughness' in CF which contributes to dysfunctional workplace ideology. '*Connection versus distance'* highlighted the struggle between acknowledging and denying that prisoners have also been victimised and may link to the dual role prison officers hold of 'helper and disciplinarian', outlined in CF. Finally, the theme *'a broken system'* also correlates with the organisational and operational issues outlined in the CF model and how these negatively impact workplace ideology and behaviour, including overtime, high workload, deficient training on healthy workplace culture, demanding social interactions and low decision authority. Themes throughout the data appear to closely correlate with much of CF model. The limited existing literature on VT in prison officers outlined in

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12. McCann, L., & Pearlman, L.A. (1990). Vicarious traumatisation: A framework for understanding the psychological effects of working with victims. *Journal of Traumatic Stress, 3,* (1), 131-149.
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the introduction may also reflect symptomology more in line with CF than VT alone. The findings around negative job perceptions, healthy changes and perceptions of risk[20 21] map onto factors outlined within the CF model of declined physical health, workplace ideology and behaviour, and negative personality changes. CF may therefore offer a more inclusive model of the impact of working within the prison environment, which adds to the impact of VT alone.

Implications

The present findings indicate that prison officers are potentially at risk of developing symptomology of PTSD, STSD, VT and CF. Findings also highlighted a prison culture of keeping emotions and distress hidden, which exacerbates distress and may lead to the development of mental health problems. The prison service would benefit from a whole system and long-term approach to challenging this culture, which would promote the discussion of the emotions, distress, trauma and mental health of prison officers. This might involve: providing staff training on risk factors and early warning signs of trauma symptomology and mental health problems; training on and promotion of self-care and healthy lifestyles; more staff wellbeing events; promoting the sharing of positive experiences of counselling and therapy; and increased access to support services and forums where officers can offload difficult experiences in a safe space.

Findings also highlighted how prison officers are exposed to severe traumas and may receive little immediate and long-term support to cope with the impact of these. Prison establishments in England and Wales would benefit from developing additional support strategies to help officers deal with the aftermath of trauma. This might include mandatory and regular psychology-led individual and/or group supervision for all frontline staff, psychology-led reflective practice sessions for all frontline staff, and managerial follow-up when officers have been referred to Occupational Health to ensure the right treatment has been offered and received. HMPPS has published a policy on post-incident care[26] which stipulates mandatory debriefs after incidents including 'providing practical and emotional support and information'; however, participants' narratives suggest this is not always followed. Auditing the use of this policy would help identify establishments which need support in policy adherence.

Operational factors implicated in the development of CF also need to be addressed. These include, but are not limited to, cuts to frontline staff; increasing prisoner numbers; changes to pensions and pay; and staff shortages through absence and sickness.

Limitations

This study has several limitations including the low sample size, which makes it difficult to generalise findings to the wider prison officer population. However, as there is limited research on VT in prison officers, this research adopted a qualitative approach and did not aim to provide a nomothetic account of VT in prison officers. In qualitative research the analysis and interpretation are heavily influenced by the researcher and therefore different themes may have been identified by other researchers. Attempts to minimise this were made by triangulating the data analysis with the second researcher and using two distinct data collection methods. In addition, there may be bias within the sample itself. Participants are likely to be prison officers who have pre-existing ideas about their own trauma experiences and the prison service, and therefore the sample may be unrepresentative of the overall prison officer population in England and Wales.

Conclusions

In conclusion, this research suggests that some prison officers do experience direct and indirect trauma symptomology, however it is not clear through which mechanisms these develop. Further research is needed on trauma in prison officers in the UK, particularly quantitative research which can be generalised to the wider prison officer population. The prison system would benefit from a cultural shift in its attitude towards distress, trauma, and help-seeking, in order to increase the support available for officers working in such a complex and demanding environment.

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