

# Victimization of case workers in corrections: Its extent and impact on clinical practice

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To date, academics studying victimization have taken little interest in the links between clinical practice and victimization rates or probabilities. This is surprising since several theories are relevant to this kind of analysis.<sup>2</sup>

The work of case workers in corrections reveals three factors that may lead to victimization: a contact with potential assailants who have already violated the Criminal Code; circumstances in which case workers may become targets; and finally the presence (or absence) of deterrents to an assailant's actions.

Therefore, the correctional workers in our study are exposed to the risk of victimization because of their daily professional association with individuals who have already displayed violent or socially unacceptable behaviour. Working with violent people or criminal offenders is a high-risk activity for victimization.<sup>3</sup> These risks and the forms of victimization have changed as correctional facilities progressed from totalitarian institutions to custodial facilities that attempt to modify behaviour. Learning more about these situations can help the implementation of preventive measures such as changing their procedures and reducing the number of opportunities for assault.

## **Strategies and research techniques**

Our descriptive, exploratory approach has two goals. The first is to measure and describe the victimization of case workers<sup>4</sup> when they are working with inmates or psychiatric patients. Our second objective is to determine whether there is a link between victimization (in the workplace or elsewhere) and changes in case workers' perceptions (whether clinical or professional) of their clients.

## **Assumptions**

Case workers are indeed victimized in the course of their work, but the problem may be under-estimated and under-reported.

There is a link between a case worker being victimized and the development of a state of distress, even a post-traumatic stress. There are a number of ways of measuring the impact of victimization. We chose the concepts of disruption of habits and post-traumatic stress disorder, as defined in the DSM III-R.

If a case worker victimized, either once or on a number of occasions, his or her job performance will change. The changes take a number of forms, such as modified professional activities, different attitudes toward clients, and different expectations of support from the organization or from his or her peers.

## Sample

We approached 271 staff working with adult federal inmates in the custody of the Correctional Service of Canada, Quebec Region. They work as case management officers, either within an institution or in the community.

We have also interviewed 15 case workers from the Institut Philippe Pinel de Montréal who work with a clientele considered violent within the forensic and psychiatric settings.

All participants were contacted personally or sent a letter. We tried to meet with the various groups of participants within their operational units. Those working in units more than 150 km from Montreal were sent letters and received follow-up telephone calls. The response rate to the questionnaires we distributed was 63% or 180 respondents.

**Table 1**

<b>Distribution of the Participants Approached and Respondents, Respondent, by Work Setting</b>				
<b>Type of setting</b>	<b>Number of participants approached</b>	<b>% of total population</b>	<b>Number of Response</b>	<b>Respondents Rate</b>
Maximum security	31	10.8	16	51.6
Medium security	63	22.0	40	63.5
Minimum security	12	4.1	10	83.3
CCC**	19	6.6	12	63.2
Working with parolees	146	51.0	89*	61.0
Institut Pinel	15	5.2	14	93.3
Total	286	100.0	181	63.3
* one incomplete questionnaire had to be discarded				
** Community Correctional Centres				

Table 1 observations made by people close to the participants according to their work setting. Our sample included 180 clinical practitioners, of whom 89 were men (49.4%) and 91 were women (50.6%). Our respondents were between 22 and 57 years of age. The average age was 34.4 years.

The amount of time respondents had spent in their current job was between one month and 30 years. Their experience in their current position is a mean average of 6.7 years, with a standard deviation of 6 years. We should point out that nearly half of the respondents had less than 4 years' experience in their current position.

Instrument used and contribution of the qualitative method

We used a questionnaire with four main sections that the respondents filled out to identify themselves and to describe incidents they thought were serious. Each one of the participants was asked to describe two events that he or she had experienced directly, two incidents that had happened to co-workers and one event that he or she had witnessed. The instrument we used also collected data about the criteria used to diagnose Post-Traumatic Stress Disorder (PTSD).

We could encounter psychological defence mechanisms such as denial and rationalization,<sup>5</sup> and not be able to correct for self-evaluation done in response to

When we designed the project, we thought this more qualitative approach was justified, given the polymorphous nature of the subject being studied. For one thing, it was impossible to identify at the outset all possible forms of victimization; second, we wanted to come to the best possible understanding of all the active factors among the victims. What leads workers to leave corrections after being victimized on the job? What happens after the assault, when the person goes back to working with violent clients and offenders?

To answer these questions, we interviewed 11 case workers (8 men and 3 women) who were currently practising at one of the two institutions. The professional experience of this small sub-group was quite impressive. Together, they had 170 years of experience as criminologists working for various employers.

## **Results**

Using a quantitative approach, we measured nearly 200 variables for each participant. Using the qualitative approach we discovered situations and characters one would not have expected if one relied solely on deductive logic: projection, the extent of sexual intimidation that female workers had experienced, the kinds of support offered by the employer, and the support from clients after an assault. These methodological components had a synergetic effect, enriching our findings.

### Recognition of victimization in the work setting

Our first assumption in this study was questioning the presence of victimization factors in the work setting of correctional case workers.

Victimization at work is foremost characterized by interpersonal violence. Violent incidents at work made up 64% (35 out of 55) of all the direct violent offences that victims reported on the questionnaire (n=122). If we disregard theft mischief (7) and threats (14), the incidents that occurred in the workplace included assault (13), assault with a weapon (9), assault causing bodily harm (1), forcible confinement (11) and attempted murder (1).

Despite the fact that a suspect was identified in 82% of the crimes that occurred in the workplace (compared with 22% in the case of incidents that occurred outside the workplace), a charge was laid in

only 30% of the cases (41% outside the workplace) and a conviction resulted in 22% of the cases (34% outside the workplace).

The actions and attitudes of representatives of the organization revealed some variations, but tended to minimize the incidents. More generally, victims did not feel they were being listened to, but felt rather that their employers were trying to invalidate their comments or the intensity of their reactions. Thus, only two incidents described during the interviews resulted in legal proceedings. Consequently, victims had feelings of abandonment, solitude and insecurity.

### **The impact of victimization**

The second assumption we wanted to verify was the possible link between victimization of a correctional case worker and the development, in that person, of a state of distress, or even PTSD.

After the incident there were feelings of loss and, at the same time, a change in the victim's perceptions and attitudes. These changes were characterized by a polarization of expectations and increased mistrust of other people. Many respondents mentioned certain phenomena associated with fear of the client and the development of self-protection mechanisms that appeared during the weeks and months immediately following the victimization. They described themselves as becoming more rigid and harsh, with a greater desire to control their clients, who were all seen as being potentially dangerous.

In addition, the empirical verification of our assumption led us to study the initial fear, the deferred fear and the prevalence of PTSD among the respondents.

The degrees of the fear were graded as follows: no fear, slight fear, average fear, severe fear and panic. The most intense initial fear was related to forcible confinements and hostage-taking incidents. Fear described as being between average and severe fear was caused by incidents involving threats (of death), robbery, armed robbery, sexual assault, assault and assault with a weapon. Crimes against property (theft and mischief) resulted in an initial fear that the respondents described as slight.

There was a significant difference between the fear experienced at the time of the offence and the feeling of fear experienced afterward. Only the victims of forcible confinement and sexual assault reported retaining a higher degree of fear. Incidents involving threats, robbery, armed robbery, and assault with or without a weapon seemed more likely to result in slight, ongoing fear than did incidents involving theft and mischief.

There was a strong statistical association between the degree of deferred fear felt by the victim and his or her participation at various stages of the criminal justice system. The degree of deferred fear increased according to the stage reached in the justice system (denunciation, indictment, conviction). In addition to fear, we also measured the symptoms of PTSD. The general incidence of PTSD in our sample was 16% (29/180); this percentage includes a first sub-group indirectly victimized (5/58 or 9%) and an other sub-group directly victimized (24/122 or 20%). In statistical terms, PTSD appears

significantly linked to the many forms of victimization (direct and indirect) and to fear. Compared with victims as a whole, the participants with PTSD showed higher degrees of fear, both at the time of the crime and after. No statistical link could be drawn regarding the age of respondents who were victims. However, among men, who on average were older than the women in our sample, the actual age of those with PTSD was statistically higher than that of their peers without the disorder. These results could indicate that the incidents reported by men were not necessarily recent and that as people age the trauma related to earlier events may appear.<sup>7</sup>

### **Changes in professional practice after victimization**

The third assumption we studied concerned post-incident, concrete or observable changes in the participant's work. These changes occurred in different ways, including changes in professional activities, different attitudes toward clients and changed expectations of support from the organization and from peers. The data collected during the interviews allowed us to sketch picture of the case workers who case workers were victimized and the way in results in varying which they continued their careers after the incident. The process of withdrawal followed by the return depending on the to work, or continuous delivery of professional services, almost inevitably led to a series of ethical, it occurs in a personal and professional questions person's career, that we explored in the interviews.

A change in habits may also be reflected in their professional occurs, the nature their availability and their ability of the crime and perform these duties. For example, a number of the workers we interviewed said that after the of the incident, they were concerned being fair to all their clients: they wanted to avoid associating all of them with the person who had victimized them.

The data collected in the questionnaire show that a minority of victimized individuals change their work habits. This finding indicates the full significance of the practices of consulting colleagues to verify one's personal perceptions.

The victimization of correctional case workers results in varying consequences depending on the time at which it occurs in a person's career, the place where it occurs, the nature of the crime and the personality of the victim. Despite the results we obtained, our study of the impact of victimization on workers' clinical practice suggested more avenues of research to explore than discoveries to announce.

### **Possible approaches**

We are convinced that in all practice settings there should be preventive strategies based on the maintenance and development of the health and safety of case workers in corrections. In a general context, studies could look at the aging of correctional case workers and the fact that their jobs are becoming more unstable; within the specific context of victimization, studies could consider the identification and measurement of the consequences of victimization, particularly among the baby victimization boomers who entered the corrections profession during the 1960s and 1970s.

What is the impact of part-time work on the introduction of safety standards, control of the organizational structures for communicating information or the dangers of injury on the job? Is the additional stress of employment instability a factor that could cause the premature physical or psychological aging of these workers? These are questions that all interested parties should study to establish more effective preventive strategies in clinical settings.

Studying the contents of criminological evaluations written by clinicians involved in victimization incidents could result in information about changes in their professional practice. One way of analysing this situation involves the theory of attribution.<sup>8</sup>

In that case, our working hypothesis would be based on what Jones and David called an error in perception linked to “personalism.”<sup>9</sup> By definition, this is a personalized interpretation of observed acts. Because the information or actions that have an emotional impact on the evaluator are more likely linked to personality than to environmental factors, a harsher judgment of the offender may result.

In practical terms, replacing the concept of trauma with a broader view of the quality of working life and a study of the factors in the readjustment of victimized workers would be the first step in the long road to better understanding the interactions between the professional workplace and the victimization of case workers.

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3. H. Ellenberger, “Relations psychologiques entre le criminel et la victime,” *Revue Internationale de Criminologie et de Police Technique*, 8 (1954): 103–121; see also M. Baril, “L’envers du crime,” *Les Cahiers de recherche criminologique*, n° 2, Centre international de criminologie comparée, 1984.

4. We are using the term “criminologists” somewhat broadly to designate any clinical worker dealing with inmates or violent psychiatric clients inclusive of case workers in corrections.

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9. Jones and Davis "From acts to dispositions: the attribution process in person perceptions."