

# The impact of violent acts on prison staff

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Prison staff members experience daily stresses that are, at least to some degree, an expected outcome of their work environment. However, traumatic events that occur infrequently, such as hostage-takings and forcible confinements, cause significant stress to staff members. As Herman<sup>2</sup> states, these events “are extraordinary, not because they occur rarely, but because they overwhelm the ordinary human adaptations to life. Unlike commonplace misfortunes, traumatic events generally involve threats to life or bodily integrity, or a close personal encounter with violence and death.” Although the incidence of hostage-takings and forcible confinements is infrequent, averaging just under four per year, the implications can be extensive for those directly involved, including victims, medical staff, institutional emergency response team members, negotiators and crisis managers, and may be almost as severe for those who only experience the aftermath, such as colleagues, family and friends.

A recent study<sup>3</sup> on forcible confinements and hostage-takings that took place between 1993 and 1995 examined the characteristics of the perpetrators, but only focused peripherally on the survivors of these traumatic events. A literature review revealed that, to date, there were no studies focusing on victims of prison-based hostage-takings, in North America or elsewhere. The current study<sup>4</sup> was designed to investigate the impact of these violent acts on staff members of the Correctional Service of Canada. The study’s main objectives were:

- to improve our understanding of survivors’ experiences;
- to determine how the Correctional Service of Canada could intervene effectively and humanely;
- to help staff members cope with such incidents; and
- perhaps, to prevent them.

## Sample

Using the Offender Management System, 52 survivors of national incidents from 1985 to 1995 were identified, and of these, 32 were successfully contacted, and 27 completed interviews. Of the 27 who completed interviews, 22 (81%) were still employed by the Service. Most expressed keen interest in the project and stated that it felt good to be “recognized.” Others found that talking about their experiences was part of their healing process.

## Demographics of victims

The greatest number of respondents were from the Ontario region (44%) at the time of the incident; of the rest, 26% were from Quebec, 19% from the Prairies, 7% from the Atlantic region and 4% from the Pacific region.

Most of the respondents in Ontario were female (63%). In Quebec, distribution was even for males and females. In the Prairies, males were over-represented (80%). The Atlantic region had one of each gender, and the lone respondent from the Pacific region was a female.

At the time of the incident, hostages ranged in age from 25 to 53, with a mean age of 38 years. There was no gender difference in mean age (female 35.2; males 39.6). The majority of the sample (70%) were married or in a common-law relationship at the time of the incident, while 15% were separated or divorced and 15% were single. Of those who were married, 21% reported that the incident led to the dissolution of their marriage.

Nine of the 27 respondents (33%) were correctional officers; the rest included psychologists, clerks, teachers and librarians. Years of service ranged from 1 to 25, with a mean of 6.41 years. Incidents lasted from a few moments to more than 60 hours.

Three quarters of the confinements were deliberately planned. This is supported by the fact that, in 85% of the incidents, a weapon was used. The most frequently cited weapon was a knife.

### **Force varied from psychological threats of force to physical and sexual assaults.**

Physical injury was reported by one third of the sample and sexual assault was reported by 44% of the women in the sample (7 of 17). Almost all of the respondents reported varying degrees of emotional and psychological impact. The one respondent who did not report any distress was involved in a very brief incident. This finding is consistent with the post-traumatic stress disorder literature, which indicates that the more severe a traumatic event in intensity and duration, the greater the likelihood of psychological damage.<sup>5</sup>

### **During the incident**

Respondents were asked to discuss their thoughts, feelings and behaviour during the hostage-taking and unlawful confinement. The most frequently reported thoughts were disbelief, fear of injury and death, and survival. Interestingly, many expressed the thought “I wasn’t supposed to be there,” as respondents said they were working a different shift, or in a different location from their normal workplace.

All respondents interviewed reported feeling surprised and threatened. Other feelings depended on the particulars of the incident (i.e., duration, severity and injury) and on the individual characteristics of the respondent (i.e., vulnerability, resiliency).

The following are the most frequently expressed emotions: shock, anxiety, terror, frustration, vulnerability, powerlessness, humiliation and isolation. Although several felt cool and calm throughout, others fluctuated between calmness and intense worry, and yet others were anxious and frightened throughout the event. Several described feelings of “wrongness” or danger, immediately before the incident.

During the incident, respondents' behaviour varied from physical resistance (32%) such as fighting, screaming or running, to verbal resistance (48%) such as talking, reasoning and negotiating, to submissiveness (25%), that is, complying with all demands. No gender differences were found in behaviour. Most respondents expressed satisfaction with their behaviour during their incidents.

### **After the incident**

Immediately after the incident, 40% were debriefed, 56% received counselling and an additional 22% were offered assistance, but declined. Typically, contract employees were not offered debriefing or psychological assistance. Only two respondents were offered assistance during court proceedings, although it should be noted that court assistance to staff is an evolving process that has improved over the past decade.

### **Psychological impact**

The changes in a person's life after a traumatic incident can have repercussions far beyond the time of the event. Therefore, both immediate and long-term reactions were surveyed. Respondents were presented with 24 symptoms associated with post-traumatic reactions<sup>6</sup> and asked to discuss which reactions were experienced during and/or after their incident. Table 1 lists their answers in order of prevalence.

Because being forcibly confined is, by its very nature, frightening and threatening, anxiety was the most commonly experienced symptom both during and following the incident (89%). After a traumatic event, the human process of self-preservation can go on permanent alert, since it is believed that the danger can return at any time. Hypervigilance — or “hyperalertness” — is an acute state of sensitivity and awareness of one's surroundings. This was most commonly described as being felt in the workplace and was experienced by 81% of respondents. Sleep disorders were also common, manifested as trouble falling asleep, frequent awakenings and nightmares. Most respondents experienced such problems immediately after the incident and for some, these difficulties lingered for months. Anger was experienced by respondents during and after the incident, and was directed primarily toward the perpetrator of the incident and the Service in general. Other common experiences were an overwhelming sense of powerlessness, shock and fear (such as fear of strangers, fear of being alone, and fear of impending danger or of someone coming up behind them). Many staff members felt isolated when they returned to work, because other staff members and offenders stared at them, avoided them or judged them critically. Flashbacks were frequently described as vivid memories of the event, recalled as if they were happening all over again. Flashbacks tended to occur at a variety of times after the incident, and sometimes continued for years.

**Table 1**

<b>Reactions to Hostage-Taking, Unlawful Confinement</b>
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	Percentage	Number (n=27)
Anxiety	89	24
Hypervigilance	81	22
Anger, hostility	74	20
Sleep disturbances	74	20
Powerlessness	70	19
Fears, phobias	67	18
Shock	67	18
Isolation	63	17
Nightmares	63	17
Flashbacks	59	16
Embarrassment, shame, guilt	55	15
Interpersonal difficulties	52	14
Exaggerated startle response	48	13
Increased crying or inability to cry	44	12
Sense of detachment	41	11
Paranoia	37	10
Appetite change	33	9
Depression	33	9
Physical illness	33	9
Change in alcohol, drugs, smoking	30	8
Disoriented	30	8
Impaired leisure activities	30	8
Blunted affect	26	7
Sexual difficulties	22	6

### **Impact on work and personal or family life**

The vast majority (89%) felt that their work life was affected by the incident. Many felt that other staff were critical or made judgmental comments. Lack of support from management, fear and avoidance of certain situations, and feelings of stress, fatigue or hypervigilance were also noted. Many (52%) found that their personal lives were negatively affected, especially their intimate relationships. Just over a fifth (21%) stated that their marriages ended as a result of the incident. Personal issues related to previous abuse tended to exacerbate the impact of the traumatic event. This occurred for 37% of the respondents (8 women and 2 men).

### **Coping strategies and positive adjustment**

According to Meichenbaum,<sup>7</sup> it is important to assess both negative and positive adjustment in

traumatized individuals. Therefore, respondents were asked which personal strengths they drew on to help them cope with their traumatic incidents. Many described adaptive coping behaviours that helped reduce anxiety and increased the probability of a positive outcome. Common themes included the ability to think clearly and remain calm; well-developed communication and interpersonal skills; inner character strengths such as determination, courage, stubbornness and pride; strength from religious or spiritual convictions; knowledge of institutional procedures; and thoughts of loved ones.

Respondents were also asked if they had benefited in any way from the traumatic experience and its aftermath. Common themes included: learning that they could cope with difficult situations, making positive changes related to survival, becoming more cautious and vigilant, enhancing their understanding of powerlessness and victimization, and having a greater appreciation for life.

### **Return to work**

The leave taken before returning to work depended primarily on the duration and intensity of the incident. Generally, shorter incidents resulted in less psychological distress and an earlier return to work. For example, of the 10 respondents who returned to work immediately, eight experienced relatively short incidents (six were resolved within five minutes and two within an hour), and all described less than 10 of the 24 symptoms in Table 1. However, of those same 10 who returned to work immediately, only three wished to do so. The remaining seven felt that they had no option but to return. Of those taking leave, nine (approximately one third) returned within five months, four returned between 6 and 12 months, two took more than a year, and two did not return at all. Respondents who endured intense, prolonged incidents and suffered severe psychological distress required more time to recover. The two who were unable to return to work had prolonged incidents and were severely affected by their ordeals (see Table 2).

Ten respondents (37% of the sample) experienced severe psychological distress, defined as more than 16 of the 24 symptoms. This group's number of symptoms ranged from 17 to 23, with an average of 20. This group comprised seven women and three men. Eight (80%) were assaulted (three men were physically assaulted, four women were sexually assaulted, and one woman was physically and sexually assaulted). Although two of these incidents were resolved in less than an hour, the remaining eight incidents were prolonged, ranging from 4 hours to more than 60 hours. The two respondents who did not return to work were among this group. For the eight others, their return to work was delayed. MacWillson<sup>8</sup> found that uninterrupted exposure to the threat of violence or murder in confined conditions after such incidents would undoubtedly impose a heavy burden on the physical and mental well-being of hostages. Respondents described mixed experiences in returning to work. Those who described positive experiences tended to have close, supportive co-workers and a good relationship with their manager. Others, however, reported more difficulties in interpersonal relationships and in adjustment after the incident. They tended to encounter unsupportive colleagues who made judgmental and disparaging comments.

### **Table 2**

<b>Respondents' Leave from Work After the Incident</b>	
<b>Leave</b>	<b>Number (n=27)</b>
No leave	10
1–3 weeks	6
1–5 months	3
6–12 months	4
More than 12 months	2
Never returned	2

Generally, respondents found managers to be insensitive or unsupportive, often ignoring or excluding the respondent from decisions relating to return to the workplace. The majority described being ignored or avoided by managers. Several felt disempowered and revictimized by the perceived lack of support.

### **Respondents' recommendations**

Respondents described several areas where the Service should be commended as well as problem areas that require resolution. On the positive side, they expressed satisfaction with the help received from the Employee Assistance Program. For those whose incidents were terminated by force, a number expressed their satisfaction with the emergency response team's actions.

As a result of both this 1997 study and the previous study on unlawful confinement and sexual assault<sup>9</sup> a number of recommendations were submitted to the Service's Executive Committee for approval.

Training on hostage-takings and forcible confinement was recommended by most of the respondents. A half-day training module has been drafted, and focuses on preparation, prevention, motivation for forcible confinement and hostage-takings, behaviour during the confinement, crisis management model (e.g., roles of crisis manager, negotiators, emergency response team), post-traumatic stress disorder and return to the workplace. A 35-minute film, "Forcible Confinement: A Survivor's Story," is available in both official languages and is useful in encouraging group discussion. It is recommended that all staff (including contractors and managers) be provided with this training.

For survivors of such incidents, debriefing and psychological support was recommended and is already in place. It was also recommended that information flow to the survivor be improved (e.g., documents, court dates). Better reintegration into the workplace was recommended, including greater consultation with the employee. A post-incident interview would focus on issues such as paid leave, work options and individual needs, and could be carried out by a designated employee such as a return-to-work coordinator. This individual could also coordinate individualized reintegration strategies such as redeployment, retraining and gradual transition to the workplace.

An improved reporting system for critical incidents, which focuses on improved classification, has already been addressed. This will clarify the total number of incidents and type of harm (e.g., physical,

sexual, psychological).

The capacities of the respondents to live with, work with and surmount the trauma they suffered is remarkable, and a testament to their collective strength. This strength should be reinforced, by treating them with the fairness, dignity and respect they deserve: qualities that are entrenched in our Mission Statement and can only be enhanced by responding to the recommendations of this report.

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1. 440 King St. W., Kingston, Ontario K7L 4Y8.
2. J. L. Herman, *Trauma and Recovery* (USA: Basic Books, 1992): 33.
3. S. M. Williams, *Review of Sexual Assaults and Forcible Confinements* (Ottawa, ON: Correctional Service of Canada, 1995).
4. B. T. Seidman and S. M. Williams, *Hostage-Takings of CSC Staff: Psychological Impact and Institutional Management* (Ottawa, ON: Correctional Service of Canada, 1997). The full report can be obtained from Sharon M. Williams at the address in Note 1.
5. Herman, *Trauma and Recovery*.
6. D. Meichenbaum, *A Clinical Handbook/Practical Therapists Manual for Assessing and Treating Adults with Post Traumatic Stress Disorder (PTSD)* (Waterloo, ON: Institute Press, 1994).
7. Meichenbaum, *Clinical Handbook*.
8. A. C. MacWillson, *Hostage-Taking Terrorism: Incident Response Strategy* (London, UK: MacMillan Academic and Professional Ltd., 1992).
9. Williams, *Review of Sexual Assaults and Forcible Confinements*.