# CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXECUTIVE SUMMARY</td>
<td>3</td>
</tr>
<tr>
<td>RECOMMENDATION</td>
<td>3</td>
</tr>
<tr>
<td>BACKGROUND</td>
<td>4</td>
</tr>
<tr>
<td>PURPOSE</td>
<td>5</td>
</tr>
<tr>
<td>INTRODUCTION</td>
<td>5</td>
</tr>
<tr>
<td>THE INVISIBILITY OF THE WORK OF CUSTODIAL STAFF</td>
<td>6</td>
</tr>
<tr>
<td>CORRECTIONS AS A HIGH RISK ENVIRONMENT</td>
<td>8</td>
</tr>
<tr>
<td>STRESSORS IN THE CORRECTIONAL SETTING</td>
<td>11</td>
</tr>
<tr>
<td>THE IMPACT ON STAFF</td>
<td>15</td>
</tr>
<tr>
<td>CONDITIONS OF CONFINEMENT</td>
<td>18</td>
</tr>
<tr>
<td>HARsher CONDITIONS OF CONFINEMENT</td>
<td>20</td>
</tr>
<tr>
<td>SUMMARY: THE ENDURING EFFECTS OF CORRECTIONAL OFFICER WORK</td>
<td>25</td>
</tr>
<tr>
<td>CONCLUSION</td>
<td>26</td>
</tr>
<tr>
<td>RECOMMENDATION</td>
<td>27</td>
</tr>
<tr>
<td>REFERENCES</td>
<td>28</td>
</tr>
</tbody>
</table>
EXECUTIVE SUMMARY

The custodial setting is a high risk environment which would deter many prospective employees. Correctional Officers, on behalf of the community, manage a significantly damaged population which includes individuals and cohorts who generate constant and high demands for assistance, services and interventions, who are manipulative and who, at times, can also be dangerous. The compromised mental and physical health profile of the inmate population adds to the real and perceived risks to staff who, in accordance with contemporary inmate management practices, are required to engage and work closely with inmates to create the relationships on which security and rehabilitation depend.

In addition to the stress on staff which working with high demand and unpredictable individuals and groups engenders, the setting where this all takes place is not one designed to nurture the human spirit. This impacts negatively on both inmates and staff.

Notwithstanding the infrequent, but high profile and regrettable incidents which reveal system inadequacy or the indifference of a few, the volatile, high demand and fragile inmate population is managed with professionalism and humanity through each night safely and securely. The significance of this achievement is even more remarkable when it is achieved in situations where policy decisions, such as those leading to correctional centre overcrowding or reduced inmate access to amenities, exacerbate the already high risks, particularly in volatile remand populations with their heightened vulnerability and risks of self-harm and suicide.

Despite this commendable effort and the outcomes achieved by Correctional Officers, other professional staff and their Justice Health and Forensic Mental Health Network colleagues, there is a high degree of invisibility associated with their endeavours, even as these routinely save lives. As a result, there is an unfortunate absence of political and public understanding and acknowledgment of the work of those in the custodial setting.

RECOMMENDATION

The Parliament of New South Wales may wish to consider passing a motion recognising Correctional Officers on the occasion of the Corrective Services New South Wales Remembrance Day which occurs each year on the last Friday of November.
REPORT No. 1 –THE INVISIBILITY OF CORRECTIONAL OFFICER WORK

"I don't know a prison officer that's never done a great deal of good but none of that ever seems valued"

Male prison officer at HMP Highdown. HM Comptroller and Auditor General, 2000.

“They believe firmly in the importance of the work they do, despite a grievous lack of recognition by the general public and the government”


“I said, ‘How would you feel going to work at quarter to eight in the morning, and be prepared to run in on someone who’s armed with a homemade knife of a piece of glass, or who’s cut his wrists open or something like that?’

‘Oh that’d be bloody awful,’

‘Well that’s what I did two days ago.’”

South Australian Correctional Officer. King 2006:197

BACKGROUND

The Inspector of Custodial Services was established in 2013 under the Inspector of Custodial Services Act 2012 (“the Act”) to provide independent inspection, examination and review of custodial centres and services in New South Wales (NSW).

The Principal Functions of the Inspector of Custodial Services are detailed in s.6 of the Act.

s. 6 (1) (c) of the Act authorises the Inspector “to examine and review any custodial service at any time”

s. 6 (1) (d) of the Act requires the Inspector “to report to Parliament on each such inspection, examination or review”

s. 6 (1) (e) of the Act authorises the Inspector “to report to Parliament on any particular issue or general matter relating to the functions of the Inspector, if, in the Inspector’s opinion, it is in the interest of any person or in the public interest to do so”.

Under s. 6 (1) (c) of the Act I have undertaken a review of a generally unacknowledged aspect of the outcomes of the management of the fundamentally unwell inmate population which is placed in the care and custody of Corrective Services NSW (CSNSW), supported by the Justice Health and Forensic Mental Health Network.

In accordance with ss. 6 (1) (d) and (e) of the Act I submit this report to the Parliament of New South Wales.
PURPOSE

The purpose of this report is to document the largely unrecognised endeavours and achievements of those who work with a fundamentally unwell, unpredictable and sometimes dangerous population in New South Wales (NSW) custodial settings; to bring these the attention of the Parliament of New South Wales and to suggest how they might be acknowledged in the future.

While much of the reference material cited in this report primarily relates to adult corrections, the substance of this material is also relevant to the staff who work in the Juvenile Justice environment (e.g. see Armstrong et.al. 2013). In both settings, the work of the staff of the NSW Justice Health & Forensic Mental Health Network, the agency responsible for the delivery of healthcare to those in custody, is acknowledged.

INTRODUCTION

Custodial settings are high risk environments. This is reflected in the prominent place risk management has in inmate management and in correctional system governance arrangements (Cunneen et al. 2013: 67-90). There are two primary domains for the application of risk assessment in the correctional context. In the first, individual risk assessment, using accredited instruments, such as the Level of Service Inventory - Revised (LSI-R) which is utilised by CSNSW, is a key feature of inmate management and is deployed to guide deeper assessment priorities, placement, referrals, the allocation of resources, service delivery and release decisions. The 2011-12 CSNSW Annual Report (2012: 64) notes that in 2011-12, CSNSW administered 27,576 LSI-R assessments in custody and in the community. 13,891 of these assessments produced a rating of “high” to “medium” risk of recidivism and 13, 685 resulted in a rating of “medium-low” to “low” risk of recidivism.

In the second domain, as in other bureaucracies, “business” risk management has become a central organising principle in correctional agencies, and sees expression in a comprehensive risk management architecture of risk registers, risk management plans, staff, committees, and assurance arrangements (Whitty 2011: 126).

Despite the significant structural, managerial, supervisory and operational effort directed at controlling the risks of the custodial setting, periodically incidents occur in which a system may fail, or revealed to have been inadequate, or where an individual may have let down the many and which all would rather not have occurred. These incidents may have tragic results.

It is these incidents which rightly attract widespread examination and critique, especially in the media. Exemplar such incidents and their related reporting include the 2011 ABC 7.30 Report coverage of the death of Mr Ian Klum, the 2011 Coroner’s Court Findings into the death of Mr Mark Stephen Holcroft, the 2010 Independent Commission Against Corruption report Smuggling of Contraband into the John Morony Correctional Centre and the 2012 Ombudsman report into Managing the Use of Force in Prisons.
All of these incidents, their reports, and the media coverage of them, have a cumulative negative impact on public perceptions of the custodial setting and confidence in its management.

THE INVISIBILITY OF THE WORK OF CUSTODIAL STAFF

Notwithstanding such incidents and any failings which their associated investigations may have highlighted, an examination of any 24 hour synopsis of activity across the NSW custodial estate reveals that it is only through the professional conduct and humanitarian concern of the majority of staff that so many fundamentally unwell people who are in custody are seen through each night safely. The significance of this achievement is even more remarkable when it is achieved in situations where policy decisions, such as those leading to correctional centre overcrowding or reduced inmate access to amenities, exacerbate the already high risks, particularly in volatile remand populations with their heightened vulnerability and risks of self-harm and suicide (HMIP 2012: vi,12; VIC Coroner 2014: 58). Yet, information on this praiseworthy outcome is rarely put before the public or Parliament, or attracts objective analysis by the media, whose primary preoccupation is rather with the sensational and the salacious (Cheliotis 2010; Davis & Dosseter 2010; Fox et al. 2007; Turner 2007; Beale 2006; Solomon 2006; Indermaur & Roberts 2005; Dowler 2003; Roberts et al. 2003). As an example of this, in a submission to the NSW Legislative Council Inquiry Into the Privatisation of Prisons and Prison-Related Services, the Prison Officers Vocation Branch referred to “negative and false reports published in the media of overtime rorting and pizza clubs” (Clune 2009: 9).

As a consequence of the poverty of factual information illuminating the custodial setting, staff professional conduct and care in exceptionally difficult circumstances receives little acknowledgement or celebration outside the institutions or agencies involved.

In evidence before the United Kingdom (UK) House of Commons Justice Committee on the Role of the Prison Officer, the Committee was advised that “Prison Officers perform a crucial and influential role that is complex, challenging, often maligned in the public domain, and misunderstood”(Arnold 2009: Ev 83). This assessment no less applies in NSW.

This acknowledgment of the lack of recognition of Correctional Officers is supported by Canadian research which observes that for Correctional Officers, “Isolated from the rest of society by walls or a well-delineated boundary that frames the scope of their activities, it is difficult for them to legitimize or assert their identity and claim equality with their fellow police officers. More than any other, they live in permanent contact with crime in all its aspects, paced out year by year over a few hundred square metres” (Bensimon 2004: 1). This is also the view from some outside the custodial setting, but with insight into it, who have commented that “In the eyes of the law, correctional staff are important participants in serving the ends of justice, yet they receive little acknowledgement, and even less validation of their difficult and at times dangerous responsibilities” (Jackson 2002: 16).
In the UK it has been observed that prison officers “see themselves as part of an unappreciated occupation group” (Crawley & Crawley 2008: 34). A similar perspective is noted in Western Australian research: “The general population tends to undervalue the roles of POs; their jobs are regarded as low status; they are often referred to as people who failed to ‘make it’ in other professions and have accepted PO work as an alternative to being unemployed” (Ngwenya 2012: 4).

Notwithstanding the apparent lack of public appreciation for the work of correctional officers, it is argued that they do “deserve a high degree of public consideration and respect, together with a corresponding degree of support from the organization for which they work” (Correctional Service of Canada 1997: 2).

This approach is supported by UK’s International Centre for Prison Studies which observes that “Work in prison is a public service. Prison authorities should have accountability to an elected legislature and the public should be regularly informed about the state and aspirations of the prisons. Government ministers and senior administrators should make clear that they hold prison staff in high regard for the work they do and the public should frequently be reminded that prison work is an important public service” (Coyle 2009:15).

In NSW, there remains a high degree of invisibility associated with the work of custodial (and other) staff across the custodial estate, and as a consequence there is an absence of understanding of it or appreciation for the outcomes that work produces, even as it saves lives.

The lack of visibility of the outcomes of the work of Correctional Officers is also partly a product of the nature of performance reporting by CSNSW. The NSW State Plan 2021 expresses a goal to reduce juvenile and adult re-offending by 5% by 2016 and the relevant Performance Indicators in the Department of Attorney General and Justice Strategic Framework 2012–14 relating to the custodial setting include:

- Average time out of cell
- The percentage and number of assessed and eligible adult offenders on external leave programs
- Number of serious prisoner on officer assaults
- Number of serious prisoner on prisoner assaults
- Rate of escapes from maximum security facilities
- Rate of staff assaults per 1,000 admissions.

These are typical managerialist performance indicators which are common in correctional jurisdictions and are homogenised in Australia to meet Productivity Commission requirements. They convey to the public little of the nature of the correctional experience for either inmates or for staff and do nothing to highlight the human dimension of the work of, and outcomes achieved by, uniformed and other staff in the custodial setting.

The UK Inspector of Prisons has drawn attention to these limitations of managerialist KPIs in a report on a prison inspection, which comments that “[vulnerable prisoners] were treated with humanity, care, sensitivity and fairness by a staff group which was outstanding in its down-to-earth grasp of managing troubled people. It was difficult to
measure this quality of work in KPI outcomes but it deserved recognition” (HMIP 2001: 60).

CORRECTIONS AS A HIGH RISK ENVIRONMENT

As noted above in the Background of this paper, custodial settings are high risk environments. A major aspect of this arises as a product of the health profile of the population for which custodial staff are responsible and a CSNSW operating philosophy which requires staff to work closely and personally with inmates.

The Australian Institute of Health and Welfare (AIHW) publication *The health of Australian’s prisoners 2012* (2012: x) documents the manifold disadvantages exhibited by inmates. These include poor educational attainment, parental incarceration, homelessness, juvenile detention, unemployment, trauma and neglect.

These accumulated adverse life experiences are also captured by the NSW Justice Health & Forensic Mental Health Network which compares the health profile of adults in custody in NSW with the wider Australian population.

### NSW Adult Inmate Health Profile

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<thead>
<tr>
<th>Health Condition</th>
<th>NSW Custodial Population</th>
<th>Australian Population</th>
</tr>
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<tbody>
<tr>
<td>Current tobacco smoker</td>
<td>75% 80%</td>
<td>18% 15%</td>
</tr>
<tr>
<td>Hepatitis B+</td>
<td>28% 34%</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Hepatitis C+</td>
<td>28% 45%</td>
<td>1%</td>
</tr>
<tr>
<td>Depression / affective disorders</td>
<td>33% 51%</td>
<td>5% 7%</td>
</tr>
<tr>
<td>Ever attempted suicide</td>
<td>19% 27%</td>
<td>2% 4%</td>
</tr>
<tr>
<td>Obese</td>
<td>55% 58%</td>
<td>70% 56%</td>
</tr>
<tr>
<td>Heart disease</td>
<td>19% 24%</td>
<td>5% 4%</td>
</tr>
<tr>
<td>Asthma</td>
<td>26% 40%</td>
<td>10% 11%</td>
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Data sources: See References p. 38
Further detail is provided in the NSW Justice Health & Forensic Mental Health Network Inmate Health Survey: Key Findings Report 2009 (2010) which provides a comprehensive analysis of the health of those in custody. Its findings, which are relevant to understanding the population which the community expects correctional staff to care for and manage, include:

- 49% of participants of the Health Survey 2009 reported having ever received assessment or treatment by a psychiatrist or doctor for an emotional or mental health problem
- The most common mental health conditions which a psychiatrist or doctor had advised participants they suffered were depression (35% of the sample) anxiety (25%), drug dependence (21%) and personality disorder 10%
- The proportion of participants who reported having been admitted to a psychiatric unit has increased from 13% in 1996 to 16% in 2009
- 18% of participants reported taking at least one psychiatric medication, 33% of the participants reported thoughts about suicide, 21% reported having attempted suicide and, of this sample, 60% reported at having made more than one attempt
- 15% reported a history of deliberate self harm (short of an intent to take their own lives)

A further challenge to staff care and management of this unwell population is indicated by the extent of detoxification on reception. In 2012-2013, CSNSW report that of the 12,927 inmates received (individual count), 2,609 (20%) were reported to be withdrawing from drugs, 969 (7%) were reported to be withdrawing from alcohol and 332 (3%) reported to be withdrawing from alcohol and drugs (CSNSW 2013a).

The implications for Correctional Officers and their Justice Health & Forensic Mental Health Network colleagues in managing a population characterised by high rates of mental health (and substance abuse) problems is that inmates with mental health problems are:

- More likely to be charged with breaking centre rules
- More likely to be involved in verbal and physical assaults
- More likely to be injured in a fight and/or be victimised (Livingston 2013).

Brain injury is a further dimension of inmate mental health and well-being. In a study of 200 inmate participants, 82% reported a history of at least one Traumatic Brain Injury (TBI) of any severity, 65% a history of TBI with a loss of consciousness, with multiple past TBIs being common (Schofield et al. 2006).

The NSW Inmate Heath Survey 2009 (2010:63) observes that the rates of head injury and traumatic brain injury among inmates far exceed those documented among the general population. The extent that this is well above community norms is also
reported by Perkes et al. (2011:131-141) who note that 82% of prisoners and 71.5% of community participants reported at least one past TBI of any severity (i.e. with or without a loss of consciousness) and 64.5% of inmates and 32.2% of community participants reported at least one TBI associated with a loss of consciousness.

The NSW Health Survey 2009 (2010: 63) records 49% of participants reported a lifetime history of head injury resulting in a loss of consciousness. Of these, 22% reported anxiety or depression and 14% reported personality changes after the injury. The incidence of a lifetime history of brain injury resulting in a loss of consciousness rose from 45% of male inmates and 39% of female inmates in 2001 to 52% of males and 35% of women in 2009. With respect to this reported incidence of brain injury, Brain Injury Australia comments that as “strikingly high” as these proportions of prisoners with an Acquired Brain Injury (ABI) might appear, they are likely still conservative measures of the disability and “that people with an ABI in the criminal justice system comprise some of the most invisible Australians” (Rushworth 2011: 4-5).

This observation is also reflected in CSNSW data. Referrals to CSNSW Statewide Disability Services for suspected cognitive impairment, including Acquired Brain Injury, increased from 184 in 2008/09 to 301 in 2012/13 (CSNSW 2014: 5).

The incidence of brain injury is a key inmate health issue because of the nexus to inmate behaviour and the impact of this on custodial staff. Gertler (2006: 1) notes that “the clinical experience of many health professionals is that people with TBI are frequently aggressive and often target family members and professional carers due to poor frustration tolerance and heavy reliance on others”. In 2002 NSW Justice Health & Forensic Mental Health Network established a program to examine brain injury presentation at correctional centre clinics. This project reported that assaults were the second most common injury treated by nurses and that they were most often associated with injuries to the eyes (26%), head (21%) and face (18%) (Butler & Karimina (2004: 19).

The link between brain injuries and violent behaviour is supported by a range of research. The AIHW (2010: 9) reports UK research which determined that juvenile offenders who had three or more self reported traumatic brain injuries were more likely to commit violent crimes. The United States Center for Disease Control (CDC) paper Traumatic Brain Injury in Prisons and Jails: An Unrecognized Problem advises “A TBI may cause many different problems...irritability or anger might be difficult to control and can lead to an incident with another prisoner or correctional officer and to further injury for the person and others” (CDC undated: 2).

A correlation between brain injuries and violent and aggressive behaviour is also identified in other research (Langevin, Ben-Aron, Wertzman, Dickey, & Handy, 1987: Hux, Bond, Skinner, Belau, & Sanger 1998; Kerr, Oram, Tinson, & Shum, 2011; Stoddard & Zimmerman, 2011). This behaviour can be ignited with minimal provocation or occur without warning (Silver et al. 2005) and be directed at either other inmates or staff (Merbitz et al. 1995; Schofield et al. 2006).

In summary, those in the custodial setting are responsible for the care and custody of a highly vulnerable population whose health needs are often greater and more
complex than those of the wider community, and whose behaviour can be unpredictable and dangerous.

**STRESSORS IN THE CORRECTIONAL SETTING**

Across many correctional jurisdictions, the response to the demands of managing an unwell inmate population with highly complex and constant needs has been the professionalisation of the Correctional Officer. NSW Correctional Officers now complete an eleven week initial training course at the Brush Farm Academy leading to a Certificate III Correctional Practice under the National Qualifications Framework. This is complemented with mandatory specialist and refresher training. International research into the professionalisation of Correctional Officers has reported that it has been driven largely by changes to job content, with the most important changes being recorded as the growing size and changing composition of the inmate population, that is, the increasing number of drug addicts, mentally ill and aggressive inmates (Schaufeli & Peeters 2000: 20). This development is reflected in the need for additional specialist training for custodial staff. For example, in the UK, the “PIPE” (Psychologically Informed Planned Environments in Prisons) project is an endeavour to develop a more psychologically aware and capable workforce, particularly with respect to the management of inmates with personality pathology.

The impact of inmate population characteristics on correctional staff has been attested to by Her Majesty’s Chief Inspector of Prisons who, in evidence before the UK House of Commons, advised “Prison staff deal, on a daily basis, with some of the most difficult, challenging and vulnerable individuals in society—some of the people who have been rejected as too difficult by outside health or social care agencies. The risks to both staff and prisoners are high” (Owers 2009: Ev 1). The complexity of the Correctional Officer’s world is also recognised in the observation that “on any given day, prison officers can be required to give effect to a multiplicity of roles, including gatekeepers, agents of criminal justice, peacemakers, instruments of change and deliverers and interpreters of policy” (Liebling, Price & Shefer 2012: 42).

This recognition of the professionalisation and complexity of Correctional Officer work is not, unfortunately, general. Notwithstanding what is essentially a human service delivery orientation of the contemporary Correctional Officer role, public perceptions remain influenced by negative historical conceptualisations (King 2006:100-101). In addition, media portrayal of correctional centres is essentially negative and does “little to generate admiration or gratitude for those who work in them”. As a result, “Prison officers resent the stereotypical and skewed portrayals of them and their work and largely blame the media for the stereotype that prevails” (Crawley & Crawley 2008: 149).

In a study of the morale of NSW prison officers, Smith (1988: 89-90) reported that Prison (now Correctional) Officers “feel that the Government and the general public do not recognise the importance of the work done by prison officers. The media have a seeming predisposition to take the side of prisoners, giving credence to such groups as Prisoner Action and being implicitly critical of prison officers. There is a case for a little more acknowledgment and recognition by the media and somehow the community at large that prison officers have a difficult job to do and that a
predominant majority are trying to do a good job - being fair and reasonable, acting according to rules and regulations - sometimes enduring quite extreme provocation”. A more recent comment on this issue comes from the Western Australian Inspector of Custodial Services in a 2014 report of an inspection of Casuarina Prison: “It needs to be emphasised that the majority of custodial, administrative and other staff are well-motivated, knowledgeable and pragmatic professionals. They do their jobs and they themselves welcome efforts to clamp down on unprofessional behaviour. They deserve the community’s respect and balanced media coverage” (WA OICS 2014: vi).

The role of the media in the misperceptions of custodial staff is also recognised by Penal Reform International/ Association for the Prevention of Torture which acknowledges that custodial staff may be negatively stereotyped in the media (PRI/APT 2013: 1) and that there is a “prevalent perception that human rights bodies are partially protective of prisoners while ignoring the rights of prison staff” (PRI/APT 2013: 10).

The morbidity characteristics of the inmate population, which, as noted previously, are well documented in the NSW Justice Health & Forensic Mental Health Network Inmate Health Survey 2009, highlight the challenge of keeping so many fragile human beings from self-harming or taking their own lives. The impact of this endeavour on staff needs to be appreciated. A 2004 survey of prison officers in the UK reported that 71% of male officers and 55% of female officers strongly agreed with the proposition that “dealing with suicide and self harm by prisoners is extremely stressful” (Tait 2008: 81). In 2012-13, CSNSW staff and their Justice Health & Forensic Mental Health Network colleagues managed 680 acts of self harm, 677 threats of self harm and made 3,507 “At Risk” notifications (CSNSW 2014: 10).

Because the inmate population is characterised by high levels of mental illness, personality disorder and histories of abuse and violence, it is understandable that Officers’ perceptions of their personal security or the dangerousness of their workplace are predictors of job stress.

There is a significant body of research which provides evidence of the impact of inmate potential for and threats of violence against staff. These increase staff occupational stress, undermine their work satisfaction and significantly increase the probability of job burnout (Brough & Williams 2007: 555; Higgins, Tewksbury & Denney 2013: 338).

Even while the actual rates of inmate on officer assaults in NSW correctional centres appear low at 0.58 per 100 inmates and a rate of inmate serious assault on Officers of 0.01 per 100 inmates, (Report on Government Services 2014, Chapter 8; Corrective Services, Table 8A-14), Officers and other correctional staff have to deal constantly with often unpredictable inmates and the ever-present threat of assault. A South Australian Correctional Officer explains it thus: “It’s not traumatic events, but it’s the ongoing thinking that any moment could be my last. Got to keep an eye on my back and all that, being constantly on alert” (King 2006:196). This has been a consistent theme in the research; as early as 1988 Kauffman reported that Officers’ attitudes were shaped less by the actual number of assaults than by the perceptions of the threats against them. Assaults on Officers, of which the public has little
comprehension, may include the use of weapons, shivs (home-made daggers) or sharps. Officers may also be the targets of thrown urine, faeces, semen, spit, blood, food or hot fluids. A survey of Correctional Officers in British Columbia, Canada reported that two-thirds of Officers had received a credible threat of harm from an inmate and almost 40% had been hit by faeces, vomit, spit and urine (Boyd 2011: i).

In NSW, eleven Correctional Officers have been killed while on duty. As recently as 2007 a Correctional Officer at Silverwater Correctional Centre died after an attack by an inmate.

While the focus of this report is on Correctional Officers, other correctional staff and their Justice Health & Forensic Mental Health Network partners are also vulnerable to workplace abuse and violence. Cashmore et al. (2006b: 188) report that 76% of NSW Justice Health & Forensic Mental Health Network survey participants had experienced some form of workplace abuse. They further report that 93% of incidents of workplace violence were initiated by an inmate or forensic patient and that 90% of the victims were nurses and 66% were female (Cashmore et al. 2006b: 1).

The extent of the potential for violence in correctional centres is reflected in the increased provision of interventions for violent inmates. The CSNSW Annual Report 2011-12 (2012: 67) records that in 2011-12, participation in aggression and violence programs in custody increased by 25% from the participation rate in the previous year, with a particular increase in individuals attending the CALM program, the Violent Offenders Therapeutic Program and its maintenance course.

Some researchers have noted that the persistent threat of inmate violence stems from the fact that inmates are receiving longer sentences, resulting in less incentive for good behaviour and an increase in the numbers of mentally ill and violent inmates (Finn 1998:65-74; Brough & Williams 2007: 555).

CSNSW research has identified that more than half of all inmates serving a sentence of full-time custody on 20 March 2005 had been convicted of a violent offence or have displayed violent behaviour whilst in custody. Although the majority of these inmates are male, over a third of the sentenced female inmate population is also incarcerated for a violent offence or institutional violence (Galouzis 2008: 1). US research has demonstrated that there is a correlation between this offence profile and assaults on staff, with inmates serving sentences for violent offences being four times more likely than property and other nonviolent offenders to perpetrate serious assaults on staff (Sorensen et al. 2011: 144, 149).

While the pre-existing inmate characteristics are clearly important, the factors contributing to correctional centre violence are complex and defy anything other than comprehensive analysis. Court interventions, oversight agency reports and the not insubstantial body of research into correctional centre violence indicate that it is also linked to structural or situational factors (Gadon et al. 2006: 515, 524-525; Sorensen et al. 2011: 149). These situational factors include:

- Correctional Centre architecture and design; the level of security
- Management practices (e.g. staffing models, staff experience, skills and training, centre culture and management style)
Population profile and mix
Activity levels
Temporal issues e.g. the timings of violence
Outside environmental influences (e.g. political pressures on prison administrators; racial tensions (Homel & Thomson 2005: 101-108; Specter 2006:125-134; Rynne et al. 2008: 117-142).

This final point requires emphasis. The research emphasises policy decisions, such as those leading to correctional centre overcrowding, “double bunking” or “lockdowns” exacerbate the already high risks of the custodial setting. This has been emphasised in the 2012-2013 Annual Report of the Correctional Investigator of Canada which, drawing on correctional officer experience, reports (2013:22) that “There is a correlation between double-bunking and an increase in serious institutional incidents”. The Union of Canadian Correctional Officers has also expressed its collective professional judgement that “Double bunking is an unsafe, ineffective means by which to address population management, and will inevitably prove problematic for correctional officers, correctional staff, offenders, CSC and, finally, the general public” (UCCO-SACC-CSN 2011: 3).

The latent propensity of individual inmate acts of violence to mutate into collective disorder or a riot is a product of many factors, the mix and intensity of which reflect the particular dynamics and liminals of the correctional centre involved. In an analysis of prison riots, researchers from the University of Western Australia and Griffith University identify five necessary pre-conditions leading to prison riots, one of which is new and increased demands on prison administrators from external sources without an increase in resources, the effects of which flow through the system and disturb the perceived legitimacy of prison regimes (Rynne: 2008; Rynne et al. 2008). This point is reinforced by Her Majesty’s Inspector of Prisons, who observes that “if you are asking a significant number of inherently risky organisations to do more with less – it is just simply prudent to consider that the level of risk might increase and that needs to be monitored and managed carefully” (HMIP 2013: 11). This observation is particularly relevant to the NSW Government and to CSNSW in 2014.

A further stressor with which staff must contend flows from another aspect of the health status of inmates; that is, the risk to staff of infection, notably hepatitis and HIV (Lambert & Paoline 2005; Dillon & Allwright 2005; Alarid 2009). This aspect of the inmate health profile is noted by the AIHW (2013: xi) which reports the proportion of prison entrants testing positive to Hep C was 22%, and to Hep B 19%. In 2012 this risk of infection attracted media coverage (SMH 10 April 2012) and public comment when a Correctional Officer initially received a custodial sentence after being convicted of assaulting a hepatitis-infected inmate who had spat on the Officer. The custodial sentence was overturned in the District Court on 24 August 2012. Notwithstanding that the probability of infection from spit is low, this case highlighted the risk to Officers of occupational exposure through mucocutaneous and blood contact. This risk has been part of the understandable NSW Correctional Officer consciousness since the death of a fellow officer who, in 1991, had been stabbed with a syringe and infected with HIV. The Correctional Officer perspective on the issue is succinctly expressed: “The possibility of a direct assault on an officer with a blood-filled syringe is one that will always be there...So is the problem of getting killed...
with an iron bar or a length of wood...needles are weapons and we don’t want to deal with more weapons in the prison system” (Doyle 1990).

The risk of an accidental needle stick injury and consequent infection, are also sources of concern to staff. In a sample of NSW Correctional Officers seven percent were reported to have suffered at least one needle stick injury (Larney & Dolan 2008: 1).

The effect on correctional staff of managing an unwell and volatile inmate population with a proclivity for violence and in a setting characterised by “hard” architecture, is exacerbated by a the cumulative impact of a range of other stressors, including shift arrangements that disrupt normal sleep patterns and social life, poor interpersonal relationships with supervisors, role ambiguity, inmate overcrowding and a lack of resources, lack of autonomy in performing duties, questions over job security and lack of recognition for work accomplishments. This is well documented in the research (e.g. Morrison et al. 1992; Long et al. 2006; Vila 2009; Lambert & Paoline 2010; Amendola 2011; Lambert et al. 2012; Pearsall 2012; & Finney et al. 2013).

Professor Alison Liebling of Cambridge University’s Prison Research Centre has also drawn attention to the impact of the introduction of the performance based culture of managerialism which has lead to increased anxiety amongst Correctional Officers due to a shift to a less secure, more efficiency-focused work environment (Liebling 2004: 378-379).

This is a significant issue in a setting where the duty of care should be the primary consideration. Lessons can be learned from other therapeutic settings where goal displacement has become evident. For example, in the report into the 2008-10 Stafford Hospital scandal in the UK, the investigating officer, Robert Francis QC, concluded that patients were routinely neglected by a trust that was preoccupied with cost cutting, targets and processes, rather than outcomes, and had lost sight of its fundamental responsibility to provide safe care (see Independent Inquiry into care provided by Mid Staffordshire NHS Foundation Trust January 2005 – March 2009 Volume 1 Chaired by Robert Francis QC. HC375-I. The Mid Staffordshire NHS Foundation Trust Inquiry).

THE IMPACT ON STAFF

A 2003 survey of Correctional Officers in Canada by the Confédération des Syndicats Nationaux reported that:

- Between 70%-80% of Correctional Officers judged their work to be “stressful” or “very stressful”
- There was a positive correlation between stress at work and years of service
- The level of stress increases with detention centre capacity
- Between 60% and 65% of Correctional Officers report that their work has a negative impact on their way of life away from work “often” or “very often”(Samak 2003: 10-13)
The report concluded that “The stress engendered by the working conditions of federal officers in correctional facilities and the spill-over of this stress on the officers’ private lives is a problem that deserve more attention than it now receives” (Samak 2003: 58).

In examining prison officer sick leave and causes in the UK, the Comptroller and Auditor General in 2004 reported that “A higher number of working days lost due to stress, anxiety and depression appears to be the main reason why sickness rates have increased once changes due to under-reporting are taken into account” (Comptroller and Auditor General 2004: 2). In this report, the Comptroller and Auditor General recorded that the main medical causes of sickness absence amongst prison staff in 2002-03 included psychological conditions, that is, stress, anxiety, depression and a range of other mental illnesses. Time off from work for these conditions represented 27% of the total numbers of working days lost (ibid: 6).

The main causes of stress were identified as being a feeling of being unappreciated by management and the public, a lack of support at work, a perception of being overburdened, a lack of communication between management and staff and problems caused by working with prisoners (ibid: 11). The nexus between the extent to which staff feel they are appreciated and job satisfaction in the custodial setting has also been documented in US research (Stinchcomb & Leip 2013: 1220).

Drawing on international research into custodial settings, Lambert et al. (2012: 939) observe that correctional staff report one of the highest rates of psychological claims among human service workers and higher levels of burnout than the general population, including police officers.

The Australian context reveals a similar picture. The 30 June 2013 median aggregate sentence length of inmates is only 43 months and the median remand period is only 3.3 months (CSNSW 2014: 19, 21). While it is acknowledged that, in many cases, staff will spend more time in the custodial setting than inmates, they can leave at the end of each shift. Nevertheless, “The situation and role of staff members within the prison imply not only that they may be exposed to noxious stimuli similarly to inmates but that the added pressure of accomplishing tasks that are hindered by these conditions may generate additional strain and duress for staff” (Bierie 2012a: 83).

Given these factors, it is not surprising, then, that Correctional Officers are included amongst those male employment classifications with the highest frequency rate of workers’ compensation mental stress claims (Australian Safety and Compensation Council 2007: 74; Productivity Commission 2010: 407). This may also be under-reported.

Safe Work Australia reported in 2013 that the highest frequency rates of mental stress claims for both males and females were found in the occupation group which includes prison officers (Safe Work 2013: 10). For both men and women a mental stress claim was most likely among employees aged 40–59 years—particularly those aged 55–59 years for men and 50–54 years for women (Safe Work 2013:10).

The average age of CSNSW custodial staff as at 31 December 2013 is 47.2 years (males) and 45.6 years (females). Just over 20% of custodial staff (non-casual) sit in
the age bracket of 55-65 plus years (CSNSW 2014: 24). In addition, the CSNSW data on the average age of workers compensation claims for psychological illness or injury shows that, as at 31 November 2013, was 44.3 years for male and 43.8 years for female custodial officers (ibid: 29). Thus CSNSW custodial staff are firmly located in the Safe Work high risk occupation cohort.

The Safe Work Australia report also commented that the common threads running through occupations with elevated frequency rates of mental stress claims include high levels of personal responsibility for the welfare of other people and where there is potential exposure to dangerous situations. The report recognised that Correctional Officers are in this category (Safe Work 2013:11).

UK research reports that "prison officers do not find it easy to admit to feeling 'stressed'. The long standing expectations that prison officers will be courageous, resilient, authoritative and fearless in all situations and that they will suppress those emotions thought to be non-masculine(for example, anxiety, fear, and depression) often prevents officers who are experiencing such emotions for seeking help" (Crawley & Crawley 2008: 145). A similar comment is made with respect to NSW Correctional Officers (O'Toole 2005: 216) together with an observation of a "high incidence of alcohol and drug dependency problems" (ibid), the latter being reflected in the provision by CSNSW of staff counselling and other support services, together with random drug and alcohol testing (CSNSW 2012).

The seriously adverse impact of stress on an individual's health and well-being is well documented and has been linked to depression, psychosomatic symptoms, and other symptoms of pathology and illness (Millson 2000; Burke & Mikkelsen 2005: 989-992; Chandola et al. 2008: 640-648). In addition, a decision, albeit a controversial one, in the South Australian Workers Compensation Tribunal in 2002 concluded, on the basis of the evidence presented to it, that workplace stress contributed to the development of colorectal cancer in a prison officer (Simpson v South Australia (Department for Correctional Services) [2002] SAWCT 122).

Perhaps the most serious impact of high levels of stress is an elevated risk of suicide. While Australian research of this dimension of the custodial experience, notably the Royal Commission Into Aboriginal Deaths in Custody 1991, has rightly focused on inmate suicide, there has been little exploration of suicide amongst Correctional Officers. US research into this phenomenon reports that that the risk of suicide among correctional officers is 39% higher than that of the rest of the working age population (Stack & Tsoudis 1997: 183-186). Notwithstanding the qualitative differences between Australian and US correctional centres and practices, the data highlights the fact that the correctional workplace is like few others.
CONDITIONS OF CONFINEMENT

The World Health Organisation’s (WHO) Healthy Prison model has been adopted by several Western prison systems as the foundation of their operating philosophies and has had a significant influence on the design of inspection standards. The Healthy Prison is one in which:

- Prisoners, even the most vulnerable, are held safely.
- Prisoners are treated with respect for their human dignity.
- Prisoners are able, and expected, to engage in activity that is likely to benefit them.
- Prisoners are prepared for release into the community, and are helped to reduce the likelihood of re-offending.

Nevertheless, it has been argued that the Healthy Prison is an oxymoron and that “as agencies of disempowerment and deprivation, prisons epitomise the antithesis of a healthy setting” (de Viggiani 2007: 1).

As noted above, one the stressors confronting staff in the custodial setting is that their physical workplace is characterised by “hard architecture” which exhibits some of the features of the “sick building” syndrome, which include:

- Inadequate ventilation
- Chemical contaminants from indoor sources (including from smoking)
- Chemical contaminants from outdoor sources
- Biological contaminants (Environmental Protection Agency 1991).

These elements may act in combination, and may supplement other complaints such as inappropriate temperature, humidity, or lighting which have been the subject of court challenges (see Taunoa v Attorney General [2004] 8 HRNZ 53).

The materials of hard architecture in custodial centres are, understandably, robust, if not industrial, and are selected on the basis of cost, durability and ease of maintenance, rather than aesthetics. Hard architecture invites assault for, as Sommer (1974: 12) observes “human ingenuity can always find a way to destroy things that are physically or spiritually oppressive”.

It is staff who suffer the collateral damage arising from inmate assaults on their surroundings.

Generally, custodial architecture deliberately has few features which nurture the human spirit, notwithstanding any stated commitment to rehabilitation. For example:

- Sensory deprivation. Many custodial settings, especially those above minimum security, provide little sensory stimulation. The dominant schema is unpainted grey concrete, black macadam and zinc coated steel

- Absence of colour and texture. Despite the recognised linkages between colour and behaviour, variations in building colour and texture is not generally
associated with the custodial setting. This is short-sighted and has been recognised as such by the United Kingdom Home Office Prison Service which has produced *The Colour Design Guide, Guidance on Interior Design for the National Offender Management Service, 2007*. The Guide (2007: 2-3) reports that an absence of colour can exacerbate phobic responses to spaces, depress or excite individuals through an absence of visual stimulation, have adverse effects on the morale of inmates and staff and increase the likelihood of incidents and, for those in isolation, encourage destructive behaviour. The Guide also argues that a monotone scheme area can be claustrophobic and depressing and advises that “using colour in different ways can alleviate the visual under-stimulation and monotony of the prison environment” (Home Office 2007: 2)

- **Noise**. Noise is an unwanted sound which describes “any unpleasant or undesirable sound or combination of sounds, which interfere with positively wanted sound signals like speech and music, disturb silence, reduce efficiency and have irritating and harmful effects on the organism” (Page 1990: 69). Noise has both physiological and psychological effects on health status, but while the effects of each may be difficult to separate, there is a general agreement that the adverse effects of noise include annoyance and impaired cardiovascular health (Job 1999: 57; enHealth 2004:13; Joseph & Ulrich 2007: 3).

With specific reference to correctional centres, a US survey of design and construction faults identifies one such fault as “Poor acoustics and a high noise level caused by hard, sound reflective surfaces throughout the facility” (Rowan 1990: 13). Excessive noise in the custodial setting arises from the clashing of steel doors against steel door frames and the continuous low frequency rumble of air-conditioning or other climate control systems together with the noise arising from the concentration of many people in limited spaces

- **Climate Control**. In custodial setting, windows, cells and units are usually sealed, for obvious reasons. As a result, various types of climate control systems, including air-conditioning, are installed and operate to varying degrees of efficiency. Stale air is reported to be a source of correctional officer complaints (Keinan & Malach-Pines 2007: 382) while Fairweather (2000: 36) expresses concerns about the air quality in sealed, environmentally regulated buildings, which Schaufeli & Peeters (2000: 37) identify as a workplace stressor for staff. In a review of the prison environmental literature, Atlas (1984: 297) reports higher assault rates in non-air-conditioned units than in air-conditioned units, although with the caveat that further study is required to determine whether the effects of high temperatures can be generalised. Twelve of CSNSW Correctional Centres, including the most modern centres (Mid North Coast, South Coast and Wellington), have climate control mechanical systems. Most of the 24-hour NSW Police/Court cells, which are staffed by CSNSW Correctional Officers, are fitted with some form of mechanical ventilation system

- **Privacy**. Privacy in the custodial setting is primarily related to occupancy patterns and density and has several components; tactile, visual, olfactory and
auditory (enHealth 2004: 15). In this setting there is an additional dynamic to the issue of privacy. While in “normal” society an individual can generally tolerate intrusion into one of the several privacy domains, the custodial environment is characterised by a simultaneous assault on all the privacy domains of the individual (Cohen & Taylor 1974: 49). Although privacy issues mainly concern inmates, staff privacy is also violated in the custodial setting – there is little personal space and all the best air conditioning scrubbers cannot remove the signature odour of massed human beings in a confined space.

The workplace for custodial staff is thus one which is purposely designed to blunt human sensibilities and which few would endure voluntarily. On the impact on staff of this workplace, Wener (2012: 281) concludes that “Exposure to these environmental stressors, such as crowding, noise, lack of daylight and nature views, on top of the tension that often goes along with corrections work, will reduce the ability of staff members to deal with problems and conflicts, increase their levels of stress and reduce job satisfaction”.

HARSHER CONDITIONS OF CONFINEMENT

It is not uncommon for members of the community or the media to express a view that the custodial setting is not harsh enough and to advocate a more punitive approach to punishment (Debus 2006: 6; Chelioitis 2010: 170, 175; Calligeros 2011; Cunneen et al. 2013: 157). This perspective reflects a range of concerns, such as for victims, revulsion at the nature of particular offending, any perceived leniency of a sentence or media reports about apparent rewards or privileges for inmates, including Christmas meals.

This punitiveness frequently is based on an image of the custodial setting which demonstrates little congruence with the reality of custodial conditions or of daily life inside the secure perimeter. Superficial and misinformed perceptions about prisons, inmates and punishment, often promoted by the media, have ensured that there is little real understanding of that which some seek to be made harsher (Dugan et al. 2003: 23; Munoz 2009; Brown 2013). In particular, there is little appreciation that:

- Increasing the punitiveness of the custodial experience was a feature of correctional policy in NSW in 1989, and it resulted in entirely predictable prison disturbances (Cunneen et al. 2013: 58)

- Overcrowding, sometimes referred to as “warehousing” produces psychological and physiological stress on inmates and has an effect on institutional misconduct (Correctional Investigator of Canada 2013:25; CSC 2012)

- There is little evidence that prisons reduce recidivism and may, by their very nature, have a criminogenic effect (Vieratis et al. 2007; Ritchie 2011; Grimwold & Berman 2012: 1)

- While it is a cliché that prisons are institutions in higher learning in crime, the research does show that the ex-incarcerated earn more illegal income than those never incarcerated (Hutcherson 2012)
• Poor physical conditions of prisons correspond to significantly higher rates of serious violence (Bierie 2012b: 338). This research argues that “budget cuts which lead to declining physical conditions may actually generate a net loss in terms of budgets. Prisons may see direct losses in budgets, which outweigh cuts, deriving from expenses, such as greater use of emergency medical services responding to injuries and staff having to process more hearings and sanctions for inmates involved in violence” (ibid: 351)

• Research into prison suicide demonstrates a relationship to prison conditions as reflected in security levels and where there is overcrowding, violence, and an inmate profile exhibiting high rates of mental health problems (Dye 2010)

• The research reports “harsh prison conditions increase post-release criminal activity, though they are not always precisely estimated” (Drago et al. 2009: 1) and that “our estimates suggest that harsher prison conditions lead to more post-release crime” (Chen & Shapiro 2007). These outcomes from the application of harsher conditions clearly will undermine criminal justice system objectives, which usually express a commitment to a reduction in re-offending

• Harsher prison conditions can be expected to produce higher rates of rule violations and consequent punishments. UK Ministry of Justice research observes that prisoners who were punished during their sentences were more likely to be re-convicted (with 65% higher odds of re-offending at one year and 78% at two years), than those who were not punished (Brunton-Smith & Hopkins 2013: 27)

• Where harsher punishment is expressed in terms of longer sentences, Durlauf & Nagin (2011) conclude that, in the US, there is an absence of evidence that increasing already lengthy sentences would have a general deterrent effect on offending

• Beyond crime saved through incapacitation, custodial sanctions may have the unintended consequence of making society less safe (Cullen et al. 2011)

• The NSW correctional system, to some, is already harsh. An independent review of the proposal for the Australian Capital Territory to construct its own prison and repatriate its prisoners from NSW concluded that “Clearly, NSW prisons are brutal places” (Harrison 2003: 96). The United Nations Human Rights Committee, in the case of Brough v Australia has also found that the treatment of an inmate in NSW constituted breaches of articles 10 (rights of persons deprived of their liberty) and 24 (right to adequate protection for children) of the International Covenant on Civil and Political Rights, to which Australia is a signatory (HRC 2006)

• If not harsh, the 2014 Productivity Commission Report on Government Services data shows that key aspects of NSW Correctional Centre regimes for inmates are already austere, with attendant risks. For example:
CSNSW provides the lowest daily hours out of cells (7.8hrs) of any Australian correctional jurisdiction, and well below the national average of 10 hrs (PC 2014 Table 8A-18). This undoubtedly adds to inmate frustration and anger, undermines rehabilitation and exacerbates the latent risks to staff. The wisdom of budget management by reducing out of cells hours is short-sighted. A major precipitating factor in the January 2013 riot at the Banksia Hill Juvenile Detention Centre in WA was the excessive lockdowns which compromised inmate regimes and heightened institutional stress (WA OICS 2013). The consequent, entirely predictable, outcome was a riot, the capital cost of which is reported to be $6.6m (Banks 2014).

Notwithstanding the continued operation of several small inefficient correctional centres in country NSW, CSNSW already demonstrates the lowest Net Real Operating Expenditure, per prisoner per day of $188.82, which is well below the national average of $221.92 (PC 2014 Table 8A-9).

CSNSW Design Capacity Utilisation (a measure of overcrowding) is 96.6%, compared to a national average of 96% (PC 2014 Table 8A-23). Professional correctional practice normally seeks to ensure a 5-15% buffer between the inmate population and system capacity to cater for inmate movements, the needs of discrete cohorts and in recognition that overcrowding undermines inmate access to programs and services and has a toxic impact on the correctional centre “climate”(Wener 2012: 137-155) in which staff are expected to work.

Over 50% of the CSNSW inmate population is classified as minimum security (CSNSW 2013b), but a significant proportion of these inmates are housed in accommodation classified at a higher level, with attendant amenity loss, personal hardening, criminal learning and with significant system capital and operating cost penalties (PC 2014 Table 8A-25). This particular issue is rendered opaque due to the complexity of the CSNSW inmate classification system which is currently under review. In addition, in NSW, there is a risk that fewer inmates and staff will be accommodated or work in those settings which exhibit the most productive environmental “climate” to enhance outcomes for both staff and inmates. Such settings are usually found in small centres, which may fall victim to current budget pressures and the supremacy of efficiency over effectiveness.

Notwithstanding any satisfaction which some might derive from the knowledge that harsh prison regimes are in place, research has reported that coercive controls do not provide an effective management tool (Huebner 2003: 114). Harsher conditions, including overcrowding, increase inmates’ concerns for personal safety, and are strongly associated with serious prison misbehaviour and violence (Sorensen et al. 2011: 147; Rocheleau 2013: 369). This should not be surprising; Austin & Irwin (2001: 132) provide a reminder that “when persons are treated as though they possess certain characteristics, whether they actually have them or not, they will often develop those characteristics, or they are magnified because of the treatment.”
More importantly in the context of the purpose of this report, calls for harsher custodial conditions ignore the impact of such conditions on staff well-being. Research in the US has shown that harsher custodial settings correspond to deleterious outcomes for staff. For example, “Staff members who perceived harsher prison conditions were significantly more likely to have increased drinking and smoking in the prior 6 months. They were significantly more worried about aspects of their life outside of prison (e.g. money) and reported significantly higher psychological problems (e.g. concentration problems, depression). They also exhibited more physical problems, such as headaches, stomach aches, and back pain. Finally, they reported using more sick leave” (Bierie 2012a: 92). This is supported by Misis et al. (2013: 9) who cite extensive research which concludes that support for punishment, rather than rehabilitation, as a prison role “has a negative association with job satisfaction and organisational commitment”.

In responding to the cry for harsher conditions for the inmate population there are lessons to be drawn from assessments of what are referred to as “Supermax” facilities, into which category fall the ill-fated Katingal in NSW and Jika Jika in Victoria and controversial US facilities, such as the Pelican Bay State Prison in California and Florence ADX in Colorado.

- **Efficacy.** The first lesson about such facilities is that there is an absence of research to support the rhetoric surrounding their alleged efficacy. In fact, evidence in the public domain indicates:
  - These specialised prisons cause or exacerbate mental illnesses in their inhabitants (Mears & Reisig 2006: 35)
  - There are “grounds for scepticism as well as concerns about the fiscal and human costs of these new forms of correctional housing” (Mears 2006: iii)
  - There is inadequate research to date to support the assertion that Supermax facilities affect system-wide order, but the weight of evidence suggests that they do not and cannot (Mears & Reisig 2006: 47)
  - Designed to break up prison gangs and terrorist groups, to limit contacts, control behaviour and to punish, “These new facilities actually engender more violence” (Weinstein & Cummins 1996: 309)
  - With respect to Victoria’s Jika Jika, the oppressive conditions “resulted in constant disarray, multiple escapes and ultimately the deaths of five prisoners during a riot” (de Andrade 2012: 3)

- **Cost.**
  - Supermax facilities are imposing in architecture, daunting in their complex technology and, as a consequence, they are expensive to construct, maintain and operate
  - Opportunity cost. Every custodial cell built represents funds that could otherwise be invested in schools, hospitals, aged care facilities, transport systems and other much needed social and economic infrastructure. The indicative (only) costs per unit of some of this infrastructure are shown below:
    - **Hospital** $160-260,000 per bed
    - **Primary School** $13,200 per desk
High School $24,750 per desk
Cell $300K-400K per cell (a Supermax cell would be more expensive, in the order of $600,000)

Note: The particular relationship between prisons and schools was the subject of comment attributed to Horace Mann: “Jails and prisons are the complement of schools; so many less as you have of the latter, so many more must you have of the former”. Report of the Superintendent of Public Instruction of the Commonwealth of Pennsylvania (1881).

The opportunity costs of prisons was highlighted in a 2001 roundtable hosted by the International Centre for Prison Studies (ICPS), Kings College, London which reported that the funds used to hold non-violent offenders in custody in Brazil could have been otherwise deployed to build 23,000 homes or 504 schools. In the same vein, the ICPS also noted that between 1985 and 2001 California built 21 prisons, but only one new university (ICPS 2001:13).

• Misuse. There are risks that very high security settings will be misemployed and, because of both the hard architecture and restrictive regimes, have the potential to damage vulnerable inmates. A case in point is reported by the NSW Coroner in the findings into the suicide of a paranoid schizophrenic inmate, Scott Ashley Simpson, on 7 June 2004. The Coroner observes that Mr Simpson, who had a history of suicide attempts, required treatment in a forensic mental health facility, but was instead placed on the High Risk Management Unit program and had spent 10 weeks in a cell alone for up to 22 hours a day. The Coroner accepted that placement in the High Risk Management Unit exacerbated Wilson’s mental illness (NSW Coroner 2006: 46).

• Staff. A common theme in the research literature is that very high security facilities, such as the Supermax prisons, impact adversely on inmates. There is little research into the impact on staff operating in such environments, which are characterised by sensory deprivation, mechanically ventilated air, isolation and constant potential for violence. Carlton (2007: 260) does refer to alcoholism and mental health issues amongst prison officers of Jika Jika in Victoria, while Zimbado (2007: 223), in an analysis of the abuse of prisoners at Abu Ghraib prison in Iraq, draws attention to the damaging impact on guards operating in what he refers to as an “ecology of dehumanisation”. Haney (2008: 959) suggests that prison administrators are not aware of the psychological cost to staff of working in such facilities. This was certainly the case with Katingal, at Long Bay in NSW, where there was no preliminary research into the concept or to draw upon the lessons learned from analogous facilities elsewhere, or to consult with mental health practitioners, the Corrective Services Advisory Council or the public. Expert consultation was in fact limited to post-construction advice from a departmental psychologist on cell colour schemes and with an eminent anthropologist for the name “Katingal”. The report of the 1978 Nagle Royal Commission concluded: “It is clear that the cost of Katingal in too high in human terms. It was ill-conceived in the first place, was surrounded by secrecy and defensiveness at a time
when public discussions should have been encouraged" (Nagle 1978: 165). It is not surprising, then, that Katingal, like Jika Jika, was an expensive failure.

These facilities demonstrate that institutional violence is not solely dependent on the inmates, but rather is also a direct product of correctional centre conditions and operations. Specter (2006: 125-126) concludes that "If prison administrators provide humane conditions and require strict adherence to commonly accepted and nationally recognized techniques for regulating the unnecessary use of force, prisons can be reasonably safe for both prisoners and staff".

Sykes (2007) points out the irony of how the conditions of confinement, which are supposed to control and eventually lead to a constructive life outside of prison, can exacerbate and prolong some prisoners’ criminality. In his words, “(s)ubjected to prolonged material deprivation, lacking heterosexual relationships, and rubbed raw by the irritants of life under compression, the inmate population is pushed in the direction of deviation from, rather than adherence to, the legal norms” (Sykes 2007: 22).

The foregoing criticisms of Supermax facilities specifically relate their inappropriateness as models for wider system emulation. In Australia, the unambiguous requirement to protect the public from the reality of the threat of terrorism, gangs, particularly violent crime, and to ensure wider correctional system stability, has demanded a limited number of correctional places which provide a level of security, in both design and operations, well above that seen in traditional maximum security accommodation. This demand will clearly be a long term feature of correctional estate planning. In response to the requirement for such accommodation, CSNSW has a High Risk Management Correctional Centre (HRMCC) at Goulburn and Corrections Victorian has the Acacia Unit at Her Majesty's Prison Barwon. Such facilities can be, and are, designed and operated in a manner which balances the heightened security requirements with the conditions of confinement for both inmates and staff; the latter also can be regularly rotated to manage stress and well-being. With regard to the HRMCC, in 2004 the Minister for Justice advised that “The architects’ brief for the HRMU required a safe, secure and humane environment while maintaining the use of natural light and ventilation where possible. Cell fixtures and fittings were to be designed to minimise opportunities for self harm” (New South Wales Legislative Council 2004: 2532). In addition, in evidence before the Legislative Council General Purpose Standing Committee No 3, the Commissioner advised that architects had been taken through Katingal before it was demolished to ensure that the mistakes of that facility were not repeated in the design of the HRMCC (Legislative Council 2007: 66).

SUMMARY: THE ENDURING EFFECTS OF CORRECTIONAL OFFICER WORK

Research conducted in the UK indicates that, in summary, the effects on staff of work in the custodial setting manifest themselves in three ways: cognitively, emotionally and behaviourally, and that these effects can be revealed not just in the custodial setting, but also in the personal and social lives of Correctional Officers and within the person (Arnold 2005: 406).
• **Cognitive Effects**
Correctional Officers’ responses to their environment include the development of a rational and pragmatic approach, born of experience, which places a premium on ending each day without incident or harm. This is associated with development of situational awareness – a constant and automatic assessment of the environment, the institutional “climate” and the latent risks these present, and other methods of coping with the demands of the role. Over time, Officers also develop a realistic assessment of what their work can achieve, no doubt informed by the recycling of familiar faces through the criminal justice system.

Included in the cognitive effects on staff of prison life is the well founded belief that their work is “stressful, undervalued and misunderstood” (ibid: 408).

• **Emotional Effects**
The impact of stress on Correctional Officers has been highlighted in this report, but there are other emotional impacts which take their toll on the quality of the life and well-being of the Correctional Officer. Frequently Officers become more “hardened, cynical and detached” (ibid), which serves to reinforce their emotional resilience when confronted by traumatising events, such as deaths, self harm incidents or assaults. Managing this is clearly important; being too detached over an extended period of time may numb some to indifference or humanity. Maladaptive processes which may be employed by Officers to control their emotions can add to their stress loads and to those of their families, who may bear the brunt of Officers’ fears, anger, frustrations and concerns (ibid: 414).

• **Behavioural Effects**
While traumatic incidents have emotional impacts on Correctional Officers, the unchanging quotidian life of the custodial setting generates other behavioural responses. These include the transference of security related instinctive behaviours into their personal lives, such as an habitual concern to lock doors behind them, a constant assessment of their environment, a sensitivity to the sounds and indicators of impending trouble and the mental rehearsal of possible interventions. The way in which Correctional Officers communicate with inmates also influences the manner in which they communicate with and react to others outside the custodial setting (ibid: 414-415).

**CONCLUSION**

This report has emphasised that the custodial setting is a high risk environment which would deter many prospective employees. Correctional Officers, on behalf of the community, manage a significantly damaged population which includes individuals and cohorts who generate constant and high demands for assistance, services and interventions, who are manipulative and who, at times, can also be dangerous. The compromised mental and physical health profile of the inmate population adds to the real and perceived risks to staff who, in accordance with contemporary inmate management practices, are required to engage and work closely with inmates to create the relationships on which security and rehabilitation depend.
In addition to the stress on staff which working with high demand and unpredictable individuals and groups engenders, the setting where this all takes place is not one designed to nurture the human spirit. This impacts negatively on both inmates and staff.

Notwithstanding the infrequent, but high profile and regrettable incidents which reveal the indifference of a few, the volatile, high demand and fragile inmate population is managed through each night safely and securely. This indicates that the majority of Correctional Officers effectively manage the potentially deleterious cognitive, emotional and behavioural effects of life in the custodial setting and do not permit these effects to impact adversely on their professionalism or humanity.

Despite this commendable effort and the outcomes achieved by Correctional Officers and other professional staff, there is a high degree of invisibility associated with their endeavours. As a result, there is an unfortunate absence of political and public understanding and acknowledgment of the work of those in the custodial setting.

They deserve better.

RECOMMENDATION

The Parliament of New South Wales may wish to consider passing a motion recognising Correctional Officers on the occasion of the Corrective Services New South Wales Remembrance Day which occurs each year on the last Friday of November.

J. R. Paget
Inspector of Custodial Services
7 May 2014

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**Graphic p. 8 Data Sources**

**NSW Custodial Population**

JH&FMHN Inmate Health Survey 2009 (2010)

**Australian Population (Community Comparator)**


**Ever attempted suicide** = Johnston, A. K., Pirkis, J.E. and Burgess, P. M. (2009) ‘Suicidal thoughts and behaviours among Australian adults: findings from the 2007...

**Obesity** = Australian Bureau of Statistics 2012

**Heart disease** = Australian Bureau of Statistics 2012

**Asthma** = Australian Bureau of Statistics 2012