High Awareness, Low Support: Trauma Knowledge and the Frontline Disconnect in Canadian Corrections

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Introduction

- **Trauma-Saturated Workplaces:** Incarcerated people in Canada experience disproportionately high trauma exposure, linked to emotional dysregulation, substance use, and institutional distress (Briere et al., 2016; Bryant et al., 2020).
- **Overlooked Frontline Staff:** Existing correctional trauma literature centers largely on healthcare staff (Munger et al., 2015), leaving a major gap regarding Correctional Officers and operational leaders who interact daily with prisoners (DeHart & Iachini, 2019).
- **The Canadian Context:** Because Canadian prisons vary structurally and operationally (Ricciardelli et al., 2018), examining staff knowledge and workplace culture is essential to translating Trauma-Informed Practice (TIP) into reality.

Research Questions

1. Do trauma-informed practices and policies exist within Canadian corrections?

2. Do correctional staff have an understanding of offender trauma and trauma-informed practice?

3. Is there a distinct workplace culture within Canadian correctional facilities?

4. How does correctional staff's understanding of offender trauma impact staff behaviour and correctional culture?

Theoretical Frameworks

Organizational Culture

Formal policies and informal workplace norms dictate institutional operations, leadership responsiveness, and staff socialization (Schein, 2010).

Prison Culture Theory

Focuses on staff–prisoner relationships and adaptations to a shared high-stress environment; administrative shifts reshape daily institutional culture.

Integrated Macro–Micro Lens: Combining both frameworks reveals how institutional norms shape staff socialization, occupational well-being, and frontline trauma-informed behaviors.

Methodology

PHASE 1: POLICY BASELINE

In-depth document analysis of publicly available Correctional Service Canada (CSC) policies & Mental Health Strategy (2012) to map regulatory trauma provisions.

STAFF SURVEY & INTERVIEWS

Mixed-methods study of current & former Canadian correctional staff (preliminary survey N = 36) + inductive thematic interviews (Correctional Officers, Institutional Admin/Management, Parole/Clinical Staff, Former Personnel).

Preliminary Results: Trauma Knowledge

Strong Conceptual Buy-In & Recognition of Staff Trauma (N = 36)

100%
n = 36 / 36

Agree they understand trauma, its institutional triggers, and that trauma exposure is common among incarcerated people.

97.2%
n = 35 / 36

Agree trauma shapes program engagement, staff interactions, and rule responsiveness—and is important to consider.

94.4%
n = 34 / 36

Agree a trauma-informed approach requires correctional staff to adjust their own behaviors and attitudes.

100%
72.2% Very Much (n=26)

Agree working in a correctional setting is traumatic for staff—nearly three-quarters strongly endorse this.

CRITICAL PRACTICE MISCONCEPTION

80.6%
(n = 29 / 36)

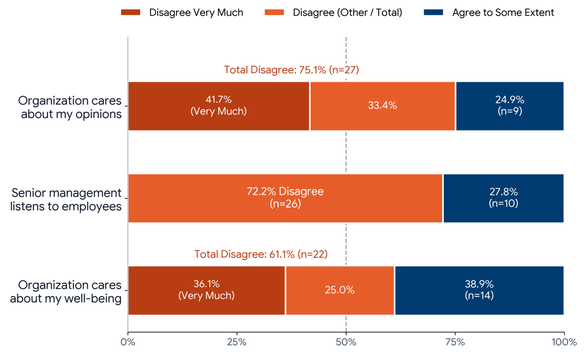
Believe a trauma-informed approach requires knowing specific details of an incarcerated person's trauma history (only 19.5%, n = 7, disagreed).

Training Implication: Effective TIP relies on universal trauma-informed precautions—not personal disclosures—to avoid re-traumatization and preserve professional boundaries.

Preliminary Results: Workplace Culture

Perceived Leadership & Organizational Support (N = 36)

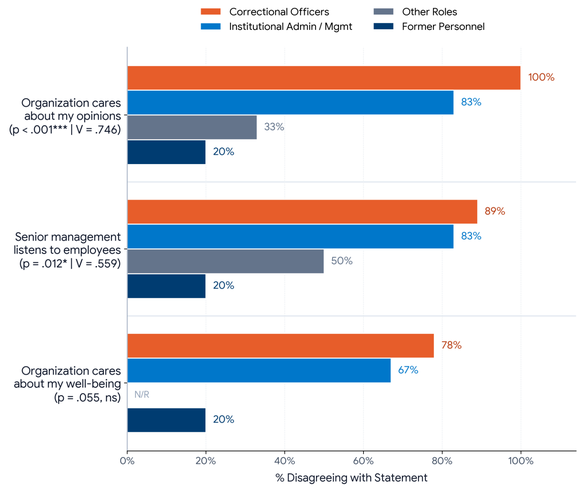
Nearly two-thirds to three-quarters of respondents feel unsupported or unheard



Intensity of Disagreement: Over one-third (36.1%) disagree very much that the organization cares about their well-being, and 41.7% disagree very much that it cares about their opinions.

The Frontline Disconnect by Role (n = 35 / 36)

% Disagreeing across occupational groups (Zero-order cross-tabulations)



Culture Item (n = 35)	Pearson χ^2	Sig. (p)	Cramer's V
Cares about opinions	19.469	< .001***	**.746 (Strong)**
Senior mgmt listens	10.936	.012*	**.559 (Moderate)**
Cares about well-being	7.593	.055 (ns)	

Implications and Conclusion

Phase 1: CSC Policy Baseline	Phase 2: Survey Reality (N = 36)
Policies conflate trauma with mental health; no gender-specific guidelines.	**100% recognize inmate trauma & triggers, yet 80.6% hold misconceptions on trauma details.**
No distinct staff training exists for managing offender trauma.	**94.4% agree staff must adjust behaviors, but lack specialized TIC training.**
Workplace & vicarious staff trauma are unaddressed in policy.	**72.2% strongly agree corrections is traumatic, yet 78%–100% of COs feel unheard/unsupported.**

1. Targeted TIC Training: Replace the 80.6% 'trauma details' myth with universal trauma-informed precautions and clear role boundaries.

2. Staff Well-Being Infrastructure: Address occupational trauma among active personnel through dedicated support.

3. Participatory Leadership: Engage active Correctional Officers and facility managers before rolling out TIP mandates.

Next Steps

- Triangulate interview narratives with quantitative cross-tabulations to unpack why active officers and institutional managers report acute organizational disconnection.
- Translate empirical findings into actionable policy and staff training recommendations for Canadian correctional agencies.

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