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## Experiences and impact of moral injury in prisons

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### ABSTRACT

Moral injury is the persistent mental or emotional distress resulting from events that challenge one's moral beliefs. It is characterised by intense shame, guilt, worthlessness, disgust or anger and can contribute towards the development of serious mental disorders. The nature of working in prisons means that staff often face physically and psychologically challenging scenarios, and prison staff report high rates of mental ill-health and suicidal thoughts. Equally, detainees may be especially vulnerable to moral injury-related mental health difficulties having engaged in illicit actions and been found guilty by a jury of their peers as well as, in high profile cases, the court of public opinion. Despite this, there is an evidence gap about the extent of moral injury in both prison staff and detainee populations, and about how prison staff/detainees can be better supported. How struggling with moral injury may be linked to reoffending amongst detainees and burnout or resignations in prisons staff is currently unknown. In resource strapped prison settings, emerging treatments for moral injury-related mental health difficulties are unlikely to be appropriate or feasible. In this article, we highlight the contexts in which moral injury may arise; the unique challenges to treatment and support for moral injury in prison settings; and offer targeted recommendations for future research and clinical practice.

### Experiencias e impacto del daño moral en las cárceles

El daño moral es el malestar, mental o emocional, persistente que resulta de acontecimientos que desafían las creencias morales de una persona. Se caracteriza por una intensa vergüenza, culpa, inutilidad, asco o ira y puede contribuir al desarrollo de trastornos mentales graves. La naturaleza del trabajo en prisiones implica que el personal a menudo se enfrenta a situaciones físicas y psicológicamente desafiantes, y el personal penitenciario informa altas tasas de mala salud mental y pensamientos suicidas. De igual modo, los presos pueden ser especialmente vulnerables a problemas de salud mental relacionados con daño moral por haber participado en acciones ilícitas y haber sido declarados culpables por un jurado de sus pares, así como, en casos de alto perfil, por la opinión pública. A pesar de esto, existe una brecha de evidencia sobre el alcance del daño moral tanto en el personal penitenciario, como en las poblaciones de detenidos y sobre cómo se les puede apoyar mejor. Actualmente se desconoce cómo el luchar contra el daño moral puede estar relacionado con la reincidencia entre los detenidos y el burnout o las renuncias del personal penitenciario. En entornos penitenciarios con recursos limitados, es poco probable que los tratamientos emergentes para los problemas de salud mental relacionados con el daño moral sean factibles o apropiados. En este artículo, destacamos los contextos en los que puede surgir el daño moral; los desafíos únicos para el tratamiento y el apoyo para el daño moral en entornos penitenciarios; y ofrecemos recomendaciones específicas para futuras investigaciones y prácticas clínicas.

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### HIGHLIGHTS

- This article highlights the potential for potentially morally injurious events and moral injury in prison settings, both in prison staff and detainees.
- This article illustrates the lack of existing research on moral injury in prison settings despite the psychologically challenging, resource strapped nature of prison contexts.
- We indicate that several existing support approaches for moral injury may not be appropriate in prison contexts and suggest targeted recommendations that may ensure prison staff and detainees receive appropriate support in cases of moral injury.

Moral injury is the persistent mental or emotional distress resulting from events that challenge one's moral beliefs (Bonson et al., 2023; Litz et al., 2009). It is characterised by intense shame, guilt, worthlessness, disgust or anger and can contribute towards the development of serious mental disorders (Bonson et al., 2023). Moral injury has been examined in several

occupational groups (notably healthcare workers, emergency responders, military personnel) that routinely encounter what have been described as 'high-stakes' situations (i.e. ones that are likely to cause strong, morally challenging, reactions) (Bonson et al., 2023). Prisons are uniquely challenging environments in which staff attempt to fulfil multiple and

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competing roles, including security, care, and rehabilitation. Within prisons, exposure to morally challenging, often traumatic, events are common, including violence, self-harm, and suicide (Dennard et al., 2021; Kothari et al., 2022). Nonetheless, there is little systematic research as to the potential for moral injury in prison settings.

Moral injury can follow potentially morally injurious events (PMIEs) which are categorised as acts of commission, omission, and betrayal by trusted others (Bonson et al., 2023). Among prison staff, PMIEs could include causing/witnessing injury to a detainee with undue force or feeling powerless to prevent assaults or detainee suicide due to limited staffing. In countries with the death penalty (e.g. USA, Singapore), staff involved in prisoner executions may also be vulnerable to moral injury. For detainees, the societal shame attached to certain crimes (e.g. murder, sexual assault) may lead to moral injury. Moreover, committing a serious crime and being found guilty by a jury of one's peers – as well as being condemned in the court of public opinion if the case received media attention – may be experienced as morally injurious. If the offence was committed when they lacked capacity (e.g. mental impairment), had voluntarily been under influence of substances, or following grooming, detainees could later struggle with the internal conflict of coming to terms with their actions they now feel were wrong. Whether existing measures of PMIEs exposure (e.g. Litz et al., 2022) are suitable to adequately capture the nature of PMIEs in prison settings is unknown and warrants further investigation.

Reduced investment in the prison estate in the UK means that there are widespread issues of overcrowding, understaffing, high workloads, and increased incidents of violence and self-harm (Justice Committee, 2022; Sturge, 2022). The impact of this is seen in studies showing high rates of work-related stress, burnout, mental health difficulties in prison staff (Bell et al., 2019). The increasing rates of staff turnover may also mean there are more junior, inexperienced prison staff. The net result is an overall more junior, more stressed workforce working in poorer conditions, and one potentially exposed to a greater volume of PMIEs. For detainees, it is currently unknown how moral injury may be related to well-being or recidivism outcomes.

Preventing moral injury-related mental disorders is important as existing trauma-based treatment approaches are argued to be ineffective, and possibly harmful (Steinmetz & Gray, 2015). There is currently no validated intervention for prison staff/detainees experiencing moral injury-related disorders. Similarly, a validated, effective prevention or mitigation intervention programme for moral injury does not currently exist for any occupation. Whilst novel one-to-one interventions for moral injury, such as Restore

and Rebuild (R&R) for military veterans (Williamson et al., 2023), may hold promise; providing months of weekly treatment sessions which in a resource strapped prison setting may not be feasible. Other barriers to moral injury-related care in prison settings may include the attitudes of some clinicians as to the 'worthiness' of providing treatment to detainees given their offences, staff/detainees being concerned about disclosing crimes during treatment not already known to the police, and prison staff/detainee struggles with self-stigmatisation (Williamson et al., 2021). Moreover, as the provision of care in prisons settings can be poor (Vandergrift and Christopher), previous negative experiences of healthcare services may damage trust and serve as a further barrier to engaging in treatment for moral injury.

The need for research exploring the prevalence and antecedents of PMIEs in both detainees and prison staff, including the impact of PMIE exposure on well-being, and detainees/staff's perceived treatment/support needs is clear (DeCaro et al., 2024; Ricciardelli et al., 2024). Whether prison services currently feel adequately prepared to manage moral injury in detainees and prison staff is unknown. It is possible that one-to-one psychological interventions for moral injury-related mental disorders could be adapted to be feasible and effective in prison contexts – which could go on to be useful in other resource limited settings (e.g. forensic mental health units). Treatment options could also include offering group therapies or including targeted art therapy. As chaplains have a key role in delivering moral injury-related support in other settings (Carey & Hodgson, 2018), how prison chaplains could be effectively deployed to help with moral injury warrants further investigation. Finally, a prevention intervention that effectively addresses moral injury-related distress amongst prison staff that fosters adaptive coping strategies, psychoeducation, peer-support and signposting could have remarkable benefits and reduce the burden of prison work on individuals and society. It might ultimately be that, as in other healthcare domains, showing the cost-effectiveness of timely, evidence-based interventions, whether in terms of reoffending or staff turnover, is what galvanises change and leads to the design and delivery of the high-quality support that is needed in prison contexts.

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