The Floating Signifier of 'Safety': Correctional Officer Perspectives on COVID-19 Restrictions, Legitimacy and Prison Order

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Abstract

The COVID-19 pandemic continues to affect prisons internationally. Existing research focuses on infections data, meaning we do not fully understand how COVID-19 shapes front-line prison dynamics. We draw on qualitative interviews with 21 Canadian federal correctional officers, exploring how the pandemic impacted prison management. Officers suggested inconsistent messaging around COVID-19 protocols reduced institutional and officers' self-legitimacy, fracturing trust relationships with incarcerated people. Furthermore, officers suggest that personal protective equipment (PPE) such as gowns and face shields took on multiple meanings. We use Lévi-Strauss' floating signifier concept to analyze how individual definitions of "safety" informed day-to-day prison routines. We conclude by arguing that legitimacy deficits and contested definitions of "safety" will continue to create uncertainty, impacting prison operations going forward.

Introduction

The COVID-19 pandemic (hereafter referred to as COVID) has affected prisons globally. Referred to as a "focal point" of the pandemic (Montoya-Barthelemy *et al.* 2020), prison responses have differed depending on the security classification of the institution, political climate, public health measures, and the severity of infections in any given country (Ricciardelli *et al.* 2021; Esposito *et al.* 2022; Prince *et al.* 2022). COVID-focused public health restrictions have limited prison research access in many countries, meaning that researchers and policymakers have primarily relied on publicly available data about COVID infection rates among incarcerated people (Esposito *et al.*, 2022), or on broad overviews of how COVID's long-term effects will shape prison conditions more generally (Ricciardelli *et al.* 2021). As COVID evolves into an endemic, i.e., part of day-to-day life, understanding how COVID restrictions affect the regular operations of prisons is necessary. Looking at how COVID influences major features of prison life such as discretion, institutional legitimacy, and order maintenance is particularly crucial, as such factors will continue to shape prison operations in coming years.

We draw on the perspectives of 21 front-line correctional officers (COs) to interpret how COVID-related public-health measures, such as physical distancing and PPE use, shape everyday prison operations. COs are responsible for the daily administration of institutional rules and regulations, including COVID restrictions, and therefore play a central role in protecting the health of incarcerated people (Prince *et al.* 2022). Implementing and enforcing COVID restrictions has affected the day-to-day relationships between officers and incarcerated people, as well as the relationships between COs and managers. These relationships, the bedrock of effective and humane prison operations (Liebling, Price and Shefer 2011; Ricciardelli 2019), underpin crucial parts of prison work such as organizational legitimacy and order maintenance

(Sparks, Bottoms and Hay 1996). Moreover, changing public health measures and related prison COVID policies have created inconsistencies and uncertainty for prisoners and COs alike (Ricciardelli *et al.* 2022).

To date, limited evidence exists about how the pandemic has influenced the daily work of front-line prison staff. To address a portion of this gap, we ask the following questions: 1. How have COVID restrictions affected broader perceptions of institutional legitimacy and relationships between COs and incarcerated people? And 2. What effect did COVID have on CO perceptions of safety, and how did this shape day-to-day prison operations?

COVID, Legitimacy, and Prison

The pandemic represents a fundamental challenge to the operation of prisons internationally. Prison administrators, like most of the rest of the world, were generally unprepared for COVID. The high percentage of medically vulnerable people in prisons made the consequences of mass infection even more stark, a factor which has led to extensive (albeit temporary) decarceration efforts in some countries, and major access restrictions in nearly every jurisdiction (Ricciardelli *et al.* 2021; Esposito *et al.* 2022). Despite such efforts, waves of COVID have impacted prisons around the world. The United States has experienced particularly well-publicized troubles. A 2021 New York Times investigation suggested that over 34% of incarcerated people in the U.S. had contracted COVID—a rate well over the 10% estimate for the general population at that time (Burkhalter *et al.* 2021). The investigators suggested the listed total of 2,700 COVID deaths among incarcerated people was likely to be hundreds or thousands lower than the actual toll (Burkhalter *et al.* 2021; Turcotte *et al.* 2021). COVID-related problems have surrounded the largest institutions in the U.S. To give just one example, New York City's correctional service, which manages prisons including Riker's Island, has reported that over

2,300 of the department's 9,000-odd COs are on long-term health-related absences, which has led to a sharp deterioration of conditions for incarcerated people (Bromwich 2022).

Within Canada, COVID's impact on prisons is most obvious in the nation's incarceration rates. Prior to the pandemic, Canada's incarceration rate stood at 127 per 100,000, third highest in the G7 group of countries (Malakieh 2020). In contrast, recent statistics place Canada's rates at 104 per 100,000 (Statistics Canada 2022). This massive drop—equivalent to the largest reduction in incarceration in the nation's history (Statistics Canada 2021)—is due to a nation-wide implementation of non-custodial sentences, a decarceration-based solution directly informed by the health risks of COVID in prison (Canadian Civil Liberties Association 2021; Ricciardelli *et al.* 2021). Unfortunately, lower incarceration rates have not addressed infections, as many Canadian institutions have experienced COVID outbreaks. As of October 2, 2022, 6,488 federally incarcerated people have tested positive for COVID (out of 125,048 tested), and six have died (Correctional Service of Canada, 2022). This does not include data for correctional staff, or from the 13 provincial and territorial correctional services which house over 50% of incarcerated Canadians, meaning the number of positive cases and deaths across the country is undoubtedly much higher.

There are few insights into how COVID has impacted day-to-day life for those who live and work in prison. COs occupy a crucial role in prisons, as their decisions directly shape the day-to-day lives of incarcerated people (Ricciardelli, 2019). Reports of absenteeism and illness largely define the literature on COs during COVID (Johnson *et al.* 2021; Bromwich 2022; Martin-Howard 2022), although recent articles discuss problems with vaccine uptake among officers in some jurisdictions (Prince *et al.* 2022). Limited research discusses how COVID influences officers on a more personal level. Drawing on data collected before the pandemic,

Cassiano, Ozturk and Ricciardelli (2022) highlight how infectious diseases shape officers' approaches to work and suggest that the potential of infection is a major contributor shaping COs' job outlooks. Although not directly related to COVID, the authors suggest a fear of infectious diseases represents a structuring feature of CO attitudes. Martin-Howard (2022) discusses how COVID has impacted Black women correctional officers at Riker's Island. Martin-Howard suggests COVID has exacerbated stress levels among officers and highlights the lack of mental health resources for officers in general. In addition, Martin-Howard suggests COVID has increased tensions between management and front-line correctional staff, with predictably negative results for incarcerated people.

Scholars have yet to detail how COVID has impacted the day-to-day duties of COs. Research suggests officers play a major role in helping to establish and maintain institutional legitimacy (Sparks *et al.* 1996). Legitimacy—generally understood as an authority structure's "right" to exercise power (Hacin, Fields and Meško 2019)—stands at the centre of normative prison operations. Sparks *et al.* (1996: 2) suggest that legitimate actions by prison staff are key to understanding "the *perennial problem* of securing and maintaining order in prisons, rather than the *special problem* of the occasional complete or near-complete breakdown of order" (emphasis in original). Institutions with higher levels of legitimacy have greater levels of voluntary compliance, and lower levels of violence and disorder (Sparks *et al.* 1996; Hamm 2013). This work suggests officer decisions are perceived through lenses of legitimacy, and how "right" a given decision is in the eyes of incarcerated people, prison managers, and officers themselves. Such perceptions determine the efficacy of decisions, shaping compliance, non-compliance, and "fair" prison operations (Bottoms and Tankebe 2013; Williams and Liebling 2022).

Legitimacy underpins relational aspects of prison work, demonstrating that meaningful connections and communication stand at the centre of what COs "do" every day (Liebling *et al.* 2011; Ibsen 2013; Haggerty and Bucerius 2021). Clear communication, as well as fair decision-making that realistically assesses what rules are and are not necessary to enforce (Liebling 2000; Kolind 2015), helps support relationships between incarcerated people and COs. These interactions affect how prisons operate, as research consistently identifies positive and productive relationships between COs and incarcerated people as a core component of legitimate prison operations (Liebling *et al.* 2011; Ibsen 2013; Haggerty and Bucerius 2021).

Vulnerabilities: Floating Signifiers and Mental Health

Recent work has highlighted gaps in legitimacy theory. While successful in analyzing what COs "do" (Liebling *et al*. 2011), legitimacy has had less success explaining trends such as CO stress and mental health. Research on officer mental health has significantly grown, and researchers are beginning to connect high levels of CO job stress with poor mental health and operational outcomes (Frost and Monteiro 2020; Worley, Lambert and Worley 2022). Among COs employed in the provincial correctional service in Ontario, Canada, prevalence of any mental disorder was 59%. 39.7% of officers experienced major depressive disorder, while another 34.2% experienced posttraumatic stress disorder and 26.9% experienced general anxiety disorder. Ricciardelli *et al.*'s recent work suggests that uncertainty informs these outcomes, noting that "correctional work is filled with uncertain situations and circumstances" (2022: 1004). COVID may have intensified such uncertainty, negatively affecting officer health.

Uncertainty also impacts how officers interpret risks, something that has led researchers to examine how officers define threats and safety (Ferdik 2018). Research has pointed to inconsistencies between "perceived threats" and "real threats" with police officers (Sierra-

Arevalo 2021), but while discussions exist on how "real" the threats COs perceive are (Lambert *et al.* 2018), little work exists on the topic. We argue that COVID may have led to the redefinition of "safety" as a floating signifier for officers. Schultz, Bucerius and Haggerty (2021: 831) define floating signifiers as "linguistic signs which are open to multiple and occasionally contradictory sets of meanings" and suggest that "While these concepts may appear self-evident, when subjected to scrutiny, their precise meaning proves elusive or contradictory." Originating in the works of Saussure, Lévi-Strauss (1987), and Lacan and Fink (2006), scholars have demonstrated that concepts like radicalization (Schultz *et al.* 2021) and objects like face masks (Van Gorp 2021) have a range of "floating" meanings, each of which are shaped by pressures and forces at play within specific environments. For instance, Schultz *et al*. (2021) demonstrate how COs define and redefine incarcerated people as "radicalized" based on specific prison dynamics, rather than ideological extremism. Although the precise meaning of "radical" was often fuzzy for officers, the implications of such definitions shaped how COs treated incarcerated people (Schultz *et al.* 2021). Floating definitions can be applied to a range of features in prison, and competing ranges of definitions lead to contradiction and conflict. Contradictory perceptions of safety are a particularly widely critiqued feature of officer scholarship, as protecting CO "safety" often translates into harsh actions and policies that harm incarcerated people (Higgins, Smith and Schwartz 2022; Piché, Walby and Deshman 2022).

The impact of COVID-related restrictions on prison operations is not yet clear. Although reports widely suggest that incarcerated people view restrictions as unfair and inconsistent (Piché *et al.* 2022), there is little insight into how such restrictions have changed the relationships between incarcerated people and prison staff. The impact of COVID on key elements of prison operations also remain unclear. We address portions of this gap, arguing that the day-to-day

struggles of managing COVID in prison has created distinctive and problematic shifts in how officers perceive their work.

Methods

Before and during each wave of the COVID pandemic we conducted interviews with COs who work for Correctional Services of Canada (CSC) as part of the CCWORK longitudinal study (see Cassiano *et al* 2022, for the study protocol). This study began before the pandemic and has conducted semi-structured interviews with over 500 prison staff across Canada. CSC mandated a pause in data collection due to the impacts of the pandemic on Canadian prisons, leaving us with a small subset of 21 interviews with staff who worked in prisons between March 2020 and June 2021. These participants, whose interviews we draw on in this paper, provide in-depth assessments of how COVID influenced their work.

Interviewees ranged in age from 19 to late 50s. Six officers worked in women's prisons, while the remaining 15 worked in men's institutions. Thirteen participants self-identified as women and 8 as men. Two participants identified as non-white, while 19 identified as white. Seven officers were college graduates, six possessed university undergraduate or graduate degrees, four had a high school diploma, and four had either trade/vocational training or some college education. Eleven participants were single, separated or divorced, while the remainder were married or in common law unions (one participant did not disclose martial status). Participants worked in prisons located in the western Prairie region (n=11), Ontario (n=4) and the Atlantic region (n=6) and were employed at 10 different federal prisons.

Participant recruitment took place beginning well before the pandemic. The study's primary investigator (Dr. Ricciardelli) introduced the project to new recruits at CSC's National

Training Academy and followed up with participants longitudinally, including after the pandemic began. Due to COVID, the interviews included here were conducted by phone, after consent was obtained. Interviews ranged in duration between 55 to 120 minutes, and were informed by a 39-item open-ended interview guide. We followed the conversational paths led by participants and probed topics of interest, which in the current study is experiences with COVID. Each participant was asked to comment on their COVID experience, how COVID affected their occupational responsibilities, and their well-being. Notably, although most participants identified as women, gender did not noticeably shape these narratives.

After transcribing and coding the interviews, we grounded our data analysis in participants' views, using a social constructionist, semi-grounded approach to data coding and emergent theme analysis (Charmaz 2014). We employed NVivo software, using parent, child, and grandchild nodes to unpack the codes within the data. Emergent theme coding occurred as we grouped data thematically into child nodes or sub themes to unpack nuances. Axial coding and the removal of less relevant information were key to the process (Strauss & Corbin 1990). We digitally recorded all interviews and used randomly generated pseudonyms to ensure confidentiality. Speech fillers are largely removed, and direct quotes are edited for readability without impacting context, way of speaking, or intention.

Findings

Applying COVID public health restrictions in prisons represents a key means of fighting infection spread (Ricciardelli *et al.* 2021). Researchers highlight the efficacy of such measures, drawing connections between public health policies and lower mortality rates among incarcerated people (Dutheil, Bouillon-Minois and Clinchamps 2020; Sears *et al.* 2020). Within our sample, officers praised COVID restrictions and Personal Protective Equipment (or PPE)

policies, describing them as an important factor making them comfortable at work. As Jason described, "[COVID] hasn't really changed how I walk about the institution, 'cause we're all supposed to be wearing masks and [PPE]. I haven't avoided or walked the long way around to get past people or anything like that." Brett echoed this, stating: "I'm completely OK with it [COVID] … PPE is always available, hand sanitizer's always available. Most of the officers that I've dealt with are very conscious of being careful." Officers generally described PPE and movement-restriction policies as sensible, consistent with what was happening in society and an obvious part of prison work during a pandemic. When asked if COVID represented a safety concern at work, Rob replied "No, not necessarily. As long as everyone's wearing the proper PPE and whatnot, and for the majority of the points, people are on it. A lot of the officers are already signed up for the COVID vaccine as well."[1] Officers like Rob described contact tracing, isolation protocols, daily testing, and work leave—all features of CSC's COVID response—as useful and sensible. A portion of participants expressed frustration with broader, nation-wide restrictions that impacted Canadians, but this group represented a minority.

Although officers supported COVID restrictions and perceived them as reasonable on a macro level, they simultaneously expressed concerns with how such restrictions impacted specific details of their day-to-day work. Unlike other national jurisdictions (Prince *et al.* 2022), such hesitations had little to do with political outlook or the legitimacy of governments and administrators to create such policies. Rather, officers described how the rapid and ongoing evolution of COVID restrictions upset established prison routines that played a crucial role in maintaining institutional legitimacy and order (Sparks *et al.* 1996). Rapid shifts in policy created instability and tension in day-to-day prison operations. Officers, responsible for interpreting,

[1] Interviews took place before widespread vaccine availability

communicating, and enforcing a kaleidoscope of restrictions suggested inconsistency within prison COVID policies eroded institutional legitimacy, with a range of negative consequences for officers and incarcerated people.

Enforcing restrictions

The implementation of COVID restrictions in early-to-mid 2020 represented a dramatic shift for COs and prison managers. Officers and managers were suddenly responsible for public-health education and restriction enforcement within the institutions, alongside the daily security and rehabilitative duties which represent the core of the CO role (Liebling *et al.* 2011; Hogan and Lambert 2020). The subsequent shift in expectations created tension and frustration for officers and incarcerated people, who faced increased restrictions on their already-limited freedoms:

> I: What about the inmates. How did they react to the changes?
>
> Neil: They've been up and down. They've been not too bad. They need to understand why. For example, we've changed movement routines and they're required to wear masks, or they are not permitted access to certain parts of the institution. They have less time outdoors than they had before because of the limited movement. Further restrictions on them have [been] a challenge.

As Neil describes, the process of implementing COVID policies shifted the day-to-day routines of both COs and incarcerated people. Officers were responsible for locking down prisons to prevent the spread of COVID, a decision that resulted in incarcerated people losing access to things like programming and regular time outside. Officers found themselves responsible for explaining the public health rationales of such decisions. As Neil implies, such decisions were often controversial, as they impacted cherished parts of prison life.

Officers suggested incarcerated people initially respected the legitimacy of COVID measures, understanding they faced a particular risk of infection. As Rick stated, "I don't think [it's] mandatory to wear masks on the unit and a lot of them [incarcerated people] do. I think they take it pretty seriously, 'cause they don't want it in here [and] they really don't want to be locked up, so they take it as serious as they can." Rick's words describe the early days of the pandemic, before mandatory PPE guidelines, but many officers suggested that the incarcerated people on their units did their best to follow COVID public health best practices. However, the act of implementing restrictions created new forms of pain for incarcerated people (Crewe, Goldsmith and Halsey 2022; Rennie and Crewe 2022), with distinctive consequences.

Fears of Contagion

One of these consequences centred on relationships between officers and incarcerated people. Isolation, although painful over extended time, represented a measure of safety during the initial days of the COVID pandemic. Incarcerated people were well-aware of their status as a vulnerable population (Dutheil *et al.* 2020; Esposito *et al.* 2022), and this shifted their relationship with officers. While COs provide a key service role for incarcerated people, their access to free society meant that they were also the most likely individuals to bring COVID into prisons. Aware of this, incarcerated people and officers faced tensions:

> They already know that they're locked up, now they feel like they're isolated, now they feel they are higher at risk for it [COVID] because they can't go anywhere. They were looking at us as if we're the ones that are going to bring it in. You can see the edginess and the aggressiveness. They're like, "Stay away from me, you're going to give me COVID, stay away you're going to bring it in," not understanding that all of us are at risk, not just them (Joel)

Joel's words reveal a unique dynamic, as some incarcerated people vocally demonstrated concern about COVID transmission from staff. Other officers echoed Joel's words, suggesting that incarcerated people perceived them as the main source of potential COVID infections given their contact with the community. Scholars have highlighted the risk unvaccinated staff pose to the prison environment (Prince *et al.* 2022), and the daily engagement with this fact negatively shaped the relationship between officers and incarcerated people.

Challenges with Communication and Changing Practices

Incarcerated people perceived officers as a COVID risk, adding tension to relationships with COs. These relationships, which scholars have identified as foundational to prison order (Liebling *et al.* 2011; Ibsen 2013; Haggerty and Bucerius 2021), were further undermined by the uncertainty which accompanied the early days of the COVID pandemic (Cassiano *et al* 2022; Ricciardelli *et al.* 2022). Unpredictable and shifting COVID restrictions damaged trust and institutional legitimacy (Bottoms and Tankebe 2013; Hacin *et al.* 2019).

Quickly evolving, data-informed and research-backed public health measures represent best practices in managing the spread of infectious diseases like COVID (Johnson *et al.* 2021; Esposito *et al.* 2022). Research outside of prisons shows that clear communication by public health officials about the rationale for such restrictions plays a major role in shaping the overall efficacy of public health measures (Kowalski and Black 2021; Nan and Thompson 2021). However, officers suggested that public health communications were highly inefficient in the prisons where they worked. Shifts in policy and restrictions emerged with bewildering rapidity, meaning that officers returned from days off to encounter an entirely new set of COVID routines. As Tristian worded it,

> It's like, "Okay so what do we follow now? No idea." We would ask inmates, "What's the new rules? You guys seem to know more than us, so what's the new rules now? We don't know." It looks pretty bad for officers asking the inmates what the rules are.

Officers like Tristian suggested shifts in restrictions were so rapid that officers struggled to keep abreast of health restrictions. Officer-to-incarcerated-person communication subsequently suffered: although officers were better informed about restrictions than most incarcerated people, inconsistencies within COVID policies meant that officers struggled to effectively communicate the rationale for such restrictions.

These discrepancies had consequences. Unable to clearly articulate new restrictions, COs like Terry stated that "the inconsistencies in what we are doing … upset me a bit." Unforeseen contradictions between officers' actions and messages added tension to their relationships with incarcerated people, who perceived inconsistencies as deceptions rather than misunderstandings. Rapid and inconsistent change in regulations meant that restrictions—which were initially perceived as legitimate—quickly took on a capricious tone, leading incarcerated people to perceive them as forms of punishment rather than legitimate means of protecting individual health. Here, Jason explains:

> The routine has definitely changed—it's an ongoing battle with the inmates now, more so than before. There's so many parameters, so many rules … it's definitely more restrictions for them and there's a lot of contradicting bubbles and gatherings and isolations. Like, who they rec [exercise] with isn't necessarily who they are in programs with. So, there's a lot of contradicting information that we have to enforce. That's a stress.

Constant shifts in best-practices led some incarcerated people (and staff) to feel confusion and resentment, especially when restriction messaging failed to align with institutional realities. As Jason describes, restriction snafus consequently took on significant meaning. Initial "cohorts" of program participants were comprised of people drawn from different "cohorts" of recreation participants, meaning that incarcerated people repeatedly came into close contact with a wide range of others, undermining ostensible efforts to reduce contact. Obvious failures like this undermined the efficacy of restrictions, as well as the legitimacy of the institutional COVID response.

Visible contradictions in institutional COVID policies created tension, stress, and irritation for COs and incarcerated people, leading officers to describe restrictions as little more than frustrating rituals. A lack of shared experience exacerbated conflicts, as Neil described:

> They [incarcerated people] have a hard time buying in and following those rules. So it has been challenging but overall, I would say that they're fairly receptive and understanding to the changes that we all have to make because it's not just them, it's also us. We're like, "Hey, in the community, we also can't do this," right?

While officers like Neil were able to contextualize prison restrictions with restrictions in the broader community, incarcerated people were not. Officers suggested that incarcerated people—who were limited to second-hand accounts of broader societal shut-downs—were confused by the sudden (and politicized) growth in public health messaging that accompanied the pandemic. A lack of shared experience exacerbated conflict over inconsistent restrictions, as officers found themselves with little choice except to enforce restrictions they recognized as erratic. Implementing new restrictions in this environment "just lead to a lot of irritating, *Ground Hog*

Day[2] fights [and] arguments—I mean where you're like, 'You can't be on the block and walk ten feet down to the next loop,' you know. That sort of stuff is stupid" (Amanda). Repetitive arguments and confrontations over simple routines—or what Amanda describes as "ground hog day" fights—became a defining feature of COVID-era prison management for officers, taking away from other aspects of their work.

Such inconsistencies were particularly troubling when new policies directly affected long-standing and cherished routines. The paucity of incarcerated life means simple routines and possessions hold outsized influence for incarcerated people, who have limited access to resources and cannot control their routines as when in the community (Crewe *et al.* 2022; Rennie and Crewe 2022). Because of restriction inconsistencies, officers suggested that incarcerated people perceived COVID restrictions as a new and capricious pain of imprisonment (Sykes 1958). Cristine, who worked in a woman's prison, put it this way:

> If you're not living in the same house as someone, you're not allowed to hug them. You're not allowed to be close to them because they're in separate groups. Which has been very difficult because sometimes inmates have friends in other houses and they're no longer allowed to hug them if something bad has gone wrong in their lives … They're unable to be supportive to each other, and then it becomes a big fight with us when we have to charge them for disobeying COVID rules, and it ends up with a lot of struggle between us and them. … You're not allowed to have any support from your friends, here's a [disciplinary] charge for something that I even find ridiculous. It makes it difficult to do my job. And then when they get mad at me for getting charges and things, there's really nothing I can—I can't even say I'm sorry.

[2] A Bill Murray-led movie where the protagonist is forced to relive a single day—Ground Hog day—for years on end.

Restrictions, as Christine suggests, eliminated cherished, meaningful rituals, such as hugging a friend in a time of need. Such limitations led to regular confrontations. Officers like Christine found themselves repeatedly placing disciplinary charges against incarcerated people for COVID rule violations, even in cases where humanitarian concerns reasonably existed. COs were openly frustrated with this situation, as such actions undermined years of careful relationship-building—something that struck at the heart of order maintenance and prison best practices (Liebling *et al.* 2011; Hogan and Lambert 2020). Furthermore, the arbitrary inconsistency of COVID restrictions—as well as the loss of discretion over whether they could choose to enforce a seemingly-unreasonable rule (Haggerty and Bucerius 2021)—meant that officers repeatedly criticized the rightness of their own actions. These doubts led to a loss of perceived self-legitimacy (Bottoms and Tankebe 2013; Hacin *et al.* 2019), as officers' actions and perceptions of what was "right" came into direct conflict.

Resistance and Support

Officers suggested that COVID-related inconsistencies led to increased distrust of institutional rules, a reality with which officers simultaneously expressed frustration and understanding. Facing challenging restrictions that removed basic freedoms (i.e., the hugging Christine describes), prison staff suggested incarcerated people visibly resisted institutional power through non-compliance with COVID measures. Rob provided an example:

> When they're doing their range time, or if we go in the yard or whatnot, they're not wearing their masks. You can remind them all you want but they're gonna just tell you to go pound salt … a lot of them don't understand the precautions. Yesterday a couple of them [were asked] would they get the vaccine if they were offered it and whatnot. The majority of them were like, "We're not going to do that unless we want to" (Rob).

Inconsistent messaging and rapid shifts in COVID restrictions led to conflicts like Rob describes. Incarcerated people resisted vaccines and new restrictions due to institutional legitimacy deficits, rather than political outlooks. As Rob suggests, incarcerated people pushed back against such restrictions to actively reclaim agency.

Officers suggested that specific forms of COVID-related resistance varied. On one hand, officers suggested that there was an initial decrease in violent incidents in their institutions. Brett stated that "Our stabbings are almost nonexistent … from our perspective of having to respond to inmate-on-inmate violence is so much less … attacks on officers have gone down dramatically because there isn't that opportunity." On the other hand, officers suggested that non-violent resistance, such as anti-mask attitudes, spiked. These forms of resistance, which officers suggested increased as institutional credibility around COVID restrictions decreased, were based on low trust and front-line officers' loss of legitimacy (Hacin *et al.* 2019).

Although shifts in prison COVID rules were related to justifiable evolutions in public health measures, the combination of unclear, inconsistent messaging and unpredictable rule enforcement resulted in a deterioration of trust between incarcerated people and institutional representatives. Officers' credibility as public health communicators decreased, and myths about COVID, influenced by urban legend, epistemic bubbles, and politically informed "common sense" arguments (Hatcher 2020; Levy 2021) emerged to fill the gap. Such myths became distinctive features of day-to-day prison life, with wide-ranging consequences for institutional security and personal well-being:

> The inmate population had this idea that if they got COVID, they would get set free. … They were hoping to get sick, with this idea that they were somehow going to get

> released. … you know how they fish line[3] from one cell to another? They would lick things—a sugar packet or something that would easily go under a door or anything like that and then they would fish them to each other so they could each lick it. … [we were] running up and down the ranges constantly trying to catch these fishing lines that have a sugar packet on them (Brett).

Brett's comments demonstrate how COVID misinformation filled the gap that losses in institutional legitimacy created. Canadian efforts to reduce the prison population (Statistics Canada 2021) were reframed into narratives that suggested that a COVID case would secure early release. Officers found themselves forced to disprove such rumors, while simultaneously dealing with problematic behaviours like Brett describes above. Such rumors spread COVID and other infectious illnesses, even to incarcerated people who took careful measures to protect themselves from COVID. Other rumors caused major security crisis, as Brett went on to describe: "[A bat got on the unit, and] the inmates lost their minds. They were running around screaming, like insanity—and we're talking almost a hundred inmates—because they had heard COVID had come from bats and this bat was going to kill them all." Such examples of misinformation spread, filling the gaps created by inconsistent rule enforcement and limited official communication.

Experiencing Restrictions

The complexities of enforcing COVID restrictions dramatically shifted COs' daily routines. However, officers' experiences of COVID restrictions also changed their day-to-day routines, affecting their relationship with management and incarcerated people. While some research has suggested that officers resist COVID best-practices (Prince *et al.* 2022), this was not

[3] "Fishing" refers to a practice where incarcerated people throw an item tied on a piece of string between cells

the case for our participants. Most officers (18 out of n=21) supported PPE use and health restrictions and described PPE as an important feature of their day-to-day work. Ben said, “I didn’t get COVID so I guess I felt like the PPE worked.” Matt echoed this: “I follow their guidelines and I wear the mask and the shield and use the hand sanitizer. I do what they want us to and I don’t complain about it.” Yet, although most officers supported PPE use, many also expressed reservations. Of the 18 participants who supported PPE, 10—or over half—qualified their statements, providing narratives that framed PPE as a safety hazard. Matt continued, “I think it’s a hazard working in this industry—wearing shields that reflect view and distort your view.” Of the three officers who actively opposed PPE mandates, two of them pointed to safety factors as the reason for their opposition.

The safety concerns officers expressed varied. Some participants suggested Canadian winters caused face shields to fog up and left them “blind”. Jake suggested that “PPE’s not working well … face shield[s] get foggy or reflective … and then the gown—I mean if you wear that stuff you can’t reach your belt.” As Jake implies, protective gowns impeded officers’ access to handcuffs or OC spray, a factor that officers suggested left them vulnerable in violent confrontations. Furthermore, some officers suggested that incarcerated people used PPE for unintended purposes:

> I think the face shields were not the greatest thing to come because unfortunately … there were people who [left] face shields lying around, inmates got a hold of it and then we had a use of force [incident]. That face shield was now blocking them from receiving our OC spray (Jordan).

Jordan described an incident where a person used a “found” face shield to protect themselves against officers’ OC spray. Prison staff subsequently used escalated levels of force to resolve the

situation, creating higher levels of risk for both the officers and the incarcerated person involved. Incidents like this caused officers to frame face shields as a safety concern, one that left officers feeling vulnerable (Schultz 2022).

As PPE became more controversial, the definition of "safety" became a floating signifier. "Safety" meant different things to different officers, and definitions shifted depending on individual situation, experience, and perspective. In examples like Jordan provides, officers perceived PPE like face shields as a safety threat, rather than a protective item, and discussed COVID restrictions as making them unsafe. Jenna stated that "I wear glasses and they're making us wear a face shield as well as a mask, and it makes it really difficult to feel safe at work, because if fogs up and it's in my way." Rob agreed: "You have to gown up, so you put on a gown which covers all of your equipment, and you wear a shield and a mask. The shield—when you're looking in cells, you get a glare and you can barely see anything." PPE, interpreted through lenses that prioritized assaults and threats inherent to the prison environment (Ricciardelli 2019; Schultz 2022), was consequently redefined as a hazard.

Definitions of what such equipment "meant" to individuals unpredictably shifted and floated depending on location, institutional culture, COVID experiences, and how incarcerated people could creatively use equipment (Schultz *et al.* 2021; Van Gorp 2021). Perceptions of PPE floated depending on how each individual defined safety. For some, PPE represented "safety" from the virus, but for others, PPE represented a "threat" as gowns and face shields impeded officers' abilities to detect and resist attacks from incarcerated people (Ricciardelli 2019). As definitions floated, officers described editing or neglecting institutional PPE requirements. Some even cited threats from incarcerated people and other "more important" concerns as defensible reasons for their lack of attention to COVID restrictions.

One significant "safety" narrative centred on communication between officers and incarcerated people. Masks and face shields impeded open communication. As officers' cited communication as a key aspect of relationship building and (legitimate) institutional control (Liebling *et al.* 2011; Ricciardelli 2019; Haggerty and Bucerius 2021), this represented a major concern. PPE requirements impeded skilful and nuanced communication, reducing CO's ability to deescalate tense situations. When asked whether PPE impacted her ability to speak with incarcerated people, Christine answered:

> Yes. If somebody is elevated, when they are hearing you mumble, or not being able to hear you clearly, they get more frustrated. … if they're already elevated, their frustration gets worse because I'm trying to talk to through a mask and try to give them clear like directions or to calm them down and it's just not coming across very clear which can make it more frustrating for the inmate.

As Christine's comments show, officers perceived masks and PPE as impeding effective communication. Officers struggled to hear and be heard, frustrating COs and incarcerated people who were already stressed by inconsistent application of COVID restrictions. In tense situations, officers suggested communication impairments made the difference between resolving and escalating confrontations. As a result, COs—who prided themselves on their ability to verbally resolve confrontations (Liebling *et al.* 2011; Ricciardelli 2019)—framed PPE as a hindrance, one that represented a safety risk and escalated otherwise-resolvable situations. PPE's impact on communication played a significant role in shaping how officers perceived "safety," and shaped officers' willingness to comply with prison COVID policies.

Managerial Scrutiny and Distrust

Communication problems were exacerbated by the increase in managerial scrutiny that accompanied the implementation of COVID-related restrictions (Liebling *et al.* 2011; Adorjan, Ricciardelli and Gacek 2021). Officer discretion underpins nearly every decision and action officers implement. Yet, officers and managers frequently disagree on what is or is not an appropriate response in each circumstance (Haggerty and Bucerius 2021). COVID restrictions increased these tensions—especially as officers and institutional administrators often possessed starkly different definitions of "safety," especially around the question of PPE use and COVID restrictions. Consequently, officers described significant tension between front-line and administrative prison staff, thus creating conflicts that—in officers' perspectives—took away from key factors of day-to-day prison work. Jenna described one such situation:

> [For incarcerated people]—like before [COVID] it used to be drug trafficking that was our main concern. Now it's house [cell] visiting. All we do all day—there's so many [disciplinary] charges of 'Put your mask on, wear your mask, wear you mask' … if we don't, the management is always conducting audits and surveys, and they're being quite strict with us if we don't be strict with the offenders but then all of our interactions with [incarcerated people] are negative… We were [even] criticized by someone from national headquarters because we didn't social distance to have [a post-incident] debriefing.

As Jenna describes, rather than the focus on institutional security and prisoner rehabilitation, enforcing COVID restrictions became the primary daily duty of COs. Officers bore the brunt of enforcing controversial restrictions, losing self-legitimacy and relationships with incarcerated people as a result (Hacin *et al.* 2019). Yet, despite this, officers suggested that institutional administrators—who possessed radically different versions of risk and safety than front-line officers—severely critiqued any action that failed to meet (evolving) standards. Jenna provides a

clear example: national headquarters—detached from front-line operations, both administratively and by thousands of kilometres—reached out to directly criticize front-line staff for failing to fully social distance while debriefing a violent incident. Although technically appropriate, especially in terms of public health, such criticism left officers frustrated and resentful. Hierarchical criticism reinforced divergent definitions of "safety," as well as contradicting institutional priorities.

Inconsistent policy implementation led to schisms between officers and management. Tristan's words evidence this distrust:

> It's honestly a joke. It's all about money … nothing is really being followed, but they don't want to say that because if we actually did follow all the COVID protocols that they tell us to, the institution would not run. It would be so slowed down that it wouldn't run.

Officers were often frustrated with institutional COVID restrictions, highlighting both institutional and personal losses of legitimacy (Hacin *et al.* 2019). As Tristian's words demonstrate, the organization's broader risk focus (Feeley and Simon 1992) created tension in mundane institutional operations. While COVID policies were important for public health, they were clumsy and inconsistent. Officer discretion typically smooths the introduction of awkward policies (Haggerty and Bucerius 2021), something Tristian implies in his comments about "slowing down" the prison. However, the imperative of risk-based COVID policies placed officers into an impossible bind. As the previous excerpt from Jenna suggests, head office criticized officers for failing to comply with COVID measures. However, as Tristian describes, officers were simultaneously expected to implement discretionary interpretation of COVID measures to smooth institutional operations. Officer concerns about "safety," irrespective of

what "safety" meant in this case, were subsumed under a wave of bureaucratic managerialism (Liebling *et al.* 2011).

Forced to navigate divergent pressures, officers increasingly focused on protecting themselves. This influenced how officers defined "safety." As Jenna phased it,

> The government only cares about saving money from overtime …we're focusing so much on COVID our clients aren't getting what they need. We've had more staff assaults because they're just pent up and whatever. I had to deal with an issue of suicidal behavior all day because we were in complete lockdown … the union and management are butting heads—it's more important to them that COVID doesn't come in the institution, rather than we're safe when we're interacting with people who have a history of violence.

Jenna's comments neatly outline a broader theme around "safety." Officers interpreted institutionally mandated public health measures as efforts at risk-governance (Feeley and Simon, 1992), which created instability like the suicidal ideation Jenna describes. Forced to address these problems with little guidance, officers described feeling neglected and vulnerable (Schultz 2022). COs quickly became cynical about official COVID responses, and focused on their own safety, rather than following COVID measures. Definitions of "safety" became contested and floating themes, as COs selectively interpreted and situationally applied "safety" to protect themselves (Schultz *et al.* 2021; Van Gorp, 2021), irrespective of broader COVID risks. Concepts and definitions of "safety" actively shifted based on factors including manager-officer relationships, institutional volatility, and how badly PPE impeded communication. These factors—which, crucially, have little to do with public health or the spread of COVID (Schultz *et al.* 2021)—directly informed how officers complied with and implemented PPE and public health restrictions.

Discussion

COVID-19 has created unprecedented, global challenges. Prisons have faced unique and complex pressures (Esposito *et al.* 2022). We recognize this and emphasize that we do not intend to criticize institutional management or specific COVID responses. While admittedly imperfect, it is fair to say that prison administrators have generally done the best job possible, even when such responses were not sufficient to deal with all the crises institutions faced (Office of the Correctional Investigator 2021). While we recognize the structural shortcomings of responding to COVID within a carceral environment (Piché *et al.* 2022), our purpose here is to analyze imperfections in how officers and managers interacted with COVID restrictions, with the intention of helping to prepare more effective responses for future public health emergencies.

Much of the existing prison COVID literature has focused on disease transmission and public health implications of COVID in prisons (Sears *et al.* 2020; Esposito *et al.* 2022). Emerging work has discussed the experience of living in prisons with COVID, for both incarcerated people (Montoya-Barthelemy *et al.* 2020; Piché *et al.* 2022), and COs (Martin-Howard 2022). This research is highly critical, and with good reason: conditions at prisons like Riker's Island have attracted human rights complaints (Martin-Howard, 2022), while vaccination among California's CO population has "plateaued at levels that posed ongoing risks of further outbreaks in the prisons and continuing transmission from prisons to surrounding communities" (Prince *et al.* 2022: 1). Overall, this body of work has started the important process of detailing COVID's destructive impact on prisons around the world.

In contrast, in this article we analyze more mundane aspects of incarcerated life during COVID—a portrait shaped by officers' interaction with policies, procedures, and day-to-day relationships with incarcerated people. Officers discussed COVID restrictions in terms of how

they impacted relationships, communication, and legitimacy. Their comments reflect how COVID changed established ways of doing prison work (Liebling *et al.* 2011). This study, therefore, provides an introductory portrait of how COVID has reshaped prison work.

Our participants suggest that COVID dramatically impacted institutional and personal perceptions of legitimacy. Legitimacy represents a bedrock principle of institutional management, one so central it is often taken for granted (Sparks *et al.* 1996; Bottoms and Tankebe 2013). While legitimacy takes a long time to establish, perceived and actual injustice quickly destroys relationships and broader themes of legitimacy (Williams and Liebling 2022; Hamm 2013). Inconsistencies within COVID response messages, including quick, unpredictable, and poorly communicated shifts in best-practices, caused officers and other institutional actors to lose significant amounts of legitimacy in their own eyes and in the eyes of incarcerated people (Hacin *et al.* 2019). COs implied that this loss negatively impacted institutional security, as COVID misinformation replaced public-health best practices for some incarcerated people.

Officers specifically pointed to communication as a key factor explaining the erosion of legitimacy. Communication between officers and incarcerated people, a core tenet of CO work (Ibsen 2013; Haggerty and Bucerius 2021), was one of the first major casualties of the pandemic. Officers suggested that the unpredictable evolution of COVID policies created distrust, especially when policies contradicted other policies or removed cherished parts of day-to-day prison life. Masks and PPE further impeded communication, leading to situations where incidents needlessly escalated, simply because incarcerated people and COs could not understand each other. Tenuous trust relationships quickly eroded, leading to situations where incarcerated people ignored institutional COVID policies and acted on their own tacit knowledge. Officers

suggested that these factors led to a tense and unpredictable environment, one characterized by higher-than-normal levels of tension and stress.

The relationship between officers and institutional officials also impacted how officers interacted with PPE and other safety equipment. Officers perceived PPE as a valued tool in completing their work. However, distrust with official forms of risk management (Feeley and Simon 1992), instability within the institutions, and frustration with what officers perceived to be managerial incompetence meant that officers interpreted PPE through lenses around their own personal safety. Safety, in this case, became a floating signifier (Schultz *et al.* 2021; Van Gorp 2021): while "safety" for some officers meant wearing PPE to prevent COVID transmission, "safety" for others meant ignoring, or selectively editing PPE policies in ways that allowed them to have quicker access to restraint equipment and OC spray. For officers, the floating definition of "safety" proved to be a complex factor, allowing officers to justify and engage in a wide range of responses that placed them into conflict and disagreement with incarcerated people, prison managers, and other officers. This, in turn, likely reduced the efficacy of anti-COVID measures, as few of the "safety" definitions directly addressed viral transmission risks in the prison.

The floating nature of "safety" also created shifts in how officers perceived each other. For officers who were immunocompromised, or who perceived COVID as a significant risk, dealing with unpredictable and floating definitions of "safety" from the people they worked alongside added significant levels of uncertainty to the work environment (Ricciardelli *et al.* 2022). Officers describe trust as a crucial part of the CO habitus (Ricciardelli 2019; Haggerty and Bucerius 2021; Schultz 2022), and as definitions of "safety" floated, officers lost trust in each other and institutional management. This situation, likely a common one in prisons across North America and Europe, led to increased levels of long-term stress leave (Martin-Howard

2022), as well as heightened levels of uncertainty. The impact of this uncertainty will likely have long-term impacts, as research suggests that pervasive levels of uncertainty are a causal factor of officer mental health concerns (Ricciardelli *et al.* 2022). Uncertainty represented a significant problem prior to the pandemic, but shifting COVID policies, losses of self-legitimacy, and floating definitions of "safety" have likely heightened these forms of uncertainty to toxic levels. This carries serious implications, requiring further research. Uncertainty may be linked to heightened levels of officer absenteeism during COVID (Martin-Howard 2022) and may continue to represent a significant problem for functional prison operations going forward (Ricciardelli *et al.* 2022).

Our study is not without limitations. For example, only a small portion of our sample worked in women's institutions, meaning we have deliberately refrained from discussing gender differences in COVID experiences across institutions. This seems an obvious area for future research, and we suggest researchers consider examining COVID experiences across institutions housing self-identifying men versus women, as well as whether CO gender impacted their interpretations of COVID and associated public health measures. Our sample is also limited in size due to COVID-related data collection restrictions. Thus, future research with a larger sample that spans diverse COVID waves and changes in public health measures is necessary to fully understand how safety and health were shaped by the pandemic within the context of prisons more generally.

Conclusion

The impacts of COVID on prison operations will be an object of study for years to come. The data we present here provide crucial hints as to how COVID restrictions impacted both prison staff and incarcerated people during the early days of the pandemic. Communication

shortcomings led to a legitimacy crisis. While public-health best-practices recommend a continually evolving slate of restrictions, carefully designed to address the continued evolution of a particular illness (Sears *et al.* 2020; Nan and Thompson 2021), the rapidity and unpredictability in how prison policies changed left officers and incarcerated people in a near-constant state of conflict. Given officers' status as the front-line representatives and arbitrators of institutional power (Haggerty and Bucerius 2021), some incarcerated people perceived CO-enforced COVID restrictions as capricious exercises of power, leading to a general loss of relationships and overall legitimacy. Participants in this study suggested that inconsistency within these policies, as well as a lack of recognition of individual institutional strictures, dramatically reduced voluntary compliance with COVID policies and created new tensions.

The floating nature of "safety" among officers helps develop our understanding of CO responses to COVID. The literature to date has framed CO responses through conservative politics and vaccine resistance (Prince *et al.* 2022), absenteeism (Bromwich 2022), and mental health challenges (Martin-Howard 2022). Our data suggest that a far more nuanced portrait is necessary here, one that considers the unique nature of correctional work. Officers highlight their own safety as a crucial part of doing prison work (Ricciardelli 2019) but define safety in ways that relate to day-to-day realities on prison units, rather than falling in line with organizationally-mandated priorities—which, in this case, referred to COVID policies such as mandatory PPE. The "floating" definition of safety among officers provides a nuanced picture of why officers may choose to selectively interpret COVID restrictions and may provide more insight into the emerging problem of vaccine hesitancy among officers (Prince *et al.* 2022). For prison administrators, addressing "floating" definitions of what safety "means" to their officers may prove helpful in garnering officer buy-in when it comes to restrictions. For academics, we

suggest the floating signifier concept may provide a flexible analytical tool in examining contested concepts such as COVID restrictions and vaccine uptake in prison.

Overall, we believe that officer interpretations of COVID restrictions requires far more study. Our work here only hints at larger topics, ones which will continue to maintain relevance as COVID (presumably) becomes an endemic and regular part of social life, inside of prison and out. Carefully analyzing how COVID restrictions influence institutional legitimacy within prison will provide insight into how prisons can be better managed. Likewise, examining how COs frame and reframe “safety” will help to build productive connections between officers, managers, and incarcerated people.

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