



**I AM NOT
OKAY**



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Foreword

Two seasoned officers with national leadership experience and dedication to furthering the healthy lives of correctional officers have studied and observed the emotional health of officers. They have produced a paper to stimulate discussion and set a direction for designing programs and providing care for correctional workers who work in conditions that subject them to intense daily stress.

This white paper is a very important review and proposal for the emotional and ultimately the physical health of correctional officers and their families. I am an independent psychologist who has counseled and written expert testimony for hundreds of correctional officers from state and county institutions. I have written essays and booklets on stress, including “Stress Management for Correctional Officers,” which is used in many prisons, and I have spoken locally and nationally. I am honored to be fortunate enough to review this paper, which summarizes issues of Stress and Post-Traumatic Stress Disorder in prisons. This paper summarizes the research and gives specific practical proposals to advance improvements in the health and well-being of officers.

The authors are highly knowledgeable and respected officers and advocates for the health and welfare of officers.

I have had the good fortune to know Brian Dawe for the past quarter century. As a leader of ACOIN and now the National Director of One Voice United, he has advocated for improved work conditions. He has promoted and organized studies assessing the emotional effects of stressors and trauma inherent in the jobs of correctional officers. Out of these studies he has developed and promoted training programs on stress and wellness. He has advocated to develop programs at the state, county, and federal levels to assist with stress-related reactions

to the dangers that officers and their families endure. He is a man of action, initiating advocacy and legislation to improve prisons and the lives of officers. He has encouraged establishment of stress-management programs to improve working conditions for the good mental health of officers and their families.

Andy Potter is the Founder of One Voice United and also a highly respected and accomplished retired correctional officer with over three decades of experience working inside and around the correctional system. He is also the Executive Director of the Michigan Corrections Organization, the union responsible for launching the Dignity Assault Initiative for the State of Michigan. This initiative was designed to develop management systems for handling sexual misconduct and assault by inmates to officers and to handle liquid assaults (urine and feces) on correctional staff.

Andy initiated studies of the extent and impact of stress and post-traumatic stress within the State of Michigan prison system. He has fought private food vendors and brought food service in-house, effectively reducing stressors on prisoners that then contributed to their negative behavior toward others that made the work of officers more difficult and dangerous. He is a lifelong advocate for the welfare of officers and an SEIU international vice president. He is Chair of the national SEIU Law Enforcement and Corrections Council.

Both of these men are committed to correctional officer wellness. They bring a two-pronged perspective to issues of stress and the effects of danger to officers. The first perspective is a practical one developed from many years in the trenches. From that they know what can happen and they know whether proposed solutions are practical. The second is a knowledge of research. Research done in a vacuum can be idealistic. The research and the figures found can be highly accurate

but the conclusions from it need to be applied and promoted within the constraints of budget and work obligation. Programs can be initiated within current constraints. Planning and advocating to increase realistic helpful interventions are understood by these authors. In short, what they have written is thorough and practical. Its conclusions can be initiated while planning for expanded proposals can be strategized.

In this paper you will find a review of statistics on the health and well-being of officers, the pitfalls and dangers that bring on stress and PTSD that affect those who choose this type of work. This paper speaks to physical health and measures to live healthier and longer. In one especially insightful area the authors point out that when institutions create trainings and assistance, trust by the officers to grab hold and participate in such help needs to be given much attention. Advocacy and programming will not be beneficial if officers don't avail themselves of it.

This paper is realistic in proposing reasonable solutions even examining those from other countries and jurisdictions. It will be a great addition to advancing the health and welfare of officers. It will further provide hope and treatment for those who are harmed and require support.

My hope is that union leaders, mental health workers, administrators, and legislators will read this paper and enhance the programs already established and advocate strongly for the creation of programs and support for officers and their families.

Thank you to these authors for their thoughtful and insightful work.

Donald

Donald W. Steele, Ph.D

Psychologist

February 2021

Disclaimer

This white paper is not meant as an academic look at correctional officers' wellness, though it does draw on a number of academic studies and research findings. Rather, this paper is meant to bring many works on the topics of officer wellness, PTSD, stress, and related issues together in one place and in a popular format that will be easy for officers, their unions, policymakers, advocates, and the public to understand and engage with.

By and large, the materials captured here are not our original research but culled from many sources and publications and also born from the authors' experience. We have done our best to cite those whose work we draw upon and know that we have benefited greatly from their cutting-edge and deep work. We apologize in advance if we have failed to fully acknowledge the authors of any of this important work, and we certainly don't mean to claim that we are the original authors or owners of many of these ideas.

The process of organizing and compiling all this scholarly work is, though, our full responsibility, and we hope by bringing all this information together – adding in the experience of frontline correctional officers, ourselves, and the brave officers we have interviewed for this purpose – that we are making a contribution to the field. And most importantly, we hope we are helping to bring these issues to light in a way that the public can understand and urgent action can be taken.

Icon credit: Information by Nawicon from the Noun Project.

Introduction

The mental health of everyone associated with our correctional system is strained. Officers, civilians, administrators, those who are incarcerated and their loved ones, they're all being negatively impacted by the current system. PTSD, depression, and the physical and psychological damage they cause are at near epidemic proportions. Unfortunately, little has been done to confront this head on.

The sheer numbers of people impacted by corrections presents a unique and historic opportunity. More than 400,000 correctional officers,¹ hundreds of thousands additional administrators and staff, nearly two million incarcerated individuals² and their families – this arguably means over six million Americans impacted every day by living and working in our nation's prisons and jails. At One Voice United, we seek to harness the political power of this divergent group of stakeholders and begin advocating for the cultural shift needed to truly make it safer for the officers and staff who work in prisons and those individuals who reside there. To reform corrections in this way will take a concerted and sustained effort by all stakeholders.

Truly meaningful and sustainable reform requires education, advocacy, and participation among all stakeholders. We hope this white paper will serve as a first step toward grounding wellness at the center of reform efforts and that it is of service to the correctional officers and staff who are our brothers and sisters working on the front lines of America's correctional system. All frontline staff must educate themselves about the various ways in which the current system impacts us – a process we hope to have helped facilitate by sharing this white paper.

As leaders seeking to improve the profession for all staff in corrections, we must come off the sidelines and take our rightful seat at the table and promote an agenda that acknowledges the experience and wisdom of the men and women who work this job every day. Our mandate is to engage in and foster discussions about issues that directly impact the safety, security, and lives of everyone who is touched by the correctional system.

It is time for leaders in this profession to promote programs that will address the current circumstances impacting our mental health while pushing for reforms that strive to make those circumstances obsolete. Every policymaker, supervisor, and correctional professional working in the correctional system must attack this from all angles by retraining ourselves and our administrations to take mental health issues seriously. From the Commissioner to the new cadet just arriving at the academy, it is imperative that the entire correctional industry take a fresh look at where the dangers in corrections lay and act to mitigate them.

As frontline correctional workers, we must self-monitor our conduct and uphold our oath to the profession by refraining from bullying, harassment, or rumormongering and condemn any activity that demeans or disrespects fellow staff. It is essential that everyone in the correctional profession reject the idea that the symptoms resulting from PTSD indicate a weakness, nor should anyone dismiss the challenges faced as being "just part of the job." If an officer develops PTSD, it must be compensable under Presumptive Workers' Compensation statutes, as it should be for all first responders.

¹ U.S. Bureau of Labor Statistics. (2021, March 31). *Occupational Employment and Wages, May 2020*. U.S. Bureau of Labor Statistics. <https://www.bls.gov/oes/current/oes333012.htm>.

² Institute for Crime & Justice Policy Research. (2018, December 20). *United States of America | World Prison Brief*. <https://www.prison-studies.org/country/united-states-america>.

Correctional staff of all levels should commit to raising awareness around the physical impairments to performing these jobs –failed or aging equipment, radios, door locks, unmanned towers, etc. – and together, everyone must insist upon remedial action. We must sit with our administrations and unabashedly identify the sources of stress and PTSI and devise a plan to address them. Finally, we believe every stakeholder in corrections must be unified and resolute in our understanding that all of us who are impacted by corrections would benefit from a mentally sound and healthy workforce, and we must commit to working toward that goal together.

In an effort to bring this white paper to life, we have interviewed three seasoned correctional officers.

Subject 1, who we will call “Matt,” has worked in Michigan’s prisons for almost twenty years and was on leave recovering from PTSI after being violently attacked by an inmate.

Subject 2, “John,” has worked in New York prisons for more than twenty years.

Our third and final subject, “Sam,” has worked in corrections for thirty years in the California prison system. Their honesty, dedication, courage, and humility are characteristics of correctional officers at their best, and their wisdom and insight have made this paper that much better.

Please note that direct quotes and comments remain unedited to preserve their authenticity, but do not necessarily represent the views of One Voice United.

Executive Summary

This summary captures succinctly the numbers that define the wellness crisis facing those working in America's prisons and jails and goes on to lay out a series of clear and specific recommendations.

The full report that follows provides greater depth in defining the problem, exploring the causes, and explaining solutions, and incorporates the firsthand experiences of a number of correctional officers to bring a human side to the statistics and studies.



THE PROBLEM*

- Correctional officers have a significantly higher PTSI rate as compared to the general public.
- Firefighters, EMTs, police officers, and even returning war veterans do not approach the percentages of correctional professionals who suffer from PTSI.
- Correctional staff across the country believe PTSI is a serious and pervasive issue within corrections that is lacking attention.
- Correctional officers are more likely to commit suicide than all other law enforcement professionals.
- A correctional officer's life expectancy is far shorter than that of the general public.
- Correctional staff suffering from PTSI will use more sick days per year than other staff, which results in increased costs to correctional agencies.
- The majority of staff stress comes from policies, procedures, and the administration.
- Physical assaults, psychological assaults, assaults with weapons, assaults with bodily fluids, and threats to loved ones and families are all part of the dangers that officers contend with on a regular basis.
- The overwhelming majority of officers are never trained to recognize or interact with a population suffering from mental illness.
- All stakeholders are impacted by the stress and PTSI levels within a facility.

**Note: Statistics above are generalizations based on statistics cited throughout the white paper.
Icon credit: Alert by Juergen Bauer from the Noun Project.*



RECOMMENDED SOLUTIONS*

- Initiate communications plans that educate all stakeholders on the urgent need to address correctional stress and PTSI and to draw attention to the psychological and physical damage that a career in corrections can induce.
- Adopt staff wellness programs that begin with the first day at the academy and continue through retirement, including annual training requirements on mental health and stress reduction coping skills for all active-duty staff, including administrators.
- Commit to administrative buy-in and promotion of Employee Assistance (Wellness) Programs emphasizing confidentiality, 100% differentiation from the discipline process, and de-stigmatization of occupationally induced stress and other mental health injuries.
- Place an emphasis on teaching de-escalation skills, including emotional intelligence training for staff and transformational leadership training for management and administrators.
- Promote a Dignity Assault Initiative at correctional facilities across the country.
- Build a support program for staff family members that educates them on the signs of stress, depression, and PTSI and offers emotional and professional guidance.
- Fund continued research on the fiscal costs of lost leave time as a result of staff stress and PTSI.
- Instate Pre-Shift Briefing (Roll Call) for all staff as they enter and leave the correctional facility, updating them on the climate behind the walls, processing anything that may have transpired, and creating a point of contact before and after the workday.
- Form Critical Incident Response Teams that are part of the standard operating procedure and available to “talk-down” or debrief staff having just endured a traumatic incident.
- Adopt minimum staffing levels to limit forced overtime and allow for increased movement plans and programming for those incarcerated.
- Allocate resources to evaluate successes and failures of COVID-19 safety protocols and plan for future pandemics.
- Take policy action to create a standard of Presumptive Workers Compensation for Correctional Officer PTSI.
- Change PTSD in corrections to PTSI, Post Traumatic Stress Injury, as it should be recognized as a workplace injury, not a personal disorder, and covered under Workers Compensation legislation.

**Note: Statistics above are generalizations based on statistics cited throughout the white paper.
Icon credit: Tools by icons from the Noun Project.*

Correctional Officer Wellness: Defining the Problem

How serious is the mental health crisis in corrections today? In a national survey of correctional officers conducted in 2018, 91% of respondents agreed with the statement “PTSD is a serious and pervasive issue within corrections.”¹ And, since COVID-19 swept like wildfire through America’s prisons and jails, it is likely to have only gotten worse.

According to the Bureau of Justice Statistics, in 2018 there were an estimated 434,300 local, county, state, and federal correctional officers in the United States.² A 2012 national study by Desert Waters Outreach of nearly 3,600 correctional officers and civilian staff found that officers have a 34.1% PTSTI rate, as compared to 3.5% for the general public. A 34.1% PTSTI rate equates to over 148,000 active-duty correctional officers with PTSTI. The study also found that civilian correctional staff have a 27% PTSTI rate.³ Rates of depression are equally disturbing, with custody staff averaging 31% and civilian staff 25.7%.⁴

From their first day at the academy, new recruits are taught to never trust the men and women in their custody; officers are trained to believe that those who are incarcerated are always looking for weaknesses and will find ways to maximize that knowledge to their utmost advantage.

Officers working in the majority of prisons and jails quickly learn from the punitive nature of many administrators, as well as the feudal approach to management and the traditional culture it perpetuates. In short order, the current system intentionally trains and conditions staff to not trust those who are incarcerated and are told by their peers that they can’t trust management.

1 Post, C., & Tripp, J. (2018, October 13). *One Voice Leadership Meeting and National Survey Results Discussion [Conference Session]*. National Medal of Honor Awards, Oklahoma City, Oklahoma.

2 United States Department of Labor. (2021, April 9). *Correctional Officers and Bailiffs: Occupational Outlook Handbook*. U.S. Bureau of Labor Statistics. <https://www.bls.gov/ooh/protective-service/correctional-officers.htm>.

3 Spinaris, C. G., Denhof, M. D., & Kellaway, J. A. (2012). *Post-Traumatic Stress Disorder in United States Corrections Professionals: Prevalence and Impact on Health and Functioning*. Desert Waters Correctional Outreach. https://desertwaters.com/wp-content/uploads/2013/09/PTSD_Prev_in_Corrections_09-03-131.pdf.

4 Denhof, M. D., & Spinaris, C. G. (2013). *Depression, PTSD, and Comorbidity in United States Corrections Professionals: Prevalence and Impact on Health and Functioning*. Desert Waters Correctional Outreach. https://desertwaters.com/wp-content/uploads/2013/09/Comorbidity_Study_09-03-131.pdf.

“

The inmate will try and get the trust of an officer and con him into bringing in contraband. With that, you have to keep your guard up at all times... Every corrections officer feels like they're on their own — against the world, against the supervisors, against your family... There's no safe haven. It's a fear that we live it but we're too macho to call it a fear.

—John

Without question, until we can eliminate this adversarial us vs them mentality and [the idea] that the individual has some penance to pay or there's recognition that there's something amiss in your life that we need to help you dive deeper into to resolve — until we can eliminate friction — there's always going to be something in us.

—Sam

So, who's left? Each other. The "us vs. them" mentality is instilled in staff almost from day one.

New officers must also deal with an internal emotional conflict on their very first shift behind those walls. Human beings are naturally empathetic and compassionate to the plight of others. But officers either learn to leave compassion and empathy at the time clock or, like many other new recruits, they quit.

There are various studies on retention rates after a cadet's first year that show many variables to be influential. According to one study, states with low pay, poor benefits, and meaningful alternative employment opportunities can see turnover rates as high as 45%, with an average range of 12% to 25%.⁵

Another study points to a national average of 16.2%.⁶ High turnover leads to less seasoned staff and a less secure facility, resulting in more stress and more self-terminations, thereby perpetuating the cycle. Turnover also drains an agency's budget and can result in forced or mandatory overtime for staff. In the 2018 One Voice survey, 91% of officers agreed that, "understaffing has led to unsafe increases in mandatory overtime and increasingly low morale among staff."⁷

One way to illustrate the harsh realities of a career in corrections is the suicide rates. It is estimated that 156 active-duty correctional officers take their own lives each year, three per week.⁸ That's a rate of 34.8 suicides per 100,000 correctional officers. When compared to police officers' suicide rate of 15.1/100,000, which is less than half that for correctional officers, the problem is illuminated.⁹

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One of the first guys I saw that hung himself hit his girlfriend in the head with a hammer and then threw his baby down a long flight of steps. I remember to this day — I looked at him and it looked like his whole eyeball was black. I'll never forget that. He was in the segregated unit, it was dark in there, and his eyes were all black. So, when I went on break I heard a code call, so I went back there and he had hung himself right after I was there with him. His neck was so long from vertebrae stretching, it was nothing like what the movies show you, and that's something haunted me and I never told my wife and kids about it. That stuff plays on your mind when you see stuff like that and you don't want to bring that home.

—John

5 Minor, K. I., Dawson-Edwards, C., Wells, J. B., Griffith, C., & Angel, E. (2009). *Understanding Staff Perceptions of Turnover in Corrections*. *Professional Issues in Criminal Justice*, 4(2), 43-57.

6 Nink, C. (2010). *Correctional Officers: Strategies to Improve Retention*. Centerville, UT: MTC Institute. <https://www.mtctrains.com/wp-content/uploads/2017/06/Correctional-Officers-Strategies-to-Improve-Retention.pdf>.

7 Post, C., & Tripp, J. (2018, October 13). *One Voice Leadership Meeting and National Survey Results Discussion [Conference Session]*. National Medal of Honor Awards, Oklahoma City, Oklahoma.

8 New Jersey Police Suicide Task Force. (2009). *New Jersey Police Suicide Task Force Report*. New Jersey Office of the Attorney General. [https://www.state.nj.us/lps/library/NJPoliceSuicideTaskForceReport-January-30-2009-Final\(r2.3.09\).pdf](https://www.state.nj.us/lps/library/NJPoliceSuicideTaskForceReport-January-30-2009-Final(r2.3.09).pdf).

9 Denhof, M. D., & Spinaris, C. G. (2013). *Depression, PTSD, and Comorbidity in United States Corrections Professionals: Prevalence and Impact on Health and Functioning*. Desert Waters Correctional Outreach. https://desertwaters.com/wp-content/uploads/2013/09/Comorbidity_Study_09-03-131.pdf.

This does not include the 1 in 7 retirees who suffer from suicide ideation. According to a California study, 14% of retirees contemplate suicide.¹⁰ We could not identify a single agency that tracks the suicide of correctional retirees.

While suicide, PTSD, and depression are at the core of many of the maladies that affect correctional officers, there is far too little discussion inside the correctional system and almost no understanding outside the prison walls. The public's acknowledgment that first responders suffer from higher rates of PTSD and depression has resulted in legislation, programs, and funding to help address this issue.

However, the majority of our elected officials fail to recognize that correctional officers are first responders. As a result, correctional personnel have been excluded from much-needed legislation, training, program accessibility, and funding. Firefighters, EMTs, police officers, and even returning war veterans do not approach the percentages of correctional professionals who suffer from depression and PTSD.

In recent years there has been positive growth in nationwide attention to police suicide that has led to the American Psychological Association now recognizing police psychology as a discipline and providing board certification for providers to treat police suffering with mental health challenges. It is time to advocate for similar outcomes to include correctional officers, so that there are more care providers trained to help in this specific profession. This recognition could also help lessen the "taboo" mentality that is currently attached to seeking support.

The mental health of correctional staff is being negatively impacted by the entire correctional system, causing depression, stress, and suicide — all reaching near epidemic proportions and often manifesting in additional physical ailments. The stresses are so high that, on average, a correctional officer's mortality is between ages 59 and 62, which is 14 to 21 years shorter than the general public.¹¹

“

When you go home, with your wife and your kids, you're already guarded, so you find yourself doing the exact same thing with your wife. When it's a regular thing that your wife may want, at times you feel like you're being cornered or being conned out of something and it's just something regular for her, but to you, you feel like there's ulterior motives because [correctional officers'] minds are geared to work four steps ahead to survive in corrections. It's regular things your family would want from you, but you feel as though everybody has an angle. Problems you would normally hash out with your wife and kids — you put on a persona that they don't care about you because they don't understand what you go through, but then again we don't tell them.

—John

10 Lerman, A. E. (2017). *Officer Health and Wellness: Results from the California Correctional Officer Survey*. https://gspp.berkeley.edu/assets/uploads/research/pdf/executive_summary_08142018.pdf.

11 Cheek, F. E. (1984). *Stress Management for Correctional Officers and their Families* (Vol. 106). College Park, MD: American Correctional Association. See also: Cheek, F. E., & Miller, M. (1982). *Prisoners of Life: A Study of Occupational Stress Among State Corrections' Officers*. American Federation of State, County and Municipal Employees, AFL-CIO. Washington, D. C.

CHAPTER 1: CORRECTIONAL OFFICER WELLNESS: DEFINING THE PROBLEM

The psychological damages endured result in lost leave time, costing an agency on average between \$390,000 and \$590,000 per year per 1,000 full-time employees.¹² The damage to the officer and their families cannot be calculated. It is important to consider not only the impact on correctional officers but on their families as well. Most correctional professionals take the job because it is one of the few pathways to the middle class for those who don't have college degrees. But, as the old labor folk song goes, "They bring more than a paycheck to their loved ones and families." We have far too much evidence of how a spouse, child, or other family member is impacted by the job.

When correctional officers' issues are not considered or, worse yet, are disregarded, as is so often the case, another source of correctional stress is revealed: a lack of respect, understanding, or concern. Given Hollywood's traditional portrayal of correctional officers as "knuckle-dragging Neanderthals" and the absence of any counter-narrative, it's not surprising that in the public's eye the myth has become the legend.

What is so often missing from the national conversation is just how many people are impacted when 34% of correctional officers and 27% of non-custody staff are working at a diminished capacity.¹³ The mental health and well-being of correctional staff is directly linked to the safety and rehabilitation of the entire prison population; and so, for those who are invested heavily in programming and reforms, correctional staff wellness needs to be a priority.


12 Denhof, M. D., & Spinaris, C. G. (2013). *Depression, PTSD, and Comorbidity in United States Corrections Professionals: Prevalence and Impact on Health and Functioning*. Desert Waters Correctional Outreach. https://desertwaters.com/wp-content/uploads/2013/09/Comorbidity_Study_09-03-131.pdf.

13 Spinaris, C. G., Denhof, M. D., & Kellaway, J. A. (2012). *Post-Traumatic Stress Disorder in United States Corrections Professionals: Prevalence and Impact on Health and Functioning*. Desert Waters Correctional Outreach. https://desertwaters.com/wp-content/uploads/2013/09/PTSD_Prev_in_Corrections_09-03-131.pdf.


What We Know & Don't Know

STATISTICS

It is worth noting that one of the major obstacles anyone faces in evaluating anything to do with corrections is the lack of availability of timely and relevant data. Many agencies refuse to release information necessary to evaluate operational efficiency, safety, and functionality, and without that specific statistical information it is difficult to make accurate assessments. With this in mind, this chapter seeks to provide useful statistics on PTSD, depression, and suicide. Further, this chapter looks into the myriad of issues that impact an officer's work environment, add stress to the job, and are tied up with the questions of problems and solutions of dealing with correctional officer and staff wellness.

 PTSD		
PTSD Rate General Population	3.5%	Women 5.2% Men 1.8%
PTSD Emergency Medical Responders	14.1%	New York EMS Post 911
PTSD New York Firefighters Post-911	14.3%	
PTSD Iraqi War Veterans	12-20%	
PTSD Correctional Custody Staff	34.1%	
PTSD Male Custody Staff	36%	Police Officer Male 15%
PTSD Female Custody Staff	30%	Police Officer Female 18%
PTSD All Correctional Staff	27%	
PTSD Female Staff	21.7%	
PTSD Male Staff	30.5%	

(2012 PTSD Study, Desert Waters) ¹

 DEPRESSION		
Depression General Population	9.1%	
Depression Males	8.0%	
Depression Females	10.2%	
Depression Corrections Custody Staff	31.0%	Police 12%
Co-Morbidity (PTSD & Depression)	21.9%	
Depression All Correctional Staff	25.7%	
Depression Male Staff	28.7%	
Depression Female Staff	22.1%	

(2013 Comorbidity Study, Desert Waters) ²

¹ Spinaris, C. G., Denhof, M. D., & Kellaway, J. A. (2012). Post-Traumatic Stress Disorder in United States Corrections Professionals: Prevalence and Impact on Health and Functioning. Desert Waters Correctional Outreach. https://desertwaters.com/wp-content/uploads/2013/09/PTSD_Prev_in_Corrections_09-03-131.pdf.


² Denhof, M. D., & Spinaris, C. G. (2013). Depression, PTSD, and Comorbidity in United States Corrections Professionals: Prevalence and Impact on Health and Functioning. Desert Waters Correctional Outreach. https://desertwaters.com/wp-content/uploads/2013/09/Comorbidity_Study_09-03-131.pdf.

DIVORCE


“Correctional officers are above the general population on all measures of divorce. Correctional officers are higher in rates of divorce, and in the rates of growth in the divorced population. It is difficult to do the statistics any other way. *They were 20% more likely to get a divorce than the general population which is rather sobering...* However, police officers are 18% less likely to get a divorce than the general population.”³

HEART DISEASE

“Individuals formally screened for PTSD and depression reported that they suffered from heart disease approximately twice as often as individuals who were disorder-free and approximately 50% more often than individuals who had PTSD only or depression only. These results indicate that correctional professionals with concurrent PTSD and depression are substantially more likely to report having heart disease and suggests that they are at increased risk for heart disease.”⁴

 SUICIDE			
	Suicides	Population	Per/100,000
Current All LEOs	7.4	40,000	18.5
Corrections Only	2.4	6,900	34.8
Police Only	5	33,200	15.1

(New Jersey Attorney General Study)⁵

 CORRECTIONAL OFFICER MORTALITY ⁶	
Average life span of an adult male =	75 years
Average life span of adult female =	80 years
Average life span of a correctional officer =	59 years

3 Aumiller, G. (2016, December 2). *Divorce in Cops and Corrections* [web log]. <https://www.linkedin.com/pulse/divorce-cops-corrections-gary-aumiller-ph-d-abpp/>.

4 Denhof, M. D., & Spinaris, C. G. (2013). *Prevalence and Statistical Information Pertaining to PTSD, Depression, and Heart Disease among U.S. Corrections Professionals*. Desert Waters Correctional Outreach. http://desertwaters.com/wp-content/uploads/2013/08/Oasis_April_2013.pdf.

5 New Jersey Police Suicide Task Force. (2009). *New Jersey Police Suicide Task Force Report*. New Jersey Office of the Attorney General. [https://www.state.nj.us/lps/library/NJPoliceSuicideTaskForceReport-January-30-2009-Final\(r2.3.09\).pdf](https://www.state.nj.us/lps/library/NJPoliceSuicideTaskForceReport-January-30-2009-Final(r2.3.09).pdf).

6 Cheek, F. E. (1984). *Stress Management for Correctional Officers and their Families* (Vol. 106). College Park, MD: American Correctional Association. See also: Cheek, F. E., & Miller, M. (1982). *Prisoners of Life: A Study of Occupational Stress Among State Corrections' Officers*. American Federation of State, County and Municipal Employees, AFL-CIO. Washington, D.C.

Icon credits: PTSD by WEBTECHOPS LLP, Depression by Adriana Danaila, Suicide by HeadsOfBirds, Death by Alzam from the Noun Project.

CHAPTER 2: WHAT WE KNOW AND DON'T KNOW

A 2011 Florida study found a slightly higher mortality rate of 62.4 years.⁷ Correctional officers give up between 14 and 21 years of their lives in the name of public safety — a very high price to pay for these officers and their families.

ASSAULTS

The number of assaults on staff is grossly underreported. Much of that is the result of correctional agencies excluding incidents that would be prosecuted as assaults on the street from being reported as assaults behind the walls. An agency might also count an incident when multiple officers were injured as one assault. In addition, many assaults go unreported and are dismissed by management as “part of the job.” Of those that are reported, few are prosecuted.

The de minimis nature in which many of these incidents are handled sends several wrong messages to staff and those who are incarcerated alike. It illustrates a perceived disregard for staff safety by management. It adds to the “us vs. them” mentality that staff often adopt, only the “them” in this instance are not the incarcerated individuals but, rather, the administration. It promotes a bunker mentality, adding to that sense of isolation and abandonment staff often feel. It can also feed an unwanted undercurrent, “. . . if the administration won't handle this problem, we must.”

The way management deals with this very sensitive area can either unify staff believing that the administration “has our backs” or it can foster mistrust, division, and vigilantism.

“. . . recent figures from Wolff and colleagues showed that across a nationally representative sample of U.S. prisons, the rate of inmate-on-inmate assault ranged from 129 to 346 per 1,000 offenders, and inmate-on-officer assault ranged from 83 to 321 per 1,000 offenders.”⁸

The wide range in the estimated number of assaults reported illustrates the need for a uniform reporting mechanism. This is another area in which data collection and transparency are lacking and sorely needed. The way the assaults on staff are handled in each department speaks volumes about the way staff are viewed.

“As another example, Bureau of Labor Statistics (2015), correctional officers and jailers, in 2014, sustained 53.5 work-related intentional injuries by another person per 10,000 FTEs. This is much higher than the equivalent rate for all types of workers (2.9 per 10,000 FTEs), and even higher than that for police and sheriffs' patrol officers (42.5 per 10,000 FTEs).”⁹

7 Parker, J. R. (2011). *Florida Mortality Study: Florida Law Enforcement and Correctional Officers Compared to Florida General Population*. http://www.floridastatefop.org/pdf_files/floridamortalitystudy.pdf.

8 Wolff, N., Blitz, C. L., Shi, J., Siegel, J., & Bachman, R. (2007). *Physical Violence Inside Prisons: Rates of Victimization*. *Criminal Justice and Behavior*, 34(5), 588–599.

9 Bureau of Labor Statistics. (2016, November 10). *News release: Nonfatal Occupational Injuries and Illnesses Requiring Days Away From Work, 2015*. U.S. Department of Labor, Bureau of Labor Statistics. <http://www.bls.gov/news.release/pdf/osh2.pdf>.

CHAPTER 2: WHAT WE KNOW AND DON'T KNOW

There are 1,430,000 individuals incarcerated in our prisons.¹⁰ Applying the rates found in the 2007 study estimates there are between 12,500 and 48,300 assaults on prison staff per year.¹¹ With that level of violence, a correctional officer can expect to be seriously assaulted at least twice during a twenty-year career.

How many other occupations have that expectation? How many other employees must consider what their security protocol is if they are taken hostage? Whether or not they consciously realize it, those considerations are planted firmly in a correctional officer's subconscious and they have an impact.

"The violence in prisons haunts guards' private lives. They begin to treat their family and friends like they treat convicts, lose their trust in people, and feel threatened on a daily basis. This behavior often leads to domestic violence, drug abuse, and feelings of guilt."¹²

Physical assaults, mental assaults, assaults with weapons, assaults with bodily fluids, and threats to loved ones and families are all part of the psychological trauma officers endure on a regular basis. Even when it's an officer located two thousand miles away who gets murdered, brutally assaulted, or taken hostage, every officer who hears of that incident realizes it could be them. Their family members' fear and stress levels also increase when they learn of these assaults. It's the pebble-in-the-pond ripple effect.

Most often assaults are associated with a physical altercation. However, just as much psychological trauma can be induced with verbal threats. When a gang member or violent offender tells an officer "I know where you live" or "I'll see you when I get out," these varied threats can have damaging consequences. But when they tell an officer they know when they work and they intend to pay their family a visit when they get out, it has a detrimental impact on staff psyche.

“

I noticed he was sneaking up behind me, he said something and returned to his cell. As I approached his door, he lunged at me... when I ignored him, he came at me from behind. I turned to face him to defend myself, his left hand was behind his back and I assumed he had a weapon... he struck me in the neck, I tried to block it, I pushed him into the doorway and I grabbed hold of him and got him in a headlock and punched him in the face. I tried to secure the knife and could not obtain it, it was tied to his wrist. He tried to stick his fingers in my left eye, and I was holding his hands down by his wrist.

—Matt

10 Carlson, E. A. (2020, October). *Prisoners in 2019*. U.S. Department of Justice, Bureau of Justice Statistics. <https://bjs.ojp.gov/content/pub/pdf/p19.pdf>.

11 Wolff, N., Blitz, C. L., Shi, J., Siegel, J., & Bachman, R. (2007). *Physical Violence Inside Prisons: Rates of Victimization*. *Criminal Justice and Behavior*, 34(5), 588–599.

12 Picincu, A. (2019, March 24). *The Disadvantages of Being a Correctional Officer*. *Chron*. <https://work.chron.com/disadvantages-being-correctional-officer-10287.html>.

CHAPTER 2: WHAT WE KNOW AND DON'T KNOW

It can be a potentially fatal mistake to get complacent and forget, even for a moment, the realities of working in the correctional environment, which is counter to the adaptability of human nature.

This gives rise to the cognitive dissonance that is a foundational block for the stress of officers. Even during times when all is relatively calm, and it is possible to slip into the mundane daily routines of the job, officers and staff must remain purposely hypervigilant.

This underlying stress is one reason why hypertension and heart disease in correctional officers are considered on-the-job injuries.

COMMUNICABLE DISEASE

Except for health care professionals, there are few occupations that deal with the levels of exposure to infectious and communicable disease that correctional staff do.

The exposure levels to officers, administrative and civilian staff, families, and the incarcerated population during the COVID-19 pandemic was staggering, leaving many dead.

On April 1, 2020, the Federal Bureau of Prisons ordered an immediate lockdown of all federal correctional facilities.

“

There was a guy, when I'm doing a bunk check at night, he says "Smiley" and I stop and back up and say "are you talking to me?" and he goes "yeah, your nickname is Smiley, right?" "How do you know that?" He says "Well your best friend's name is Dwayne, his nickname is Onion, and you went to Hale Junior High School, El Camino High School, and El Camino College..." I wrote the guy's name down, went home and broke out my yearbooks, and this dude is there through the whole period.

—Sam

“For a 14-day period, inmates in every institution will be secured in their assigned cells/quarters to decrease the spread of the virus. This modification to our action plan is based on health concerns, not disruptive inmate behavior. . . Limited group gathering will be afforded to the extent practical to facilitate commissary, laundry, showers, telephone, and Trust Fund Limited Inmate Computer System (TRULINCS) access.”¹³

Countless died as a result of COVID-19 spreading through correctional institutions infecting officers and the incarcerated population. Thousands of family members still live in fear that their loved one will be infected too. As if the daily stresses of a life working behind the walls isn't enough, the long-term effects of added stress caused by this pandemic have yet to be calculated.

13 Federal Bureau of Prisons. (2020, March 31). COVID-19 Action Plan: Phase Five. Federal Bureau of Prisons. https://www.bop.gov/resources/news/20200331_covid19_action_plan_5.jsp.

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It's no secret that prisons and jails are incubators for communicable disease. Hepatitis B and C, MRSA, tuberculosis, ectoparasites (bedbugs, lice), influenza, and HIV are all found at elevated levels in correctional facilities. As a result, correctional officers face higher levels of exposure to communicable disease than any other occupation, with the exception of health care workers.

"... Although there are little empirical data on the rates at which COs contract any of the above-noted illnesses, practitioners and scholars consider infectious and communicable diseases among inmates to be a significant threat to the health and safety of COs"¹⁴

HIV prevalence is three times higher in our prisons and jails and 30% to 40% of those incarcerated are estimated to be positive for Hepatitis C.¹⁵ MRSA outbreaks are not uncommon either.

One symptom long associated with a high level of stress is an impaired immune system. Correctional officers are not only exposed to a much higher level of communicable disease than the general population, they are also much more susceptible to infection if their immune systems are compromised. Correctional officers must deal with the anxiety associated with potential exposure and also with the stress that comes from the fear of exposing their families as well.

MENTALLY ILL POPULATION

"James and Glaze (2006) further noted that in 2005, 56 percent of state prisoners, 45 percent of federal prisoners, and 64 percent of those in jail reported symptoms of at least one mental health problem."¹⁶

An unscientific survey of approximately 150 correctional officers from various parts of the United States attending a conference on PTSD in 2019 were asked how many of them had been trained in recognizing and dealing with inmates with mental health issues. Only two officers raised their hands.¹⁷

¹⁴ Ferdik, F. V., & Smith, H. (2017). *Correctional Officer Safety and Wellness Literature Synthesis*. US Department of Justice, Office of Justice Programs, National Institute of Justice.

¹⁵ Reindollar, R. W. (1999). *Hepatitis C and the Correctional Population*. *The American Journal of Medicine*, 107(6), 100-103.

¹⁶ James, D. J., & Glaze, L. E. (2006). *Mental Health Problems of Prison and Jail Inmates*.

¹⁷ Dawe, B. (2019, November 16). *COPTSD156 Conference [Conference]*. COPTSD156 Coalition Initiative Hosted by American Correctional Officer Intelligence Network, Boston, Massachusetts. https://6defa663-3457-49e5-bbb4-a72868787876.filesusr.com/ugd/ba33c6_ab8fa4cd-064f46b6b0b79a0419c89373.pdf.

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Here is an example where the culture of corrections and an officer's humanity collide. Even if an officer is aware that an individual has mental health issues, they must not treat them any differently than they would any other in their custody. To do so could mark that individual as a possible snitch, and for anyone inside to be perceived as being a "rat" is a potential death sentence. It can also mark the officer as soft and potentially weak in the eyes of others and therefore seen as unreliable to fellow staff. Officers learn to suppress their emotions and compassion, often with severe consequences to their own mental health. Even officers who want to extend a sense of humanity are confronted with the restrictions on "overfamiliarity," which actually forbid those types of connections. So, it's not just that they don't want to be perceived as weak or soft, but are required to close off in order to keep their jobs. For many officers, it's not long before empathy and compassion go missing from their personal lives as well.

SYNTHETIC DRUGS

The introduction of illicit synthetic drugs into the correctional systems poses yet another threat to staff health and adds additional levels of stress. K-2 Spice, Fentanyl, Suboxone, and other potentially deadly drugs are turning up in prisons and jails on a regular basis. Several inside have died from overdose, and numerous staff members have taken ill as a result of exposure. It also adds additional stress on staff working in the visiting rooms. As security measures increase to ensure safety and reduce contraband, interactions with visitors can become strained.

"From mail-rooms to drones in the yard, these drugs have consistently found their way into correctional institutions, leaving officers exposed and inmate consumers susceptible to the dangers of the opioid epidemic. Despite increased awareness and focus on prevention, the volume and availability of these drugs remains steady and continues to wreak havoc on the correctional system. Correctional departments are also asked to serve as drug rehabilitation clinics but given few resources to combat the problem effectively. So, what can be done? First, recognize correctional officers as first responders and allow them to carry and administer life-saving drugs such as naloxone. By doing so, we create an alert and well-trained workforce with the skills and knowledge to impact the opioid crisis on the front lines and provide on-the-spot care." ¹⁸

While there is plenty of coverage of the few officers who violate their oath and take part in these activities, there is far too little attention paid to the threats the drugs pose and what a potential sustainable and effective response would look like.

18 Potter, A. (2018, September 6). *Opinion: Prison are overlooked in opioid crisis*. *The Detroit News*. <http://www.detroitnews.com/story/opinion/2018/09/05/prison-overlooked-opioid-crisis/1192865002/>.

Surprising Sources of Stress

If the average person was told that corrections is a stressful job, they would almost universally accept that proposition. What might surprise them would be to learn that the individuals in our custody are at the low end of the spectrum on what leads to stress in corrections.

National studies conducted by Dr. Caterina Spinaris, referenced multiple times in this report; Dr. Donald Steele, who has spent over twenty years treating correctional officers for stress; and American Military University professor Michael Pittaro, Ph.D., who is a criminal justice expert and author, have all separately reached the same conclusion: approximately 60% of staff stress comes from policies, procedures, and the administrators themselves.¹

“Most outrageous and unexpected is betrayal and abuse by some administrators and superior officers who abuse authority and bully officers as though they were inmates.”²

“Brower (2013) remarked that policies and programs designed to improve officer health have not been instituted in many prison facilities because administrative officials fail to recognize the dangers attached to the job.”³

An additional 15% to 20% of staff stress comes from each other.⁴

“Unfortunately, also, officer betrayal of or bullying of officers by other officers or managers also can cause severe stress or PTSD. This latter can range from demeaning an officer for being weak to punishment and intimidation such as jamming radios.”⁵

1 Dawe, B. (2019, November 16). COPTSD156 Conference [Conference]. COPTSD156 Coalition Initiative Hosted by American Correctional Officer Intelligence Network, Boston, Massachusetts. https://6defa663-3457-49e5-bbb4-a72868787876.filesusr.com/ugd/ba33c6_ab8fa4cd-064f46b6b0b79a0419c89373.pdf.

2 Steele, D. (2016, April). Post Traumatic Stress Disorder in the Correction Officer's Life. National Correctional Employees Union. https://www.nceu.org/index.cfm?zone=%2Funionactive%2Fview_article.cfm&HomeID=566264.

3 Ferdik, F. V., & Smith, H. (2017). Correctional Officer Safety and Wellness Literature Synthesis. US Department of Justice, Office of Justice Programs, National Institute of Justice.

4 Dawe, B. (2019, November 16). COPTSD156 Conference [Conference]. COPTSD156 Coalition Initiative Hosted by American Correctional Officer Intelligence Network, Boston, Massachusetts. https://6defa663-3457-49e5-bbb4-a72868787876.filesusr.com/ugd/ba33c6_ab8fa4cd-064f46b6b0b79a0419c89373.pdf.

5 Steele, D. (2016, April). Post Traumatic Stress Disorder in the Correction Officer's Life. National Correctional Employees Union. https://www.nceu.org/index.cfm?zone=%2Funionactive%2Fview_article.cfm&HomeID=566264.

The remaining 15% to 20% comes from the incarcerated population:⁶

“Personally, I can attest that there is ample PTSD in the lives of correctional officers. As a psychologist in private practice I have seen hundreds of officers from state and county facilities where there are stabbings, hangings, assaults with contaminated needles, assaults with saliva, urine, excrement, credible threats to life and welfare of officers and families, sudden unexpected deaths and suicides.”⁷

This chapter will consider not only the intrinsic sources of officer and staff stress, such as the three discussed above, but also several of the outside factors that increase the load on an officer’s psyche. After looking at who correctional officers are, the chapter delves into some of the reasons this profession is so greatly impacted by the mental rigors on the job, more so than other first responders.

WHO ARE CORRECTIONAL OFFICERS?

During childhood, kids regularly invent games where they imagine what they will be when they grow up. Many pretend to be police officers, nurses, doctors, lawyers, firefighters, or teachers. How many kids in the neighborhood grew up locking their friends in the basement because they wanted to be a correctional officer? How many seniors in the high school yearbook listed “correctional officer” as a career aspiration? Almost no one does that. No one wants to go to prison, even if they have the keys. Unless you have family working in corrections, many of the men and women who fill out an application for a job behind the walls are doing so for one reason – economic necessity. There are some military veterans and a few approaching corrections as a stepping-stone, but by and large, most correctional applicants just need a job with a few benefits and maybe a little security. Few wanted to make it a career when they started.

Some choose this path because they see it as an opportunity to help people “correct” their wrongdoings and come out better, but those for whom this was their motivation quickly find out that it’s not really an option, because the current system was not designed with this in mind..

“

The suffering that you are actually guiding, overseeing, and nobody tells you that’s what this is and nobody probably will never admit it openly, that there are people that are suffering. There’s no person or culture that I know that has willingly submitted to subjugation. It’s against human nature. People don’t like being confined and constrained. It’s part of why it’s punishment. We’re actively part of that and there’s this dissonance that develops within you when you see something that’s not natural happening to an individual, and it’s compounded when you subconsciously know that you have a hand in it.

—Sam

6 Dawe, B. (2019, November 16). COPTSD156 Conference [Conference]. COPTSD156 Coalition Initiative Hosted by American Correctional Officer Intelligence Network, Boston, Massachusetts. https://6defa663-3457-49e5-bbb4-a72868787876.filesusr.com/ugd/ba33c6_ab8fa4cd-064f46b6b0b79a0419c89373.pdf.

7 Steele, D. (2016, April). Post Traumatic Stress Disorder in the Correction Officer’s Life. National Correctional Employees Union. https://www.nceu.org/index.cfm?zone=%2Funionactive%2Fview_article.cfm&HomeID=566264.

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Correctional officers are a cross section of Americans, drawn mostly from the middle and lower economic classes. They represent every race, religion, color, gender, and educational background in the nation. There is no one correctional officer demographic, at least not when they start a career in corrections.

HOLLYWOOD AND MEDIA PORTRAYAL

Try to recall the last time there was a movie or television show that portrayed correctional officers in a positive light. From the 1950's Jimmy Cagney gangster movies to *The Shawshank Redemption*, *Orange Is the New Black*, and *Prison Break*, it's hard to find a positive portrayal of correctional officers. The same is true in daily media and news.

As a thought experiment, on your computer, pull up your browser and type "correctional officer news" and see exactly what is in the news at any given time. For every positive story, if there is one, there are infinitely more negative ones. Correctional officers save people's lives every single day. On a regular basis officers and staff intervene in riots, assaults, gang violence, attempted suicides and murders, medical emergencies, fires, attempted escapes, and drug overdoses. They risk their lives not only protecting the public but to protect convicted rapists, murderers, child molesters, armed robbers, drug lords, and gangbangers from one another – it's the job.

When they aren't on the job they are parents, Little League coaches, part-time fire and EMS, and community members. Yet, the media's portrayal has many believing officers are the bad guys, sadistic knuckle-draggers and wannabe cops. It is true that officers and staff are unusual in terms of what is asked of them. They run toward the very things that others run away from, but again, this is part of the job.

The inaccurate narrative that has taken hold is that correctional officers are the bad guys while those who are incarcerated are increasingly portrayed as innocent victims. That takes a toll. In addition, what is entirely missing is that the system has not been designed for the success of anyone it touches.

Granted, like every profession, corrections has its issues, as do others. Take embezzlement on Wall Street or price fixing in pharmaceuticals. There is not a profession in the world that does not have some members who should not be in that profession. Some teachers shouldn't teach, some preachers shouldn't preach, and some people should not be given a badge. With over 430,000 correctional officers nationwide, if only 1% should not be in uniform that's 4,300 bad officers. Make no mistake, no one wants bad officers off the blocks more than the other good officers. Bad officers endanger everyone. It doesn't take long for 4,300 to distort the image of, and put in danger, the other 425,000, especially when there is no counter narrative, no one to tell all the lifesaving stories and explain all the good that is done every day. Without those real-life stories being told, the public is left with a very warped and damaging idea of who officers and staff are and what they do.

Compounding matters is the near-universal policy that custody staff are not allowed to talk to any media outlet unless it is pre-approved by the administration. The repercussions are real and known to all staff – talk to the media and you're looking at a suspension or worse. This leads us to the primary source of stress cited by most staff: the administration.

ADMINISTRATION

“The results of this review indicate that the organizational structure and climate of correctional institutions has the most consistent relationship with COs’ job stress and burnout . . . interventions should aim to improve the organizational structure and climate of the correctional facility by improving communication between management and COs.”⁸

When an administration’s everyday actions are accepted as professional and part of organizational norms, challenging and changing that culture can be a herculean task. Self-evaluation and facing the realization that there is a problem is never an easy thing to do.

“An important first step is recognizing that this field of employment is perilous and accompanied by many threats to CO health. Brower [2013] remarked that policies and programs designed to improve officer health have not been instituted in many prison facilities because administrative officials fail to recognize the dangers attached to the job. Improvement of CO health starts by changing this mindset among not only administrative officials but also other relevant stakeholders in the correctional field.”⁹

This is a long-standing problem, as can be seen from this 1982 quote from a research paper by the National Institute of Justice:

“Stress among correctional officers and administrators is often caused by the conflicting goals of custody and rehabilitation, trial and error in management, and the correctional system’s vulnerability to political and community groups.”¹⁰

This section is not intended to impugn or point fingers at any particular administration. It is, however, a key intention of this paper to shine a light on some of the administrative practices that add to the overall stress in corrections. Cultural change is essential if there is to be reform in corrections, and it starts at the top. As with most line officers, members of the command staff fall into their predetermined roles. Fortunately, there is no law or statute that mandates correctional departments be run as paramilitary organizations steeped in secrecy. Management structure can be redesigned; data

⁸ Inney, C., Stergiopoulos, E., Hensel, J., Bonato, S., & Dewa, C. S. (2013). *Organizational Stressors Associated with Job Stress and Burnout in Correctional Officers: a Systematic Review*. *BMC Public Health*, 13(1), 1-13.

⁹ Ferdik, F. V., & Smith, H. (2017). *Correctional Officer Safety and Wellness Literature Synthesis*. US Department of Justice, Office of Justice Programs, National Institute of Justice.

¹⁰ Cheek, F., & Miller, M. D. (1982). *Reducing Staff and Inmate Stress*. *Corrections Today*, 44(5), 72-76.

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collection methods updated, promoting transparency without risking security; and pilot programs launched. The bipartisan winds of criminal justice reform make this issue ripe for change, but it will take a willingness to relinquish traditional norms and a commitment to make a long-term concerted effort to do so.

“Many scholars conclude that employment as a CO is among the most dangerous and life threatening of all professions . . . Given how COs are heavily relied upon to supervise inmate behavior, establish order in their facilities, and maintain wider institutional security, it is paramount that correctional practitioners, researchers, administrative officials, and other interested stakeholders begin developing more effective and widely used strategies for enhancing the general well-being of this critically important workforc.”¹¹

COMMAND DECISIONS

Correctional agencies in the United States operate under a paramilitary command structure. Like soldiers, correctional officers must follow orders. The actions taken in any given situation are predetermined by training and policy. Officers are not allowed to provide input into the formation of the policies they implement or the procedures they follow. They are not asked for feedback regarding their success or failure. In the decision-making chain of authority, officers are the proverbial “potted plant.” They are expected to follow orders and if they disagree, they are allowed to question directives only after the order has been carried out. Despite media focus on officers, it is the administration that decides who goes to solitary and for how long. The officers work within the conditions of confinement that those who are incarcerated live in, but it is the administration that decides those conditions.

However, unlike the military, correctional administrators’ tenures are usually brief, and leadership is constantly changing. New commissioners and wardens are often appointed with each new election cycle. In many of our jail systems, sheriffs are elected often with no correctional or even law enforcement background. As a result, command decisions and directives will often change with each administration. This frequently leads to inconsistency and upheaval within a facility or department. “Change” is viewed with a large dose of skepticism by staff. Unlike most occupations, “change” in correctional policy can have a direct impact on the health and safety of everyone involved. Understanding the limited input staff have into the operational design of a facility helps to shine a spotlight on where major reforms are needed most—at the top. If a facility is run poorly or is more violent than others, that reflects most directly on the administration. If there are bad officers and they are not weeded out, that too is management’s function. In corrections, everything flows top down.

¹¹ Ferdik, F. V., & Smith, H. (2017). *Correctional Officer Safety and Wellness Literature Synthesis*. US Department of Justice, Office of Justice Programs, National Institute of Justice.

UNDERSTAFFING

There is no greater threat to the safety and security of a correctional institution or to the completion of the mission of corrections than the issue of staffing. Staffing impacts virtually every aspect of a correctional facility's operations. It is also one of the most influential components of staff stress.

When a jail, prison, or juvenile detention facility is designed, the number of officers needed to safely staff the facility is determined by government officials, usually someone from finance. That number is based on a variety of factors, including facility security classification (low, medium, high, close), population, and architectural design. The number of staff is the "operational" staffing level.

The number of incarcerated individuals a facility is designed to hold is the "design capacity." The actual number they will put into a facility is the "operational capacity." For example, most prisons were not built to be double bunked (design capacity), but today most of them are (operational capacity). Together, the operational staffing level and inmate design capacity establish what the agency cites as the inmate-to-officer staffing ratio.

The initial staffing levels established at the onset are what the agency feels will maintain a safe, secure facility if normal operations are underway, including programming, education, religious activities, outside work details, visits — the day-to-day. A facility can operate with reduced staff if many of those programs and activities are curtailed; however, whenever staff is reduced, the margin for error declines and dangers increase.

The point at which the agency starts to hire overtime to fill positions strongly indicates what management feels is a safe ratio. As long as there is not too much violence or an escape, correctional administrators are primarily judged on how they handle their budgets.

Inmate-to-officer staffing ratios is one of the more disingenuous statistics that the public is led to believe. According to the statistics being reported, in our jails the ratio of inmates to officers is 4 to 1,¹² in our federal facilities it's 4.4 to 1,¹³ and it's being reported as 4.9 to 1¹⁴ in state facilities. Every correctional officer in the nation would strongly disagree with those numbers.

Most correctional officers work in conditions in which they are outnumbered by better than 60 to 1. Many operate at over 100 to 1, especially in the yards and "chow halls" of medium to larger jails and prisons. The numbers being reported by the agencies are derived by simply dividing the total number of inmates by the total number of officers — a completely misleading statistic.

12 Zeng, Z. (2018, February). *Jail Inmates in 2016*. U.S. Department of Justice, Bureau of Justice Statistics. <https://bjs.ojp.gov/content/pub/pdf/ji16.pdf>.

13 Davidson, J. (2015, September 1). *Too many inmates, too few correctional officers: A lethal recipe in federal prisons*. *The Washington Post*. <https://www.washingtonpost.com/news/federal-eye/wp/2015/09/01/too-many-inmates-too-few-correctional-officers-a-lethal-recipe-in-federal-prisons/>.

14 Stephan, J. (2008, October). *Census of State and Federal Correctional Facilities, 2005*. U.S. Department of Justice, Bureau of Justice Statistics. <https://bjs.ojp.gov/content/pub/pdf/csfcf05.pdf>.

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An officer works an average of 40 hours a week and has two to three weeks' vacation, personal time, sick leave, etc. An inmate is there all 168 hours every week. The numbers reported to the public are accurate only if every officer works 24/7 and never goes home.

What is the difference in perception when the public hears 1 officer for every 5 inmates versus when they hear 1 officer for every 70 inmates? Reporting accurate staffing numbers is not just a matter of needed transparency but could also make a huge difference in mobilizing the public and elected officials to address this fundamental weakness in the correctional system.

The way to establish an honest staffing ratio is to do a "post audit." Every post is evaluated on every shift as to when it is operational and when it is unmanned. Only then can the staffing ratio of a facility truly be established. If those numbers were revealed the public would be shocked, and our elected officials would possibly then be moved to action.

Lack of staff is a major contributor to employee burnout and limits the capacity of officers and staff to contribute to a system where rehabilitation is an achievable goal. This shortage impacts everyone, from administrators to those in custody. Managers are under pressure to make decisions on the staffing numbers they can get by with. If someone gets injured or worse, they have to live with their decision. What programs can be cut or canceled? Is there a need to curtail visits and initiate other restrictions? These decisions impact the tension in the facility as well. Understaffing strains every aspect of a correctional system.

There are several ways to achieve safe staffing levels by either decreasing the incarcerated population or increasing staffing levels. In December 2018 Congress passed the First Step Act¹⁵ initiating several reforms designed to decrease the incarcerated population. *However, as the population declines, it should provide the opportunity to bring staffing back to safe levels and not simply decrease staffing in tandem with declining population numbers. A decreasing population should lead our nation to ask some fundamental questions: How do we have decreasing numbers but still have overcrowding? Is the ultimate measure of success short-term reductions or lower recidivism rates? Regardless of the short- or long-term priorities, why not take advantage of lower numbers to improve staffing ratios rather than lean further into understaffing?*

DISTRUST OF ADMINISTRATION

"COs' negative perceptions about managerial decision-making practices can create friction between both sides and contribute to higher levels of CO stress and burnout [Finney et al., 2013; Lambert, Hogan, & Allen, 2006]. Lambert and colleagues [2012] found that officer stress and burnout could be predicted by their distrust of the prison administration."¹⁶

¹⁵ First Step Act of 2018, S.756, 115th Congress (2017-2018), Public Law No: 115-391.

¹⁶ Ferdik, F. V., & Smith, H. (2017). *Correctional Officer Safety and Wellness Literature Synthesis*. US Department of Justice, Office of Justice Programs, National Institute of Justice.

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Rarely if ever are staff asked for their input on administrative decisions or policy. There is no buy-in opportunity for staff, no way for them to own the policy or partake in preplanning and development. In fact, staff usually find out about a change the same day it's implemented. In many ways it's the paramilitary nature of the command structure that shuts off staff participation.

When changes initiated by the administration impact living conditions for those incarcerated, staff serve as the buffer of policies they know little about yet must enforce. This becomes another unnecessary source of resentment and stress. And when those decisions have a direct impact on staff and facility safety, it becomes a source of anger.

EQUIPMENT

The failure to provide adequate equipment to properly and safely work in a correctional environment rests squarely with agency heads. Officers have no control over the equipment they are provided or the condition it's in. Cell doors that won't close or regularly jam; radios that don't work or are without batteries or horizontal warning alerts; insufficient handcuffs; dangerous transportation vehicles; outdated fire extinguishers; not enough protective gloves, face guards, extraction shields, or protective vests – all of these issues are commonplace in corrections. These deficiencies convey a shallow disregard for officer safety yet again.

In some cases, the lack of proper equipment has led to escapes, assaults, and even death.

“Corrections officer Jayme Biendl had complained repeatedly to supervisors about working alone in the chapel at the Monroe Correctional Complex (Washington). The 5-foot-3, 130-pound officer also complained that security cameras in the area didn't work. Late Saturday, her worst fears were realized when she was found strangled in the chapel, and a microphone cord was found near her post.”¹⁷

“The report found locks failed for years at the Lewis prison, leading to beatings of prisoners and guards, and that Ryan [former Arizona Director Charles Ryan] failed to appreciate the seriousness of the problem until he saw broadcast video of an assault. One prisoner was killed in an assault and two guards severely beaten in incidents related to faulty door locks.”¹⁸

At the time of this writing, the locks in the Lewis prison in Arizona have still not all been fixed.

17 Ostrom, C. M., & Chan, S. P. (2011, February 2). Monroe guard complained about working solo before inmate killed her. *The Seattle Times*. <https://www.seattletimes.com/seattle-news/monroe-guard-complained-about-working-solo-before-inmate-killed-her/>.

18 Christie, B. (2019, December 6). Arizona prison guard union says cell door locks still broken. ABC 15. <https://www.abc15.com/news/local-news/investigations/arizona-prison-guard-union-says-cell-door-locks-still-broken>.

OUR OWN WORST ENEMIES

“Keinan and Malach-Pines [2007] identified an additional impediment to successful implementation of safety and wellness programs: the widespread attitude known as ‘machismo’ among COs. Machismo prevents officers from requesting any type of assistance, because they perceive such requests as a sign of inherent weakness. It is imperative that there is a change to the cultural mindset in corrections and recognition that this is a dangerous field where external sources of assistance are sometimes required to improve officer well-being.”¹⁹

In corrections today, officers feel endangered by those in their custody, abandoned by management, misunderstood by the public, ignored by politicians, and demonized by the media. They can’t – and don’t want to – tell their family the things they see and sometimes are called upon to do. Friends want to hear the gory details that officers don’t care to relive. For all of these reasons, officers turn inward, to each other, not only for physical protection but for their emotional and psychological well-being. Working in a prison is very much a mentality akin to being in a war zone.

Under the circumstances that prevail in today’s prisons and jails, officers believe that all they have is each other. As such, there is a “what happens in prison, stays in prison” silent undertone. The code of silence you hear about is often about survival. An officer’s very life may depend on a fellow officer’s willingness to risk his or her own life. If their loyalty to each other is in question, so too might be their response when an emergency occurs requiring one officer to help another. Outnumbered as officers are in the environment in which they work, they never want to have to question whether or not their back is covered.

Should an officer not adapt to the culture of the institution where they work, their time there may be difficult. Officers want to believe that in every instance, no matter who the officer, if the alarm bell goes off the response will not vary. This perception fuels anxiety, which influences decisions and determines action or inaction. There is little worse than to be shunned or isolated from your very lifeline. In the world of corrections, going along to get along is often believed to be the safest course. You make waves, you get sunk. Weakness in corrections, regardless of your role in the system, is perceived to endanger everyone.

“The culture is tough and macho, and any sign of vulnerability, especially a mental health diagnosis, carries stigma. ‘Officers can never be weak. Inmates can never be weak. It’s its own world,’ said Brian Baisley, the head of the medical evaluation unit at Riverhead [jail in New York].”²⁰

¹⁹ Ferdik, F. V., & Smith, H. (2017). *Correctional Officer Safety and Wellness Literature Synthesis*. US Department of Justice, Office of Justice Programs, National Institute of Justice.

²⁰ Lisitsina, D. (2015, May 20). ‘Prison guards can never be weak’: the hidden PTSD crisis in America’s jails. *The Guardian*. <https://www.theguardian.com/us-news/2015/may/20/corrections-officers-ptsd-american-prisons>.

CHAPTER 3: SURPRISING SOURCES OF STRESS

Outnumbered as the staff and officers are, physical strength plays a much smaller role than does mental strength. If an officer is viewed as easily manipulated or conned by those incarcerated, his or her ability to do the job will be questioned. If an officer shows a little too much compassion, empathy, or familiarity with those inside, his or her loyalty to fellow officers may come into doubt. This is another example of the internal conflicts that officers face daily with the decisions they are called upon to make.

The result of this need for mental toughness amid conflicting loyalties leads to building a psychological wall that officers tend to create to protect themselves. The first brick in that psychological wall is “I can handle this” – it’s machismo in its deadliest form. The culture not only accepts it but rewards and promotes it, and there is very little sympathy for anyone who is so weak as to need help.

The current correctional system is designed to desensitize everyone who enters into it. The feeling of empathy and concern for others is tucked away in order to fit a culture dominated by risk, danger, and fear. These are conditions ripe for emotional distress and anguish buried just below the surface. The repercussions for seeking help range from being ostracized and isolated to losing your job. In many cases, promotional opportunities cease, assignments are limited, and officers may lose their private right to carry a firearm, which in and of itself can cost them their job. Officers fear that if they seek help their confidentiality may be breached and that they will be branded as weak.

“PTSD is considered taboo partly because many fear a diagnosis will have negative repercussions on their career prospects. They won’t get diagnosed because of the stigma,” Michael Van Patten [a twenty-plus-year veteran officer from Oregon] says. “Many are afraid that they will be put through a ‘fit for duty’ test with a state psychologist as a result and will be decertified.”²¹

Correctional officers find themselves in a Catch-22. If they seek help, they may be ostracized, endanger their career, and possibly lose their jobs. If they don’t, they may get by for a while, but it could catch up to them, as the sixty-one-year-old mortality rate for officers indicates.²²

As described above, staff perception and management style are the biggest impediments faced in tackling this dilemma. The culture ingrained in both will take a while to change, but that must not deter change efforts. Having emotional reactions to a career in corrections is not about being weak, it’s about being human. Just as administrations need to

“

It’s you against the world and there’s no safe haven; you have to watch your back with anyone. It’s a fear that you live with but you’re too macho to call it fear because that’s when you are perceived as weak.

—John

21 Lisitsina, D. (2015, May 20). ‘Prison guards can never be weak’: the hidden PTSD crisis in America’s jails. *The Guardian*. <https://www.theguardian.com/us-news/2015/may/20/corrections-officers-ptsd-american-prisons>.

22 Parker, J. R. (2011). *Florida Mortality Study: Florida Law Enforcement and Correctional Officers Compared to Florida General Population*. http://www.floridastatefop.org/pdf_files/floridamortalitystudy.pdf.

CHAPTER 3: SURPRISING SOURCES OF STRESS

change their often-draconian management style, so too do staff who must self-evaluate and treat each other better. If indeed officers are all in this together, then it is time to update the definitions of loyalty and having each other's backs.

FAMILY CONFLICTS

“The unique dimensions of a correctional officer’s job have led researchers to recognize the deleterious impact of the correctional work environment on the family domain, which may further manifest as job stress and job dissatisfaction. Given the regimented, almost militaristic, tendency of work inside the prison walls, incongruence and conflicts between work and family domains may be more frequent or magnified for correctional employees. Indeed, prior studies have found a number of work–family conflict dimensions to be linked to job stress and job satisfaction [Lambert et al., 2006] as well as eventual job burnout [Lambert, Hogan, & Altheimer, 2010].”²³

“

Fitness-for-duty exam comes and now they want to take your gun away or they want to see if you can even handle the job. Fitness for duty is a huge thing for correctional officers. They'll say you can't do the job and they'll take you out, without pay, and that's a big problem, you know? It's one of the things that holds us back from getting help.

—John

orced overtime, shift work, and schedule changes dramatically impact participation in educational obligations, day care, family gatherings, and children’s events for those working in corrections. Understaffing, which is a major problem in many jurisdictions, greatly impacts officers’ schedules and hence their life outside of the walls. For example, officers can literally be told during their shift that, due to understaffing, they will not be able to go home at the end of their eight hours but instead will be expected to work an additional eight-hour shift back-to-back. That lack of control is in and of itself a major source of stress. On top of that, having to tell a child why they had to miss a game or recital adds insult to injury. When officers find themselves having to apologize to their families, week after week, the resentment and stress mount.

Most officers do not recount their daily activities to their families. There is often not much to say, and when there is, it’s not usually something they want to share with loved ones. Officers don’t want to raise unnecessary alarms in the hearts and minds of their family members or discuss the gory details when things go sideways. Officers often explain that when they return home, they change out of their clothes and shower even before saying hello to their children to avoid having their kids see them the way they look at work — and they don’t just mean the uniform.

Having the support of families is critical to officer mental health, and when those family members have a better understanding of what officers do, it can help assuage their fears as well. Without it the isolation just grows worse and with it the dangers (see recommendations for more on mentoring as a solution).

23 Armstrong, G. S., Atkin-Plunk, C. A., & Wells, J. (2015). *The Relationship Between Work–Family Conflict, Correctional Officer Job Stress, and Job Satisfaction. Criminal Justice and Behavior, 42(10), 1066-1082.*

JOB SATISFACTION AND RECOGNITION

Unlike for other law enforcement officers and first responders, there are no rewards or acknowledgments of a job well done in corrections. No front-page headlines when a correctional officer saves someone's life or risks their own life protecting offenders from attacking each other. Even the administrators are slow to recognize and appreciate the jobs correctional officers do.

The drumbeat of negative messages about corrections is never-ending, making staff defensive and providing yet another source of stress that finds correctional officers combating an "us vs. them" mentality.

"The first point – and one of the most important ones – is recognition. Employees feeling valued motivates satisfaction, engagement, and productivity. That's why recognition and appreciation should be part of strategic HR decisions, and should be assimilated into the organization's culture. . . Across the board, recognition equates to motivation and success not only for employees but for employers."²⁴

For correctional officers who neither feel good about what they do nor see any positive results (most often they see individuals returning to prison, not the success stories of those who turn their lives around), their self-esteem suffers and they question their worth. As this happens the employer loses too, as they are not getting the best officer they could otherwise.

“

And this does and can occur without the ability to communicate with family members external to the prison. And it does build a sense of absence or neglect in our children.

—Sam

It's not vulnerable to be open to your family, that's something that we have got to do. That's your haven. You put it up when you go to work and you take it down when you leave work – that's what we're working on being able to do.

—John

The standard refrains are 'That is what you are paid to do' or 'You want a thank you for doing your job?'

—Sam

24 Daud, G. (2016, March 11). *Appreciation and Recognition – The Key to Job Satisfaction and Engagement*. IntraWay. <https://workwiththebest.intraway.com/blog-post/appreciation-and-recognition-key-for-engagement-and-satisfaction-at-work/>

Physical & Psychological Manifestations

Stress manifests itself in the human body in multiple ways both physical and mental. As previously mentioned, stress can compromise the human immune system, making “stressed” individuals more vulnerable to infection and disease. This does not always mean that stress is the source of these ailments, but it is almost always a contributing factor.



PHYSICAL MANIFESTATIONS

- Diabetes
- Dizziness, chest pain
- Rapid shallow breathing
- Hypertension/heart disease
- Insomnia
- Obesity
- Self-harm
- Ulcers/gastronomical problems
- Hyperarousal
- Suicide
- Increased tobacco use
- Opioid/pain killer abuse
- Nutritional deficiencies



PSYCHOLOGICAL MANIFESTATIONS

- Addictions (gambling, sex, steroids)
- Alcoholism
- Anxiety
- Depression
- Divorce/separation
- Fatigue
- Flashbacks/nightmares
- Guilt/internal conflict
- Lack of concentration
- Social withdrawal
- Substance abuse
- Paranoia
- PTSD

These manifestations, both physical and psychological, can result in increased absenteeism, late calls, sick calls, and family leave requests. The economic costs can be calculated, and they're proven significant. The impact of this on the incarcerated people who correctional staff are meant to supervise has never been truly investigated. And ultimately the cost on the officer, the human beings themselves, especially when you consider the number of suicides and correctional officers' mortality rates, cannot be overstated.

Icon credits: Patient by Teewara Soontorn and Psych by Priyanka from the Noun Project.

CHAPTER 4: PHYSICAL & PSYCHOLOGICAL MANIFESTATIONS

It is important to note the differentiation between stressors, PTSD, and Acute Stress Disorder. Caterina Spinaris describes different types of stressors officers may endure at work.

Operational stressors refer to technical aspects of 24/7 operations, including offender overcrowding; understaffing, shift work, mandatory overtime; equipment issues; noise; unclean space; temperature extremes; high workload; low job autonomy; and low job variety.

Organizational stressors refer to psychosocial aspects of correctional work – managing people, be it staff or offenders, and interacting with offenders’ families and victims. Organizational stressors include supervisor-subordinate conflict; staff-offender conflict; low-quality teamwork; lack of input into policymaking; perception of unfair disciplinary, evaluation, investigation, or promotion practices; perception of insufficient support by supervisors or administrators; perception of harassment; negative public image; interactions with the judicial system; and unclear or changing organizational goals and policies.

Traumatic stressors refer to incidents of physical or sexual violence, injury, death, or threats of such. Traumatic exposure is either **direct** or **indirect**.

Direct traumatic exposure involves having such events happen to oneself (such as being assaulted or threatened), or witnessing, in real time, the occurrence of such events happening to others.

Indirect traumatic exposure involves learning about such events at a later time – such as by reading about them, viewing them electronically, or being told about them. Both direct and indirect traumatic exposure are endemic in correctional work. It is important to note that the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, recognizes that indirect traumatic exposure that is work-related, including electronically or through pictures, can result in the development of PTSD.

Moreover, these three types of stressors at times interact. For example, the probability of a violent incident increases due to short staffing (operational stressor). Such an incident (traumatic stressor) is followed by investigations, perhaps staff discipline, conflict among staff, and increased tension between staff and offenders (organizational stressors). These outcomes may lead to further short-staffing and mandatory overtime (operational stressor) due to staff taking “mental health days” or sick days to recover from injuries. They may also lead to increased risk of another violent incident occurring (traumatic stressor).¹

¹ Denhof, M. D., Spinaris, C. G., & Morton, G. R. (2014). Occupational stressors in corrections organizations: Types, effects and solutions. US Department of Justice, National Institute of Corrections, 54, 71-82.

CHAPTER 4: PHYSICAL & PSYCHOLOGICAL MANIFESTATIONS

Stress is non-diagnosable, whereas PTSI and acute stress disorder are diagnosable disorders. The differentiation between them is described below by Heather Sheaffer, MA, LCSW:

“The symptoms of acute stress disorder are very similar to the symptoms of post-traumatic stress disorder (PTSD). The most important diagnostic distinction between the two disorders is that acute stress disorder persists for a period of one month or less after a traumatic event. PTSD symptoms can persist for months or years [Foa, 2009]. The DSM-5 estimates that half of patients experiencing PTSD initially presented with acute stress disorder [American Psychiatric Association, 2013].

Another important distinction between acute stress disorder and PTSI is the diagnostic emphasis of dissociative symptoms present in acute stress disorder. Dissociative symptoms, such as feeling detached from an experience, feeling numb, or being unable to remember traumatic events, are believed to impede the victim’s ability to deal with the problem, even when treated shortly after the trauma. These symptoms are a predictor of PTSI because the victim may experience symptoms more severely once dissociative symptoms cease [Bryant, et al., 2011].”²

² Sheaffer, H. *Acute Stress Disorder. Theravive Counseling.* [https://www.theravive.com/therapedia/acute-stress-disorder-dsm--5-308.3-\(f43.0\)](https://www.theravive.com/therapedia/acute-stress-disorder-dsm--5-308.3-(f43.0)).

Stakeholders

“Improvement of CO health starts by changing this mindset among not only administrative officials but also other relevant stakeholders in the correctional field.”¹

“Stakeholders are considered the key driving force and most important critical success factor on every project. They fall into two basic categories, namely, the internal or primary stakeholders who are contractually or legally bound to the project and normally have a vested interest in its success, and the external or secondary stakeholders who have no active role in the project but who are being affected by it in the positive or negative sense and who consequently may adopt a supportive or hostile stance towards the project.”²

The officers, civilian staff, administrators, and those who are incarcerated are all primary stakeholders, although among them, only the administrators have decision-making authority, leaving the others as primary stakeholders in name only. In some instances, employees are represented by unions who have some power to exercise their rights as stakeholders.

Those who are incarcerated have some legal protections by which they can raise their issues as stakeholders. As constituted today, in most cases the influence of both officers and those who are incarcerated is minimal unless the unions’ contractual language protects staff, or the courts intervene on behalf of the incarcerated.

Administrators are a key component and a critical stakeholder on multiple levels. Not only are they stakeholders from a managerial standpoint, but they are impacted by stress at a rate of 27%, eight times that of the general public.³ They, too, need the training and access to counseling that all staff do. Administrators are also gatekeepers, in that they can champion or deny any stress-awareness initiatives. By approaching them as partners rather than in the traditional combative employee/employer relationship, there is a much greater chance for success. Everyone will benefit from a program centered around stress awareness, mental health management, and officer wellness.

Families of both the staff and those incarcerated are external stakeholders and are also impacted by the stresses of having to interact with the world of corrections.

It should surprise no one to learn that the PTSD rate for those incarcerated is even higher than the officers, adding to an already very volatile and tense situation.

1 Ferdik, F. V., & Smith, H. (2017). *Correctional Officer Safety and Wellness Literature Synthesis*. US Department of Justice, Office of Justice Programs, National Institute of Justice.

2 Khan, A. Z., Skibniewski, M., & Cable, J. (2017, May). *Adversarial project stakeholders. Influencing projects with options*. In *Project Management Center for Excellence 2017 Project Management Symposium, May* (Vol. 5).

3 Spinaris, C. G., Denhof, M. D., & Kellaway, J. A. (2012). *Post-Traumatic Stress Disorder in United States Corrections Professionals: Prevalence and Impact on Health and Functioning*. *Desert Waters Correctional Outreach*. https://desertwaters.com/wp-content/uploads/2013/09/PTSD_Prev_in_Corrections_09-03-131.pdf.

“..., it is noteworthy that no less than 60% of men in prison have symptoms and signs of severe to moderate PTSD.”⁴

The commonality of interest among traditionally adversarial parties combined with the emotional interests of families and friends and the support from reform, religious, and academic communities, amplified by the need to control the fiscal costs of the current system, provides a unique opportunity for a diversity of stakeholders to make the wellness case and promote change.

Broadly speaking, these are all stakeholders. Frontline stakeholders include officers, the civilian staff, the administration, and those who are incarcerated. Others directly impacted are the families of those living and working there; the vendors and contractors that service the facility; the teachers, attorneys, social workers, clergy, and advocates who frequent there; the community where the facility is located; and the elected officials who represent that community. The police and firefighters or emergency medical personnel that may have to respond in a time of crisis are also part of those likely to be impacted.

They all have a vested interest in a system that promotes opportunities for the people who are incarcerated to rehabilitate and assimilate back into society while also providing a safe and humble middle-class profession for those working there.

Currently, many stakeholders lack an awareness or understanding of how they are ultimately impacted by the wellness crisis facing officers. Generally, unless an individual is personally touched by the system, most people never consider the circumstances under which correctional officers work. When civilians drive by a prison or jail, they don't think about the staff inside. There is very little consideration for those who work there, nor much concern for the living conditions behind the walls.

As key stakeholders, the incarcerated population is directly impacted by efforts aimed at decreasing correctional stress. Can those incarcerated and their advocates coalesce with correctional officers on addressing a common problem? They already have.

In New Jersey, for example, a plan to merge two county jails met a great deal of resistance from the union representing the officers. They responded with a staffing audit and security review showing a litany of issues that the counties would face. Their efforts did not persuade the elected officials, however, criminal defense lawyers in New Jersey filed a lawsuit to stop the merger on behalf of those incarcerated. The union in turn filed a friend-of-the-court brief in support of their suit, and the judge, citing concerns raised by both parties, stopped the merger.

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The absence of substantive and continuously contemporary training in recognition and address of PTSD is an unknown and often mislabeled impediment for both officers and the incarcerated.

—John

⁴ Thomas, L. (2019, February 27). Prisoner Post Traumatic Stress. News Medical. <https://www.news-medical.net/health/Prisoner-Post-Traumatic-Stress.aspx>.

CHAPTER 5: STAKEHOLDERS

In the mid-nineties a private prison company Corrections Corporation of America (now known as CoreCivic) had been granted a contract with the Washington, DC, Department of Corrections to run the District's Treatment Center. The Fraternal Order of Police, the union representing public correctional officers in DC, began their fight to end that contract almost as soon as it was signed. They held protests, informational meetings, attended city council hearings, and brought in expert testimony. Nothing seemed to be able to change the minds of the DC City Council. That was until Jack Rosser, the Chairman of the FOP Corrections Committee, began reaching out to a variety of stakeholders. Jack met with community leaders, family members of those incarcerated, defense attorneys, religious leaders, and reform advocates. Those meetings resulted in a joint effort from some very unlikely partners that culminated in the facility being returned to public control in 2017.

Stakeholders may often approach the issues from different angles, as illustrated by the examples above, but in both instances they shared a common goal. And there are likely many more goals shared between the two largest stakeholders in corrections; for example, reducing PTSI rates, implementing health and wellness programs, combatting suicide among staff and those who are in custody, reducing overcrowding, improving food quality, increased programming and rehabilitation, and more staff training. If more effort can be focused on uncovering a set of shared goals, there is great potential to work toward common solutions.

Why would those incarcerated want staff to be better trained? It makes life behind the walls more secure and less violent. Why would staff want the people in their custody to have properly cooked quality meals and adult portions? From a security standpoint, one of the fastest ways to ignite tensions is to serve poor-quality, badly prepared food in inadequate portions. There are multiple issues on which these two traditionally adversarial parties actually have common ground and shared interests. One of them is most assuredly to decrease the level of stress and tension in the space they share.

In the quest to address the issue of staff mental health and the conditions and policies where staff and officers work, there are a vast number of stakeholders impacted, some of whom don't even realize it. One of those is the average taxpayer.

WHAT DOES PTSI COST THE TAXPAYERS?

According to the National Institute of Justice, the American Psychiatric Association, the National Library of Medicine, and the National Institute of Health and Desert Waters Correctional Outreach, the economic costs are extensive.

"Over half of the two billion dollars of our nation's annual costs attributable to PTSD are related to loss of work productivity."⁵

5 Harris, J. I., Strom, T. Q., Ferrier-Auerbach, A. G., Kaler, M. E., Hansen, L. P., & Erbes, C. R. (2017). Workplace social support in job satisfaction among veterans with posttraumatic stress symptoms: A preliminary correlational study. *PLoS one*, 12(8), e0181344.

The Desert Waters Comorbidity study found that PTSI costs a facility with 1,000 employees from \$393,000 to \$590,000.00 annually just in additional sick leave costs. The study indicates that staff with PTSI take approximately seven more sick days per year than those without PTSI. With a 27% PTSI rate for ALL staff and an average hourly salary of \$22 (\$45.7K year), if a state has 5,000 correctional employees (not just custody staff, employees), the state is losing between \$1.9 and \$2.95 million every year in sick leave and back-filling costs to PTSI-related sick leave. ⁶



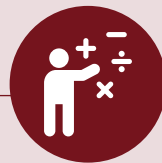
ANNUAL SICK LEAVE USAGE



COST PER EMPLOYEE

ANNUAL SICK LEAVE AVERAGE: 8 DAYS

- Annual Usage Depression Only 11.8 days
- Annual Usage PTSD Only 11.1 days
- Annual Usage Depression & PTSD: 17.8 Days
- (30% above leave average) \$540/yr
- (30% above leave average) \$665/yr
- (122% above leave average) \$1,660/yr



1000 EMPLOYEES

20% Non-Custody

200 employees
 x 27% non-custody PTSD rate
 54 employees w/PTSD
 x 7 additional lost leave days
 378 days lost
 x 8 hours
3024 total hours lost

Non-Custody Annual Hours Lost
 Custody Annual Hours Lost
 Total Hours lost
 Hourly Wage
Annual loss to PTSD/1000 emp

80% Custody

800 employees
 x 34% PTSD custody rate
 272 employees w.PTSD
 x 7 additional lost leave days
 1,904 days lost
 x 8 hours
15,232 total hours lost

3,024
 +15,232
 18,256
 x \$22 per hour
\$ 401,632 lost per year per 1,000 FTE's

For every 100 employees a department has they lose between \$40,000 and \$60,000 every year to PTSD-related leave.

⁶ Denhof, M. D., & Spinaris, C. G. (2013). *Depression, PTSD, and Comorbidity in United States Corrections Professionals: Prevalence and Impact on Health and Functioning*. Desert Waters Correctional Outreach. https://desertwaters.com/wp-content/uploads/2013/09/Comorbidity_Study_09-03-131.pdf.

Icon credits: Sick by priyanka, Cost by slothali, and Math by Llisole from the Noun Project.

“Compared to workers without the disorder, those with PTSD have greater rates of work absenteeism, a higher number of medical visits, an increased likelihood of unemployment or underemployment, lower hourly pay, and increased difficulty meeting work-related demands.”⁷

“Stress, as manifested in many physical illnesses, including hypertension, heart attacks, and ulcers, was found to be higher [in correctional officers] than that of a comparable sample of police officers. Moreover, alcoholism and divorce rates are higher for correctional officers than for the population in general.

As a result, correctional organizations spend enormous sums annually for sick leave, compensation, and liability claims. Stress among correctional officers and administrators is often caused by the conflicting goals of custody and rehabilitation, trial and error in management, and the correctional system’s vulnerability to political and community groups.”⁸

Although the plight of the prison population is not a concern that enters the minds of the average American on a daily basis, paying taxes certainly is. The current documentation and research about the costs of PTSD and other wellness issues supports the urgent need for reform. By drawing the nexus between decreasing correctional costs by increasing staff mental health, decreasing the incarceration without endangering the community, and shifting gears from a punitive to rehabilitative approach, it is possible to offer solutions and move broad groups of stakeholders from “negative” or “neutral” to “supportive.”

7 Pflanz, S. *Posttraumatic Stress Disorder*. Center for Workplace Mental Health. https://www.workplacementalhealth.org/Mental-Health-Topics/Posttraumatic-Stress-Disorder#section_1.

8 Cheek, F., & Miller, M. D. (1982). *Reducing Staff and Inmate Stress*. *Corrections Today*, 44(5), 72-76.

Solutions

The first step is always admitting a problem exists.

“A 2013 report issued by the ACA (American Correctional Association) noted that of the more than 4,000 prisons in operation across the U.S., fewer than 100 had any type of Employee Assistance Program (EAP). Moreover, very few of these programs have been scientifically evaluated to determine their effectiveness in improving CO well-being.”¹

That’s a very significant indicator of the extent of the problem and the lack of understanding of its magnitude and impact. Although the last seven years have seen increased recognition of this issue, with a 34.1% PTSI rate we are light-years behind where things need to be.² There are programs, strategies, and treatments to help individual staff members dealing with mental health issues. There are strategies for organizations to address stress that can be retrofitted and adapted to fit corrections, and then there are strategies to change the overall culture of corrections from punitive to rehabilitative.

STAFF TREATMENT OPTIONS

INDIVIDUAL THERAPY:

Provides one-on-one counseling for staff members with a licensed practitioner. If confidentiality issues and exposure are a concern, staff can opt for individual counseling by external third-party providers that removes those possibilities. This allows the staff member to be unencumbered in their discussions and to avoid any feelings of discomfort they may feel when exposing their emotions in a group setting of their peers.

EMOTIONAL INTELLIGENCE (EI):

Learning EI can be just a training exercise; however, using it can also decrease anxiety and stress. “*Emotional intelligence refers to the ability to identify and manage one’s own emotions, as well as the emotions of others.*”³ Chapter 7, “Transforming Traditional Roles,” takes a closer look at this emerging technique in training staff to better handle day-to-day situations.

1 Ferdik, F. V., & Smith, H. (2017). *Correctional Officer Safety and Wellness Literature Synthesis*. US Department of Justice, Office of Justice Programs, National Institute of Justice.

2 Denhof, M. D., & Spinaris, C. G. (2013). *Depression, PTSD, and Comorbidity in United States Corrections Professionals: Prevalence and Impact on Health and Functioning*. Desert Waters Correctional Outreach. https://desertwaters.com/wp-content/uploads/2013/09/Comorbidity_Study_09-03-131.pdf.

3 Kranick, L. (2016, March 16). *Transformational Leadership can Improve the Culture of Corrections*. American Military University Edge. <https://amuedge.com/transformational-leadership-can-improve-the-culture-of-corrections>.

CHAPTER 6: SOLUTIONS

GROUP THERAPY:

An advantage of group therapy is that it allows staff to share their experiences, fears, and emotions and to realize they are not alone. Everyone is impacted by a career in corrections; it's a matter of degrees of impact. Peer-to-peer counseling can be very effective in addressing this problem. Mental Health First Aid,⁴ first developed in Australia in 2001, has been taught internationally for nearly two decades and has been used in the Pennsylvania Department of Corrections and the Essex County Jail and House of Correction in Massachusetts with favorable reports from staff.

COGNITIVE BEHAVIOR THERAPY (CBT):

*"CBT has been found to help significantly with depression treatment. In CBT, the patient and therapist work together to agree on patterns of behavior that need to be changed. The goal is to recalibrate the part of the brain that's keeping such a tight hold on happy thoughts."*⁵

COGNITIVE PROCESSING THERAPY (CPT):

*"CPT teaches people to identify how traumatic experiences have affected their thinking. It also teaches them to evaluate and change their thoughts. CPT usually takes twelve sessions and can be delivered in an individual or group format. The goal is for patients to learn ways to have more healthy and balanced beliefs about themselves, others, and the world."*⁶

EYE MOVEMENT DESENSITIZATION AND REPROCESSING (EMDR):

*"In EMDR, patients pay attention to a back-and-forth movement or sound while calling to mind the upsetting memory until shifts occur in the way they experience that memory and more information from the past is processed. By processing these experiences, people can get relief from PTSD symptoms and change how they react to memories of their trauma. EMDR can take up to twelve sessions."*⁷

STELLATE GANGLION BLOCK (SGB):

*"The SGB is a procedure in which an injection of a long-acting local anesthetic, using ultrasound or fluoroscopic guidance, is made in the right side of the neck around the main nerve that controls the "fight or flight" response (the sympathetic nervous system). This nerve, (the cervical sympathetic chain), which is a two-way conduit, connects the parts of the brain that control the fight-or-flight response (referred to as the central autonomic network) to the rest of the body. By blocking or "turning off" the traffic in the cervical sympathetic chain, it is believed that the parts of the brain that control the fight-or-flight response are allowed to completely reset, resulting in long-term relief of the associated anxiety symptoms. Multiple peer-reviewed medical studies show that a right-sided SGB results in significant long-term improvement in chronic anxiety symptoms associated with post-traumatic stress injury (PTSI)."*⁸

4 National Council for Behavioral Health. (2016). *Mental Health First Aid USA (First Edition Revised)*.

5 Anderson, J. (2014, June 12). *Get 5 Positive Techniques From Cognitive Behavioral Therapy*. *Everyday Health*. <https://www.everyday-health.com/hs/major-depression-living-well/cognitive-behavioral-therapy-techniques/>.

6 U.S. Department of Veterans Affairs. *PTSD: Treatment*. <https://www.mentalhealth.va.gov/ptsd/treatment.asp>.

7 U.S. Department of Veterans Affairs. *PTSD: Treatment*. <https://www.mentalhealth.va.gov/ptsd/treatment.asp>.

8 *Stellate Ganglion Block For PTSD*. Dr. Sean Mulvaney - Regenerative Medicine & SGB For PTSD. <https://drseanmulvaney.com/stellate-ganglion-block-for-ptsd/>.

CHAPTER 6: SOLUTIONS

EXPOSURE THERAPY:

“This type of intervention helps people face and control their fears by exposing them to the trauma memory they experience in the context of a safe environment. Exposure can use mental imagery, writing, or visits to places or people that remind them of their trauma. Virtual reality (creating a virtual environment to resemble the traumatic event) can also be used to expose the person to the environment that contains the feared situation. Virtual reality, like other exposure techniques, can assist in exposures for treatment for PTSD when the technology is available. Regardless of the method of exposure, a person is often gradually exposed to the trauma to help them become less sensitive over time.”⁹

PSYCHODYNAMIC THERAPY:

*“Psychodynamic therapy is a form of talk therapy. It’s designed to help you find relief from mental or emotional stress. For example, a doctor may recommend it for depression. Proponents of psychodynamic therapy believe present-day problems are linked to unconscious conflicts arising from events in the past.”*¹⁰

MEDICATION:

“Medications are sometimes used as an adjunct to one of the therapies described above. One of the more common types of medications used are selective serotonin reuptake inhibitors (SSRIs). SSRIs are antidepressants, and depressed mood can be part of PTSD. Also sometimes used as a short-term and adjunctive treatment are benzodiazepines. Benzodiazepines are quick-acting medications that are effective but can be habit-forming.”¹¹

9 Treatment & Facts Post-traumatic Stress Disorder (PTSD). Anxiety and Depression Association of America, ADAA. (2021, June). <https://adaa.org/understanding-anxiety/posttraumatic-stress-disorder-ptsd/treatment-facts>.

10 Holland, K. (2016, December 18). Psychodynamic Therapy for Depression. Healthline. <https://www.healthline.com/health/depression/psychodynamic-therapy>.

11 Treatment & Facts Post-traumatic Stress Disorder (PTSD). Anxiety and Depression Association of America, ADAA. (2021, June). <https://adaa.org/understanding-anxiety/posttraumatic-stress-disorder-ptsd/treatment-facts>.

ORGANIZATIONAL STRATEGY

All the programs in the world won't help if the officers, staff, and administrators won't use them. For this reason, the discouragement of utilization and limits on access to mental health training by administrators must be addressed at the onset. Research shows that staff unquestionably want this training.

The One Voice United national survey found that 94% of respondents believe "there needs to be agency-wide training on mental health awareness and stress management."¹² Similarly, a California study found that 88% of officers wanted stress-management training, 82% wanted trauma/PTSI training, and 86% wanted personal nutrition and exercise training.¹³ Although not talked about openly, clearly there is an awareness that this issue needs to be addressed.

In most instances, officers do not trust these programs to address stress management if they are overseen by the administration. There is a deep-seated fear among officers that their personal information will not remain confidential. If they seek help, their job could be in jeopardy, but if they do not, their lives could be in jeopardy. Because the job loss may possibly be immediate and the ravages of stress take place over time, combined with the perceived fear of possibly being exposed, most opt to delay treatment or avoid it entirely.

As discussed earlier, the Catch-22 that correctional officers find themselves in when confronted with PTSI symptoms is that they believe they can't reveal the problem and therefore can't address it. Any organization establishing a mental health awareness program must remain keenly aware of these beliefs as they design their program.

When labor and management can agree, progress can be substantial. The administration has the authority to establish whatever program they see fit, but to increase the chance for efficacy, employee buy-in is essential.

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The biggest help for me has been talking about [my PTSI]. I was embarrassed and didn't want people to think I was crazy, hard to be around, or not trust me.

—Matt

¹² Post, C., & Tripp, J. (2018, October 13). *One Voice Leadership Meeting and National Survey Results Discussion [Conference Session]*. National Medal of Honor Awards, Oklahoma City, Oklahoma.

¹³ Lerman, A. E. (2017). *Officer Health and Wellness: Results from the California Correctional Officer Survey*. https://gspp.berkeley.edu/assets/uploads/research/pdf/executive_summary_08142018.pdf.

Transforming Traditional Roles

Throughout this document there are frequent mentions of the need for a cultural change across corrections if we are serious about achieving sustainable reforms and if wellness is going to be at the heart of those reforms. The needed changes are not only structural and policy-based but psychological and strategic, driven by new approaches to corrections. This necessitates abandoning the traditional roles that are assumed behind the walls, the hard-edged emotionless screw, and the authoritarian uncompromising administrator. Rehabilitation should not be an afterthought but rather the preferred tool in the toolkit.

Admittedly this type of transformation will take years, and unless the administration buys in there will be no change. The changes that officers hope to bring to their jobs might make small differences around the edges but won't succeed in transforming the system if management is not a primary stakeholder believing in and championing those reforms. For that reason, the following example describes a technique used to "transform" the command staff's approach to management, hence the term "transformational leadership."

TRANSFORMATIONAL LEADERSHIP

Correctional staff across the nation have been forced to navigate a changing landscape where the very purpose and mission of corrections have been called into question. At the same time, many agency leaders have failed to establish a new set of organizational goals and articulate to their staff how those new goals will require changes in correctional operations. The reform models currently demanded by the public call for more than simply updating protocols but rather completely transforming the attitudes, correctional practices, and operations throughout correctional organizations.

To truly change the culture of corrections, American Military University faculty member Michael Pittaro urges correctional institutions to adopt transformational leadership. "Transformational leadership styles focus on team building, motivation, and collaboration with employees at different levels of an organization to accomplish change for the better."¹

According to a 2012 National Institute of Corrections publication, transformational leaders generate energy that targets organizational change, progress, and development.² By setting their sights beyond daily operational management and promoting personal and professional growth for its workforce, transformational leaders are more capable of bringing about positive organizational change. Adopting this style of leadership will enable higher performance in correctional organizations by improving staff morale and creating a safer environment for everyone.

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So our system is messed up in that we don't truly rehabilitate. And, in some cases we don't habilitate because some of these guys and gals have never had good role models; they've never had an indoctrination to the social contract.

—Sam

¹ Kranick, L. (2014, December 10). *Transformational Leadership and the Impact on Morale, Satisfaction in Corrections*. American Military University Edge. <https://amuedge.com/transformational-leadership-and-the-impact-on-morale-satisfaction-in-corrections/>.

² Cebula, N., Craig, E., Eggers, J., Fajardo, M. D., Gray, J., & Lantz, T. (2012). *Achieving Performance Excellence: The Influence of Leadership on Organizational Performance*. US Department of Justice, National Institute of Corrections.

CHAPTER 7: TRANSFORMING TRADITIONAL ROLES

Shifting to a transformational leadership requires a patient, dedicated, and comprehensive approach that begins with communication and transparency. More dedication needs to be centered around educating officers and staff about the need for changes, inviting their questions and input, and engaging them in a process by which operational changes are grounded in the context of the new goals and mission of the organization. Given the very dangerous working environment, it is also vital that correctional staff are not just educated on the ideological reasons for changing practices but that they are shown how the changes can be successfully implemented without posing any safety risks.

The traditional paramilitary structure of correctional agencies causes added tensions among staff who are excluded from decision-making processes and prohibited from providing input on the very policies they are required to carry out. In response to increasing pressures for criminal justice reform, there has been a tendency for administrators and management to engage with every possible stakeholder outside of the agency, particularly those with political and economic influence, while failing to engage the frontline workers who will ultimately be tasked with implementing and sustaining those reforms. The result of not engaging the workforce has resulted in low morale, with officers being resentful of changes that they have not been educated nor trained on and at times poses significant safety risks when operational policies are changed without consulting the very people who know the specifics how those reforms can safely be put into practice.

“Getting officers more involved in the process and feeling like they’re valued is incredibly important,” he said. It can reduce burnout, improve the engagement of officers, reduce turnover, and create a safer working environment. An officer who is more engaged is more likely to work harder and be in line with the prison’s mission of creating a positive change within the inmate population, said Pittaro.”³

³ Kranick, L. (2016, March 16). *Transformational Leadership can Improve the Culture of Corrections*. American Military University Edge. <https://amuedge.com/transformational-leadership-can-improve-the-culture-of-corrections>.

EMOTIONAL INTELLIGENCE

To some people EI comes naturally, but the rest of us have to work at it. Developing emotional intelligence is a life skill that can help in all situations, but especially those with high levels of intensity. It greatly enhances de-escalation skills, and therefore safety, on the beat.

When outnumbered, as officers usually are, they can easily become physically overwhelmed. It's their presence and ability to read a situation before it unfolds, to intervene and assume a leadership position and decrease the tension, that is the best survival tool. In order to control others' emotions in the tense situations, officers must first have good control of their own. The level of emotional self-control one can employ may be the difference between de-escalation and escalation.

"Emotional intelligence refers to the ability to identify and manage one's own emotions, as well as the emotions of others. Emotional intelligence is generally said to include at least three skills: emotional awareness, or the ability to identify and name one's own emotions; the ability to harness those emotions and apply them to tasks like thinking and problem-solving; and the ability to manage emotions, which includes both regulating one's own emotions when necessary and helping others to do the same."⁴

". . . experts say the ability to read, understand, and respond to emotions in ourselves and other people is a crucial factor in predicting our health, happiness, and personal and professional success...Taking the time to pause and think about what your best self would do in each situation may help you avoid letting your emotions control you. You are allowing yourself time to manage your emotions."⁵

4 Pittaro, M. (2018, February 26). *Why Transformational Leaders Should Embrace Emotional Intelligence*. American Military University Edge. <https://amuedge.com/why-transformational-leaders-should-embrace-emotional-intelligence/>.

5 Gabriel, E. (2018, July 26). *Understanding emotional intelligence and its effects on your life*. CNN. <https://www.cnn.com/2018/04/11/health/improve-emotional-intelligence/index.html>.

BUILDING CULTURE STRATEGICALLY

The notion of Building Culture Strategically (BCS) is similar in nature to that of transformational leadership. The National Institute of Corrections' (NIC's) Institutional Culture Initiative suggests that efforts to understand and transform correctional culture will create safer and more secure environments, and ultimately improve the quality of life for everyone working and residing inside. ⁶

BCS is applicable to all officers and command staff, but it is most advantageous when deployed by upper-level administrators who set policy and determine the department's priorities. The Center for Management and Organization Effectiveness contends that leaders have a special responsibility when it comes to transforming culture and securing the long-term success of their organization. ⁷

Culture change is an undeniably grueling task, but rather than shy away from the difficult yet necessary work, management can take distinct steps to ease the process. Guiding principles, adapted from the CMOE, for leaders seeking to build culture strategically include:

1. Establish expectations. Keep everyone in the loop and updated.
2. Change the belief. Help staff understand the need for the shifting from a punitive to a rehabilitative model of corrections and articulate a vision of success that members can imagine themselves participating in.
3. Demonstrate patience and resolve. This is a major strategic shift, have patience with the team and be steadfast in terms of resolve to complete the mission. Doing so will instill confidence in the team and more acceptance and commitment to the strategy.
4. Manage resistance. Anticipate internal sources of resistance and be willing to confront resistance by showing how they create barriers to success and model ways to overcome resistance that demonstrate gains for everyone.
5. Exhibit discipline. When there is resistance remember the long game, project a commitment, and stay the course.

To truly take advantage of the unique opportunity in which there is bipartisan support for criminal justice reform, the deep-rooted problems of organizational culture entrenched throughout prisons and jails must be prioritized.

⁶ Flaherty-Zonis, C. (2007). *Building Culture Strategically: A Team Approach for Corrections*. Washington DC: US Department of Justice. <https://s3.amazonaws.com/static.nicic.gov/Library/021749.pdf>.

⁷ Stowell, S. *How To Build A Strategic Culture*. Center for Management and Organization Effectiveness. <https://cmoe.com/blog/how-to-build-a-strategic-culture/>.

A-Z Guide to Combating Correctional Stress; Components of a Comprehensive Mental Health Program

Every candidate for a job in corrections fills out that application knowing that the job comes with some inherent physical risks. That belief is reinforced at the academy, where new cadets will spend hours on physical self-defense tactics, weapons training, spatial self-defense, and physical fitness standards. In today's correctional training academies, however, little emphasis is put on the number one killer of correctional officers — stress. Eleven officers are killed in the line of duty every year, while an additional 156 take their own lives.¹ Physical self-defense training and tactics are important, no doubt, but recognizing and preparing for the mental ravages will not only help more staff survive and enjoy their careers; it will decrease officers' daily agony. Further, it is foundational for any rethinking of our prisons and jails as well as the criminal justice system more broadly.

As the criminal justice reform movement is taking shape with bipartisan efforts to promote change, the issue of staff wellness is just beginning to get the attention it has long deserved. Some departments have begun to adopt training protocols that address this issue and have started to implement various response teams to deal with the impact of critical incidents and long-term mental trauma. In the programs that do exist, however, the components needed to tackle this problem throughout an officer's career are often missing. As an example, we could not find a single department that offers counseling for retirees or mentors for family members. An officer's return to normal society can be a difficult transition, as evidenced by the 14% suicide ideation rate found in correctional officer retirees.² Further, officers' families suffer mainly in silence as they see the changes in their loved ones and have nowhere to go or anyone to talk to about it.

As noted throughout this paper, one of the biggest obstacles to officers and staff seeking help is fear of exposure. As a result, the level of confidence staff has in the confidentiality of their situation being maintained has a great deal to do with

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Even if it was somebody that came in once a month, a counselor or whatever, or make it a standardized question sheet where someone comes in for a whole week and evaluates each officer. Disclaimer that this is confidential, I'm only here to help you, and nothing can be used against you in your job. A fitness-for-duty exam won't come from this; this is just to see how you're doing.

— John

1 New Jersey Police Suicide Task Force. (2009). *New Jersey Police Suicide Task Force Report*. New Jersey Office of the Attorney General. [https://www.state.nj.us/lps/library/NJPoliceSuicideTaskForceReport-January-30-2009-Final\(r2.3.09\).pdf](https://www.state.nj.us/lps/library/NJPoliceSuicideTaskForceReport-January-30-2009-Final(r2.3.09).pdf).

2 Lerman, A. E. (2017). *Officer Health and Wellness: Results from the California Correctional Officer Survey*. https://gspp.berkeley.edu/assets/uploads/research/pdf/executive_summary_08142018.pdf.

CHAPTER 8: A-Z GUIDE TO COMBATING CORRECTIONAL STRESS; COMPONENTS OF A COMPREHENSIVE MENTAL HEALTH PROGRAM

whether or not they seek help. This will remain a constant until mental health injuries are treated as any other injury in corrections, not as a personal weakness but as an on-the-job injury. For this reason, departments should consider using outside vendors to supply training and treatment at least until staff have confidence that the agency can be trusted.

The design of any program must include the flexibility to adapt to new information as more surveys and studies are conducted to determine what's working and what isn't. As the taboo starts to lift and more officers and staff come forward seeking help, leaders will be better able to understand the issues and determine where the emphasis needs to be.

FROM A-Z HIRE TO RETIRE PROGRAM SHOULD INCLUDE:

1. Psychological background check before employment offered.
2. Academy training on stress management and emotional intelligence.
3. Provide informational pamphlets for all stakeholders.
4. Family counseling and involvement from the academy onward; establish support groups for staff families and loved ones.
5. Development of Employee Assistance Programs and Critical Incident Response Teams.
6. Assigning the staff member and family a mentor upon academy graduation.
7. Annual mandatory stress awareness and reduction training for management and staff.
8. Training on dealing with staff bullying, rumormongering, and negative attitudes.
9. Confidential third-party counseling.
10. Confidential placement for substance-abuse issues with third-party providers.
11. Separation from service exit interview for all retiring and vested employees.
12. Pre-retirement counseling and planning before retirement.
13. Confidential counseling available throughout retirement.
14. Leadership training for all DOC administrators and ranking officers.
15. Data collection to evaluate program success or weakness; raw numbers only.
16. Annual anonymous employee surveys on stress and job conditions.

17. Identify Quality of Life (QOL) opportunities that may help alleviate mandatory overtime and allow staff time off for family events or medical emergencies by using options such as shift swaps, sick leave/comp time banks, and FMLA, among others.
18. Employee recognition programs, employee of the month, time off for exceptional performance, CO of the year, correctional officers' week, family/co-workers barbecue, interagency competitions, sharpshooters, honor guards, darts, bowling leagues – develop staff camaraderie.
19. Community involvement; work with community leaders on issues like food drives, Big Brother Big Sister mentoring, helping our vets, clothing drives for the homeless or providing school supplies for needy kids. We need to change our image and the false perception the public has of us and doing good makes everyone feel good. It also provides an avenue for discussion and to change neutral or negative stakeholders into potential advocates.
20. Instate pre-shift briefing (roll call) for all staff as they enter and leave the correctional facility; updating them on the climate behind the walls, processing anything that may have transpired, and creating a point of contact before and after the workday.
21. Adopt minimum staffing levels to limit forced overtime and allow for increased movement plans and programming for those incarcerated.
22. Training academies institute a family day; have family members come to academy to discuss their concerns and dispel the many myths surrounding what officers do every day, and establish contact points for where they can reach out and talk to a mentor or stress team member when questions or situations arise that they feel they need counsel with.

RETIREMENT

The most underserved, unrecognized, and endangered among corrections staff – retirees – have been left out in the cold. In writing this paper, One Voice United searched and could not find a single program offered by any administration designed to help retirees' transition into a happy, healthy, and much deserved retirement. In this white paper we've shared what little is known about the horrendous statistics on retiree PTSD and suicide ideation.

People often hear about the problems that occur when the incarcerated population is just released back into the community without any skills to adapt to that drastic change. Yet our country has ignored the needs of those who have been in prisons or jails right alongside the inmates for decades. It is time to address those needs.

This A-Z Guide includes counseling before retirement with exit interviews and training on how to cope with the dramatic change of transitioning from officer to civilian life. The program suggests providing counseling throughout retirement if so desired. It is also important to create a database to track what happens to retirees to determine suicide rates and mortality.

Educate, Advocate, Participate

EDUCATE

We hope that this white paper provides some of the material, resources, and data that can help educate our country about the conditions officers and staff face and some of the ways we hope to improve them. One Voice United will continue our research and consistently seek out new approaches to advance our mission of improving the health of officers and staff. However, even the best research never reaches its potential impact if it is not shared widely. We ask you to join our mission at One Voice United by taking the next step and becoming an advocate.

ADVOCATE

Advocacy has many forms. To have our voices heard in the criminal justice reform movement means our days of being reactionary must end. Whether it's writing editorials, sharing information at work or through social media platforms, public speaking, calling radio talk shows, talking to your friends and neighbors — whatever way you can communicate the magnitude of the stresses we face and what needs to be done to address them, we welcome it.

PARTICIPATE

The final phase in this program is the action phase. Consider becoming a mentor or a member of your local Critical Incident Response Team or Employee Assistance Unit. If your institution does not have these programs, go to your administration and ask to start them. One Voice United can help you source the materials, experts, and training needed to get you started or to enhance or add to your existing stress-awareness program. Union officials are especially well positioned to get this on the administration's agenda, and we welcome the opportunity to work with them.

LEGISLATION

(EDUCATE) PTSI is an occupational hazard and needs to be treated like one. Just as hypertension and heart attacks affecting COs are covered nearly universally under presumptive state workers' compensation statutes, so too should PTSI.

(ADVOCATE) By seeking sponsors for Presumptive PTSI Workers Compensation coverage for Correctional Officers, or by seeking to amend existing statutes to include this profession, OVU can help develop a vehicle to bring this issue into the spotlight. Every state legislature in the country has several elected officials who are veterans, or former police officers, firefighters, or EMTs. They will understand the issue and should be enlisted to help sponsor needed legislation.

(PARTICIPATE) When fashioning legislation and testimony, as leaders in our professions we must be certain to show not only how many staff are impacted, but how to decrease those numbers with training and programs. The statistics provided herein show the costs of not acting in terms of the economic strain on the system, but it cannot quantify the

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PTSD for corrections should be recognized as a workman's comp related issue, where if you seek help you won't get paid a third of your check by getting a disability, instead you'll get most of your check while you're getting help and not go broke and not lose your home getting help. Some people may need an extended amount of time — you don't want to lose your home in the meantime while getting help because you can't afford it. That's stacking problems on top of problems.

— John

CHAPTER 9: EDUCATE, ADVOCATE, PARTICIPATE

psychological damage to staff or families. Anecdotal testimony by staff impacted can have a dramatic effect on elected officials and the potential for passage.

Pursuing PTSI legislation is also an opportunity to assemble a variety of stakeholders to support the training and structures needed to combat this. Who stands to benefit from increased mental health among our first responders, especially those of us in law enforcement? Everybody benefits. In corrections, not only do the officers, staff, administrators, and their loved ones benefit if our stress-management skills improve, so too do the offenders in our custody. Inmate advocates, reformers, their family members, and the religious community are all potential stakeholders that could, and sometimes do, openly support legislation that looks to address this issue.¹

A clear indication that change is coming can be found in the words of the insurance industry and workers' compensation attorneys:

“Clearly, voting for enhanced benefits, including special benefits, for first responders, is a bipartisan endeavor, and it takes great political courage for members of either party to voice concerns and objections in the face of an understandably popular and appreciated, not to mention politically well-organized, group of workers.”²

—Washington State Insurance Association

“By September 2018, thirty states have proposed altering the workers' compensation law to add the presumption of PTSD for first responders. The National Council on Compensation Insurance has named this change the top trend in workers' compensation reform even though the bills are moving through the states very slowly.”³

—The Law Office of Joshua Borken, MN Attorney at Law

The momentum for reform needs to be harnessed to include policies and statutes to provide for the training and resources frontline staff need, and to recognize and provide coverage for the damages that are endured throughout and as a result of a career in corrections. That is why OVU believes that the pursuit of this legislation will serve the worthy purpose of opening dialogue, not only among policy- and decision-makers but throughout those impacted by the tentacles of the correctional system.

¹ Testimony before the Massachusetts Legislative Committee on Corrections in the fall of 2019 included inmates rights advocates and ministries in support of Presumptive PTSD Workers Compensation legislation for Correctional Officers.

² Comparing & contrasting PTSD legislation in Washington and Florida. Washington Self Insurers Association. (2018, March 16). <https://www.wsiassn.org/news-and-media/blog/comparing-contrasting-ptsd-legislation-washington-and-florida/>.

³ Post Traumatic Stress Disorder May Become a Presumptive Condition For First Responders. Law Office Of Joshua Borken: Minnesota Workers' Compensation Attorney. (2018, November 16). <https://www.minnesotacomp.com/blog/2018/11/post-traumatic-stress-disorder-may-become-a-presumptive-condition-for-first-responders/>.

CONCLUSION

Compared to the general public, studies show that correctional officers across the country face a much higher likelihood of being diagnosed with or experiencing symptoms related to Post-Traumatic Stress Injury (PTSI). This recognition of a serious and pervasive problem amongst employees illustrates the impact the correctional environment has on everyone involved and validates the long-held belief that more must be done to protect and improve the mental and physical health of those who work behind the walls. To raise this issue and develop plausible solutions, One Voice United is committed to developing and launching a national campaign that puts officer wellness front and center with policymakers, reformers, and the media. As stated above, we believe the lack of attention to officer wellness is a major gap in the criminal justice reform movement. To address this blind spot, One Voice United is calling on all stakeholders to use their collective power to bring officer mental health and well-being to the table and explore ways of building common ground solutions for addressing this issue.

Resources

Change and reform begin with education, and education begins with research, both academic and anecdotal. Please use these studies and statistics to enlighten co-workers, family, friends, and politicians. We are in the state we are because we have been silent for too long. It is time for all of us to educate, advocate, and participate.

STUDIES

Before 2011, very few studies had been conducted on correctional officer stress and PTSD. Unlike other first responders, very little was known about mental health and corrections. Fortunately, times have changed. Studies and surveys are being conducted. Several agencies are introducing EAPs, and stress-management training is being offered in more correctional settings.

We have included several studies to provide additional research to help everyone advocate for change. Although there are some slight variances in the statistics, they generally fall within the same parameters. Most of the differences can be attributed to the variety of demographics and geographical locations where the studies were conducted.

On several of these pages we have referenced the work of Dr. Caterina Spinaris, Executive Director and founder of Desert Waters Correctional Outreach. All of us in corrections owe her a great deal of gratitude for her dedication to our profession, her tireless work and her incredible research and training. To avoid redundancy, her works are not listed below but are quoted and cited throughout this document. Thank you, Dr. Spinaris.

As we progress and more studies and surveys become available, we will make them accessible on the One Voice United website (onevoiceunited.org). Below are some of the more recent studies and citations. We hope you find them useful.

****Below are key excerpts from studies referenced for further context****



CALIFORNIA CORRECTIONAL OFFICER SURVEY¹

The CCOS was first conducted in 2006, and the instrument was then expanded and replicated from March to May of 2017. The most recent survey includes a sample of 8,334 officers and other sworn staff, providing a vast cross-section of officers across all of California's correctional institutions and parole offices.

Ten percent of correctional officers have thought about killing themselves. The rate of suicidal ideation is even higher for retired correctional officers (1 in 7). Of those who say they have thought about suicide, 31% report thinking about it often or sometimes in the past year. However, **73% haven't told anyone**, meaning that many are suffering in silence. Concern about workplace safety translates into extremely poor sleep habits. **Forty-one percent of officers report sometimes or often nodding off while driving.** The proportion jumps to 47% for officers who do not feel safe at work. For many, fatigue is constant: 39% of all officers and 47% of those who feel unsafe at work report feeling exhausted even after sleeping.

There are serious downstream effects of correctional work. The stress of working in corrections spills over to the families, friends, and loved ones of correctional personnel: **41% believe they would be a better parent, spouse, or partner if they did not work in corrections; 53% report being harsher or less trusting towards friends and family since they took this job; and 65% of officers say someone in their lives has told them they judge others more harshly since beginning their career in corrections.** Officers fear they do not spend enough time with their families. In fact, 66% of officers say that their work makes it hard to spend sufficient quality time with their families.

Officers want help managing their work-life balance. **Half of active officers say they would be interested in getting confidential links to therapists or counselors** who specialize in working with the families of law enforcement; **43% say they are very interested in receiving training on how to better manage work-life balance.**

Officers perceive their superiors to be largely competent but also uncaring. **While 82% of officers perceive their supervisors as competent in their role, half do not think their supervisors care at all about their feelings.**

Many express little loyalty to CDCR or to the profession. Nearly half say they would move from this correctional department to another if they didn't have to sacrifice their seniority, and **69% say they would immediately accept an offer from a job outside of corrections if it had similar salary or benefits.**

Officers reported high levels of interest in receiving the following training:

- Stress-Management Training 88%
- Trauma/PTSD Training 82%
- Personal Nutrition and Exercise 86%

¹ Lerman, A. E. (2017). *Officer Health and Wellness: Results from the California Correctional Officer Survey*. https://gspp.berkeley.edu/assets/uploads/research/pdf/executive_summary_08142018.pdf.

Icon credit: California by Demetria Rose from the Noun Project.



MICHIGAN CORRECTIONS ORGANIZATION, SEIU¹

“Using established and psychometrically sound assessment instruments, rates of Post-Traumatic Stress Disorder, depression, co-occurring Post-Traumatic Stress Disorder and depression, and suicide risk were estimated. Health condition rates were found to be substantially elevated relative to rates typical in the general population and for other public safety professions. Statistically significant relationships were found between level of work-related exposure to violence, injury, and death (VID) events and mental health condition scores. Security level and years of correctional experience were found to moderate health condition rates significantly, with more years of correctional experience and higher security levels being associated with higher mental health condition rates.”

“It was found that 33.7% of COs were estimated to be PTSD positive, and 43.64% met criteria for individual diagnostic symptom clusters, as illustrated in Figure 4. Comparing estimated rates within high- and low-security subgroups revealed that COs working in high-security areas met criteria for PTSD at a substantially higher rate than those working in low-security areas. COs in the high-security subgroup showed a PTSD positive rate of 39.3%, while COs in the low-security subgroup showed a PTSD positive rate of 28.8%.”

¹ Spinaris, C. G., Denhof, M. D. (2016). *Prevalence of Trauma-related Health Conditions in Correctional Officers: A Profile of Michigan Corrections Organization Members*. Desert Waters Correctional Outreach and Michael D. Denhof LLC. https://desertwaters.com/wp-content/uploads/2016/07/MCO-Paper_FINAL.pdf.

Icon credit: Michigan by Brendan Flamand from the Noun Project.



MICHIGAN DEPARTMENT OF CORRECTIONS¹

“The effects of work health are notably larger than the effects of exposure to traumatic events or working in a custody role, which means that *the overall quality of the working environment has a greater impact on mental and physical health than exposure to danger or trauma.*” (Spinaris, Ph.D. page 28)

• PTSD	25%	all MDOC employees
• PTSD	41%	custody staff, male prisons
• PTSD	31%	custody staff, female prisons
• Major Depressive Disorder	16.6%	all MDOC employees
• Major Depressive Disorder	12.5%	civilian support staff, non-managerial
• Major Depressive Disorder	24%	custody staff, male prisons
• Major Depressive Disorder	13%	custody staff, female prisons
• Alcohol Abuse	20%	all MDOC employee
• Alcohol Abuse	26%	custody staff, male prisons
• Alcohol Abuse	16%	custody staff, female prisons
• Alcohol Abuse	16.6%	supervisory
• Alcohol Abuse NATIONAL AVERAGE	7.0 %	general population
• Alcohol Abuse	9.0%	first responders
• Suicide Ideation	9.0%	all MDOC employees
• Suicide Ideation	12%	custody staff, male prisons
• Suicide Ideation	8%	custody staff, female prisons
• Planning to Commit Suicide	1.1%	estimated 139 MDOC employees

“The average MDOC employee’s rate of death by suicide completion is extremely high, in line with prior findings [New Jersey New Jersey Police Suicide Task Force Report, 2009; Frost, 2019; Stack & Tsoudis, 1997]. Using the CSSR, .9% of the survey respondents were found to be at very high risk for suicide by indicating that they were currently and actively planning to complete suicide. Using weighted survey statistics, this number translated to 1.1% of the entire MDOC employee population. Using a different measure to assess suicide risk, the MCO 2016 study found that 4.6% of COs (custody staff only) were at high risk for suicide.”

¹ Spinaris, C. G., Brocato, N. (July 1, 2019). *Descriptive Study of Michigan Department of Corrections Staff Well-being: Contributing Factors, Outcomes, and Actionable Solutions*. Desert Waters Correctional Outreach and Gallium Social Sciences. https://www.michigan.gov/documents/corrections/MDOC_Staff_Well-being_Report_660565_7.pdf.

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RESOURCES

Using weighted survey statistics, approximately 1 in 6 of all MDOC employees (16.6%) are estimated to meet criteria for major depressive disorder on a valid screening instrument. Examining depression rates by working group, about 1 in 4 custody employees working at male facilities (25%), and about 1 in 8 support staff (i.e., not managers) in headquarters (12.5%) meet criteria for major depressive disorder. Using weighted survey statistics, approximately 1 in 2 of all MDOC employees (50%) are estimated to score in the range of medium to high generalized anxiety on a valid screening instrument. This rate is 16 times the national average, and nearly 10 times the rates for military (all personnel, not just active combat).

Using weighted survey statistics, nearly 1 in 4 of all MDOC employees are estimated to meet criteria for PTSI on a valid screening instrument, with almost 1 in 2 (41%) of custody staff working at male facilities meeting criteria for PTSI. Every working group in MDOC was estimated to have PTSD rates higher than those of first responders (which are estimated to be 10%). The rates of PTSI at MDOC are nearly 7 times higher than the national average in the general population.

Using weighted survey statistics, nearly 1 in 5 of all MDOC employees are estimated to meet criteria for alcohol abuse on a valid screening instrument, with 1 in 4 of custody staff working at male facilities and about 1 in 6 managers/supervisors in headquarters meeting criteria for alcohol abuse. The national rate of alcohol abuse in the general population is estimated to be 7%, making MDOC's overall rate 2.7 times higher than the national average. It is also 2 times higher than the estimated rate among first responders (9%). Weighted survey estimates indicate that approximately 9% (about 1 in 11) of all MDOC employees reported scores indicative of suicidal ideation on a valid screening instrument, and a need for immediate mental health support. And of greater concern is that a total of **34 (1%) survey respondents reported they are currently and actively planning to complete suicide.**

Using weighted survey statistics, ***we estimate that approximately 1.1% (n = 139) of all MDOC employees are currently and actively planning to complete suicide.*** There have been three known completed suicides of MDOC staff in 2019 to date; all three were male COs working in male facilities (Working Group 3). As is demonstrated in Figure ES2, the pattern that emerges across all these results indicates that mental health outcomes are clearly worse among custody staff, which includes Working Groups 1 (women's facility, custody staff) and 3 (all other facilities, custody staff).

Security level and years of correctional experience were found to moderate health condition rates significantly, ***with more years of correctional experience and higher security levels being associated with higher mental health condition rates.*** Pre-correctional military experience and gender showed little to no effect upon mental health condition rates. These findings reinforce a growing perspective among researchers that COs suffer health detriments due to high stress and potentially traumatic occupational experiences comparable to those more widely known to occur for police officers, firefighters, and combat military personnel.

NIJ NATIONAL INSTITUTE OF JUSTICE¹

“For example, although police officers are exposed to many occupational dangers such as gangs and physical retaliation from community members [Anson, Johnson & Anson, 1997; Jones & Newburn, 2002], when compared to the dangers confronting COs, marked contrasts exist. Brower [2013] suggests *that the daily dangers and pressures “faced by COs far exceed those experienced by police officers” (p. 5). Whereas the dangers faced by law enforcement personnel are periodic, those faced by COs are constant. In fact, COs experience continued exposure to violent and dangerous offenders throughout the entirety of their work shifts.*”

“Many scholars conclude that employment as a CO is among the most dangerous and life threatening of all professions . . . Given how COs are heavily relied upon to supervise inmate behavior, establish order in their facilities, and maintain wider institutional security, it is paramount that correctional practitioners, researchers, administrative officials, and other interested stakeholders begin developing more effective and widely used strategies for enhancing the general well-being of this critically important workforce.”

“This synthesis of the literature on CO safety and well-being revealed three distinct dangers confronting officers: work-related, institution-related, and psycho-social. To date, work-related dangers have received the most attention in the research literature, because these issues are intrinsic to the correctional context. These dangers include exposure to infectious and communicable diseases, prison gangs, disruptive inmate behaviors, the presence of contraband, inmates with mental illness, and riots.

The second category of dangers related to CO safety and well-being encompasses institution-related dangers, which are largely influenced by the prison administration. Examples include role conflict and ambiguity, as well as low pay, extended work hours, and insufficient staffing and resources. In today’s correctional environments, as documented by the research on institution-related dangers, officers are being asked to accomplish more with fewer resources, which elevates their mental health risks.

A final category of work-related dangers threatening officer well-being comprises psycho-social dangers, which are arguably the most understudied and underappreciated aspects of correctional work. Researchers know relatively little about the impact of work-family conflict on COs. Some studies have explored this phenomenon [Crawley, 2004], but there is a need for greater academic attention in this area.”

¹ Ferdik, F. V., & Smith, H. (2017). *Correctional Officer Safety and Wellness Literature Synthesis*. US Department of Justice, Office of Justice Programs, National Institute of Justice.



NORTHEASTERN UNIVERSITY ¹

“Between 2010 and 2015, at least 19 current or former correctional officers employed by the Massachusetts Department of Correction (MA DOC) died by suicide.”

Suicide rate among MA DOC correctional officers is 92.9 per 100,000 officers. Massachusetts (GP) has one of the nation’s lowest rates, at 10.4 per 100,000.” (*Note: In 2017 the American Foundation for Suicide Prevention estimated a national rate of 14/100,000 for the general population.*) The national average for correctional officer suicide is 34.8 per 100,000 officers. According to this study, the rate of suicide of Massachusetts correctional officers is 9 times higher than the general population and nearly 3 times higher than the national average for correctional officers. Suicides among MA DOC employees have occurred across all ranks, early in the career and post-retirement, and across varied correctional settings, but officer suicides have been concentrated at three facilities (MCI-CJ, SBCC, and BSH).

- Average Age: 41 (range: 23 – 61); Average Years of Service: 15 (range <1 – 32)
- Rank (12 Officers; 3 Sergeants; 2 Captains; 2 Deputy Supt+)
- 14 had worked at a single facility (5 had worked at multiple facilities)
- 14 died from gunshot wounds, 2 died by hanging, 3 died of drug overdoses
- 1 Homicide-Suicide / 1 Attempted Homicide-Suicide
- 8 of the 19 (42%) were veterans
- 14 of the 19 (74%) were not married at the time of their death
- 8 of the 19 had never married
- 10 of the officers had children at the time of their death; custody issues emerged as particularly acute in several of the cases
- 13 of the 19 (2/3) had criminal justice system contact, some pre-employment, some since employed at the DOC. Very few convictions (typically arraignments for OUI)

One Voice Initiative Survey, August 2018 ²

- 94% believe there needs to be agency-wide training on mental health awareness and stress management.
- 91% believe that PTSD is a “serious and pervasive issue within corrections.”
- 81% say more efforts are needed to encourage communication, increase respect, and ultimately break down the notion of hostility between officers and those incarcerated.
- 15% believe the correctional profession is respected and recognized as an important branch of the law enforcement community.

¹ Frost, N. A., & Monteiro, C. E. (2019). *Correctional Officer Suicide and Officer Wellbeing [PowerPoint slides]*. Northeastern University. https://www.uml.edu/docs/1345_natasha%20frost_tcm18-280421.pdf.

² Post, C., & Tripp, J. (2018, October 13). *One Voice Leadership Meeting and National Survey Results Discussion [Conference Session]*. National Medal of Honor Awards, Oklahoma City, Oklahoma.

Icon credit: Massachusetts by Linseed Studio from the Noun Project.



PORTLAND STATE UNIVERSITY¹

CO Depression – About 50% of the COs gave responses that may indicate the presence of moderate depressive symptoms, while about 8% indicate they may have serious depressive symptoms.

CO PTSI – The responses to the PTSI symptoms scale indicated that 23% of COs gave responses that may indicate a high likelihood of the presence of PTSI-like symptoms.

“COs felt as though speaking up about a problem would not matter because nothing would change as a result.”

“Job-related demands: We assessed resource insufficiency, possibility of conflict, perceived dangerousness of job, hypervigilance, incivility, and emotional workload. COs reported feeling that perceived dangerousness of job was high, with a mean score of 4.00. *They also felt they needed to be on guard and alert at all times*, reporting a mean score of 4.07 on the hypervigilance scale. These would suggest that *COs feel as though their job is more dangerous than other jobs, and that they felt as though they could not turn their back without putting themselves or others in danger*. These findings are not surprising given the normal demands of working as a CO in a correctional institution. Additionally, although the mean score for overall resource insufficiency was moderate (2.77), the mean score for the question pertaining to resource insufficiency/understaffing was 3.13, suggesting the *COs felt that understaffing and a lack of resources was a problem.*”

¹ Fritz, C., Hammer, L., Guros, F., & Meier, D. (2013). *Work Stress, Well-Being, and Work-Life Balance [Survey of Oregon State Correctional Officers]*. Portland State University.

Icon credit: Oregon by Leonardo Schneider from the Noun Project.



WASHINGTON STATE SURVEY¹

- Prison employees work under an almost constant state of threat to their personal safety, and about a quarter of them routinely experience serious threats to themselves or their families.
- Almost half have witnessed co-workers being seriously injured by inmates.
- More than half have seen an inmate die or have encountered an inmate who recently died.
- The vast majority have dealt with inmates who were recently beaten and/or sexually assaulted.

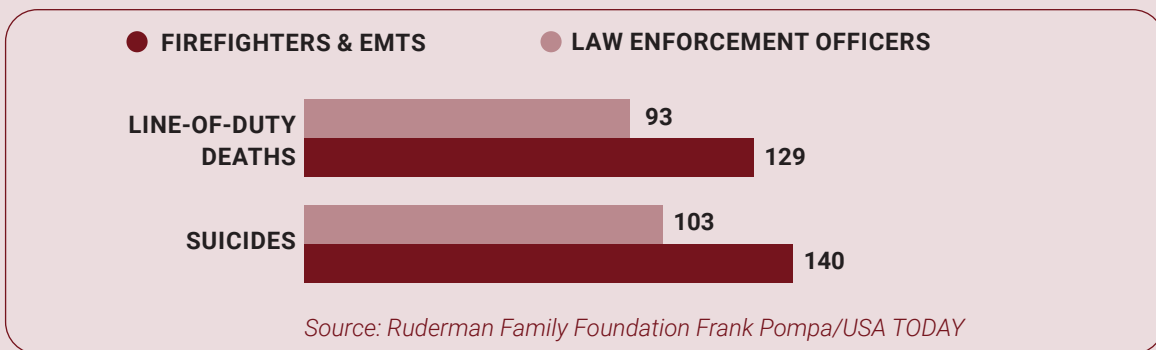
PTSD rates were higher among women, Black employees, and employees with more than 10 years of experience. PTSD scores, using criteria from the Diagnostic and Statistical Manual of Mental Disorders, didn't differ based on where the employee worked, such as a minimum versus maximum security facility. James and Todak note that the research included a small sample of 355 employees of one labor union at the Washington State Department of Corrections, and recommended further study of the issue.

FIRST RESPONDER/LEO COMPARISON

FIRST RESPONDER DEATHS

The number of firefighters, EMTs and officers who took their own lives outnumber all line-of-duty deaths in 2017.

- 800,000 Police Officers: 140 suicides
- 1,610,000 Firefighters & EMTs: 103 suicides
- 440,000 Correctional Officers: 156 suicides



“... Correctional officers suffer health detriments due to high stress and potentially traumatic occupational experiences comparable to those more widely known to occur for police officers, firefighters, and combat military personnel.”²

1 Hatch, A. (2018, July 13). PTSD rate among prison employees equals that of war veterans. WSU Insider. <https://news.wsu.edu/2018/07/13/ptsd-rate-among-prison-employees-equals-war-veterans/>.

2 Spinaris, C. G., Denhof, M. D. (2016). Prevalence of Trauma-related Health Conditions in Correctional Officers: A Profile of Michigan Corrections Organization Members. Desert Waters Correctional Outreach and Michael D. Denhof LLC. https://desertwaters.com/wp-content/uploads/2016/07/MCO-Paper_FINAL.pdf.

Icon credit: Washington from the Noun Project.

OTHER RESOURCES

*“Stress Management for the Professional Correctional Officer,”*¹ written by psychologist Dr. Donald Steele, who has spent a career counseling correctional officers. This manual is a great guide for officers on how to deal with the day-to-day stresses of a career in corrections.

Family Members: As we have seen, a career in corrections can take a toll on officers, staff, and administrators. It can have a tremendous impact on your family and loved ones as well. Family members are often like passengers on a plane that faces considerable turbulence at various times during the flight. They can feel it happening, they can see it happening, but they are unable to control it or change course. To make matters worse, in this flight simulation the pilot, the officer, often fails to tell you that turbulence is coming, and it can blindsides our families.

This booklet is designed to help our families cope with the issues we bring home to them; to identify signs of choppy weather ahead on the flight. To have a mentor to talk to when questions arise and to better understand what our job entails and how it can affect us.

¹ *“Stress Management for the Professional Correctional Officer”* Psychologist Donald Steele, Ph.D., Steele Publishing, 2008 for more information or to order copies contact Dr. Steele at dkphiker@gmail.com

Icon credit: Paper Clip by Locad from the Noun Project.