Correctional Officer Suicide
Prepared by the NIC Information Center
Date created: April 14, 2016
Accession No. 033237

Contents

Introduction & Literature Review ................................................................................................................ 2
Prevalence of Correctional Officer Suicide ............................................................................................. 6
Corrections Officer Stress .......................................................................................................................... 10
  Desert Waters Correctional Outreach ..................................................................................................... 12
Suicide: Other Law Enforcement ............................................................................................................. 14
Prevention & Intervention Strategies for Corrections and LE Officers .................................................... 16
Trends (e.g., related to higher rates of hiring ex-military / PTSD) ............................................................ 20
In The News ........................................................................................................................................... 21
  Massachusetts .......................................................................................................................................... 21
  Other ...................................................................................................................................................... 21
Introduction & Literature Review

Recognizing that corrections can be a tough profession, the National Institute of Corrections is at the forefront of Health and Wellness for Corrections Professionals. The NIC website has a wealth of resources on the topic including webinars, a virtual conference dedicated to the subject, as well as an Internet Broadcast called Corrections Stress: Peaks and Valleys (https://nicic.gov/corrections-stress-peaks-and-valleys). The literature on the subject reflects what those who work in the field already know anecdotally, that the job of a correctional officer is particularly stressful. Officers must contend with rotating work schedules, mandatory overtime, and possible assaults by and among offenders. The following articles and discussion below provide an overview of what information is available on suicide by correctional officers and—to some extent—police officers, and the impact workplace stress can have on officers. In response to the literature search, officer wellness is discussed, along with some of the interventions recommended to prevent suicides and reduce corrections fatigue.

To begin with, it is important to acknowledge the important and comprehensive work of Jaime Brower, who authored the 2013 “Correctional Officer Wellness and Safety Literature Review.” This paper provided a tremendous foundation for this partial review of the literature and bibliography. The NIC Information Center staff have attempted to add to this knowledge base with more recent resources, and focus on wellness and safety with a specific concern around suicide among corrections officers.

Prevalence of Correctional Officer Suicide. In discussing correctional officer suicide, Jaime Brower (2013) summarizes much of what we know today, which is repeated here:

- Stress can also lead to elevated rates of severe depression and suicide among COs (Morgan, 2009). Stack and Tsoudis (1997) found that the rate of suicide among correctional officers is 39 percent higher than the rest of the working-age population. A more recent study found that COs have a suicide rate that is twice as high as the rate of police officers and the general population (New Jersey Police Suicide Task Force, 2009). Researchers have devoted significant attention to suicide among law enforcement officers and this research offers insights on suicide among COs (Brower, 2013). For example, research on law enforcement suicide suggests that familial issues, such as divorce and separation, play a significant role in increasing the risk for suicide, particularly when combined with an administrative investigation on an officers’ potential misconduct (Brower, 2013). According to the New Jersey Police Suicide Task Force Report (2009), access to firearms was a significant risk factor contributing to law enforcement suicide; the report found that 94 percent of police suicides involved the use of a service weapon.

One of the few studies of CO suicide, the Bureau of Labor Statistics’ (BLS) Census of Fatal Occupational Injuries, shows that 38 percent of the intentional fatalities suffered by COs were suicides by self-inflicted gunshot wounds (Konda, 2012). However, using BLS data to study suicide prevalence among COs is complicated because the BLS only reports suicides that occur in the workplace. Suicides that occur at home or elsewhere are classified as non-occupational and are not part of the BLS data (Tiesman et al., 2010). Much more research is
needed to develop a better understanding of the prevalence and causes of suicide among COs (Konda, 2012; Morgan, 2009).

As early as 1999, Corrections Today published a short article on the issue (Childress, Talucci, & Wood). In this piece it was stated that correctional officers are “three times more likely to commit suicide than they are to be killed on the job.” The New Jersey Police Suicide Task Force reported in 2009 that “corrections officers appear to have a higher suicide rate that other law enforcement officers” at least in that State.

Violanti, Robinson, and Shen (2013) studied suicide in law enforcement and found that “[d]etectives/criminal investigators/police had the higher suicide risk (an 82% increase) compared to corrections officers (a 41% increase)…. included significantly increased risk for suicide among detectives/criminal investigators/police and corrections officers, which suggests that additional study could provide better data to inform us for preventive action.”

Correctional Officer Stress. Currently, the concern over officer stress is prominent in the literature, and particular emphasis rests on the need for officer wellness programs within corrections agencies. Desert Waters Correctional Outreach has been one of the more prolific advocates of officer wellness, working to address the issues caused by “Corrections Fatigue” and reduce the stress and strain of working within corrections environments (www.desertwaters.com). Stressors in the corrections include elements of physical environmental factors (Brummell, 2012), burnout (Cheek, 1984) inmate violence, inmate crowding, inmate density, dangerous gang activity, physical setting, and lack of recognition of officer authority (Morgan, 2009), and conflicts between work and family (SHSU, 2014), among others. Many of the articles in the section on officer stress discuss ways of combating, or easing, such conditions and coping mechanisms for officers.

Desert Waters is a subsection here because of their sole focus in the past several years on the study of PTSD, depression, and other mental health-related issues faced by the corrections workforce. Because their studies concluded that these issues are more prevalent in corrections professionals than in the general population (Denhof, Spinaris, & Kellaway, 2012; Denhof & Spinaris, 2013), they created a model and framework for understanding and addressing occupational threats to the well-being corrections (Denhof, Spinaris & Morton, 2014). They have also created a variety of other tools to support implementation of programs combatting corrections fatigue.

Along with the issue of officer stress comes the discussion of whether COs have a shorter life expectancy than people in the general population. In 1984, F.E. Cheek's book, Stress Management for Correctional Officers and Their Families was published by the American Correctional Association, and put forth the notion that “... the average life span of correctional officers, at 59 years of age, is 16 years lower than the national average: (Brower, 2013, p. 12). Decades later, however, Emory, Jr. (2011), discusses this claim, and declares that it is false. The same year, according to Parker (2011), the average age of death for corrections and law enforcement officers in Florida is 62.4 years, compared to 74.2 for the general population. While this research indicates that the general population lives nearly 12 years longer than officers, this report does not distinguish between those employed as law enforcement or correctional officers.
Suicide: Other Law Enforcement. Because police officers and corrections officers have some similarities in their workplace stress, this section has been included. The Badge of Life (2012) studies show that there was a drop in 2012 in police suicide from previous years, although Mark Bond, (2014) presents the need to “no longer ignore the silent suffering of its officers.” Other references in this section provide statistics on police officer fatalities (Governing; NLEOMF, 2015; Tiesman, 2010). These reports do not focus on corrections officer specifically, or include federal law enforcement.

Prevention and Intervention Strategies. Despite recent efforts in the arena of officer wellness, gaps in programming still exist:

While some correctional agencies may provide counseling programs that will treat general mental health concerns, it is difficult for facilities to find confidential treatment providers who are adequately abreast of best practices specific to corrections. More times than not, general mental health providers are not aware of pre-employment psychological selection practices and laws, fitness-for-duty evaluations, treatment for stress and PTSD, the benefits of psychological debriefings and knowledge of the various job-specific individual and family issues that come from direct work in the field of corrections. As a result, well-intentioned mental health providers may struggle with the initial legitimacy testing, boundary probing, resistance and rapport building obstacles presented by the corrections client. (Brower, 2013, p. 12).

In addition, Brower offers recommendations for employee assistance, peer support, and training programs aimed at improving the effectiveness of correctional officer wellness programs.

The International Association of Chiefs of Police offer recommendations specifically for police officers (Breaking the Silence, 2014), “designed to prevent the destructive effects of emotional trauma, mental illness, and officer deaths by suicide… It is time to integrate mental health and well-being into the mainstream officer safety and wellness continuum.”

According to Marchese (2015), “Having decreased the number of inmate suicides, and given the frequency of correctional employee suicides, it seems a logical best practice to apply the same training mandates to monitoring staff for suicidal behaviors” (p. 24). This includes assessment and training in recognizing the signs and symptoms of potentially suicidal individuals.

Garbarino (2013) studied mental health issues related to work stress in police officers, and reinforces the importance of reducing such stress and improving efforts aimed at officer wellness.

Caitlin Finney et al review the relationship between organizational stressors and stress and burnout of correctional officers in adult correctional facilities:

Based on the results of the current literature review, interventions should aim to increase and improve communication between management and staff thereby improving the organizational structure and climate of the correctional facility and reducing the risk of job stress and burnout [1,15,64]. Specifically, COs would benefit from clearly defined goals and guidelines, increased participation in decision making, increased sense of support from the organization and increased organizational justice. Increasing the communication between management and COs can be accomplished in several ways. First, management can provide COs with a clearer written description of the goals and policies of the correctional facilities
Second, organizations can increase the number of collaborative meetings between management and COs, thereby facilitating the ability of COs to participate in decision making within the organization [65,66]. Organizations can increase the transparency of the processes and factors involved in the decisions that they make thereby increasing the COs’ perception of organizational justice and that all decisions that are made by management are fair [65,66]. Finally, organizations can increase the support of the COs by formally recognizing COs’ contributions to the workplace [66]. Future research should examine the effectiveness of these interventions for reducing job stress and burnout among COs. (Finney, 2013, p. 11)

NIC presented a complete virtual conference on staff wellness, and the presentations are available for streaming. Other resources are also listed, including a CD of suicide prevention resources from the IACP, and a podcast available on correctionsone.com. Gershon Weltman, et al (2014) presented a case study highlighting the Stress Resilience Training System. This intervention is aimed at police officer and military personnel, and the authors “conclude that the SRTS program for building resilience and improving psychological wellness can be as effective for law enforcement as it is for military personnel.”

Trends. The bibliography concludes with two articles discussing the high rates of officers working in jails suffer from PTSD (28th First Responder, 2015; Lisitsina, 2015), and the hiring of veterans in state and local corrections agencies.
Prevalence of Correctional Officer Suicide

Review of the literature on correctional officer suicide shows that most of the studies group law enforcement officers with correctional officers. Studies also reveal that correctional personnel suffer PTSD from exposure to stress in the workplace. Konda et al reviewed fatalities over a ten year period and found that 17 died from self-inflicted gunshot wounds. This number only reflects those deaths that occurred at work.


Stress can also lead to elevated rates of severe depression and suicide among COs (Morgan, 2009). Stack and Tsoudis (1997) found that the rate of suicide among correctional officers is 39 percent higher than the rest of the working-age population. A more recent study found that COs have a suicide rate that is twice as high as the rate of police officers and the general population (New Jersey Police Suicide Task Force, 2009). Researchers have devoted significant attention to suicide among law enforcement officers and this research offers insights on suicide among COs (Brower, 2013). For example, research on law enforcement suicide suggests that familial issues, such as divorce and separation, play a significant role in increasing the risk for suicide, particularly when combined with an administrative investigation on an officers’ potential misconduct (Brower, 2013). According to the New Jersey Police Suicide Task Force Report (2009), access to firearms was a significant risk factor contributing to law enforcement suicide; the report found that 94 percent of police suicides involved the use of a service weapon.

One of the few studies of CO suicide, the Bureau of Labor Statistics’ (BLS) Census of Fatal Occupational Injuries, shows that 38 percent of the intentional fatalities suffered by COs were suicides by self-inflicted gunshot wounds (Konda, 2012). However, using BLS data to study suicide prevalence among COs is complicated because the BLS only reports suicides that occur in the workplace. Suicides that occur at home or elsewhere are classified as non-occupational and are not part of the BLS data (Tiesman et al., 2010). Much more research is needed to develop a better understanding of the prevalence and causes of suicide among COs (Konda, 2012; Morgan, 2009).


There are many reasons for correctional officers to feel stress, including rotating shift work, low pay and the threat of inmate violence. The Connecticut Department of Corrections offers FOCUS (“Families, Officers and Corrections”) to help correctional personnel with their stress.

Every year, correctional officers from across the country gather at a monument in Judiciary Square in Washington, D.C., to honor our brothers and sisters who have fallen in the line of duty,” says John Carr, clinical supervisor of the Rhode Island Department of
Corrections’ (DOC) Stress Unit. "But a little-known fact is that correctional officers are three times more likely to commit suicide than they are to be killed on the job."

https://www.questia.com/magazine/1G1-58381593/fighting-the-enemy-within-helping-officers-deal-with


Results: From 1999–2008, there were 113 fatalities and an estimated 125,200 (CI = ± 70,100) nonfatal injuries were treated in emergency departments. Assaults and violent acts (n = 45, 40%) and transportation related fatalities (n = 45, 40%) were the two primary fatal injury events. Assaults and violent acts (n = 47,500 (CI = ± 24,500), 38%) and bodily reaction and exertion (n = 25,400 (CI = ± 16,800), 20%) were the leading events resulting in nonfatal injuries.

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4562411/


Among fatal assaults and violent acts (113 between 1999-2008), 62 percent were due to homicides and 38 percent (17) were due to suicides by self-inflicted gunshot wounds... In this study, the authors found that 17 correctional officers died from self-inflicted gunshot wounds in the workplace during the 10-year period. It is known that correctional officers experience constant stress because of fear of inmate attacks, mandatory overtime, rotating shifts, sleep disturbances and supervisory demands. Job stress issues are linked to psychological disorders that may result in an elevated suicide risk. A 2011 survey of corrections personnel revealed that about half of the study participants experienced some signs of posttraumatic stress disorder (PTSD) and confirmed there is an elevated suicide risk due to PTSD. In another study, researchers found that about one-third of corrections personnel were clinically depressed. Unfortunately, the data in this study does not offer information on the motives behind these suicides. Additional research should be conducted to examine the association between job stress and suicide risk among correctional officers, and then take steps to alleviate job stressors.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4699466/

Parker, Jack. Florida Mortality Study: Florida Law Enforcement and Corrections Officers compared to Florida General Population. Brevard County Sheriff’s Department, 2011.

During the 2011 Legislative Session, changes made to the Florida Retirement System (FRS) extended by five years both the age and the years of service necessary to retire for members of the special risk class which includes law enforcement and corrections officers. The stated justification for the change was the assumption that special risk class members are living longer and now have life spans similar to that of the general population. This assumption was derived without the benefit of conducting any studies in the State of Florida. The assumption also conflicts directly with well established
medical theory and other scientifically conducted longitudinal studies regarding the lifespan of law enforcement officers. The actual death rates between the two groups were compared during the most recent decade beginning in year 2000 and ending in 2009. It was determined the average age at death for FRS special risk class members assigned to law enforcement and corrections duties was 62.4 years, while the average age of death for Florida’s general population was almost 12 years longer at 74.2 years (approximately 19% longer life spans).


These conference materials include a presentation by John Violanti on Suicide and Stress in Correctional Workforce covering suicide statistics, stress, PTSD, the culture of not seeking help, and treatment.

Pittaro, Michael. “Suicide among Corrections Officers: It’s Time for an Open Discussion.” American Military University’s In Public Safety, January 5, 2015.

In order to address the potential for suicide among corrections officers, agencies need to:
- enhance and equip Employee Assistance Programs (EAPs);
- establish Critical Incident Response Teams (CRTs);
- and engage family members.


Research on suicide in correctional facilities has focused on inmates to the neglect of correctional officers. Research on factors such as stress, burnout, and work dissatisfaction has often found high levels of these problems among guards. The present study analyses data from 21 states to ascertain whether guards are at risk of suicide. The results of a multivariate logistic regression analysis indicate that the risk of suicide among guards in 39% higher than the rest of the working age population.

https://www.researchgate.net/publication/240238125_Suicide_risk_among_correctional_officers_A_logistic_regression_analysis


Previous research suggests that there is an elevated risk of suicide among workers within law enforcement occupations. The present study examined the proportionate mortality for suicide in law enforcement in comparison to the US working population during 1999, 2003-2004, and 2007, based on Centers for Disease Control and Prevention’s National Institute for Occupational Safety and Health National Occupational Mortality Surveillance data. We analyzed data for all law enforcement occupations and focused on two specific law enforcement occupational categories-detectives/criminal investigators/ police and corrections officers. Suicides were also explored by race, gender and ethnicity. The results of the study showed proportionate mortality ratios (PMRs) for suicide were significantly
high for all races and sexes combined (all law enforcement--PMR = 169, 95% CI = 150-191, 
p < 0.01, 264 deaths; detectives/criminal investigators/police--PMR = 182, 95% CI = 150-
218, p < 0.01, 115 deaths; and corrections officers--PMR = 141, 95% CI = 111-178, p < 0.01, 
73 deaths). Detectives/criminal investigators/police had the higher suicide risk (an 82% 
increase) compared to corrections officers (a 41% increase). This increased risk for suicide among detectives/criminal investigators/police and corrections officers, which suggests that additional study could provide better data to inform us for 
preventive action.

Corrections Officer Stress


“The aims of this study were to establish the prevalence of psychotropic drug use, measure the association between job strain, extrinsic efforts-rewards ratio, interpersonal violence and psychotropic drug use among officers working in correctional facilities in the province of Quebec in Canada. This study also examined if interpersonal violence at work is an intermediate factor in the causal chain between psychosocial risk factors at work and psychotropic drug use.”


Experiencing stress in the work environment is common for most occupations, and some occupations experience more work-related stress than others. Environmental factors including lighting, temperature, air quality and noise, can affect workers’ stress levels in subtle ways often overlooked during typical work related stress evaluations. The present study examines the relationship between these environmental factors and their effects on the stress levels of corrections officers. Survey respondents (N=45) evaluated two correctional facilities in the Pacific Northwest for environmental quality and the incidence of Sick Building Syndrome (SBS) symptoms such as headache, fatigue, nausea, lethargy and other health-related issues. Baseline environmental measurements and facility environmental standards were compared with survey results to evaluate officers’ experience of stress from the workplace environment. Results indicate that environmental factors may affect officers’ stress levels and their experience of SBS symptoms to a greater degree than is currently discussed in the literature. Future studies should attempt to further refine these relationships, as a better understanding of them will help correctional administrators decrease workplace stress, absenteeism and attrition.

http://cedar.wwu.edu/cgi/viewcontent.cgi?article=1186&context=wwuet


After an examination of the personal and organizational costs of stress and employee burnout, sources of correctional stress are delineated as they relate to the individual’s physical and psychological needs. The contribution of irrational thinking patterns to stress is discussed, and the way in which an individual may become a carrier of stress both at home and at work is outlined. Commonly used positive and negative coping techniques are enumerated. Special emphasis is given to five major coping techniques: maintaining a healthy lifestyle, including adequate rest and proper nutrition; deep relaxation and desensitization; improving self-image; appropriate assertiveness; and behavior change.
Appendixes include a stress and burnout self-evaluation, instructions for relaxation, and muscle relaxation, self-relaxation, and desensitization exercises. 


“This article explores stress among JJOs and training interventions through a review of the literature and presentation of original case study data. The case study includes qualitative analysis of (a) interpersonal stress through a new lens of empathy and meaning and (b) the development and delivery of a pilot training program targeted to help JJOs reduce stress and facilitate empathy and meaning. The conclusion addresses opportunities to support JJOs in managing interpersonal stress and finding meaning in their work.”


“A lower life expectancy seems plausible, but age 58 seemed extraordinarily low when a 35-year-old male is predicted to live to age 77. We decided to track down the truth. It turned out to be as easy as handcuffing a ghost.”


Addressing Correctional Officer Stress: Programs and Strategies is intended to help correctional administrators develop an effective program for preventing and treating correctional officer stress. The publication describes a variety of approaches for relieving officer stress that correctional administrators can implement.
https://www.ncjrs.gov/pdffiles1/nij/183474.pdf


"Recently, a number of very good studies have appeared addressing the sources and impact of stress on correctional officers. In this issue, we'll review the results of three noteworthy studies, on "role"-related stress, and on gender- and infectious disease-inspired fears among staff."
http://connection.ebscohost.com/c/articles/94721158/stress-correctional-workplace

According to Camp, Gaes, Langan, and Saylor (2003); Finn (1998); and Inwald (1982), increased inmate violence, inmate crowding, inmate density, dangerous gang activity, physical setting, and lack of recognition of officer authority all intensify stress. [...] due to the traumatic experiences correctional officers face, substance abuse is often equated with posttraumatic stress disorder (Janik, 1995; Stock & Skultety, 1994).


Conflicts between work and family life were the most significant issues that affect work stress and job satisfaction among correctional officers, a new study by the Correctional Management Institute of Texas at Sam Houston State University found. In a study of 441 correctional officers from adult prisons in the South, the most significant work-home issues experienced by correctional officers were demands and tensions from work that impact their home life; an incompatibility between the officer’s role at work and at home; and family circumstances that place strain on work experiences.

https://www.sciencedaily.com/releases/2014/02/140220112511.htm

**Desert Waters Correctional Outreach**


The purpose of this study was to estimate prevalence rates for depression, post-traumatic stress disorder (PTSD), and comorbid PTSD/depression in corrections professionals, and to explore the relationship between particular disorder conditions and a variety of variables including job type and numerous indices of health, well-being, and life functioning (e.g., number of doctor visits, number of absences from work, extent of substance use, satisfaction with life, job functioning, and other variables). A large number of continuous and dichotomous variables were also assessed for their ability to replicate diagnoses and classifications of PTSD, depression, and comorbid PTSD/depression coming from established clinical assessment and screening tools. Using a secure online application, a nationwide sample of corrections professionals (N=3599) completed the PTSD Checklist-Civilian Version (PCL-C), the Depression, Anxiety, Stress Scale-21 (DASS-21), the Impact on Functioning Scale (IOFS), and the Satisfaction with Life Scale (SWLS). Participants responded to additional questions indicating the degree to which they witnessed or experienced a variety of types of workplace violence, injury and death (VID) events and related emotions, and whether and/or the degree to which they experienced various health-related conditions, behaviors, and functional impairments.

Results indicated rates of depression, PTSD, and comorbid PTSD/depression that far exceed general population rates. Males and individuals in security/custody roles
demonstrated the highest disorder rates. The condition of Comorbid PTSD/depression demonstrated a particularly strong relationship to worse outcomes and statuses on a large number of variables reflecting health and functioning. Parsimonious sets of public domain assessment items were identified that offer promise as screening items for determining the prevalence of common disorder conditions in corrections professional populations. Implications are discussed in relation to the need for, and best focus of, systemic assessment and interventions in correctional environments and in regard to the need for improvement of corrections employee health and functioning.


This paper presents an evidence-supported model and framework for the comprehensive understanding of occupational threats to corrections workplace health and functioning as well as a data-driven and evidence-based strategy for addressing them.


The purpose of this study was to estimate current posttraumatic stress disorder (PTSD) prevalence rates among United States’ corrections professionals, and explore indices of psychological, physical, and occupational status and functioning in relation to PTSD. Using a secure online application, a nationwide sample of corrections professionals (N=3599) completed the PTSD Checklist-Civilian Version (PCL-C), the Depression, Anxiety, Stress Scale-21 (DASS-21), the Impact on Functioning Scale (IOFS), and the Satisfaction with Life Scale (SWLS). Participants responded to questions indicating the degree to which they witnessed or experienced incidents of workplace violence, injury and death (VID) and related emotions. Participants also responded to questions about health-related behaviors and conditions, and functioning. Results indicated an overall PTSD prevalence rate of 27% for symptoms experienced over the past 30 days. Analysis of subgroups indicated that males and security/custody personnel had significantly higher PTSD rates than females and non-security staff, respectively. In reference to the entire sample, PTSD-positive participants reported significantly 1) more exposure to workplace VID and negative VID-related emotions, 2) higher levels of depression, anxiety, and stress, 3) more absenteeism, health services utilization, health conditions, and substance use, and 4) lower levels of pro-health behaviors, life functioning, and life satisfaction. Implications and future areas of research are discussed.

Suicide: Other Law Enforcement


Our 2012 study of police suicides was published in August, 2013, and one thing was evident: police suicides took a slight drop in 2012. We continue to be the first group to track police suicides on a scientific basis and this is the first reduction we have seen since we began monitoring them in 2008. This is encouraging news that we tentatively attribute to the increased number of departments adopting peer support programs and the increased willingness of officers, many of them younger, to seek professional assistance—not only when they have a problem, but before problems develop (through things like "mental health checks" done annually).


The police profession can no longer ignore the silent suffering of its officers. Post-traumatic stress disorder (PTSD) is real, and it is a lot more common among first responders than initial indications.


Using the definition of a law enforcement officer adopted by this Task Force, there were 55 suicides among this population between 2003 and 2007. Of these, 18 or nearly one-third involved law enforcement officers who were retired or on disability, and 16, or nearly thirty percent, were current or retired corrections officers. Three of the fifty-five suicides were part of "murder-suicide" incidents. All but two suicides were committed by males. There was no time trend, so it does not appear that law enforcement suicides increased or decreased during this five-year period.

**Summary:** 1) The suicide rate among law enforcement officers is somewhat higher than that for similarly aged males in New Jersey. 2) There is no evidence that the suicide rate among law enforcement officers is increasing, and 3) Corrections officers appear to have a higher suicide rate than other law enforcement officers.

[http://www.state.nj.us/lps/library/NJPoliceSuicideTaskForceReport-January-30-2009-Final%28r2.3.09%29.pdf](http://www.state.nj.us/lps/library/NJPoliceSuicideTaskForceReport-January-30-2009-Final%28r2.3.09%29.pdf)


Governing compiled fatality data from the National Law Enforcement Officers Memorial Fund, along with the number of police and corrections employees working for state and local governments, as estimated in the Census Bureau’s Annual Survey of Public Employment and Payroll. An analysis of fatality data showed states in the southeastern U.S. recorded the nation’s highest per capita death rates. Not including states with less than a few thousand officers, Alabama, Mississippi, Oklahoma, Georgia, Arkansas and Louisiana
were found to have the most police deaths given their number of officers. About half of fatalities result from traffic accidents. Shootings also account for a high number of deaths, followed by falls and work-related illnesses. An interactive map provides fatality statistics by State, and does not include federal employees or designation of violent deaths as self-inflicted.


This report does not mention suicide nor differentiate between law enforcement by police and correctional officers.


Results: During the 11-year period, 2,280 workers died from an occupational injury, for a fatality rate of 11.8 per 100,000 across all LEO occupations. Forty-seven percent were homicides (n = 1,072, rate 5.6 per 100,000), 36% transportation-related (n = 815, rate 4.2 per 100,000), 11% were due to other causes (n = 249, rate 1.3 per 100,000), and 5% were workplace suicides (n = 122, rate 0.6 per 100,000). The proportion of fatalities by cause of death differed significantly between occupations (P < 0.0001). Sheriffs and bailiffs experience a high risk for occupational injury death compared to other law enforcement occupations. Of the transportation-related fatalities, LEOs were operating a motor-vehicle in 58% of the incidents and 22% of the fatalities were struck by incidents.

Prevention & Intervention Strategies for Corrections and LE Officers


“[F]ew studies have reviewed intervention programs designed to treat COs, or sought to assess the effectiveness of those programs... As a result, this section ["Correctional Officer Wellness Programs and Their Effectiveness" pages 12-17] starts with a general discussion of the gaps in correctional wellness programming, as well as reviews of Employee Assistance and Peer Support programs commonly used in law enforcement, with a focus on lessons learned from research on these types of police programs. The review then examines the results from a handful of studies evaluating the impact of correctional wellness programs.”


According to statistics from the Federal Bureau of Investigation (FBI), Law Enforcement Killed and Assaulted (LEOKA) data and survey results from the 2012 National Study on Police Suicides, law enforcement officer deaths by suicide were twice as high as compared to traffic accidents and felonious assaults during 2012. This sobering data indicates that some law enforcement officers suffer from mental health issues and suicidal ideation and behavior, and too many officers are dying from it. Moreover, it suggests that mental health and well-being is integral to the continuum of officer safety and wellness, and critical to preventing officer suicide...

"The strategies outlined in this report are designed as a roadmap for police departments seeking to include officer mental wellness as a core element of officer safety and wellbeing and to mitigate the threat of officer death by suicide. These strategies are designed to prevent the destructive effects of emotional trauma, mental illness, and officer deaths by suicide on a police community; to successfully intervene when officers confront mental health crises, mental illness, or suicidal behavior; and, to provide effective event response protocols when an officer dies by suicide in an agency. It is time for a coordinated, national initiative on this all too-critical issue. It is time to integrate mental health and well-being into the mainstream officer safety and wellness continuum.”


In adult correctional facilities, correctional officers (COs) are responsible for the safety and security of the facility in addition to aiding in offender rehabilitation and preventing recidivism. COs experience higher rates of job stress and burnout that stem from...
organizational stressors, leading to negative outcomes for not only the CO but the organization as well. Effective interventions could aim at targeting organizational stressors in order to reduce these negative outcomes as well as COs’ job stress and burnout. This paper fills a gap in the organizational stress literature among COs by systematically reviewing the relationship between organizational stressors and CO stress and burnout in adult correctional facilities. In doing so, the present review identifies areas that organizational interventions can target in order to reduce CO job stress and burnout.

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3564928/


The findings of this study suggest that work-related stress may play a role in the development of mental health problems in special unit police officers who experience threat of riot and other violence on an almost constant basis.

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3717472/


“The fact is most people are not aware of the risk factors and warning signs for suicide. To be able to help, one first needs to know how to recognize when to help. For decades, correctional agencies have trained officers in suicide prevention for inmates. Staff are taught to screen inmates at admission, recognize risk and warning signs, report suicidal behaviors and intensively supervise potentially suicidal inmates. Having decreased the number of inmate suicides, and given the frequency of correctional employee suicides, it seems a logical best practice to apply the same training mandates to monitoring staff for suicidal behaviors.” [From Body of Article]


On June 10, 2015, the National Institute of Corrections (NIC) launched a national virtual conference on staff wellness titled “New Directions in Corrections: Staff Wellness.” Session topics will include using neuroscience to reduce stress, “healing corrections,” the organizational implications of boundary violations, creating a purpose-driven corrections career, corrections personnel suicide, and staff wellness. The cumulative effect of these co-occurring stressors upon corrections professionals and upon entire correctional workplace cultures is captured by the umbrella term and construct of “corrections fatigue.” Effects of corrections fatigue may be low staff morale, impaired job performance, individual health and functioning issues, problematic professional and personal relationships, and high staff turnover. Corrections fatigue includes a variety of facets, many interacting to affect staff negatively and envelop workplace culture in a self-reinforcing cycle that undermines health, functioning, and fulfillment. This microsite provides access to the eight presentations and links to additional resources.

Preventing Law Enforcement Officer Suicide: A Compilation of Resources and Best Practices, Alexandria, VA: International Association of the Chiefs of Police.

"This CD is a compilation of suicide prevention resources from leading agencies across the country. The purpose of this CD is to provide the law enforcement community with samples and resource materials to initiate a suicide prevention program." The following parts are contained on this CD: developing a suicide prevention program; sample suicide prevention materials; sample training materials; sample presentations; and sample funeral protocols. https://www.theiacp.org/resources/document/law-enforcement-suicide-prevention-and-awareness

Tier Talk Podcast: Preventing Correctional Officer Suicide. correctionsone.com, 2015

In this week's episode, host Anthony Gangi and guest Michael Pittaro discuss correctional officer suicide and how to prevent it. http://www.correctionsone.com/anthony-gangi/articles/17327187-Tier-Talk-Podcast- Preventing-correctional-officer-suicide/


... Suicides in both the police and military now exceed deaths in the line of duty. Dr. Daniel Goldfarb, a respected psychologist specializing in police stress, states that a failure to get help is a major contributor to police suicide and other stress effects. The objective of this case study was to test the impact in law enforcement personnel of an innovative self-regulation and resilience building program delivered via an iPad app and personal mentoring. The Stress Resilience Training System (SRTS) app includes training on stress and its effects, HRV coherence biofeedback, a series of HeartMath self-regulation techniques, and HRV-controlled games. The stressful nature of law enforcement work is well established, and the need for meaningful and effective stress resilience training programs is becoming better understood, as it has been in the military. Law enforcement and military service share many stress-related features including psychological stressors connected with the mission, extended duty cycles, and exposure to horrific scenes of death and injury. San Diego Police Department personnel who participated in the study were 12 sworn officers and 2 dispatchers, 10 men and 4 women. The SRTS intervention comprised an introductory 2-hour training session, 6 weeks of individualized learning and practice with the SRTS app, and four 1-hour telephone mentoring sessions by experienced HeartMath mentors spread over a four week period. Outcome measures were the Personal and Organizational Quality Assessment survey, the mentors' reports of their observations, and records of participants' comments from the mentoring sessions. The POQA results were overwhelmingly positive: All four main scales showed improvement; Emotional Vitality improved by 25% (P=.05) and Physical Stress improved by 24% (P=.01). Eight of the nine subscales showed improvement, with the Stress subscale, perhaps the key measure of the study, improving by approximately 40% (P=.06). Participant responses were also uniformly positive and enthusiastic. Individual participants praised the program and related improvements in both on-the-job performance and personal and familial situations. The
results support the efficacy of the program to achieve its goal of building stress resilience and improving officer wellness by providing practical self-regulation skills for better management of emotional energy. We conclude that the SRTS program for building resilience and improving psychological wellness can be as effective for law enforcement as it is for military personnel.

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4010956/
Trends (e.g., related to higher rates of hiring ex-military / PTSD)

28th First Responder Suicide Highlights Stress Faced by Corrections Officers (July 16, 2015).
Peterborough, Ontario: www.vanmeerfreepress.com

According to research into the prevalence of PTSD, jail guards have a higher prevalence rate than any other first responder. Savoia says 26% of CO’s will be diagnosed with PTSD at some point in their career. Fire services come in at roughly 16.5 percent, paramedics at about 22% and Police Officers between 10 and 12%. Savoia says CO’s are often overlooked.


Corrections officers suffer from post-traumatic stress disorder at more than double the rate of military veterans in the US, according to Caterina Spinaris, the leading professional in corrections-specific clinical research and founder of Desert Waters Correctional Outreach, a nonprofit based in Colorado.

https://www.theguardian.com/us-news/2015/may/20/corrections-officers-ptsd-americans-prisons

Hiring and Retention of State and Local Law Enforcement Officers, 2008 - Statistical Tables

In 2008, 19% of agencies employed about 7,500 full-time sworn personnel who were called to active military duty. These call-ups represented a decrease from 2003 when 23% of agencies had 11,400 officers called up. More than a third (36%) of agencies targeted applicants who possessed prior law enforcement experience for sworn positions, including about half of agencies employing 100 or more officers. Smaller percentages of agencies targeted applicants who were military veterans (17%), multilingual (16%), or 4-year college graduates (14%).

http://www.bjs.gov/index.cfm?ty=pbdetail&iid=4514
In The News...

Massachusetts


Lawmakers Considering Bill to Study Corrections Officer Suicides (Dec 8, 2015) http://www.wcwb.com/news/lawmakers-considering-bill-to-study-correction-officer-suicides/36863464. “Fourteen officers have taken their own lives in the last 5.5 years.”


Other


