New Directions in Corrections:

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SUICIDE BEHIND THE WALL: CORRECTIONS PERSONNEL

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“SUICIDE?”
LET’S NOT TALK ABOUT IT...
Global Violence-Related Deaths

World Health Organization

More people die by self-directed violence each year than by all other-directed violence in the world, including from all armed conflicts and homicides.
• One person dies by suicide every 15-20 minutes.

• Suicide is no respecter of age, race, religion, social or economic status; it is an equal opportunity mode of death.
And yet...

“Suicide is our most preventable form of death.”
Dr. David Satcher,
former Surgeon General of the United States
Basic Concepts About Suicide

• Ambivalence exists until the moment of death; the final decision rests with the individual.

• Reduce risk factors and you reduce risk; enhance protective factors and you reduce risk.
Nature of Suicide

- Psychic suffering (Psyche-ache)
- Hopelessness
- Unbearable mental anguish
- Cognitive constriction
- Grossly impaired problem solving ability
Joiner’s Theory

- Feeling a burden to others
- Thwarted belongingness
- Acquired capacity for self-injury and habituation to pain

T. Joiner, Why People Die by Suicide, 2006
Warning Signs

- Departmental charges
- Previous suicide attempt
- Hopelessness; depression
- Increase in alcohol use
- Marital/family issues
- Financial crisis
- Terminal illness
Warning Signs, continued

- Co-worker complaints
- Inmate complaints
- Change in work habits
- Any change that is out of the ordinary
Corrections Officer Suicide
THE DILEMMA OF IMAGE

“We are the forgotten cops, hidden from public view, doing a dangerous beat, hoping to receive the respect and appreciation from the public whom we serve.”
• Corrections workers must deal with financial, family and personal issues outside of work.
• They are regularly exposed to the darkest of the dark of the human condition—violence, horrific crimes, mental illness, suffering, investigations, and jaded coworkers.
• Life is cheap behind the walls, perhaps making one’s own death a more acceptable option to some.
• Research on suicide in correctional facilities has been overwhelmingly based on inmates.
• Based on research on the lives of corrections staff, one would be anticipate that they, too, would also be at high risk for suicide.
“Controlling for the other variables in the equation, correctional officers have an elevated risk of suicide. From the odds ratio, correctional officers are 39% more at risk of death from suicide (vs. natural causes) than non-correctional officers.”

-Dr. Steven Stack (1997)
NJ Commission on Law Enforcement Suicide

- NJ corrections officers commit suicide at over double the rates of police officers and the general population
- From 2003 through 2007, for males ages 25-64, per 100,000 the suicide rate for COs was 34.8, for police 15.1, and for the general NJ population 14.0
Recent Study

- Examine death certificate data for 1.46 million persons who died in 23 States in the U.S.
- Compare correctional staff suicides with those in the U.S. population
Results

Compared to the U.S. working population:

- Corrections Officers Overall
  41% Greater Risk For Suicide
- Corrections Officers – White Males
  34% Greater Risk For Suicide
- Corrections Officers – White Females
  200% Greater Risk For Suicide
STRESS: A Potential Cause of Suicide
Many years ago a researcher observed:

“Any organization or social structure which consists of one group of people kept inside who do not want to be there and the other group who are there to make sure they stay in will be an organization under stress”
Stress is a process which transcends environmental boundaries and may affect us psychologically and physiologically.
Why is there Correctional Officer Stress?

The available evidence documents that stress among correctional officers is widespread and, in many cases, severe.
Corrections Stress Predictors

- High demands, low control
- Administrative stress
- Shift work
- Security level
- Contact hours with inmates
- Low job satisfaction
- Dangerousness
- Low job support

- Dowden & Tellier, 2004
Between 1990 and 1995, the number of attacks on staff jumped by nearly one-third, from 10,731 to 14,165.

During this same period, the number of correctional officers increased by only 14%.
• The corrections environment contributes to dysfunction in staff’s personal lives and relationships.
• The term "spill over" describes the notion that “what makes a good corrections officer may not make the best domestic partner".

William Hepner, M.Ed.
Opening Remarks Commission on Safety and Abuse in America’s Prisons
November 1, 2005
A Severe Form of Stress: PTSD
PTSD—Criterion A

Exposure to actual or threatened violence in one of these ways:

- Directly experiencing the traumatic event
- Witnessing, in person, the event as it occurred
- Learning that the event occurred to close family or friend
- Experiencing repeated or extreme exposure to aversive details of the traumatic event

-DSM-5, American Psychiatric Association, 2013
Elements Necessary for PTSD

Intrusion

Avoidance

Physiological Arousal
PTSD and Suicide

- Research has shown that PTSD and depression contribute independently to suicidal behavior.
- Elevated lifetime rates of full and partial PTSD were associated with elevated suicide rates.
- Given the reported high rates of PTSD and depression among corrections professionals, it is no surprise that corrections staff exhibit unusually high suicide rates.
Corrections PTSD Study

Results indicated an overall PTSD prevalence rate of 27% for symptoms.
Figure 1. Rates of PTSD-positive corrections professionals (SCM method).
Notes: Total N=3599; PTSD-positive n=956; PTSD-negative n=2643.
Corrections PTSD Study, continued

PTSD:

• More exposure to workplace violence, injury and death and negative VID-related emotions
• Higher levels of depression, anxiety, and stress; more absenteeism, use of health services, health conditions, and substance use
• Lower levels of pro-health behaviors, life functioning, and life satisfaction

Spinaris, Denhof & Kellaway, 2012
Desert Waters Correctional Outreach
Seeking Help:
A Culture Bounded Choice?
Stigma/Barriers to Care and Mental Health Risk

- I would be seen as weak: 65% Agree or Strongly Agree
- My unit leadership might treat me differently: 63%
- Members of my unit might have less confidence in me: 59%
- My leaders would blame me for the problem: 51%
- It would harm my career: 50%

Slide from COL Charles Engel, Briefing, Jan 2008
Stigma/Barriers to Care and Mental Health Risk, continued

- There would be difficulty getting time off work for treatment: 55% (Screen pos) vs. 22% (Screen neg)
- It is difficult to schedule an appointment: 45% (Screen pos) vs. 17% (Screen neg)
- I don’t trust mental health professionals: 38% (Screen pos) vs. 17% (Screen neg)
- I don’t know where to get help: 22% (Screen pos) vs. 6% (Screen neg)
- I don’t have adequate transportation: 18% (Screen pos) vs. 6% (Screen neg)

Slide from COL Charles Engel, Briefing, Jan 2008
CO Cultural “Rules” Are as Follows:

• Whatever else you do, do not ask for help.
• This is not about lack of social skills, but about fear.
• Fear is always more powerful than reason, and works much faster than logic.
• Asking for help is a potential death sentence.
Suicidal Correctional Officers

- Officers most at risk for suicide are the least likely to ask for help.
- Thus, we must find these officers and help them where they are—and they are NOT in mental health offices.
- If we expect officers to ask for help to get it, they will continue to die.
Treatment Must Be:

- Completely confidential
- Easily accessible
- Affordable or free
- Require no appointment
- Easy to find
- Delivered by “like me” professionals (peer support)
Some Suggestions for Prevention

- Start at the top by recruiting leaders who care about the mental wellness of their officers
- Establish and institutionalize effective early warning and intervention protocols to identify and treat at-risk officers
- Audit existing psychological services
Some More Suggestions for Prevention

- Invest in training agency-wide on mental health awareness and stress management
- Begin mental wellness training at the academy, and continue the training through career
- Include family training
- Establish clear post-event protocols
More Things To Look Into

- Suicide among minorities and female correctional officers
- Work/home conflict and spill over effects
- Ways to increase correctional officer involvement in decision-making
- Impact of job morale on job stress
- Contact hours and stress
A Priority

Changing the culture.
“THE ENEMY DID NOT FIGHT US, WE FOUGHT OURSELVES.....

THE ENEMY IS WITHIN US....”