

Welcome to Suicide Behind the Wall. If you've experienced technical difficulties during Québec section please dial 1-866-779-3239 or you can message me using the Q&A panel. All participants are in the listen only mode. As a reminder this is being recorded for rebroadcast. I'm pleased to turn it over to the host today, Scott Weygandt. Scott, please go ahead.

Hello, this is Scott Weygandt from NIC and I would like to welcome you to the virtual conference. During this session Dr. John Violanti will present Suicide Behind the Wall. This is recorded. He was not able to join us live. There will be no Q&A but if you have any questions please visit the discussion forum on the conference website.

Hello, I'm John Violanti from the Department of epidemiology and environment health with it the University of Buffalo in Buffalo, New York. I'm here today to talk to you about a topic that some discussed -- seldom discussed -- suicide. Unfortunately to suicide rate among corrections officers is rather high and higher than the general population. Today I would like to talk to you a little bit about our research about some things that I think are necessary to help corrections personnel not only prevent suicide but get to do a position where they can go and ask for help. As you know in this profession it is a formidable task given the culture of policing and corrections officers in general.

To start off, -- suicide has a lot of stigma attached to it and nobody really wants to talk about it. To some degree in police work and and corrections if you excuse the expression -- it's a dirty little secret that we don't talk about. We talk about a lot of things but we don't talk about suicide. You wonder why. You wonder why there is such a strong signal attached -- stigma attached. People who choose to die by suicide are suffering. Are suffering psychologically. It's up to us to get this out in the open where it belongs. Let people and corrections understand that death by suicide is a collection of various things that have happened to people in their lives to eventually get them to that point. These things are not -- the question that most people have is -- well, a lot of people commit suicide in a lot of different occupations. Why is this one so special? Why is there a higher rate of suicide and corrections? I hope to explain that a little bit more to you as we go along.

The idea is that we do need to talk about this. We need to get this out. To make people aware that suicide is a possibility in this occupation.

More people die in this world by self directed violence every year than all other types of directed violence.

Including wars. Wars and homicides. The rate for suicide is high. In the United States itself the rate is 36,000 people that killed himself last year. A staggering statistic.

In our country one person dies by suicide every 15-20 minutes. It doesn't matter who you are -- what color you are, what religion you are. Whether you are poor or rich. It doesn't matter. It affects all people of all ages always is. It's not particularly prevalent in certain populations.

Given all of this, suicide is one of our most preventable forms of death of the 10 leading causes of death in the United States. Suicide is the most preventable form of death and people continue to die. This gives us more incentive to address these problems, particularly in an occupation like corrections.

Some concepts about suicide -- ambivalence -- should I or should I not do this exists in people think it of suicide. At the very moment of death. The difficulty in detecting suicide ahead of time is that the final decision to commit suicide rests within the individual at that moment. It's an individual decision. No matter what psychologists for psychologists try to do -- and we try our very best -- it's hard to predict suicide. It comes out of an abnormal place where the decision is made but there's a lot of ambivalence. I often tell the story about the Golden Gate Bridge in San Francisco where

people who have jumped off the bridge survive. There are 26 of them. Researchers asked what were you thinking about at the moment your feet left the bridge? The general comment was oh my God, what did I do? The ambivalence exists to a point where a decision is not made at the very instant of the suicide attempt.

If you reduce risk factors, you reduce risk. It's that simple. If you take away the risk factors -- and there are a lot of risk factors embedded in the corrections occupation -- will get to those in a moment. You enhance protective factors. You reduce the risk as well.

What are the protective factors? Support -- social support. Establishing resilient organizations that help people. Helping people through crisis. Those are things that get people through these sorts of situations.

The nature of suicide -- they call it Psyche ache. It's a sense of hopelessness. It's unbearable mental anguish. It's cognitive constriction. What I mean is that people get in what I call a tunnel of despair -- there are only two possible ways to get away from the psychological suffering -- you can either kill yourself or continue to experience terrible suffering.

There is no way out at that point in their mind. As it's a constriction in thinking. That goes along with problem solving as well. People are poor problem solvers and see no way out. They choose suicide as a way to leave this world.

This is where people can help -- to give options, if you will, other than suicide.

Tom Joyner has a theory about suicide -- people feel that they are a burden to others are likely to kill themselves. People who don't feel they belong who are somehow isolated from the general population are more likely to commit suicide.

And people who have acquired capacity for self injury and habituation to pain. What that means essentially is that if you have the means for suicide the risk increases. If you are habituated to paying -- if you are jaded as many corrections and police officers are two, and death and pain, they get used to it. The experience so much of it. They get used to it. They are jaded. They are sort of shut off or an emphasized to pain.

Some of the warning signs that we see in corrections officers -- apartment little -- departmental charges -- people under investigation, for example. They are at higher risk for suicide and need to be attended to by support.

Previous suicide attempt is probably the biggest warning sign that we have. If someone has previously attempted suicide there's a darn good chance they will do it again. Hopelessness and depression are common in people who think about suicide. Alcohol use is common. The terrible triad -- alcohol use, depression, and suicide seem to go together quite often.

Marital and family issues. Relationship problems among officers who commit suicide. Financial crisis and of course terminal illness where people don't want to suffer anymore from perhaps terminal cancer and decide they want to take their lives.

When things start to happen in the corrections environment -- when coworker start to complain about officers, a person not doing their job, not taking care of hygiene, they just don't look right anymore. Anger and frustration. When you hear the same thing from inmates you know that something is happening with this individual.

Change and work habits -- the good corrections personnel officer who does the job very well no longer doesn't that way. Doesn't show up for work. Absent and sometimes shows up intoxicated -- these things add up to a scenario which fellow workers can detect. Corrections officers have a sixth sense. They know when something's wrong. These are things that we need to look for in fellow workers. Any changes out of the ordinary -- personality changes are common. For example the outgoing happy officer becomes suddenly silent and the longer talks to anybody. Doesn't say anything. Leaves work without saying a word. Does things that ordinarily he or she wouldn't do. Interesting warning signs.

Let's talk a little bit about what may lead a corrections officer or corrections personnel in general to take their own lives. The first thing -- this is something I've said -- I've observed in my years in law enforcement -- there is a dilemma of image. Corrections officers often feel forgotten. Physically they have a tough job. It's a difficult job. Is different than being a police officer. You are locked away in the detention facility with the prisoners and they are in the detention center all day. In the personal day. They are hidden from the public. Nobody sees the work they do. Nobody sees the terrible thing that they have to deal with. The danger of being in the institution. Respect and appreciation isn't there because the public does not know what these men and women go through a daily activities.

When I started this presentation there was a picture saying who is the prisoner? Is a good question. Who is the prisoner? What is the effect of those behind the bars and those on the other side of the bars? Image certainly needs to be explained to the public and should be explained in terms of how difficult this job is.

Like anybody else, corrections officers live in society and they need to deal with financial and personal and family issues when they meet for. Inside the walls they are exposed to the darkest things. Clients, -- crimes -- people they have to deal with every day. It's very difficult. No one cares much about life in prisons. The inmates. When corrections officers are exposed to this they get jaded to death and violence and horrible things that happen within the prison walls.

In the past most of the research that's been done in prison has been done on inmate suicide and of course this is a problem. We need to address it and we do. But what about the other side? The other side of the bars? These people are exposed much to the same degree that inmates are with the exception of being locked behind bars. They have to deal with the situation that these people are involved in and the research is very slim on corrections officers.

One of research projects that I saw by Dr. Stack who did a nationwide analysis of corrections suicides. What he found is that looking at the odds -- that's generally what we do as epidemiologists -- look at the odds. What is the odds of a correction officer committing suicide over that of a non-correction officer? He found out there was a 39% greater risk of death from suicide if you were a corrections officer.

That's pretty high. By virtue of your occupation you have a greater risk of suicide.

The New Jersey commission on Law enforcement suicide recently from 2003 to 2007 did a research project on police officers in corrections officers and what they found was that a suicide rate of corrections officers was 34.8 34.84 100,000 in the population. It was 15.1 per 100,000 for police and 14 per 100,000 for the general new. New Jersey population.

If you look at those figures for a moment, the suicide rate of corrections officers is almost double that -- more than double that of the police in the general population. Staggering statistics.

We just completed a study on this. A nationwide study. Suicide among corrections officers. We had some results as well. We examined death certificates -- 1.4 6 million people who died in the United States across 23 states. We compared correctional personnel suicides with those in the United States general population in his what we found -- overall corrections officers had a 41% greater risk for suicide then did the United States working population. 1.4 6 million people.

White males had a 34% greater risk and white females had a 200% greater risk for suicide . There weren't a lot of suicides in terms of numbers but when you compare the numbers of suicide among corrections officers to the numbers of suicide in the general population, that's how we get our ratio. 200% greater risk for suicide among women -- shocking. >> Stress, of course, is a potential if it is of suicide. Stress is related to depression and depression can lead to suicide ideation were thinking about suicide.

I think we know there's a lot of stress on this job. One person said any organization where you've got somebody who is locked up in some place where they don't want to be in another group that once to keep them there, certainly that is a stressful situation. That makes a lot of common sense to me. If you are locked up in prison or jail you certainly don't want to be in you have these individuals and want to keep you there.

Is a constant string going on between the 2 groups. >> Stress is a process that hurts us psychologically and physiologically. Some of the more recent research found that things like stress and post traumatic stress disorder affect the cardiovascular system and can actually in the future lead to heart disease and probably stroke. Metabolic imbalances in your body which can lead to other diseases.

So, stress is not psychological alone it is also physiological and it can hurt us in both ways. If you look at the health of corrections officers, it's not very good. They die at an earlier age than the general population many of them do have cardiovascular disease and metabolic disturbances as well.

Is wide spread as far as the research is concerned. There is a lot of stress in this occupation.

Why is that true? What are the predictors? Let's look at this job for a moment. The demands are high. The responsibility aside. You are responsible for the inmates in the lives and control -- you have no control. You have high demand and no control. A researcher said when you get a situation like this with the demands of your job are high and you have no control over your work you can have stress. The other half is that there is an imbalance between effort and reward. Corrections officers are expected to brought a high effort yet the rewards are very low. What can you get from keeping inmates in check and taking care inmates? What comes from that? What's the reward?

Stressful administration is highly rated. Shift workers are highly rated -- the security level makes a difference. How long one is exposed to the inmates seems to make a difference. Job satisfaction -- according to research -- it is generally low in this job. The danger is rather high in this job. The jobs support you to do your work every day -- this is low according to the researchers.

The number of attacks have increased and these are older studies but it still holds true today.

We are seeing less and less corrections officers and more attacks.

The other day I was coming to work and it was a billboard from the New York state corrections Association. The billboard said since the beginning of the year there have been 845 attacks on corrections officers in our state.

Here we have a poker display of what is happening -- a public display of what is happening in our presence.

It's not only there. Unfortunately, stress spills over into other lives. It spills over into the family -- the corrections family.

Sometimes being a good corrections officer doesn't make you the best spouse or domestic partner.

A lot of relationship problems exist. A lot of these problems need sometimes to domestic violence, sometimes to depression. Sometimes to suicide -- sometimes murder suicide. We've seen an increase in those as well.

One particular form of stress that we do see a lot of in the research is post traumatic stress disorder. -- PTSD. You probably heard a lot about this recently. It's found to be high among returning veterans and high among police and is also high among corrections officers in there been some landmark studies which demonstrate this and I will show you in a moment. What is the criteria for getting PTSD? If you directly experience the event and its dramatic -- there are a lot of dramatic events going on in prison -- assaults. Terrible things that the officer see -- these things can add up and they are cumulative and they can hurt you in the long run.

Witnessing the event as it occurred in person -- learning that the event occurred to someone that you know or love or a coworker Oracle corrections officer in experiencing repeated or extreme exposure to adverse details of the traumatic event. >> What's bad for this occupation is that traumatic events occur frequently. In a career of 20-25 years your level to see more dramatic events than anyone outside of corrections will ever see in their lives. This accumulation of stress -- stress --, -- builds up what I like to call the stress bucket. When the bucket is full it overflows. When it overflows your ability to cope with trauma and stress diminishes and people may turn to maladaptive ways to cope -- alcohol, suicide, depression.

Intrusive memories of the event are common -- avoidance of things that resembled the event -- smells, sounds, taste, sites, so forth. Anything that resembles the event -- if you see this it reminds you of the event and you will get a flashback or an intrusive memory. Last, this is a simple but the physiological arousal the people experience -- the inability to sleep. Having nightmares about the event. Over and over -- not being able to get to the meaning of the event in your life. All these things -- startle response -- when you hear noises in job irritable -- all of these things are physiological in nature and brought about by the effect of the trauma. >> Research has shown that PTSD and depression contribute independently to suicidal behavior. A lot of times PT and depression will be awarded -- they occur together. -- They are comorbid -- they occur together.

Some of the research demonstrates that PTSD and depression can lead to suicide behavior.

Elevated rate in partial PTSD were elevated with suicide.

Given the reported high rates of the PTSD found among corrections officers, it is very possible that it is affecting their lives and affecting their psychological well-being leading to depression.

Spin areas and others in 2012 did a good study on PTSD prevalence rate in corrections officers.

The major finding was that 27% of corrections officers they surveyed had symptoms of PTSD -- high symptoms that meant the diagnosis.

Here are -- here's a graph of a some other results. You can see the total sample of 3599 officers -- 27% were positive for PTSD -- males were higher -- 31%. Emails that 22%. Other staff -- staff

involved in securities -- not just corrections officers -- had a high rate of PTSD. People that experience much of the same thing that the officers experience also had symptoms -- symptomatology for PTSD. This is one of the better studies. What did they find? Why did they have PTSD? Exposure to workplace violence, injury, and death. Negative feedback to all related post-traumatic stress -- high levels of depression, anxiety, being absent more and using health services more. Health congestion -- substance abuse. All of these things are could your bidding -- lower levels of health behavior.

That eating properly, not sleeping properly. Not exercising.

Not caring about themselves. Their lives and functions. How these things lead to a result of posttraumatic stress disorder. This is from the research -- a very good study.

Those of the details -- what do we do about it? That's the question.

We have a difficult situation here in this occupation. This is true in corrections, policing, it's true in many first responder occupations. The problem of seeking help. If we can get more corrections officers to seek help when they needed when they are feeling depressed when they have PTSD, when they're having emotional problems, we can probably prevent a lot of suicides.

What's stopping us? The one, the culture. It is a culture bound choice.

What we mean? Corrections officers -- the culture of corrections officers says that one must be tough. One must not show emotions. One they never have problems.

If we do we are weak.

So, if you're going to see a psychologist or peer support person you are weak. You can take it.

Suck it up and get out there and do your job. That's the culture.

That's the thing that we most need to to change.

Research on this -- this was done by U.S. Army personnel. They are very much like the corrections culture. Here's why they said they would not go for help -- I would be seen as weak -- most agreed.

My leadership would treat me differently.

I would lose confidence -- couldn't do my job.

Members of my unit -- my coworkers would have less confidence in me.

By leaders would blame at me for the problem.

Like it was my fault.

Certainly it would hurt my career -- I would not be likely to get come for money -- I may be taken on the block and put on a desk job. A lot of things can happen.

These are inherent fears of this culture.

The excuses are -- I can get an appointment. I don't really trust until health professionals. They will tell my boss. We get this all the time. I don't know where to go. I don't have a car. I don't have transportation. These are all interesting excuses that people come up with.

Not to seek help.

They are the rules of the culture.

Whatever you do, do not ask for help.

That's the number one goal.

Suck it up -- get out there and do your job.

It's not about the lack of doing it. It's fear.

Fear of the things I just talked about.

Fear is more Paula -- more power powerful than reason it works a lot faster.

People are afraid to go for help.

Because of what's going to do and how it's going to affect their lives and their job.

Asking for help is a death sentence.

Just telling people to encourage people to get help isn't going to change this. The change has to come from within the culture. It has to begin at the beginning of the recruit level with people come into the job of corrections.

The need to know that it's okay. Going for help is not a weakness, it is a strength. It takes a strong person to go for help -- a gutsy person.

The officers at high at risk are least likely to look for help. We need to shake them out -- educate people in corrections that -- look for these signs and your fellow worker in your buddy. Look for the signs in yourself.

I can talk to you about going to get help for your problem -- it will not work.

We need to understand what suicide is about and to get people to understand that it's okay. It's okay. We need to eliminate the stigma of suicide.

They're not coming in. >> If we expect them to ask for help they will continue to die. We need to train people in the Daniel -- the general population what to do.

Treatment needs to be confidential, of course. Only from the worksite. These -- easily accessible, affordable, or free. No appointment -- if I want to walk in a talk to a person I should be able to do that. Deliver by like me professionals -- I'm a big fan appear support -- it would rather talk to another corrections officer trained in peer support than it would to a psychologist or psychiatrist. At the beginning.

People have networking into psychologists and psychiatrists and how people the networking officer -- they needed they will network into a mental health professional who understands the job. The three important. The mental health professional fees to understand the corrections profession.

Of course, leadership is crucial here. If you have a good leaders who understand the problems, the psychological problems of being a corrections officer and put out the support that these people need to keep them mentally well, they will do far better than leaders who do not care. Once it was said -- an article called the duty of care. Leaders have a duty of care for their people. It's a moral obligation the correctional leaders would care about their people.

About the people jobs will market done. And if they are depressed if they are not mentally ill certainly is not going to get done.

Early morning prevention protocols looking at at risk officers and looking at the office of the gets in trouble a lot. Alcohol problems, marital problems, these things.

These things pop up and reports and sometimes it's easy to see a trend. It's easy to see a trend.

Audit your psychological services and make sure that they understand what these jobs involved. Time and time again the officers come to me and say that psychologist doesn't know anything about police work. He doesn't understand when talking about. You need to get people that to understand this job it is very important.

Training is essential. Mental health awareness, stress management and especially at the recruit level. At the beginning, get them back to the guy. Make them understand this. A 25 year career -- OC a lot of things that are dramatic and stressful. You need to help them in get it to them. It's important. Get the family involved. A lot of times what I would do is -- at the beginning of a recruit class I would bring the family in and explained to them what the job is all about. How difficult it is for their spouse or son or daughter to handle the job. They need their support.

The best support system in the world is your family. When you are in trouble you can go to them. They can help you through it. It's very important.

Establish postevent protocol -- if there is a unfortunate suicide within your prison, or your institution, be ready to do some post suicide intervention -- it will affect the people in the institution.

You need to clarify all the rivers and all the blame and the guilt floating around in that institution because of the suicide.

You need to take training if you are to be effective. You also need to train the family. They need to be supported during this crisis.

We did see that women have a high rate -- high risk of suicide as a correction officer. We need to pay more attention to that. Understand why it's happening. What's going on. It could be a lot of things. The researchers are quite clear what it is yet. It could be a competent know or spillover effects. It could be -- feeling isolated among not be patient that is a male-dominated occupation. A lot of different things going on that we need to look at.

Involvement in decision-making test I think it's important that people -- where the rubber meets the road -- they are the people that understand the job the best. Sometimes leadership -- they are not on the street to see what's going on. This should involve officers in decision-making. It's not only beneficial for them to do a better job it's also beneficial to let them feel a part of the system. Feel supported.



Job morale, of course, is important. It's my understanding and a lot of institutions the morale is very low. Why is that? And the contact hours -- for the contact hours, the more the stress. It's hard to deal with that given our economy today and the lack of money to hire more officers. That's probably the best solution.

It all comes down to this -- suicide has a stigma. Mental health has a stigma. If you break your arm or break your leg and go to the doctor you get it fixed. What's the difference between that and having depression? You go to another kind of doctor take care of that.

Or if you are feeling suicidal your doctor for that. Mental illness in the United States has a stigma as something different than physical illness. It's really not -- assisted different kind of illness. But it has the stigma attached to it.

It's the hardest thing to give it up.

The biggest party -- the biggest priority in corrections is to change the culture -- destigmatize mental health. Let's talk about mental wellness. You don't have to talk about depression. We can talk about how you'll keep yourself mentally well.

How to do that. We need to to change the culture. The tough guy culture -- the macho culture. The people who don't think they need help. They do. Getting them to get the help -- them back on balance to enjoy their lives. This is essential in this particular occupation.

Last, the closing thing I would like to say is -- I took this quote from a platoon -- Platoon a movie about Vietnam many years ago -- the last line in the movie is the enemy did not fight us, we thought ourselves& The enemy is within us.

It's our job as leaders, researchers, corrections officers ourselves, to understand that. The enemy is inside of us. Were the ones that make the decision to die by suicide. Were the ones that. That decision because it's always up to us. Always up to us.

Thank you very much. I enjoyed talking to you. It was a pleasure. Thank you very much for inviting me. >> Thanks for attending this presentation. Please post any questions or comments related to the presentation in the discussion forum. We'll have 2 a current sessions at 1:45 -- the organization and elbow mentation of violations and using neuroscience to reduce stress and reduce and improve the well-being of correctional officers. We hope you will join us. >> [Event concluded]