The Impacts of Correction Officer Suicide Preliminary Findings

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https://cssh.northeastern.edu/sccj/co-wellbeing

Officer Suicide and Wellbeing Research

Project Title: *The Impact of Correction Officer Suicide on the Institutional Environment and on the Wellbeing of Correctional Employees*

Funding Agency:
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Northeastern University
(Frost and Monteiro)

MADOC

MCOFU

OnGuard Initiative

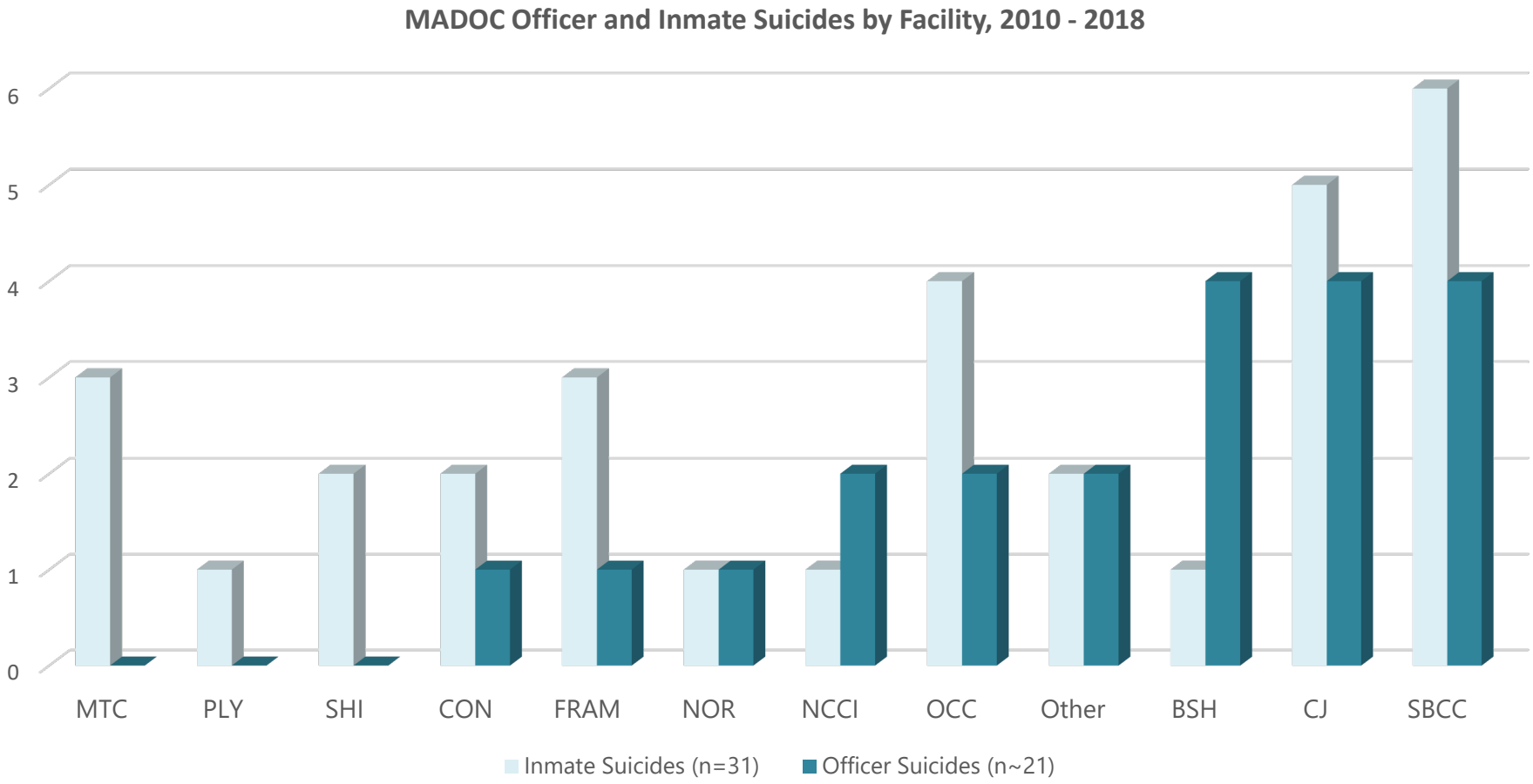
Riverside Community Care

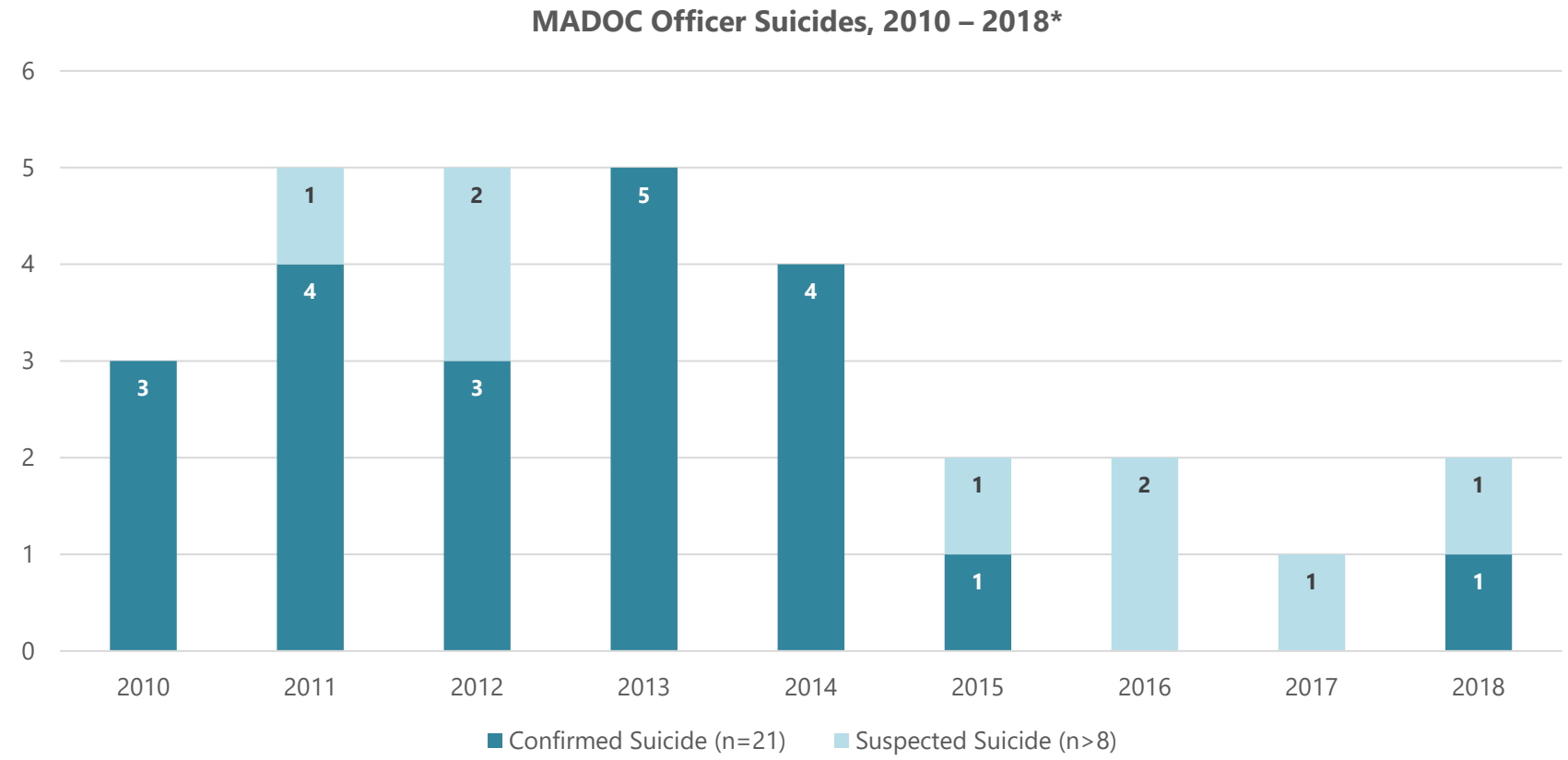
Correction Officer Suicide

Between 2010 and 2015, at least 20 current or former correction officers employed by the MA Department of Correction (MADOC) died by suicide

Suicide rate among current and former MA DOC officers was 105 per 100,000 officers. Massachusetts has one of the nation's lowest rates at 10 per 100,000

Rate of suicide among MADOC officers, 85% of whom are men, was ~4 times higher than the rate in this high-risk group (men aged 25-64) nationally


MADOC Officer and Inmate Suicides by Facility, 2010 - 2018
6
5
4
3
2
1
0
MTC
PLY
SHI
CON
FRAM
NOR
NCCI
OCC
Other
BSH
CJ
SBCC
Inmate Suicides (n=31)
Officer Suicides (n~21)



* Includes current and former officers (among those who retired all but one had retired in the previous two years).

Correction Officer Suicide and Wellbeing

As suicide is not caused by a single event but rather a complex interplay of life events, we proposed to identify patterns and trends in the life and work histories of the officers who died that would help us better understand the fatalities and would allow us to talk about the officers as people

Using a mixed-method approach, we have conducted the first comprehensive study of suicide among correction officers, identifying key risk factors and addressing the many impacts of suicide on the overall institutional climate and on psycho-social wellbeing of those still working in the correctional environment

Overall Study Objectives

Develop a nuanced understanding of the context within which CO suicide occurs.

Better understand the many impacts of correction officer suicide.

Assess the effects of fatalities on the institutional environment and on the wellbeing of the correctional staff working in correctional facilities.

Identify risk factors for anxiety, depression, and suicidal ideation.

Understand how the structure, function, and composition of officers' social networks might be related to suicide ideation and indicators of wellbeing.

Correctional Officer Suicide and Wellbeing: Phase One

Goal

To develop a rich understanding of the personal, occupational, and institutional factors that can lead to officer suicide and to identify risk factors for suicidal ideation and to describe the many impacts of officer suicide.

Method

Rich qualitative case studies involving:

* background research
* personnel file reviews
* administration focus groups
* family and friend interviews
* colleague interviews

Correctional Officer Suicide and Wellbeing: Phase Two

Goal

To assess the impact of the suicides on the correctional environment in terms of its impacts on officers' sense of wellbeing.

To assess the wellbeing of correction officers, identifying key correlates of adverse behavioral and mental health outcomes.

Method

Intensive individual interviews with 440 employees of the MADOC.

- 319 officers - all ranks (randomly selected)
- 45 new recruits (randomly selected)
- 76 volunteers (focus group participants, volunteers, friends of the officers who had died by suicide).

Phase One:
Officer Suicide Case Studies

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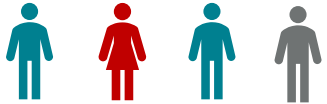
2010		39, 44, 62
2011		24, 49, 46, 57
2012		43, 44, 47
2013		23, 39, 41, 47, 50
2014		25, 32, 48, 47
2015		33

Officer Suicide Case Studies

- Review of Personnel Files and Records
- Criminal Record Histories from DCJIS
- Officer-Related Incident Reports
  - Received 2,549 incident reports and 640 disciplinary reports across 20 officers
  - Coded for exposures to violence
- Internal Affairs Investigations – No Direct Access
  - Ever been investigated by internal affairs
  - Under active investigation in the year immediately preceding their death

Officer Suicide Case Studies

- Interviews with Families and Friends
  - Families and friends of 17 of the 20 officers (85%) who had died responded
  - Interviewed a total of 42 family members and friends of 12 of the officers*
  - 15 of the 42 (just over 1/3) of the family members and close friends interviewed were also current or former officers with the department of correction

Officer Suicides: 2010 – 2015

Suicides among MA DOC employees have occurred across all ranks, early in the career and post-retirement, and across varied correctional settings

- Gender: 18 men, 2 women
- Age: 23 – 61 years of age (average age = 41)
  - 50% were 40 – 49 years of age
- Employment Status: 15 actively employed (2 detached with pay); 5 had resigned or retired (25%)
- Veteran Status: 9 were veterans (45%)
- Rank: 14 officers, 3 Sergeants, 1 Lieutenant, 2 Captains
- Tenure: Average Years of Service: 15 (range <1 – 32)

Officer Suicides: 2010 – 2015

- Facility: 14 had worked at a single facility (6 had worked at multiple facilities)
  - officer suicides over the period concentrated at three facilities (MCI-CJ, SBCC, and BSH)
- Criminal History Record Review: 70% had criminal history records (mostly arraignments for misdemeanors; few convictions)
- Internal Affairs: 50% had been subject of an internal affairs investigation
  - 35% were under investigation at the time of death
- Fitness for Duty: 20% had been evaluated for fitness for duty
- Cause of Death: 14 died of gunshot wounds, 2 died by hanging, 3 drug overdoses*
  - 1 Homicide-Suicide / 1 Attempted Homicide-Suicide

Case Studies: Risk Factors for Suicide

Known risk factors for suicide were prevalent across most, but not all, of the cases

- access to firearms
- deteriorating mental health
- relationship problems
- excessive alcohol and/or drug use
- chronic pain

Case Studies: Risk Factors for Suicide (n=14)

Risk Factor	n	%
Mental Health Concerns	12	86%
Relationship Problems (Separations/Divorces/Child Custody)	11	79%
Substance Use & Abuse	11	79%
Serious Injuries / Chronic Pain	8	57%
Known Previous Suicide Attempts	5	36%

Case Studies: Risk Factors for Suicide: Deteriorating Mental Health

*"He had **anger** issues, he had **depression**. He believed, and I've come to believe, that he had **bipolar** issues that were untreated. **He was not the type to seek therapy** so much as medication, because I think **he felt like he knew the answers**."*

Case Studies: Risk Factors for Suicide: Deteriorating Mental Health

"I think he was depressed. I mean because he was… he was so bothered by the whole situation… He just wasn't himself. ***He just seemed always preoccupied, even when he was with us.*** *You know the last time I had seen him of course was Christmas time… And I remember him picking us up… you know we're driving… and you know I am asking… I am like 'what's going on with you? how are you doing? How are you managing?' and ummm he was…* ***he was different."***

Case Studies: Risk Factors for Suicide: Deteriorating Mental Health

*"I'm pretty sure that **he had depression. He wasn't treated for it,** but I do know that he had wanted to go to the doctor and talk about getting medications or something for depression. And when he went, the doctor was too young. He felt like he couldn't talk to him."*

Case Studies: Risk Factors for Suicide: Deteriorating Mental Health

*"So **he had some major paranoia**... and again, **I firmly believe it was working in corrections**, he was very paranoid about inmates knowing where he lived, we couldn't put anything in the paper, no names in the paper, no pictures in the paper. If we went out somewhere he would have specific places he would not go, obviously when you went somewhere your back was to the wall, you hear that all the time, but that is the god's honest truth. truly always scoping out wherever we were, **he was highly paranoid** to the point where at the end of his life he was sleeping with a gun under his pillow, not under the bed, under his pillow."*

Case Studies: Risk Factors for Suicide: Relationship Issues

"He just wanted to have a family. ***He wanted to keep his family together and it was fractured.*** *That had a lot to do with his mental situation.* ***It got to him.***"

Case Studies: Risk Factors for Suicide: Relationship Issues

*"The **family issues with his wife and kids started to diminish his job ethics, his work abilities, his performance**. And other corrections officers at that time knew us as real good friends so they would pass that word along to me. They would say, "[Charles], [Jack]'s not the same. [Charles], [Jack]'s doing this. [Charles], [Jack]'s saying that." And I started to see that behavior myself firsthand."*

Case Studies: Risk Factors for Suicide: Deteriorating Mental Health and Substance Use

*"I think he was **suffering from depression most likely from drinking so much**, but he was not a depressed child, **he had never been a depressed person his entire life**, he got out of bed wanted to run. He woke up every day with so much enthusiasm, he was not depressed. And the **depression he was undoubtedly now, in hindsight, experiencing** I am sure was from drinking too much, which he hadn't done to my knowledge prior to that and **the DOC… I think it just haunted him**."*

Case Studies: Risk Factors for Suicide: Substance Use

*"They'd **always go out to a bar** or something, or wherever, and they'd all be there, after shift… Even towards the end of our relationship that's where he'd go all the time… be like "Yeah, I'm going out to the bar" and **everyone was there, all the time**, um yeah so that was mostly his group. Yeah, and I can't speak for anyone else, but I know that **he did a lot of drinking to cope, and all of his friends did, so you know, there's something wrong there**."*

Case Studies: Risk Factors for Suicide: Increasing Substance Use

*"So it gets old, so **you just hang out with the people that you work with, because that's all you have**. you know so I think that was what it turned out to… so you know he'd go out drinking on Tuesday night, because that was, you know fifteen people went out, it was all work people, so that was, you know… **I don't think there were a lot of true, true friends.**"*

Case Studies: Risk Factors for Suicide: Increasing Substance Use

*A fellow officer… "**I was trying to get him to stop drinking too cause… every single night we were out until 2, 3 o'clock in the morning. Drinking.** And, uh. I didn't want to. I didn't feel like I needed to go to AA. I still to this day don't feel like I needed to be there. So, **I knew if I told him, 'hey why don't you go to a meeting'—he would never go**. So, I said "Hey, I need you to come with me tonight, I'm going to a meeting, but I don't want to go alone. I need you to come with me." So he'd go with me. For me. **And I was trying to get it to sink in**. It didn't for him. And, uh. We were at a meeting Tuesday night, of the week that he killed himself."*

Case Studies: Risk Factors for Suicide: Chronic Pain and Substance Use

*"Plus the back. Plus his back… **Hurting**. That's one of the biggest things. **Self-medicating** cause… Cause he wasn't taking drugs. **He wasn't using anything off the street or anything like that**. I…I do think **the drinking was helping with numbing the pain** in his back. Cause that's when it, it really…that's when it seemed to get much worse."*

Case Studies: Risk Factors for Suicide: Chronic Pain and Substance Use

"I didn't realize it, but he had a drinking problem. I didn't realize until [later] because ***there would be times that I come home… and he would be passed out in the living room****, and I'd help him upstairs to bed. And then later on,* ***it kind of clicked that he was using narcotics too****. It was more of…* ***He got Percocets for his injury - when he was attacked by an inmate - and then it moved to Vicodin and then Oxycodone. And then I'm not sure where it went after that."***

Phase One Case Studies: Main Findings

While known risk factors for suicide were prevalent, features of the occupational context emerged as important

- Across many of the officer suicides studied, extensive exposures to violence and expectations that officers should be tough and 'suck it up' together with the stigma associated with both mental illness and help-seeking in the occupational culture in corrections interacted with those known individual-level risk factors for suicide

Case Studies: Exposures to Violence

Across the incident reports reviewed, together, BSH, MCI-CJ, and SBCC (where many officers had worked) accounted for:

- 90% of the inmate-on-inmate fights
- 91% of the physical assaults on staff (90% of threats on staff)
  - 82% of the assaults on staff with injury
- 87% of the cell extractions and inmate restraints
- 91% of the bio-hazard incidents
- 70% of the incidents of inmate self-harm
  - 63% of the suicide attempts or suicides
- 83% of the uses of chemical agents

Occupational Culture: Prominent Themes

The occupational context of corrections, e.g. the 'working culture,' was identified as problematic in at least three specific ways

- Dealing with it: Families described officers' fears that if their problems were exposed, they would be perceived as weak by their colleagues and supervisors
- Avoiding stigma: related fear that any attempt to seek help might be revealed and help-seeking itself was evidence of weakness
- Hanging on: families described a desire to hang on to the job until retirement no matter what the consequences might be for the officer's own wellbeing

Case Studies: Dealing with It

*[Adrian] said **"I've learned to embrace the suck."** And I had such a visceral response to that, I said "Whoa, what do you mean you've embraced the suck? What does that term mean?" And he said **"Well that's what the officers say. That's the mantra, you know you suck it up, you deal with it."***

Case Studies: Avoiding Stigma

"I think in that environment it's especially not, ***it's not a help-seeking environment, obviously, to work in****. And there is the fear of the job, and you know, like 'what if I show that I have depression.' You know, suddenly, they see it as 'mental illness'… depression as being mental illness, that being stigmatized… I think what he was afraid of is… [long pause] …* ***I don't think he wanted anyone to look at him differently like if he had to get meds.****"*

Case Studies: Avoiding Stigma

*"That's what bothered me when I really thought about it… I remember that day thinking '**We need to do something.** We need to probably admit him,' but everybody – some of the conversation, this is the truth, I'm just being honest - some of the conversation was **'we can't - his job, his job'** - and that's the truth. I'm just being honest."*

Case Studies: Hanging On

"The last 10 years of his career he was not happy, not happy at all. He just hated his job. He hated going to work every day… I feel like what happens with correction officers a lot of the time is that, after a while they are doing time. You know what I mean? ***They are doing their time, they're counting their days… 'I got 5 years, 2 months, 10 days left.'*** *They are counting, every one of them is. I was just talking to someone the other day about it.*

I think that ***[he] felt so trapped in it*** *because he had a family, he had a house, we had bills, and he had to be with this job, with the great benefits and the good pay.* ***He had to stay there, you know he really didn't have anything else to do.***"

Phase One Case Studies – Main Conclusions

Evidence from the case studies provides support for the notion that **both work and non-work circumstances contribute to the elevated risk of suicide** among correction officers

By virtue of their occupational exposures to violence, correction officers have ***acquired the capability for suicide*** that could potentially explain their elevated rates of suicide as a group (Joiner, 2005)

Phase One Case Studies – Main Conclusions

Work environment in corrections can be a very unforgiving place when an officer is struggling

- None of our interviewees suggested working in prisons *by itself* led to the suicide of their loved one, but many emphasized that *features of the work environment made it exceptionally difficult for the officers to admit that they were struggling or reach out for help even when they knew they desperately needed it.*

Phase One Case Studies: Hanging On

*"**A lot of people go to work to get away from problems. It's a stress relief.** As crazy as it sounds, a lot of people go to get away. But, when you go to work and you're not quite 100 percent yourself, and people kick you while your down - they put you through hell - the administration is playing stupid games. So now, you come to work miserable and you leave even worse. Now, you go home and **the problems at home are getting worse cause you are aggravated. It keeps snowballing and snowballing and snowballing.** That's where I feel the problem is. Instead of trying to help somebody, 'let's make things worse'. [sigh] And **when you work in a negative environment like that everyday [long pause], the job's hard enough alone without the BS.**"*

Phase Two:
Impacts of Officer Suicide
Focus Groups and Officer Interviews

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Command Staff & Administrator Focus Groups

- Conducted 22 administrator, supervisor, and special committee focus groups with between 1 and 7 people participating in each.

- *Objective*: to better understand the impacts of the officer suicides on the institutional environment and the challenge of responding to officer suicides as supervisors.

- A total of 59 people participated in focus group/interviews:
  - 32 were MA DOC administrators
  - 27 were Captains and Lieutenants

- 36 of those 59 participants 61% also completed a phase two interview.

Key Focus Group Questions

1. *What are the **greatest challenges** you face as a supervisor in training and supporting the officers you oversee in areas of correctional wellbeing and wellness?*

2. *Have you noticed any **significant changes** in the work environment or in your colleagues' attitudes towards work over the past few years?*

How has the Department of Correction addressed the problem of correction officer suicide in the aftermath of known suicides?

Key Themes from Focus Groups

Throughout the discussions, captains, lieutenants, superintendents, and other administrators repeatedly described specific challenges deriving from staffing shortages, mandatory overtime,and absenteeism.

1. generational differences and recruitment
2. management style differences
3. promotion stress and unclear department policies
4. inadequate training and resources
5. opposition to help-seeking and concerns about confidentiality
6. calls for more proactive approaches to officer wellbeing

Officer Interviews

- Individual interviews with 440 employees of the MADOC
  - 319 sworn officers - all ranks (randomly selected)
  - 45 new recruits (randomly selected)
  - 76 volunteers (focus group participants, volunteers, friends of the officers who had died by suicide – most, but not all, sworn)
- Random samples – focused on here – were representative of the population of sworn officers
- Results focus on the impacts and on the health and wellbeing of officer's working for the department.

Officer Interviews – Random Sample

	Population		Selected Sample		Interview Participants	
	%	N	%	n	%	n
Gender						
Male	88%	2918	87%	391	85%	271
Female	12%	380	13%	60	15%	48
Race/ethnicity						
White	84%	2785	85%	383	86%	274
Black/African American	8%	259	6%	29	6%	18
Hispanic	6%	200	6%	27	5%	17
Other	1%	60	3%	12	3%	10
CO grade						
CO I	76%	2519	80%	359	82%	260
CO II	15%	485	12%	55	10%	32
CO III	7%	215	7%	31	7%	23
Captains	2%	79	1%	6	1%	4
	Mean	Median	Mean	Median	Mean	Median
Age	42	43	42	42	41	40
Years on job	14	12	14	11	13	11
Total		3298		451		319

Exposures to Officer Suicide

Suicide exposures across the department are substantial… and those exposures are important

Two-thirds of officers currently working for the department reported having personally known at least one officer who died by suicide

Concern about Officer Wellbeing and Suicide

Officers are concerned about the mental health and wellbeing of their colleagues generally and are specifically concerned about the risk for suicide

On a scale of 1-10, how concerned are you about the emotional and psychological health of other officers?

- Average = 7.8 out of 10
- 36% of officers indicated their level of concern was a "10"

On a scale of 1-10, how concerned are you about officer suicide?

- Average = 8.3 out of 10
- 55% of officers indicated their level of concern was a "10"

Concern about Officer Wellbeing and Suicide

32% of officers interviewed indicated that another officer had talked to them about suicide in a way that made them concerned for the officer's safety

Across the officers interviewed, concern about different types of health and wellbeing were consistent. Officers tended to report that they were concerned about the emotional, interpersonal and behavioral health of almost half of the officers that they work with:

Emotional and Psychological Wellbeing (Mental health):	**44%**
Interpersonal Wellbeing (Relationships):	**44%**
Behavioral Wellbeing (Substance Use, Insomnia):	**48%**

Mental Health Outcomes: TSI-II

	In the Normal Range		Problematic or Clinically Elevated	
Anger	232	73%	**87**	**27%**
Anxious Arousal	244	77%	**75**	**23%**
Posttraumatic Stress	260	82%	**59**	**18%**
Depression	300	94%	**19**	**6%**
Suicidality*	304	95%	**14**	**4%**

Officer Wellbeing and Suicide

About 25% of officers (or 1 out of every 4) in the department self-reported symptoms consistent with at least one psychological distress outcome (anger, anxiety, ptsd, and depression)

Almost 5% of officers (or 5 out of every 100) in the department were at risk for suicide within the past six months (at the time of interview)

Those officers who personally knew officers who died by suicide are significantly more likely to experience psychological distress symptomology (including suicidality) themselves

Officer Wellbeing: What Predicts Adverse Mental Health Outcomes?

Suicide proximity is a key predictor across all four mental health outcomes: Those who personally knew an officer who had died were **significantly more likely** to exhibit symptoms of **anger**, **anxiety**, **depression**, and **PTSD**.

Work-Family Conflict is also a key predictor across all four mental health outcomes: Those who reported experiencing more work-family conflict were **significantly more likely** to exhibit symptoms of **anger**, **anxiety**, **depression**, and **PTSD**.

Departmental Discipline is a key predictor across three of the four mental health outcomes: Those who reported having faced departmental discipline were **significantly more likely** to exhibit symptoms of **anger**, **depression**, and **PTSD**.

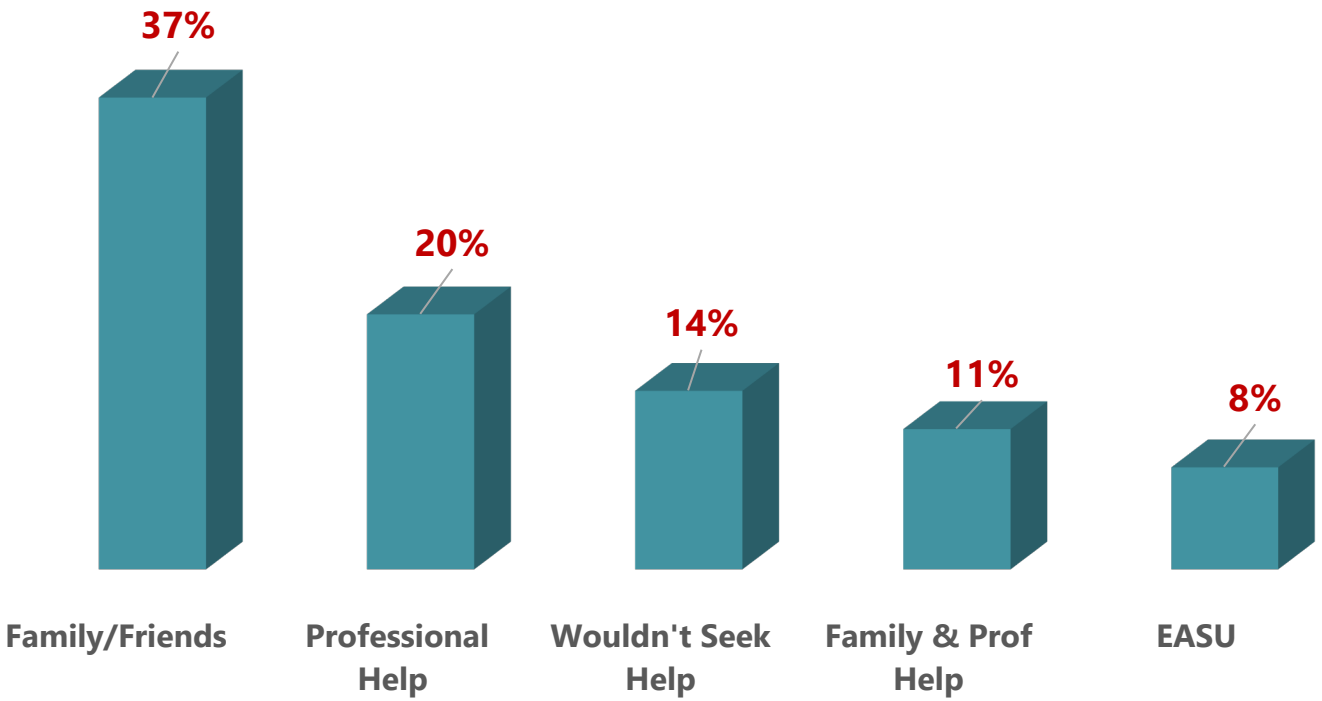
Help-seeking

How likely are you to seek help if you were severely depressed or suicidal?

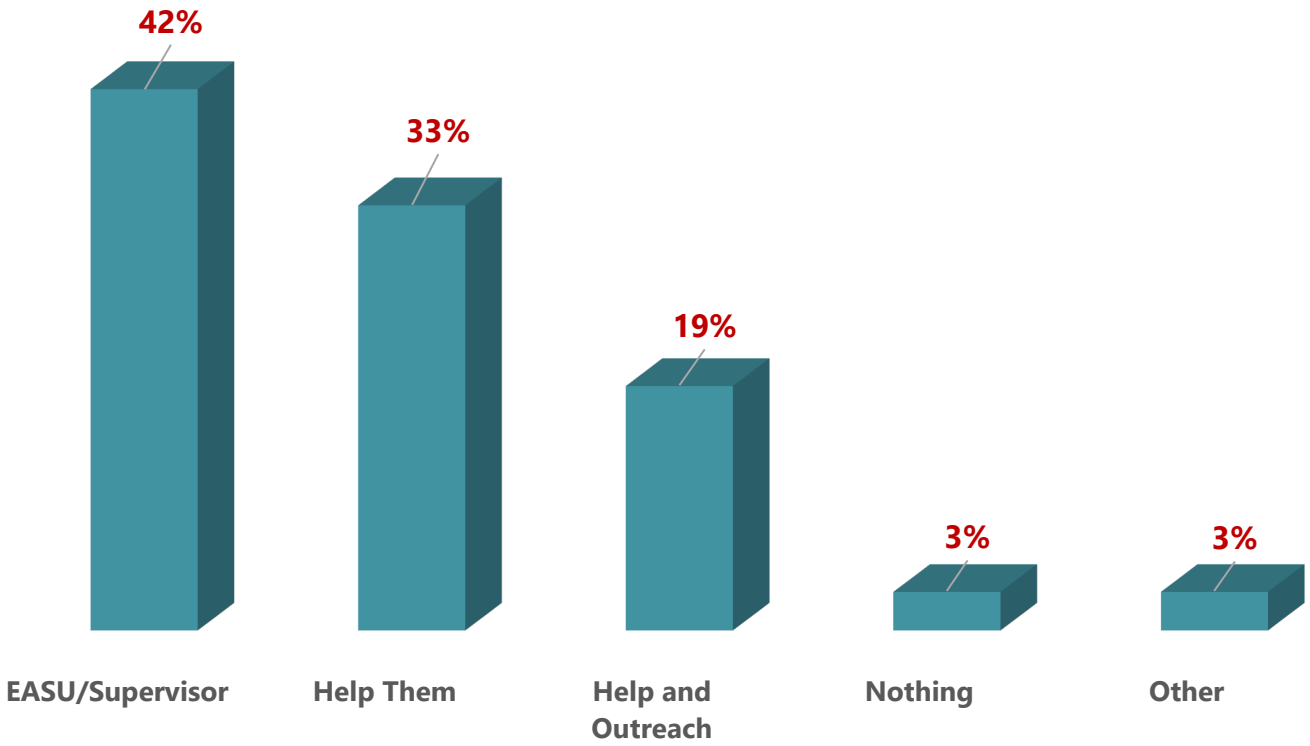
16% said “not at all likely”
29% said “somewhat likely”
55% said “very likely”

Almost half of all officers expressed a reluctance to seek help even when desperately needed

Help-seeking: For Self



Help-seeking: For Others



MADOC Officers vs. MADOC New Recruits

	Normal		Problematic or Clinically Elevated	
Anger				
Officers	232	73%	**87**	**27%**
New Recruits	44	98%	1	2%
Anxious Arousal				
Officers	244	77%	**75**	**24%**
New Recruits	39	87%	6	13%
Posttraumatic Stress				
Officers	260	82%	**58**	**18%**
New Recruits	41	91%	4	9%
Depression				
Officers	300	94%	**19**	**6%**
New Recruits	44	98%	1	2%
Suicidality				
Officers	302	95%	**14**	**4%**
New Recruits	45	100%	0	0%

MADOC Random (319) vs. Purposive (34) Samples

	Normal		Problematic or Clinically Elevated	
Anger				
Random Sample	232	73%	87	27%
Purposive	**27**	**79%**	**7**	**21%**
Anxious Arousal				
Random Sample	244	77%	75	24%
Purposive	**24**	**71%**	**10**	**29%**
Posttraumatic Stress				
Random	260	82%	58	18%
Purposive	**23**	**68%**	**11**	**32%**
Depression				
Random	300	94%	19	6%
Purposive	**29**	**85%**	**5**	**15%**
Suicidality				
Random	302	95%	14	4%
Purposive	**28**	**82%**	**6***	**19%**

Primary Recommendations

Proactively addressing officer wellness. Department administrators should proactively adopt programs and services to continuously address the effects of correctional work rather than reactively offering services after a critical event such as a suicide

Contract with third party licensed mental health professionals to supplement the work of the EASU; to focus on identifying early indicators of psychological distress; and to provide an **external and confidential** resource for officers struggling in their occupational or personal lives

Attend to the organizational stressors (management, supervision, etc.) that make the work more difficult and the **work schedules** (shifts, forced overtime) that negatively impact time with family and friends outside of work

Primary Recommendations

Prioritize critical incident aftercare. The department should contract to routinely provide external services to officers following acute violence exposures and offer bereavement time to officers who are known to have been close to an officer who has died

Reform the department's disciplinary processes. Department discipline emerged as a recurring theme across the officer suicides and as an acute stressor for officers still working in the department. Promote fairness, consistency, and expedience in the disciplinary process.

Listen to officers. The officers themselves have many of the best ideas for changing the occupational culture. Engage them in frank and open discussions about addressing aspects of the work environment. Improving the working conditions for officers will positively benefit the lives of the incarcerated populations that they work with.

In Their Own Words

In your opinion, what can (or should) be done to address correction officer wellbeing within the MA DOC?

Proactively Address Officer Suicide
Support the Officers
Address Inequities in Staffing and Scheduling
Reduce the Stigma of Seeking Help
Enhance Confidentiality through External Resources

What follows are representative quotes from interviews

Suicide Prevention

*"The department needs to **address the rate of suicide** and come up with solutions to decrease it… **the department is reactive, not proactive**; they need to acknowledge they had a suicide rate increase and figure out the common denominators."*

(Recommendation: focus extra attention on those who are known to have been close to officers who have died)

Officer Support

*"**Just be kind** – It's not easy.*
***We get paid decently but it comes at a price.** It would be easier if we were respected. It should also be easier to get time off because **you miss so much of your family life that you start to get resentful.**"*

*"morale is terrible right now… **people are spending so much time here… it's destroying their lives at home**."*

Officer Support

*"we **should be able to express our concerns and suggest things we can do to improve the culture**. Sometimes on the front lines, they [admin] don't understand the aggravations and problems we can deal with at times."*

*"Just **treat officers as people, as human beings. It is important to talk to people and ask them how they're doing** – management doesn't talk to staff unless they're yelling, berating, or disciplining."*

Officer Support

*"There should be some time dedicated to the issues and complaints of officers and what we have to say – guys are disgruntled and **don't feel enough attention is being paid to these critical issues officers are having**.*
We don't feel like any time is dedicated to us – dedicating that time would mean a lot to a lot of officers."

(research team: seek officer input and be responsive to needs and concerns)

Shifts, Staffing, and Scheduling

"[give us a] rotating schedule like the police have"

*"A lot should be done, swaps are great but department-wide we **should go to a four days on, two days off so that way you could have a weekend every once in a while** - that's something the union would have to do."*

Shifts, Staffing, and Scheduling

*"I think it would help morale and staff to have a rotating schedule. Let the young guys off at least a weekend a month. **It can wreck relationships, this schedule.** Give the young [officers] a week off in the summer if they could figure out a way to do it."*

(recommendation: Adopt a rotating schedule for all new recruits with an opt-in for current employees)

Address the Stigma

*"**The stigma has to go away** because it's a real thing—you can't always be rough and tough. Have a little more care and compassion towards one another. You don't have to like the people you work with, but you have to respect them*
and respect that we're all doing the same job.
***We all want to go home.**"*

(recommendation: recognize the reluctance to seek help for themselves and build on officer willingness to seek help for other officers)

Confidentiality & Trust

"More stuff like this [interview], I think just ***allowing guys to talk about it where they feel like they're not going to be judged*** *– [with an] outside 3rd party. If guys go to the department for help, they're worried about the possible repercussions.* ***If the department came to us and said something was confidential, we wouldn't believe them – there is a bit of a trust issue between us COs and the department."***

(recommendation: EASU for general officer support and stress management… Invest in external resources for critical incidents and acute crises / distress)

Acknowledgment

Dedicated to the memory of the officers who died by suicide and to their families and friends who live with the pain of that loss every day.

With special thanks to all of the correction officers, families, friends, and staff who contribute to our ongoing research on officer wellbeing

Questions?

Email us:
costudy@northeastern.edu

Visit our Correction Officer Safety, Health, and Wellness website:
https://cssh.northeastern.edu/sccj/co-wellbeing/

Officer Suicide and Wellbeing Research

Project Title: *Turning Points in the Careers of Correction Officers: A Longitudinal Study of Occupational Stress, Trauma Exposure, Psychological Distress, and Suicide Risk among Correction Officers*

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