



American Correctional Officer Intelligence Network
Serving Corrections Professionals since 1994

CO PTSD 156 Conference

Boston, MA Nov 16, 2019

"We spend a lot of time focusing on the mental health of our inmates, but not enough time focusing on the mental health of the people who are caring for them."

Middlesex MA County Sheriff Peter Koutoujian

Literature Extracts and Statistics

PTSD (2012 PTSD Study, Desert Waters)

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

Post Traumatic Stress Disorder in Corrections Professionals: Prevalence and Impact on Health and Functioning, Michael D. Denhof, Ph.D. Caterina G. Spinaris Ph.D., Julie A. Kellaway Ph.D.

http://desertwaters.com/wp-content/uploads/2013/09/PTSD_Prev_in_Corrections_09-03-131.pdf

"Morse and colleagues (2011) found that 31 percent of COs reported serious psychological distress, twice the rate of the general public."

Morse, T., Dussetschleger, J., Warren, N., & Cherniack, M. (2011). Talking about health: Correction employees' assessments of obstacles to healthy living. Journal of Occupational and Environmental Medicine, 53(9),1037-1045.

Depression (2013 Comorbidity Study, Desert Waters)

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

Depression, PTSD and Comorbidity in United States Corrections Professionals: Prevalence and Impact on Health and Functioning. Michael D. Denhof, Ph.D. Caterina G. Spinaris Ph.D., Desert Waters Outreach, June 2013 http://desertwaters.com/wp-content/uploads/2013/09/Comorbidity_Study_09-03-131.pdf

Canadian Study Correctional Officers 23%- 30% depending on years of service
1 – 2 years 13%, 2-15 years 23%, 15 plus years 30%, cumulative effect

Samak, Q. (2003). **Correctional Officers of CSC and their working conditions: a questionnaire-based study.** [http://www.uccosacc.csn.qc.ca/Documents/UCCOSACC/National/documents/Research/Correctional%20Officers%20and%20their%20working%20conditions .pdf](http://www.uccosacc.csn.qc.ca/Documents/UCCOSACC/National/documents/Research/Correctional%20Officers%20and%20their%20working%20conditions.pdf).

French Study Correctional Officers 24.9% male, 19.5% of females have depression
David, S., Landre, M.F., Goldberg, M., Dassa, S., & Fuhrer, R. (1996). **Work Conditions and Mental Health among Prison Staff in France.** Scandinavian Journal of Work Environmental Health, 22, 45-54.

American Study Correctional Officers 31% (2011) have depression.
Obidoa, C., Reeves, D., Warren, N., Reisine, S., & Cherniack, M. (2011). **Depression and Work- Family Conflict Among Corrections Officers.** Journal of Occupational and Environmental Medicine, 53, 12941301.

Suicide

The ratio of suicide rates among all active law enforcement officers as compared to all males aged 25 to 64 years is 1.3, meaning rates among law enforcement officers are thirty percent greater than similarly aged males. The ratio is 2.5 for active corrections officers and 1.1 among active non-corrections law enforcement officers.

	Suicides	Population	Per/100,000
Current LE	7.4	40,000	18.5
Corrections only	2.4	6,900	34.8
Police only	5	33,200	15.1

[https://www.state.nj.us/lps/library/NJPoliceSuicideTaskForceReport-January-30-2009-Final\(r2.3.09\).pdf](https://www.state.nj.us/lps/library/NJPoliceSuicideTaskForceReport-January-30-2009-Final(r2.3.09).pdf)
NJ Police Suicide Task Force, January 2009 Attorney General Anne Milgram and Commissioner Health and Human Services Jennifer Velez, report to Governor Jon Corzine

Suicide Rates	General Population	14.0/100,000	(2017)
	Police Officers	16.0/100,000	(2017)
	Correctional Officers	34.8/100,000	(2017)

Line of Duty Deaths (2018) 150, 139 Police Officers, 11 Correctional Officers
LEO Suicide 286, 130 Police Officers, 156 Correctional Officers

“Stack and Tsoudis (1997) found the suicide rate for COs to be 39 percent higher than that of the general working-age population. This finding was supported by research by the New Jersey Police Suicide Task Force (2009), which found the rate of suicide for COs to be double that of police officers and the general population.”

Stack, S.J., & Tsoudis, O. (1997). Suicide risk among correctional officers: A logistic regression analysis. Archives of Suicide Research, 3(3), 183-186

Assaults

“... recent figures from Wolff and colleagues (2007) showed that across a nationally representative sample of U.S. prisons, the rate of inmate-on-inmate assault ranged from 129 to 346 per 1,000 offenders, and inmate-on-officer assault ranged from 83 to 321 per 1,000 offenders.”

There are 1,505,000 offenders incarcerated in our prisons. At the rates found in the 2007 study there are between 12,500 and 48,300 assaults on prison staff per year.

Wolff, N., Blitz, C.L., Shi, J., Siegel, J., & Bachman, R. (2007). Physical violence inside prisons: Rates of victimization. Criminal Justice and Behavior, 34(5), 588-599.

Correctional Officer Mortality

- Average life span of an adult male = 75 years
- Average life span of adult female = 80 years
- Average life span of a correctional officer = 59 years

Cheek, F. (1984). Stress management for correctional officers and their families. College Park, MD: American Correctional Association. See also Cheek, F. E., & Miller, M. (1982). Prisoners of life: A study of occupational stress among state corrections officers. American Federation of State, County and Municipal Employees. Washington D.C.

Divorce

“Corrections Officers are above the general population on all measure of divorce. It is a sad thing, and we have to look at that as a profession, but our corrections officers are higher in rates of divorce, and in the rates of growth in the divorced population. It is difficult to do the statistics any other way. They were 20% more likely to get a divorce than the general population which is rather sobering... However, police officers are 18% less likely to get a divorce than the general population.”

“Divorce in Cops and Corrections” Gary Aumiller, Ph.D. ABPP, Police Psychologist, December 2, 2016

Heart Disease

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

Prevalence and Statistical Information Pertaining to PTSD, Depression, and Heart Disease among U.S. Corrections Professionals © Michael D. Denhof, Ph.D., & Caterina G. Spinaris, Ph.D., 2013
http://desertwaters.com/wp-content/uploads/2013/08/Oasis_April_2013.pdf

Infectious Disease

“Moreover, Alaird and Marquart (2009) noted that, as of 2008, 1.7 percent of the total U.S. custody population was infected with HIV and that between 12 percent and 35 percent had either Hepatitis B or C. Similarly, a 2006 report issued by the Bureau of Justice Statistics found that the rate of confirmed Acquired Immunodeficiency Syndrome (AIDS) cases was between three and five times higher for prisoners than for the general population, with 0.55 percent of inmates and 0.10 percent of the general public having contracted the disease. This represents a serious challenge to daily operations for COs.

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

National Institute of Justice: Correctional Officer Safety and Wellness Literature Synthesis July 2017 Frank Valentino Ferdik Department of Criminology and Criminal Justice, University of West Florida, Pensacola, Hayden P. Smith Department of Criminology and Criminal Justice, University of South Carolina, Columbia NCJ 250484

Mentally Ill Inmates

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

James, D.J., & Glaze, L.E. (2006). *Mental Health Problems of Prison and Jail Inmates*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.

Studies and Surveys

California Correctional Officer Survey

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

Ten percent of correctional officers have thought about killing themselves. The rate of suicidal ideation is even higher for retired correctional officers (1 in 7). Of those who say they have thought about suicide, 31% report thinking about it often or sometimes in the past year. However, 73% haven’t told anyone, meaning that many are suffering in silence. (ACOIN Note: If 10% of 8,334 have thought about suicide that’s 833 Officers. If 31% of that ten percent in the study think about killing themselves often that’s 258 Officers. If you extrapolate those numbers out to the approximately 32,000 California State COs; from a statistical standpoint potentially 1,000 active California Correctional Officers are thinking about suicide as you read this.)

Concern about workplace safety translates into extremely poor sleep habits. Forty-one percent of officers report sometimes or often nodding off while driving. The proportion jumps to 47% for officers who do not feel safe at work. For many, fatigue is constant: 39% of all officers and 47% of those who feel unsafe at work report feeling exhausted even after sleeping. (ACOIN Note: with 41% of 440,000 CO’s nodding off behind the wheel that’s over 180,000 CO’s endangering themselves and anyone else on the road when they are. It is a public safety issue.)

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

Officers fear they do not spend enough time with their family. In fact, *66% of officers say that their work makes it hard to spend sufficient quality time with their family.*

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

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

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

Officers reported high levels of interest in receiving the following training

Stress Management Training	88%
Trauma/PTSD Training	82%
Personal nutrition and exercise	86%

Officer Health and Wellness: Results from the California Correctional Officer Survey November 2017

Amy E. Lerman University of California, Berkeley alerman@berkeley.edu

https://gspp.berkeley.edu/assets/uploads/research/pdf/executive_summary_08142018.pdf

Firefighters, Police & Corrections

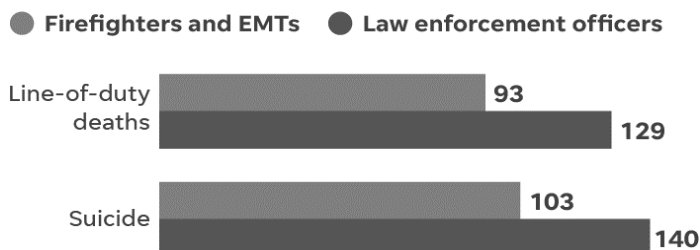
FTE's and suicides
Correctional Officers
440,000: 156 suicides

Police Officers
800,000: 140 suicides

Firefighters & EMTs
1,610,000: 103 suicides

First responder deaths

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



SOURCE Ruderman Family Foundation
Frank Pompa/USA TODAY

Correctional Officers; 2017 Line of Duty Deaths 11, Suicides 156.

Michigan Department of Corrections

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

PTSD	25%	all MDOC employees
PTSD	41%	Custody staff, male prisons
PTSD	31%	Custody staff, female prisons
Major Depressive Disorder	16.6%	all MDOC employees
Major Depressive Disorder	12.5%	civilian support staff, non-managerial
Major Depressive Disorder	24%	Custody staff, male prisons
Major Depressive Disorder	13%	Custody staff, female prisons
Alcohol Abuse	20%	all MDOC employee
Alcohol Abuse	26%	Custody staff, male prisons
Alcohol Abuse	16%	Custody staff, female prisons
Alcohol Abuse	16.6%	Supervisory
Alcohol Abuse NATIONAL AVERAGE	7.0 %	General Population
Alcohol Abuse	9.0%	First Responders
Suicide Ideation	9.0%	All MDOC employees
Suicide Ideation	12%	Custody staff, male prisons
Suicide Ideation	8%	Custody staff, female prisons
Planning to commit suicide	1.1%	139 MDOC employees are estimated to be actively planning suicide

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

Using weighted survey statistics, approximately 1 in 6 of all MDOC employees (16.6%) are estimated to meet criteria for Major Depressive Disorder on a valid screening instrument. Examining depression rates by Working Group, about 1 in 4 of custody employees working at male facilities (25%), and about 1 in 8 support staff in headquarters (12.5%) (i.e., not managers), meet criteria for Major Depressive Disorder. Using weighted survey statistics, approximately 1 in 2 of all MDOC employees (50%) are estimated to score

in the range of medium to high Generalized Anxiety on a valid screening instrument. This rate is 16 times the national average, and nearly 10 times the rates for military (all personnel, not just active combat).

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

Using weighted survey statistics, nearly 1 in 5 of all MDOC employees are estimated to meet criteria for alcohol abuse on a valid screening instrument, with 1 in 4 of custody staff working at male facilities and about 1 in 6 managers/supervisors in headquarters met criteria for alcohol abuse. The national rate of alcohol abuse in the general population is estimated to be 7%, making MDOC's overall rate 2.7 times higher than the national average. It is also 2 times higher than the estimated rate among first responders (9%). Weighted survey estimates indicate that approximately 9% (about 1 in 11) of all MDOC employees reported scores indicative of suicidal ideation on a valid screening instrument, and a need for immediate mental health supports. And of greater concern is that a total of **34 (1%) survey respondents reported they are currently and actively planning to complete suicide.** Using weighted survey statistics, **we estimate that approximately 1.1% (n = 139) of all MDOC employees are currently and actively planning to complete suicide.** There have been three known completed suicides of MDOC staff in 2019 to date; all three were male COs working in male facilities (Working Group 3). As is demonstrated in Figure ES2, the pattern that emerges across all these results indicates that Mental Health Outcomes are clearly worse among custody staff, which includes Working Groups 1 (women's facility, custody staff) and 3 (all other facilities, custody staff).

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

Desert Waters Correctional Outreach and Gallium Social Sciences: **Descriptive Study of Michigan Department of Corrections Staff Well-being: Contributing Factors, Outcomes, and Actionable Solutions**, July 1, 2019 Drs. Caterina Spinaris and Nicole Brocato

National Institute of Justice

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

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

Three Categories of Work-Related Dangers

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

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

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

National Institute of Justice: *Correctional Officer Safety and Wellness Literature Synthesis* July 2017 Frank Valentino Ferdik, Department of Criminology and Criminal Justice, University of West Florida, Pensacola, Hayden P. Smith, Department of Criminology and Criminal Justice, University of South Carolina, Columbia NCJ 250484

University of Oregon

CO Depression - About 50% of the CO's gave responses that may indicate the presence of moderate Depressive Symptoms, while about 8% indicate they may have serious depressive symptoms.

CO PTSD - The responses to the PTSD symptoms scale indicated that 23% of CO's gave responses that may indicate a high likelihood of the presence of PTSD-like symptoms.

"CO's felt as though speaking up about a problem would not matter because nothing would change as a result."

"Job-related demands: We assessed Resource Insufficiency, Possibility of Conflict, Perceived Dangerousness of Job, Hypervigilance, Incivility, and Emotional Workload. CO's reported feeling that Perceived Dangerousness of Job was high, with a mean score of 4.00. They also felt they needed to be on guard and alert at all times, reporting a mean score of 4.07 on the Hypervigilance scale. These would suggest that CO's feel as though their job is more dangerous than other jobs, and that they felt as though they could not turn their back without putting themselves or others in danger. These findings are not surprising given the normal demands of working as a CO in a correctional institution. Additionally, although the mean score for overall Resource Insufficiency was moderate (2.77), the mean score for the question pertaining to Resource Insufficiency/Understaffing was 3.13, suggesting the CO's felt that understaffing and a lack of resources was a problem.

Survey of Oregon Correctional Officers: Work Stress, Well-Being, and Work-Life Balance

Technical Report for the Oregon Department of Corrections November 2013 Researchers: Charlotte Fritz, Ph.D. Leslie Hammer, Ph.D., Frankie Guros, M.S., David Meier, M.S., Portland State University

Northeastern University

Preliminary findings

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

Suicide rate among MA DOC correctional officers is 92.9 per 100,000 officers. Massachusetts (GP) has one of the nation's lowest rates at 10.4 per 100,000." (Note: In 2017 the American Foundation for Suicide Prevention estimated a national rate of 14/100,000 for the general population.)

The national average for correctional officer suicide is 34.8 per 100,000 officers. According to this study the rate of suicide of Massachusetts Correctional Officers is nine times higher than the general population and nearly three times higher than the national average for Correctional Officers.

Suicides among MA DOC employees have occurred across all ranks, early in the career and post-retirement, and across varied correctional settings, but officer suicides have been concentrated at three facilities (MCI-CJ, SBCC, and BSH)

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

Correctional Officer Suicide and Officer Wellbeing: Preliminary findings, Natasha A. Frost, Ph.D. Northeastern University, Carlos Monteiro, Ph.D. Suffolk University, September 2019

Dr. Donald Steele

15-20% of Correctional Officer stress comes from fellow staff.

“Personally, I can attest that there is ample PTSD in the lives of correction officers. As a psychologist in private practice I have seen hundreds of officers from state and county facilities where there are stabbings, hangings, assaults with contaminated needles, assaults with saliva, urine, excrement, credible threats to life and welfare of officers and families, sudden unexpected deaths and suicides. *Unfortunately, also, officer betrayal of or bullying of officers by other officers or managers also can cause severe stress or PTSD.* This latter can range from demeaning an officer for “being weak” to punishment and intimidation such as jamming radios. *Most outrageous and unexpected is betrayal and abuse by some administrators and superior officers who abuse authority and bully officers as though they were inmates.*”

Post Traumatic Stress Disorder in the Correction Officer's Life, April 2016 Dr. Donald Steele, Ph.D.

Dr. Michael Pittaro

Transformational Leadership

“In order to change this culture and bring more awareness to the stress’s officers face, Pittaro believes there needs to be a shift in leadership style. He has become a major proponent of improving correctional institutions through the adoption of transformational leadership practices. A transformational leader goes beyond managing day-to-day

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operations and crafts strategies for taking the organization to the next level of performance and success. Transformational leadership styles focus on team building, motivation, and collaboration with employees at different levels of an organization to accomplish change for the better.

Shifting to a transformational leadership style requires drastic improvement in communication. Employees need to understand the vision and mission of the institution and know why changes are happening and why policies are being implemented, said Pittaro. Instead of just handing down orders, leaders need to explain why things are happening so officers feel connected and part of the organization.

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

Contrary to what most people outside of the corrections field believe, the two leading stressors associated with corrections work are:

- **Organizational and structural issues within the prison administration**
- **Weak or inconsistent leadership practices**

Is it surprising to you that the primary source of stress, dissatisfaction, and discontent among corrections officers is with prison administrators, not the inmate population?”

What does PTSD cost the taxpayers?

The Desert Waters Comorbidity study reveals that PTSD costs a facility with 1,000 employees from \$393,000 to \$590,000.00 (including overtime) annually just in additional sick leave costs as a result of PTSD. The study indicates that staff with PTSD take approximately seven more sick days per year than those without PTSD. With a 27% PTSD rate for ALL staff, an average hourly salary of \$22.00 per hour (\$45.7K year) if your state has 5,000 correctional employees, not just custody staff – employees, your state is losing between \$1,900,000 and \$2,950,000 million every year in sick leave and back-filling costs to PTSD related sick leave.

Annual sick leave average	8 days	Cost per employee:
Annual usage Depression only	11.8 days	(30% above leave average) \$540/yr
Annual usage PTSD only	11.1 days	(30% above leave average) \$665/yr
Annual usage Depression & PTSD	17.8 Days	(122% above leave average) \$1,660/yr

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

Depression, PTSD and Comorbidity in United States Corrections Professionals: Prevalence and Impact on Health and Functioning. Michael D. Denhof, Ph.D. Caterina G. Spinaris Ph.D., Desert Waters Outreach, June 2013 http://desertwaters.com/wp-content/uploads/2013/09/Comorbidity_Study_09-03-131.pdf

Additional Resources:

National Institute of Corrections

Hitting the Wall, Dealing with stress in corrections., PowerPoint presentation
<https://nicic.gov/hitting-wall-dealing-stress-corrections-lesson-plan-and-participants-manual>

American Military University

Understanding and Managing Correctional Officer Stress

“Research shows that the two leading causes of stress reported by COs arise from weak or inadequate leadership and problems with the organization’s structure. In a National Institute of Justice report, COs reported that their greatest sources of stress came from organizational issues, including inconsistent discipline, poor communication and lack of support from supervisors.”

Understanding and Managing Correctional Officer Stress, American Military University
<https://inpublicsafety.com/2017/12/understanding-and-managing-corrections-officer-stress-free-online-resource/>

The Free Library.com

Fighting the enemy within: Helping Officers Deal With Stress.

According to Cheek's book, the average life span of a correctional officer is 59 years. If this holds true today, the life expectancy rate for correctional officers is significantly less than that of the general public and is less than that of other law enforcement officers.

Beyond the toll on the individual, occupational stress also is costly for correctional institutions. Officers suffering from stress-related medical or mental illnesses can greatly impact budgets. The financial losses incurred may include high staff turnover and the resultant loss of human resource recruitment and training investment, overtime, sick leave, early retirement due to job-related stress, and workers' compensation claims arising from avoidable injuries suffered or caused by a distracted employee.

Childress, Rebecca; Talucci, Vincent; Wood, Jennifer. *"FIGHTING THE ENEMY WITHIN: HELPING OFFICERS DEAL WITH STRESS."* The Free Library 01 December 1999. 17 September 2019
<[https://www.thefreelibrary.com/FIGHTING THE ENEMY WITHIN: HELPING OFFICERS DEAL WITH STRESS.-a058381593](https://www.thefreelibrary.com/FIGHTING+THE+ENEMY+WITHIN%3A+HELPING+OFFICERS+DEAL+WITH+STRESS.-a058381593)>.

Help is on the Way?

Employee Assistance Programs (EAPs)

“A 2013 report issued by the ACA noted that of the more than 4,000 prisons in operation across the U.S., fewer than 100 had any type of EAP. Moreover, very few of these programs have been scientifically evaluated to determine their effectiveness in improving CO well-being.” National Institute of Justice 2017 NCJ 250484

Critical Incident Response Teams (CIRT)

“However, reports from NIJ (Finn and Kuck, 2005) and Finn (1998, 2000) noted that these programs are not seen on a massive scale across correctional facilities, largely because of correctional administrators’ failure to recognize the health concerns of officers as well as inadequate funding to support these programs.”

Finn, P. (2000). *Addressing Correctional Officer Stress: Programs and Strategies and Issues and Practices*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice

Administration

*“An important first step is recognizing that this field of employment is perilous and accompanied by many threats to CO health. Brower (2013) remarked that **policies and programs designed to improve officer health have not been instituted in many prison facilities because administrative officials fail to recognize the dangers attached to the job. Improvement of CO health starts by changing this mindset among not only administrative officials but also other relevant stakeholders in the correctional field.*** Keinan and Malach-Pines (2007) identified an additional impediment to successful implementation of safety and wellness programs: the widespread attitude known as “machismo” among COs. Machismo prevents officers from requesting any type of assistance because they perceive such requests as a sign of inherent weakness. It is imperative that we begin to change the cultural mindset in corrections and recognize that this is a dangerous field wherein external sources of assistance are sometimes required to improve officer well-being.

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

National Institute of Justice 2017 NCJ 250484

