

Correctional Officer Suicide and Officer Wellbeing

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Officer Suicide and Wellbeing Research

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MA DOC

MCOFU

Riverside Community Care

Sobering news on spiking suicide rates reveal a public health crisis that cannot be ignored



Source: <https://www.bostonglobe.com/opinion/editorials/2018/06/08/sobering-news-spiking-suicide-rates-reveal-public-health-crisis-that-cannot-ignored/7QAQhiTPLwhx6yxUoNIMXJ/story.html>

A Need for Further Research

Occupationally, 'protective service' employees (police, fire, corrections) have high rates of suicide.

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

Suicide rate among MA DOC correctional officers 92.9 **per** 100,000 officers. Massachusetts has one of the nation's lowest rates at 10.4 **per** 100,000

TABLE 2. Rates of suicide per 100,000 population, by sex, and ranked overall by Standard Occupation Classification (SOC) group — 17 states, 2012* w/MA DOC rate 2010-2015

Occupational group	Overall	Male	Female
MA DOC (average 2010-2015)	92.9	–	–
Farming, fishing, and forestry	84.5	90.5	— ^t
Construction and extraction	53.3	52.5	–
Installation, maintenance, and repair	47.9	47.5	–
Production	34.5	39.5	10.8
Architecture and engineering	32.2	36.3	–
Protective service	30.5	34.1	14.1

Correctional Officer Suicide and Wellbeing

Study Objectives

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

Better understand the many impacts of correctional 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

2010 f f f

39, 44, 62

2011



24, 49, 50, 57

2012



43, 44

2013



23, 39, 44, 47, 50, 50

2014



25, 48, 32

2015



33

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, but officer suicides have 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 Homlcldc-Sulclde / 1 Attempted Homlcldc-Sulclde

Phase One Case Studies



- Reviewed all 19 personnel files in their entirety
- Pulled work histories, including sick and leave time payroll reports
- Pulled all incident, disciplinary reports written, and grievances
- Requested police reports (15 received, 2 refusals, 2 still outstanding)
- Reviewed death certificates where available (14 available)
- Requested criminal history data from DCJIS
- Contact from family/friends of 15 of the 19 officers
 - Interviews w/ (often multiple) members of 12 officer families/close friends

Preliminary Analyses of Qualitative Case Study Data

- Interviewed 36 family members and close friends of 12 of the 19 officers...
 - Family/friend interviews were the most valuable source of information
- 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)

Case Studies: Alcohol Use/Abuse

*Many had histories of substance use/abuse...
And alcohol abuse in particular was raised repeatedly*

- “Within a month after leaving military, he learned his best friend died and he began drinking again”
- “We were heavy drinkers, both would stay out until 2-3 AM every day possible.”
- “I walked in the door and her was standing at the counter kind of fiddling with what looked like some sort of medication and I remember looking at his eyes and his pupil were just massive they were like black holes.”

Emerging Themes: Mental Health

*Just over half had experienced mental health issues...
typically anxiety and/or depression.*

- “He spent a long amount of hours on that couch, I remember, we started noticing a lot of him not changing out of his sweat pants, and staying on the couch, and eating boxes of cereal a day.”
- “Suffered from clinical depression as a child. And he attempted suicide @ age 10.”
- “Took anti depressants, not sure how often. At some point the meds weren’t working as well and his depression started affecting his work.”
- “He would barely say a few words to me in that last year, and we were like always buddy, buddy and like friends and everything.”

Emerging Themes: Chronic Pain

*Just over half had indicators of chronic pain...
Often, but not always, related to an injury at work.*

- “from the beginning he was on very low pain meds. It was nothing really to be honest. I think probably the last 5 years of his career it got really really bad, to me. It was changing his personality, there was the sleep disturbances, very strange behavior.”
- “he constantly said that his feet were always hurting at work, that was his big thing his feet were always hurting at work it didn’t matter what he did, he was always trying to find comfort in his socks, inserts in his shoes.”

Correctional Officer Suicide and Wellbeing: Phase Two



Goal

To **assess the impact** of the suicides on the correctional environment and to assess the wellbeing of correctional officers.

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



Method

Intensive individual interviews with (and assessments of) up to 300 randomly selected correctional personnel in Massachusetts across all MA DOC facilities.

****** Additional interviews with volunteers and those who personally knew officers who have died by suicide

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