

# **Staff Wellness: The Unique Experiences and Needs of Correctional Staff**

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## ***Abstract***

*The purpose of this research paper was to determine if Florida corrections officers are experiencing similar workplace stressors as their counterparts in law enforcement. Correctional officers are the first responders within an institution and witness suicides, inmate homicides, staff assaults and inmate on inmate assaults. Correctional officers assigned to restrictive housing units at sixteen (16) Florida state correctional institutions were surveyed regarding their current assignment. This research offers insight into corrections work, its impact on staff well-being and offers solutions to mitigate the negative effects to the individual and their agency.*

## **Introduction**

There is a consensus of a growing mental health crisis in the United States. What was once considered a taboo subject is now gaining traction within mainstream conversation. Even with this growing acceptance, we still find a reluctance by individuals to seek assistance. This unwillingness is often found to be prevalent and amplified within the law enforcement community. Hesitancy is a common thread shared by a law enforcement community that is geographically and culturally diverse. Unfortunately, this mindset has proven costly on a segment of our workforce that needs these services the most.

In the United States, many consider law enforcement in terms of uniformed staff from their local police and sheriff departments. Naturally, the patrol divisions are the “face” of public safety and garner most of the public’s focus. An often-overlooked division of law enforcement is our correctional officers and support staff.

Correctional officers will find that the inherent dangers of their profession will take a significant toll on their physical, emotional, and mental health. To combat these effects, many agencies have adopted programs to address the specific needs of their staff. Unfortunately, with the focus on patrol units, many of these programs are tailored to the unique experiences and stressors of that field. Though correctional and police officers share common stressors there are aspects of their occupation that are unique. If we are to effectively curtail the damage that these stressors have on our correctional officers, we must understand and acknowledge these differences.

Corrections plays a critical role in providing for a stable and flourishing society. It is imperative that our government can segregate its citizens from those who are unlawful. This is certainly the case with those who endanger society by committing violent acts such as sexual assault and murder. Most would seem to understand the mission of corrections but rarely is the toll that it takes, taken into consideration. Historically,

corrections is shrouded in mystery with only inmates and staff fully comprehending the reality of such an environment. Occupational and environmental exposure in corrections will certainly impact officer's and inmate's well-being. There has been intense focus on improving the lives of the inmate population but appears lacking for those who are charged with providing for their care, custody and control.

Correctional officers provide supervision to those who by their nature are volatile and hesitant to conform to societal norms. This places correctional officers with lone oversight of hundreds of inmates with nothing more than a canister of chemical agents for defense. Subsequently, officers are required to remain in a state of hyper-vigilance with no chance to decompress during their shift. This state is often compounded when required to work mandatory overtime due to severe staffing shortages. Additionally, officers are exposed to the potential of physical assault, the assault of their co-workers or inmate on inmate assaults with varying degrees of injury. Some have even witnessed the violent death of a co-worker or those they supervise at the hands of an inmate. These assaults are often gruesome and have a profound effect on the mental health of those involved.

Administrators and policy makers must consider the short-term effects, but it is imperative to also consider the long-term effects of this type of exposure. A correctional officer career can span over a period of 25-30 years. It is conceivable that an officer would develop mental health issues that should be addressed by a mental health professional.

A crucial first step in meeting the needs of correctional officers is to acknowledge that the environmental conditions of their occupation is ripe for developing symptoms of Post-Traumatic Stress Disorder (PTSD). In Florida, correctional officers do not qualify for workers compensation PTSD benefits as they are not statutorily considered law enforcement officers or "first responders". This omission leaves the state's largest law enforcement community vulnerable to untreated mental health disorders resulting from occupational trauma. It is important to note that PTSD can occur not only from single events but from cumulative exposure to occupational stressors. Currently, Florida does not recognize cumulative occupational events as a qualifier for PTSD workers compensation.

To bridge this gap, we must acknowledge that correctional officers play a vital role in keeping our communities safe and that their mental health is a top priority. There must be a collaborative effort amongst the public, policy makers, administrators, and even officers themselves if the corrections field is to achieve mental health "equality" with their counterparts. The purpose of this literature review is to define, support, and advocate the need for expansion of mental health benefits for correctional staff.

## **Literature Review**

The United States incarcerated approximately 2,086,600 persons in federal, state and local jails as of 2019. The State of Florida incarcerated approximately 360,100 of those persons in their facilities within the same time. This population is supervised by approximately 25,080 correctional officers and jailers within the state. Although Florida represents only a fraction of the total correctional officer employee data for the United

States, the occupational environment and effects are similar due to the nature of this profession. (Minton, Beatty, & Zeng, 2021; Occupational Employment and Wages, 2020)

The state of correctional officer wellness can be directly linked to the following stressors: Inmate-Related, Occupational, Organizational and Psychosocial. The most consequential stressor is related to a correctional officers' interactions with the inmate population. The prison population is inherently intricate in that the level and severity of offenses vary from one inmate to another. An officer's daily routine requires interactions with inmates who are prone to violence, create homemade weapons, and participate in organized gang activity. This threat is compounded with inmates who suffer from varying degrees of mental illness, physical impairments, contagious diseases, and other life-threatening conditions. An officer is unable to distinguish an inmate's proclivity to a certain behavior thereby requiring a state of hyper-vigilance with each interaction. (Brower, 2013)

The threat of physical assault looms over correctional officers as they enter the facility and will continue until the end of their shift. The threat of violence is an ever-present burden that has profound effects for the officer and their agency. The Bureau of Labor Statistics (BLS) lists correctional officers as having one of the highest rates of injuries and illnesses of all occupations. (Occupational Outlook Handbook, Correctional Officers and Bailiffs 2021) It is important to note that "confrontations with inmates" were found to be a significant contributing factor. In 2020, BLS reported that correctional officers faced 688 work-related injuries or illnesses per 10,000 full time employees. An injury/illness had to be severe enough to warrant missing a least one day of work to be counted in this report. A closer look at this data reveals that 84.8 of these work-related injuries were categorized under "Intentional injury by other person". (Injuries, Illnesses, and Fatalities, Survey of Occupational Injuries and Illnesses Data 2020)

The Florida Department of Corrections (FDC) is the third largest state corrections system in the United States with a total of 25,154 employees. Of those, approximately 81% are certified officers. FDC reported a total of 503 correctional officer staff assaults for the 2020 calendar year. The manner of assault consisted of, but not limited to, biting, head butting, kicking, stabbing, punching, and sexual assault. Injuries ranged from minor to serious requiring outside medical attention and treatment. (FDC Assault Advisories 2020)

When negative incidents occur, it is likely the typical inmate stressor will convert to the more serious traumatic stressor. The latter stressor can be separated into direct and indirect exposure with either having the ability to manifest signs or symptoms of PTSD. Indirect exposure via viewing documents or recordings of traumatic events within a correctional setting, are often overlooked and least likely to receive sufficient attention. The burden of monitoring indirect exposure effects relies heavily on administrators who recognize and acknowledge this as a potential issue for their staff. (Spinaris, 2020)

The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, defines vicarious/indirect trauma as "experiencing repeated or extreme exposure to aversive details of the traumatic event(s)" This definition is not only applicable to correctional officers but other professionals who also perform roles in the correctional setting. Potentially an entire workforce is exposed directly or indirectly to trauma related incidents that will ultimately impact the efficiency, costs and culture of an organization. Unchecked, the effects will negatively impact the individual's ability to perform their duties in a

professional and consistent manner as their training requires. Without some type of intervention, this will also negatively affect the officer's personal, family and social life. (Spinaris, Denhof, & Morton, 2013)

The United States has only recently begun to acknowledge the need for additional resources to meet the unique needs of correctional staff. Unfortunately, there are only a few comprehensive studies that provide evidenced based solutions to address these specific mental health needs. This delay has real world consequences for correctional staff who feel their mental health needs are not prioritized resulting in further stigmatization. (Wagner, 2019)

Lieutenant Wesley Wagner, Licking County Sheriff's Office (OH), estimated that a 30-year veteran officer will complete a 7.25 year "sentence" alongside inmates they supervise at their facility. Of course, he does acknowledge that this estimate is low as it doesn't account for mandatory overtime often associated with this occupation. While an officer does return home at the end of their shift this estimate helps quantify occupational exposure for officers. (Wagner, 2019)

The limited data on the impact of cumulative negative incidents on officers is concerning. In 2013, the California Correctional Peace Officers Association (CCPOA) published a study indicating their members suicide rate was 19.4 deaths per 100,000 in comparison to the 12.6 deaths for the general population. In response, CCPOA formed a project with the University of California, Berkley, distributing a 61-question survey to approximately 8,600 correction and probation officers within their state. The responses revealed that three out of four officers witnessed a death or serious injury while on duty. Not surprisingly, 65 % of those that responded indicated they have experienced at least one of the signs of PTSD. Nearly one in nine indicated they considered suicide or attempted the act. (Weichselbaum, 2017)

An earlier study conducted by Caterina Spinaris, Desert Waters Correctional Outreach, was conducted in 2011. The survey was anonymous and attempted to gauge PTSD indicators. The final analyses indicated that 34% of the respondents were afflicted with PTSD compared to 14% among veterans of the U.S. military. This shouldn't be interpreted to minimize the experiences of veterans in comparison but rather to hypothesize the differences in outcome when evidenced based practices are utilized to mitigate the effects of PTSD. (Lisitsina, 2015)

The cumulative effect and its eventual outcome on correctional staff cannot be understated. Studies indicate that correctional officers are more susceptible to physiological and psychological strain than their counterparts in similar occupations. For example, one survey revealed 3.5% of the correctional officer respondents suffered from heart disease in comparison to 1.4% of the respondents who were police officers. The survey results were in line with a Swedish study that indicated a higher risk of heart disease among correctional officers than other professions. (Schaufeli & Peeters, 2000).

In 1983, the national average life expectancy of a correctional officer was determined to be approximately 59 years or age. Thus, making them fall 16 years shorter than the general population life expectancy. (Cheek, 1982) A report published by Deep Waters produced a worrisome statistic indicating correctional officers will, on average, live only 18 months into retirement. (Feld, 2018). In Florida, correctional officers fare better, if only marginally, according to one study that reviewed mortality rates among

“special risk” officers versus the state population from 2000 to 2009. The study concluded that a Florida officer has a life expectancy of only 62 years of age resulting in a difference of 11 years shorter compared to the population they serve. (Parker, 2011)

Another concerning statistic is the rate of correctional officer suicide in relation to the general population. Occupational stressors can and will exacerbate anxiety, depression, and substance abuse issues resulting in an increased risk of suicide. Studies reveal that correctional officers have higher rates of mental health issues relative to other occupations. In 1997, one study estimated that the rate of suicide among correctional officers is 39 % higher than others. The New Jersey Police Suicide Task Force study in 2009 revealed that correctional officers suicide rate is twice as high as those of police officers and the local population. (Brower, 2013)

Subsequently, researchers have coined the term “Corrections Fatigue” to exemplify occupational stressors and their consequences on staff. Introducing terminology demonstrates the need for solutions that are uniquely focused on the individuals they are designed to help. In short, a one size fits all approach isn’t recommended. The researchers agree that enough assessments are available to support identification of “Corrections Fatigue”, but the ability to locate and deploy evidenced based solutions have proved difficult. This indicates the need for additional research of programming solutions and their effectiveness. (Spinaris, Denhof, & Morton, 2014)

Most agencies have Employee Assistant Programs (EAP) that can assist staff with numerous issues, to include mental health. There is concern that many may consider the generic EAPs and other available employee resources as meeting the needs of those they service. Unfortunately, agencies may not realize that their EAPs are inadvertently lacking in specialized services to mitigate effects associated with correctional occupations. It is important for agencies, employees, and professional services alike to fully comprehend the severity that correctional stressors can manifest so appropriate care can be administered for short- and long-term success in the treatment of mental health disorders associated with corrections exposure. (Spinaris, Denhof, & Morton, 2013)

In 2013, Dr. J. Brower expressed concerns regarding well intentioned EAPs may not fully understand the environment and impact of those who work in a correctional setting. The author does reference the basic criteria for successful EAPs as identified by the Employee Assistance Programs Association (EAPA) in 2010 as a starting point for treatment. To enhance, Dr. Brower suggest EAPs implement the following:

- Programs coordinated by administrators who are knowledgeable in corrections
- Trauma Critical Response Team
- Offer stress and wellness trainings for officers and their families

These recommendations can make a significant impact on the goal of reducing the ill effects of stress and trauma in corrections. The mental health programing that is utilized for correctional officers is often based on research and data gathered from other high-risk occupations such as police officers. To improve the wellbeing of officers, consideration should be given to the creation of a sub-field of psychology that specializes in corrections work to improve the overall understanding of this issue. (Brower, 2013)

## Methods

The purpose of this research was to determine if there is a need for further consideration of PTSD workers compensation (First Responder) benefits for Florida correctional officers who are exposed to job-related traumatic events. It was hypothesized that continued exposure, without treatment, takes a significant toll on their physical and emotional well-being and their agency.

Data was gathered through a survey (Survey Monkey) sent via email to correctional officers employed by the Florida Department of Corrections (FDC). The survey was submitted to correctional officers who were assigned to a restrictive housing unit at the following sixteen (16) male correctional institutions: Santa Rosa C.I., Wakulla C.I., Jackson C.I., Apalachee C.I., Suwannee C.I., Union C.I., Florida State Prison, Columbia C.I., Lake C.I., Zephyrhills C.I., Hardee C.I., Desoto Annex, Dade C.I., Charlotte C.I., Okeechobee C.I., and Martin C.I. Shift supervisors were asked to give their officers assigned to a restrictive housing unit the opportunity to respond to this survey. Assignments to a restrictive housing unit are gender specific resulting in only males participating in this survey. As most restrictive housing units house male inmates, it was determined not to expand this study to staff assigned to female units at this time.

The survey questions were designed to establish a link between correctional officers' exposure to job related traumatic events and the likelihood of developing physiological and psychological symptoms. Additionally, the survey questions sought to discover what, if any, coping mechanisms or treatment the officers utilized to mitigate the effects of traumatic exposure.

The survey was anonymous in the hopes of soliciting truthful responses from those surveyed. A weakness in the data is that correctional officers can be reluctant to admit and expound on mental health concerns, even if the survey is anonymous.

## Results

The survey was sent to sixteen (16) male correctional institutions and offered to correctional officers who were assigned to a restrictive housing unit. I received 1,130 responses with an individual return rate of the following:

- Santa Rosa C.I. (79%)
- Wakulla C.I. (100%)
- Jackson C.I. (100%)
- Apalachee C.I. (82%)
- Suwannee C.I. (74%)
- Union C.I. (63%)
- Florida State Prison (52%)
- Columbia C.I. (100%)
- Lake C.I. (46%)
- Zephyrhills C.I. (100%)
- Hardee C.I. (93%)

- Desoto Annex (100%)
- Dade C.I. (94%)
- Charlotte C.I. (38%)
- Okeechobee C.I. (100%)
- Martin C.I. (73%)

A total of 1,575 individual surveys were distributed among the sixteen (16) correctional institutions with a total of 1,130 completed. Overall, this resulted in a response rate of 72%. Of the 1,130 responses, some respondents chose to skip some of the questions in this survey.

The first question asked the participant to identify which correctional institution they are currently assigned to. Of the 1,130 responses, the following number of correctional officers responded from each institution:

- Santa Rosa C.I. (234)
- Wakulla C.I. (129)
- Jackson C.I. (43)
- Apalachee C.I. (41)
- Suwannee C.I. (108)
- Union C.I. (74)
- Florida State Prison (164)
- Columbia C.I. (39)
- Lake C.I. (52)
- Zephyrhills C.I. (74)
- Hardee C.I. (26)
- Desoto Annex (19)
- Dade C.I. (51)
- Charlotte C.I. (46)
- Okeechobee C.I. (19)
- Martin C.I. (11)

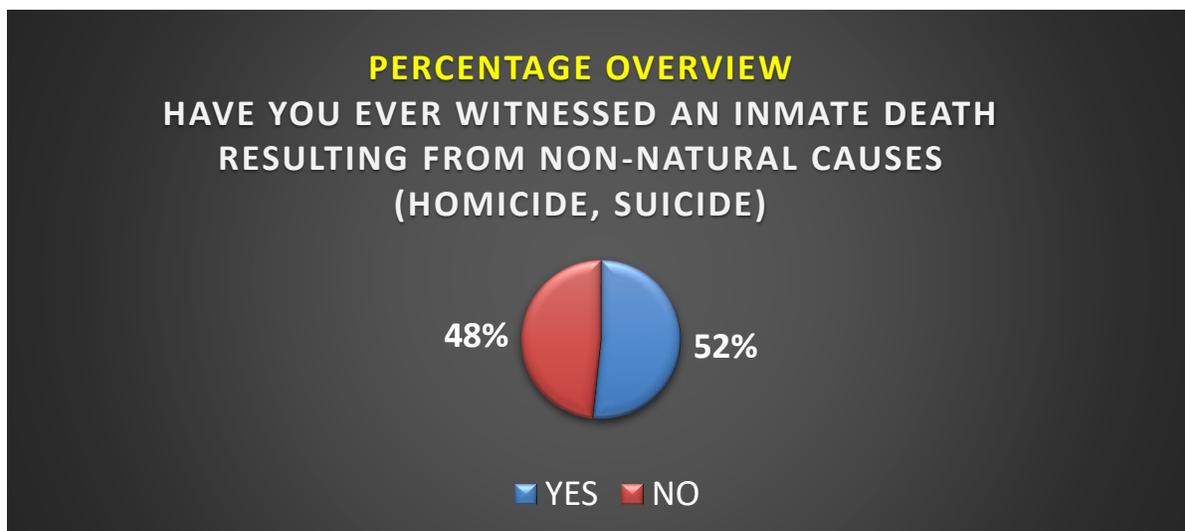
The second question asked the participants to identify the number of years they have been employed as a correctional officer with the Florida Department of Corrections. Nearly half of the participants indicated that they have only 1-5 years of experience.



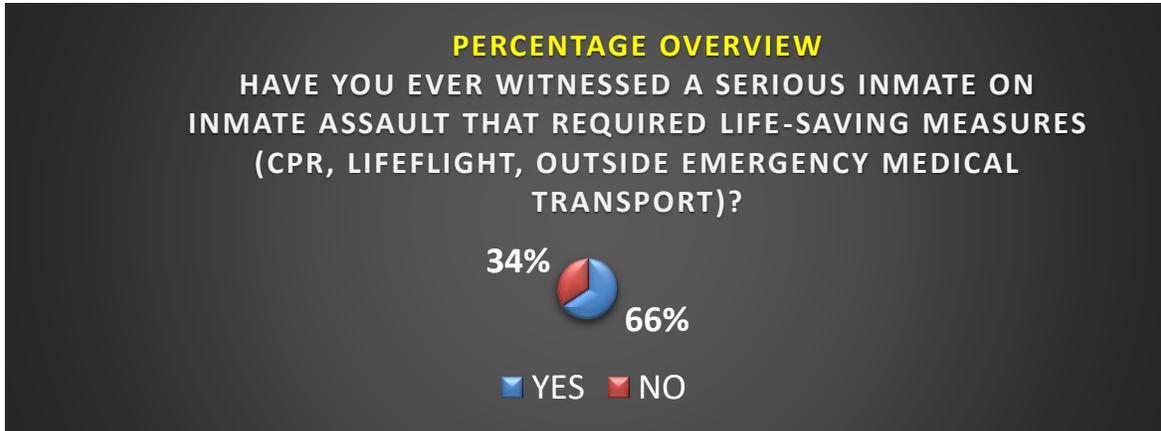
The third question asked the participant to indicate how many months they have been assigned to a restrictive housing unit. Sixty-five percent (65%) indicated that they have been continuously assigned to this type of housing unit for over 13 months.

The fourth question asked the participant to state whether they have witnessed an inmate death that was a result of natural causes. The survey indicated that most of the respondents, fifty-three percent (53%), have witnessed a death resulting from natural causes at some point in their career.

The fifth question asked the participant to state whether they have witnessed an inmate death that was a result of non-natural causes. This survey defined non-natural causes as homicide or suicide. A total of fifty-two (52%) of the respondents reported as witnessing such an event.

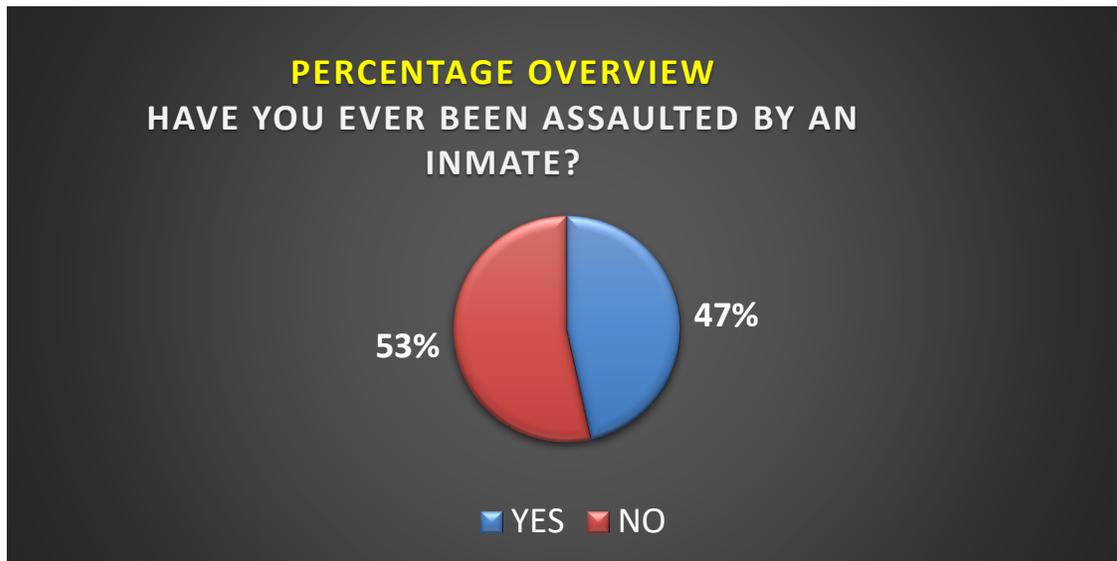


The sixth question asked the participant to indicate if they have ever witnessed a serious inmate on inmate assault that required life-saving measures (CPR, LifeFlight, Outside Emergency Medical Transport). It was noted that 66% of the respondents have witnessed an inmate receiving life-saving measures resulting from an assault.



The next questions are related to the participants personal involvement in a serious incident while assigned to a restrictive housing unit. Question number seven (7) asked each correctional officer if they have been assaulted by an inmate. Of the responses, forty-seven (47%) responded in the affirmative and fifty-three (53%) in the negative.

The next three (3) questions were only applicable to those who indicated “Yes” to being assaulted under question number seven (7). Those who answered in the negative were then directed to question number eleven (11).



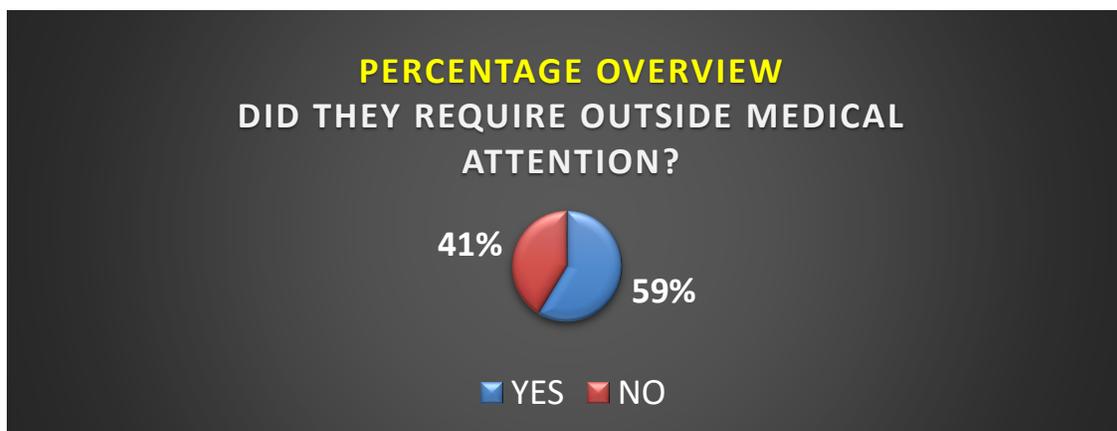
Question number eight (8) then asked the respondent to indicate if their assault required outside medical attention for treatment. Only thirty-five (35%) of officers responded that outside medical treatment was warranted.

Question number nine (9) asked the respondent to state whether a weapon was involved in the assault with only twenty-eight (28%) reporting “yes”.

Question number ten (10) then asked the officers how many times they have been assaulted in the past twenty-four (24) months. The average number of assaults per officer was approximately 1.8 in twenty-four (24) months. The participants were given an option to use a sliding scale mechanism ranging from 0 to 50 as options.

The next two (2) questions were used to gauge the correctional officer’s exposure to critical incidents as they relate to other staff. Question number eleven (11) asked specifically if the respondent had ever witnessed the assault of another correctional officer or staff member. The majority, sixty-nine percent (69%), reported witnessing a violent incident of one of their co-workers by an inmate.

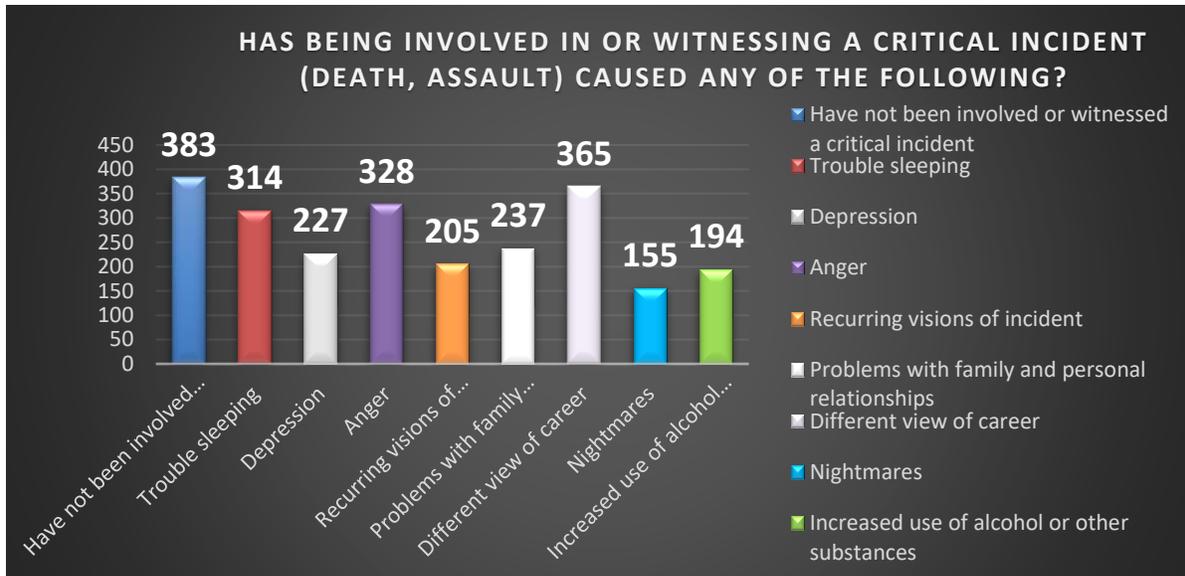
Question number twelve (12) then asked if that specific assault required outside medical attention for treatment with fifty-nine percent (59%) stating yes. This question was only applicable to those who answered in the affirmative to question number eleven (11).



The following series of questions of this survey sought to determine what, if any, negative effects being exposed to critical incidents has on the well-being of those assigned to a restrictive housing unit.

Question number thirteen (13) asked the participant if being involved in or witnessing a critical incident (death, assault) caused any of the following negative effects: Have Not Been Involved or Witnessed a Critical Incident, Trouble Sleeping, Depression, Anger, Recurring Visions of Incident, Problems with Family and Personal Relationships, Different View of Career. The respondent was asked to check all that were applicable.

The data reported thirty-five (35%) percent had not been involved in or witnessed a critical incident with the remaining sixty-five (65%) checking at least one (1) negative effect. Those who reported as having not been involved in or witnessed a critical incident were prompted directly to question number fifteen (15).

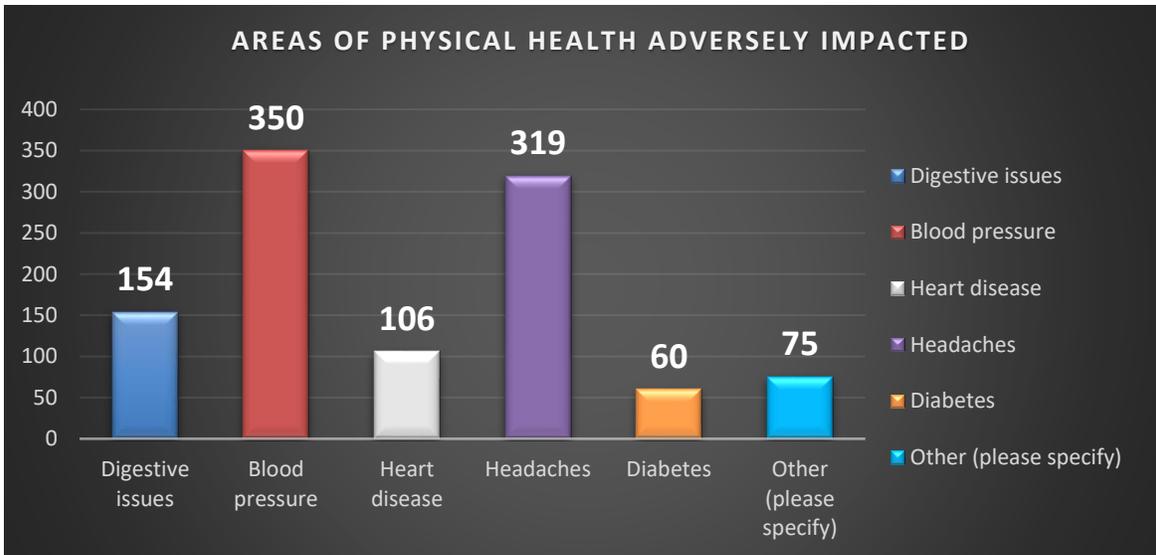


Question fourteen (14) then asked the respondent to indicate how they dealt with those effects of critical incidents. The participant was given the following options and to check all that apply. Reported percentages are within parentheses: Nothing (25%), Exercise (28%), Talk with Friends or Family (35%), Talk with Colleagues at Work (42%), Talk with a Mental Health Professional (13%), Alcohol or other substances (26%).

Question number fifteen (15) asked the participant if they personally believe their experiences working in a correctional environment cause undue stress. Seventy-four percent (74%) believe their work experiences cause stress.

Question sixteen (16) asked if the respondent believes that exposure to critical incidents has caused an adverse change to their physical health with forty-four percent (44%) feeling that it has. Those who answered “No” to question number sixteen (16) were directed to question number eighteen (18).

Question seventeen (17) asked for them to identify those areas of physical health that were adversely impacted. They were given the following options and to check all that apply: Digestive Issues, Blood Pressure, Heart Disease, Headaches, Diabetes, Other (Please Specify). It was noted that seventy-five checked “other” but none specified the area impacted.



Question eighteen (18) asked if one believes a stigma in corrections stops staff from seeking mental health treatment with sixty-one percent (61%) believing that to be the case.

Question nineteen (19) asked participant if they knew how to access the Florida Department of Corrections (FDC) Employee Assistance Program (EAP). The overwhelming majority, eight-seven (87%), understood EAP access.

Finally, question twenty (20) asked if they have ever utilized the Employee Assistance Program (EAP) services with the majority, seventy-three (73%), reporting in the negative.

## Discussion

The results gathered from this survey were not surprising given the nature of the corrections environment. Correctional officers are considered the first responders within an institution and as such are exposed to numerous critical incidents at any given time. As noted, this survey targeted those officers who were assigned to a restrictive housing unit where the risk of exposure to critical incidents was greater. It is this group of correctional officers where the negative effects of their work environment will take the greatest toll.

The literature review indicated that correctional officers are indeed at greater risk of emotional, physical and mental health deterioration stemming from work environment stress. Research determining this risk was gathered from other agencies within and outside the United States. A shared common theme is correctional stressors, regardless of location, are determinantal to an individual's well-being if left unchecked. Florida is the third (3<sup>rd</sup>) largest state prison system in the United States and currently employs approximately 24,000 employees. Unfortunately, I was unable to locate any specific data

regarding Florida state correctional officers' work environment and its impact on their overall well-being. This survey was created to provide insight into the current state of Florida correctional officers.

The Florida correctional system is encountering a recruitment and retention challenge. Not surprisingly, forty-seven (47%) of the participants of this survey had only 1-5 years of correctional officer experience. Additionally, sixty-five (65%) of all respondents advised they have been continuously assigned to this higher risk area for over thirteen (13) months. This indicates that some of the least experienced staff are being assigned, for the long term, to areas that carry the most risk.

Exposure to death, regardless of cause, can have lasting and profound effects on the human psyche. Everyone will have to deal with this aspect of their existence at some point but no more so than those in the medical, corrections, law enforcement and military fields. Florida correctional officers are indeed exposed to this trauma as indicated with their responses to encountering natural and non-natural inmate deaths. Of course, common sense would indicate that the field of corrections has the potential for numerous traumatic impacts. Over time, these stressful encounters can compound leading to a vicious cycle of deterioration if left without some form of intervention or treatment. Maintaining the wellbeing of the correctional officer workforce is beneficial not just to the individual but has profound impacts on the safety and security of their colleagues and those they supervise.

The data further suggests that correctional officers are experiencing issues such as depression, anger, nightmares and trouble sleeping. Additionally, some have admittedly increased their use of alcohol and/or other substances. These factors can lead to disastrous outcomes not only for the individual but the agency they serve.

Additional concerns related to this data was the number of correctional officers who have been assaulted or witnessed the assault of their colleagues. The physical toll of being assaulted is generally understood but less so is the mental health aspect. A sizeable portion of correctional officers have witnessed these violent acts. Subsequently, they must maintain their "head on a swivel" to avoid the same fate. The ramifications of having to remain in this state of hyper-awareness over an entire career day in and day out is troubling to say the least.

Unfortunately, many correctional officers are already reporting noticeable physical manifestations of stress. Many respondents answered in the affirmative regarding adverse physical changes due to critical incident exposure. Some have reported chronic physical complications related to workplace stressors such as blood pressure and diabetes. It is unknown whether they are taking steps to remedy these complications with the assistance of their physician as that information was not sought during the survey. Long term, these complications can become life threatening giving credence to the below average life expectancy of a correctional officer. The data collected here is not surprising in the least, but it is concerning. Implementation of appropriate services should be expedited to this workforce to help mitigate these effects, in coordination with their physician.

As expected, many respondents believe a stigma exists that prevents them from seeking mental health treatment. Most will agree that this sentiment is industry wide and not limited to the corrections field. This is a cultural mindset that has devastating

consequences for not only the individual but the agency. Many will agree that there are benefits to receiving mental health treatment but seeking it is considered a bridge too far. This is evident based on the number of respondents who know how to access their Employee Assistant Program (EAP) but just as equally they have never utilized their services. The evidence suggests that access messaging has been successful but that alone is not enough.

## **Recommendations**

First, agencies must find solutions to overcome the cultural resistance to seeking mental health treatment. As stated previously, the current communication methods for advising correctional officers on how to access treatment is not lacking. Success in this area can be achieved with additional and periodic discussion of the importance of maintaining an individual's mental health. Openly discussing this topic on a regular basis will increase the likelihood of this subject no longer being seen as taboo or stigmatizing. Preferably, this discussion will be delivered from those in leadership positions to line staff. Agencies need to no longer prioritize how to access services that are available but encourage staff to use them without fear or hesitation.

Second, Florida should expand its current PTSD workers compensation benefits for First Responders to include correctional officers. Sufficient data exists to support the inclusion of this field in such benefits. Prioritizing this workforce and acknowledging their risk will not only serve to benefit the individual but boost morale. Correctional officers are often an afterthought for many, but it is time for the public to elevate this field to its rightful place along with others who maintain public safety.

Efforts have been made in recent years to introduce legislation that make correctional officers eligible for PTSD workers compensation benefits. Unfortunately, those efforts have failed with the most recent defeat in 2022. Yes, this can be viewed as a failure but continuous introduction of legislation to address these needs shines a spotlight on the issue. The data gathered in this survey indicate that Florida correctional officers are no different than their peers within the law enforcement community. Many have witnessed traumatic events during their career and could benefit from services provided through a workers compensation plan.

Third, local correctional assault data was found to be sporadic and decentralized further hindering a comprehensive review of correctional officer assaults statewide. This would include both state and local jurisdiction correctional officers. Additionally, substantive data for occupational injuries specific to Florida could not be located. Efforts should be made to determine a means to centralize data gathering for assaults to correctional officers. Such data could be useful in determining the exact needs this field needs as well as possible future legislation.

Fourth, I recommend that future surveys include female facilities to see if there are substantial differences in responses.

Assistant Warden Bryant Goodwin has worked for the Florida Department of Corrections for 17 years. He began his career in Central Office as an OPS Records Clerk in 2004. His work in the field began in 2005 when he was promoted to Classification Officer at Franklin Correctional Institution. He advanced his career by promoting to Senior Classification Officer at the Wakulla Correctional Institution in 2007 and then was appointed to Classification Supervisor at Suwannee Correctional Institution in 2013. In 2016, he was appointed to Correctional Services Administrator in the Region II Office. In 2019, he was appointed to his current rank of Assistant Warden at Taylor Correctional Institution. He is currently assigned as Assistant Warden of Programs at Suwannee Correctional Institution in Live Oak, Florida. Assistant Warden Goodwin received his Associates Degree from Tallahassee Community College and his Bachelor's Degree from Florida State University.

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## Appendix

### Restrictive Housing Officer Wellness

Correctional Officers are the first responders within an institution and witness suicides, inmate homicides, staff assaults, inmate on inmate assaults, as well as victims of assaults. Specific to your assignment in a restrictive housing unit, we would like your feedback describing experiences you have been exposed to and their effects on your wellbeing.

This survey is anonymous, and your responses will be compiled to understand better the impact on staff assigned in these high-liability areas. Please ensure you click "Done" once completed.

Thank you for your participation and honest feedback.

- 1) Please select which correctional institution you are assigned to:
  - Apalachee CI, Charlotte CI, Columbia CI, Dade CI, Desoto Annex, Florida State Prison, Hardee CI, Jackson CI, Lake CI, Martin CI, Okeechobee CI, Santa Rosa CI, Suwannee CI, Union CI, Wakulla CI, Zephyrhills CI.
- 2) How many years have you been employed as a correctional officer?
  - Less than 1 year, 1-5 years, 6-10 years, 11-15 years, over 16 years
- 3) How many months have you been assigned to a restrictive housing unit (Confinement, Close Management, MHU In-Patient, or Death Row)?
  - Less than 1 month, 1-4 months, 5-8 months, 9-12 months, over 13 months
- 4) Have you ever witnessed an inmate death resulting from natural causes?
  - Yes or No
- 5) Have you ever witnessed an inmate death that was a result of non-natural causes (homicide, suicide)?
  - Yes or No
- 6) Have you ever witnessed a serious inmate on inmate assault that required life-saving measures (CPR, LifeFlight, Outside Emergency Medical Transport)?
  - Yes or No
- 7) Have you ever been assaulted by an inmate?
  - Yes or No
- 8) Did you require outside medical attention?
  - Yes or No

- 9) Was a weapon involved?
- Yes or No
- 10) How many times have you been assaulted in the past 24 months?
- Sliding scale from 0 to 50
- 11) Have you ever witnessed the assault of another correctional officer or staff member?
- Yes or No
- 12) Did they require outside medical attention?
- Yes or No
- 13) Has being involved in or witnessing a critical incident (death, assault) caused any of the following? (check all that apply)
- Trouble sleeping, Depression, Anger, Recurring visions of incident, Problems with family and personal relationships, Different view of career, Nightmares, Increased use of alcohol or other substances, Have not been involved or witnessed a critical incident.
- 14) How did you deal with the effects of critical incidents? (check all that apply)
- Exercise, Talk with friends or family, Talk with colleagues at work, Talk with a mental health professional, Alcohol or other substances, Nothing.
- 15) Do you believe your experiences working in a correctional environment cause undue stress?
- Yes or No
- 16) Do you believe that exposure to critical incidents has caused an adverse change in your physical health?
- Yes, No or None of the above
- 17) Select those areas of physical health adversely impacted:
- Digestive issues, Blood pressure, Heart disease, Headaches, Diabetes, Other
- 18) Do you believe a stigma in corrections stops staff from seeking mental health treatment?
- Yes or No
- 19) Do you know how to access FDC's Employee Assistant Program (EAP)?
- Yes or No
- 20) Have you utilized Employee Assistant Program (EAP) services?
- Yes or No