Running Head: PTSD and Addiction in the Corrections System

PTSD and Addiction in the Corrections System

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Abstract

This paper will cover the side of the corrections system that is rarely if ever seen by the family, friends, or co-workers of corrections officers. We will delve into the lives of corrections officers through facts, stats, personal experiences, and interviews in attempt to bring light to the issue of PTSD and Addiction in the Corrections System. This issue is usually only thought of in the Military and Law Enforcement Officers on the streets, but that statement could not be further from the truth. Between alcoholism, suicide, drug abuse, and domestic violence, this is an issue that needs to be brought public and addressed in the same way that it is addressed with the Military and beyond.

Intro

To many, the term "jailer" is someone who does not understand what it is like to deal with the hardships and stress that is endured by street officers. To me, a jailer is someone who is responsible for the life and well-being of hundreds to thousands of human lives on a daily basis, while still managing to complete their daily tasks and efficiently work with the officers around them. My name is Seth Partain and I am a Sergeant at the Washington County Detention Center in Fayetteville, Arkansas. I have been with the Detention Center for four years and have come to realize the issues that we face every day. I work in a facility of roughly six hundred and fifty Detainees and work alongside twenty-four other officers. Of those twenty-five people, there are only fifteen who directly deal with these six hundred and fifty Detainees every day. The math of Detainees to officers equals out to around forty-three Detainees per Officer. This number may seem high, but it is actually not. Each officer in the Washington County Detention Center goes into blocks of thirty-three to forty-two Detainees by themselves constantly to complete their mandatory tasks.

On top of their daily tasks, they have to deal with fighting Detainees and stopping fights between Detainees. They are spit on, cussed at, and have feces and urine thrown at them. They have to watch over people that try to commit suicide and that sometimes succeed. Whether that be by hanging themselves or taking a leap from twenty feet in attempt to end it all. They are expected to deal with these situations and then continue with their duties. When their shift is over, they go home to their families and friends and most of the time try to shield them from what has happened that day. They have to be counselors, leaders, and role models for dozens to hundreds of people that they may or may not even know. They are exposed to an environment that to the general public would be inhumane and stressful beyond what they have ever experienced. The feelings are the same for these Detention Officers but what do they do, they pick themselves back up and embrace the suck, or so it seems. They carry the burden of having so many stressful roles and experiences but are expected to continue and not let it show as it will show weakness to the Detainees. This can and will eventually lead to PTSD symptoms and substance abuse in even the strongest of people if they cannot find an outlet to express how they are feeling. The feelings that the Detention Officers have may not be able to be expressed even with an outlet for a multitude of reasons. The main reason that they are not able to express themselves is that they would look weak and unfit for duty. If this stigma continues, the emotions will keep building until the only way to suppress them is through unhealthy and unconventional methods.

The Life of a Correctional Officer

My name is Seth Partain and I am a Sergeant at the Washington County Detention Center in Fayetteville, AR. I was born and raised only five minutes down the road from where I am employed, and I grew up in a Law Enforcement family. My parents tried to get me to go into a

Detention Center. I went from a sheltered kid in Greenland Arkansas to being surrounded by the worst of the worst. On a daily basis I tend to anyone from a misdemeanor drug offender to someone with Capital Murder charges. I have to be fair to everyone that I come across including the people that have raped and killed children. I then have to go home to my two kids and live a "normal" life. I get screamed and cursed at daily and have been spit on, swung at, and had to wrestle more than one person covered in their own feces and when it was over just go on about my day. In my area I am responsible for the lives and wellbeing of over two hundred inmates and up to seven officers underneath me three to four days a week, twelve hours a day. My main job is to make sure that when I leave at the end of the day my officers go home and that everybody in my area is in as good of health as they were when I arrived. The stress that is put on my shoulders everyday just from these situation, not including all of the administrative responsibilities, is enough to make the normal person break.

I had always heard stories of addiction and post-traumatic stress disorder, but never believed it could happen to me until it was almost too late. Moving into my first supervisory position at a young age with that type of responsibility was honestly more than I could handle. I began to drink more frequently and take my emotions out on my wife and child. Although she will not admit it I truly believe without help I would have been on my own without a wife and child and there is no telling what would have happened from there. The alcohol was my escape and became my number one focus and a daily thing for a while and my anxiety, stress, and anger just continued to increase. I have no shame in saying that I had to seek help and was able to resolve my issues before it was too late. I now can say that I am managing my life well and am able to speak with my wife about what is going on when times get hard. Without seeking help

that never would have happened. I am very passionate about this topic, because it could have very easily been me.

Addiction

The biggest source of addiction for Detention Officers are prescription medicine and alcohol. These issues can arise and persist for many reasons. The highest in my opinion being the

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with the potential of it turning violent at any time and just take it with a grain of salt. You are expected to be professional at all times, especially anymore since there are cameras covering every angle of your workspace to ensure that you are upholding their civil rights. You are likely to be verbally or physically assaulted or placed into a stressful lawsuit over something that you did not even have a part in at any given time while working in corrections. While doing this you must keep a presence about you that does not come across as threatening in any way, shape, or form.

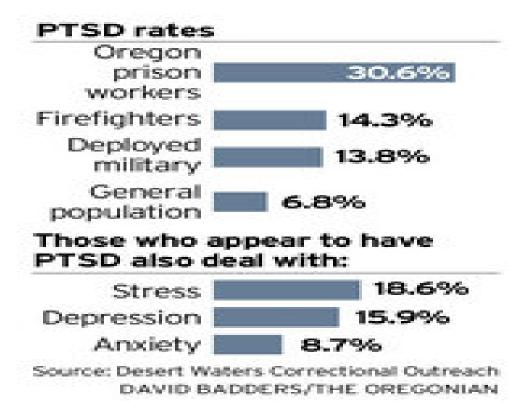
When you go home to your family you must show up with a smile on your face and wipe away everything that has caused you issue that day knowing that you are just going to go deal with the same issues again the next day. You are expected to turn your humanity back on and go back to your everyday life with your spouse and children, but it is not always that easy. As much as one says that they leave their problems at the door there are still lingering thoughts. These thoughts can turn the smallest of arguments at home into the biggest of fights. It can also result in attempting to treat and punish your children and other loved ones as you would an inmate which is not acceptable in any situation. Having to trade out one lifestyle for another so often or at all is not healthy for the human body or mind. The difference in the way things are handled, the stress of situations, and the stigma surrounding Corrections Officers is plenty enough to start a road to substance abuse. This road can take a few different paths, one of which includes depressive behaviors, post-traumatic stress disorder, and suicidal thought. All of these situations can be detrimental to a person or family of any age. The American Addiction Center states, "suicidal thoughts and behaviors related to depression and post-traumatic stress disorder, are often connected to increased rates of drug and alcohol use. In order to 'self-medicate' the difficult symptoms associated with both disorders, many turn to substance use. A painkiller used nonmedically, a sedative prescription, alcohol, or marijuana, all of these are commonly used by those who are struggling with an untreated mental health disorder in lieu of treatment. Unfortunately, regular use not only does nothing to abate the underlying, driving condition causing the symptoms, but it also creates a new problem all its own: a substance use disorder."

Depression and Post-Traumatic Stress Disorder

Depression and post-traumatic stress disorder can come from many different sources and effect people in a multitude of ways: each situation differs from person to person. This means

that even the smallest event or stressful experience could affect someone and they most likely will not feel comfortable speaking about it due to the stigma discussed earlier. That is why it is great to be smore observant and ask questions. The Guardian states, "Corrections officers suffer from post-traumatic stress disorder at more than double the rate of military veterans in the US, according to Caterina Spinaris, the leading professional in corrections-specific clinical research and founder of Desert Waters Correctional Outreach, a nonprofit based in Colorado...In 2011, Spinaris did an anonymous survey of corrections officers, testing them for indications of PTSD: repeated flashbacks of traumatic incidents, hyper-vigilance, insomnia, suicidal thoughts and alienation, among others. She found that 34% of corrections officers suffer from PTSD. This compares to 14% of military veterans." There is much speculation to why these numbers exist, and I believe that it is what the correctional officers see on an almost daily basis and having to switch from work to home life daily. You always have to be vigilant even when you are not working. Especially in smaller towns and cities where your chance of seeing an inmate on the outside is tremendous. This inmate could have been through anything in the jail or prison and just recognize you as an officer. While you may not know who they are, they know who you are and could attack you at any time. You are surrounded by dozens of inmates at the same time, a lot of the time by yourself, and are expected to be able to watch everything going on around you. This is physically not possible and extremely stressful when you know that there are murders and rapist walking within feet of you.

Another study put on by Desert Waters Correctional Outreach was able to come to a conclusion on the numbers of post-traumatic stress disorder and put together a chart shown below.



This chart shows numbers similar to what was stated by Spinaris and is just now being brought to light. Spinaris has an idea of what causes these numbers. She states, "It's about the violence, injury or death you witness and what happens to you firsthand in terms of assault. You may be running to an incident and see blood everywhere," said Caterina Spinaris, who runs Desert Waters Correctional Outreach, the Colorado firm that did the Oregon research. Spinaris said nearly all of the 144 employees surveyed reported witnessing serious injury or death inside Oregon prisons. Spinaris reported that employees exhibiting PTSD "demonstrated higher levels of tobacco and alcohol use, more health problems, and a higher median number of doctor visits and workday absences." She said they also report "significantly more impairment" in day-to-day functioning at work and at home."

Multiple things can come from post-traumatic stress disorder, depression, and substance abuse including; domestic abuse, child abuse, divorce, self-mutilation, all the way up to suicide. Everyone that has been a police officer for any amount of time or has studied law enforcement knows the issues of divorce and suicide in law enforcement, but what about corrections? After doing some research I found that the numbers are much higher than I originally believed. NY Post states, "Correctional Officer Scott Jones kissed his wife goodbye on July 8, 2011, and

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common among current and former California prison employees. The guards' union counts 96 confirmed or suspected suicides among current and retired members between 1999 and 2015...In a final three-day span, Janelle Jones said her husband threatened to kill himself, felt immediate relief when he quit his prison job, then was on his way in to reclaim his job when he killed himself. She sued the state alleging her husband essentially was harassed to death by other guards who feared he might rat them out over a bogus worker's compensation claim after he

injured his knee during horseplay with another officer." Another article from Fleet Maull states, "Unfortunately, COs often rely on unhealthy or high-risk coping mechanisms like overeating and substance abuse. Many COs simply feel as if they cannot cope, and studies show the rate of suicide is very high. The 2009 New Jersey Police Task Force Study found the suicide rate among COs was twice as high as the rate for other law enforcement officers." These numbers state that the rate of suicide in correctional officers is twice that of Law Enforcement Officers. This was shocking to me and another reason why this issue needs to be brought to light.

What Can We Do

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Guardian states, "Right now, we're about where the military was 10, 15 years ago when it comes to them dealing with PTSD," Van Patten tells me. Nearly 20 of his fellow officers have committed suicide since he started working in corrections. He nearly became a statistic himself...Corrections wisdom dictates that you deal with trauma by not dealing with it at all. 'They teach us to leave it at the gate,' said Morgan. 'Eight and the gate' is the unofficial motto." If the people that we trust with our lives were more open to the issues that we were having instead of being critical and demeaning maybe they would feel comfortable talking about their issues. Maybe there should be more options for officers to find outlets. Amy Lerman with the

Marshall Project states, "Three of four corrections officers said they had seen someone killed or seriously injured at work; when asked about PTSD, 65 percent of officers said they had experienced at least one of its symptoms; about one in nine reported having thought about, or attempted, suicide. 'We need more research,' Lerman said. 'We need to know what works, and what type of investments makes a difference.' Lerman and Walker's teamwork will stretch into 2020. Their next steps include in-prison focus groups with corrections officers, and randomized field experiments that will try out yet-to-be selected mental health services. These could range from increased access to peer support officers to mandatory training on stress management.

Corrections officers will then be invited to participate in a follow-up survey to assess their experiences with the sample offerings. Those results will be used to help design permanent mental health programs." More focus needs to be brought to this issue and more programs need to be set to help address the issues at hand. Whether that be programs with the people that you work with or help from outside of the workplace. Something needs to be done about this and cut the numbers down before it gets past the point of no return.

Conclusion

Though many people think that Corrections Officers are not in the same league as Law Enforcement Officers and Military Veterans when it comes to the lasting effects from the things that they have seen in their careers, the numbers beg to differ. There have been multiple studies done on addiction and post-traumatic stress disorder that have shown that it is a serious issue in the united states and something needs to be done. Whether that be social groups within the workplace or searching outside of the workplace for help. Anything that can be done to help needs to be done before these people who have families and friends that love them become another statistic in these studies.

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