

CORRECTIONAL OASIS

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“Shameful” Secret? Post-traumatic Symptoms in the Corrections Ranks

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The anecdotes presented below are used with permission. Some details are changed. If your own issues get triggered as a result of reading this, please see suggestions for help at the end of the article on page 3.

When I began talking and counseling with corrections personnel in the year 2000, I noticed that several of them suffered from post-traumatic symptoms. Some even exhibited full-blown PTSD, often self-medicated with alcohol.

I also noticed that, in the proud corrections culture, staff abhorred to admit that they had been negatively affected by traumatic work experiences. They’d often say, “I’m good. It was just an inmate.” But their eyes had the 2,000-yard stare.

It didn’t take me long to realize that staff feel ashamed about being affected by life-threatening or horrifically violent work-related circumstances. Due to lack of understanding of what psychological trauma does to people’s brain, soul and spirit, some corrections staff even call traumatized coworkers “weak.” Consequently, trauma sufferers may refuse treatment, sentencing themselves to long-term torment.

Psychological trauma occurs (a) when people are exposed to circumstances that threaten their life or physical integrity or the life or physical integrity of others; and (b) when they experience intense fear for their lives, helplessness because they cannot stop the traumatic event, or horror due to the gruesome scenes of injury or death they witness.

What does psychological trauma look like in the corrections ranks?

Here I offer some examples, by category of PTSD symptoms. For simplicity’s sake I’ll use the term “C.O.” and “he.” However, these examples are not limited to security staff or males. They are found among both genders and in all ranks and positions.

Physiological Arousal

- ▶ C.O. suffers from insomnia, so much so, that he has been consuming large amounts of alcohol to fall asleep. While sleeping, he thrashes about and grinds his teeth. He fights inmates in his nightmares to the point that he has elbowed and punched his wife as she slept next to him. She now sleeps in the spare bedroom. Sometimes he wakes up at 2:00 AM and cannot go back to sleep.
- ▶ C.O. seeks help after becoming terrified that he may hurt family members without meaning to. His 4-year old daughter walked into her parents’ bedroom one night after having had a bad dream. As she tried to climb onto their bed, she bumped against him. C.O. became fully awake due to his wife’s screaming, “No! It’s Susie!” C.O. realized that, startled in his sleep, he had grabbed his daughter by the throat and was hauling off to punch her in the face. All that had happened in an instant, before he could become fully conscious.
- ▶ C.O. is almost always irritable. To release his anger—to have an adrenaline dump, as he calls it—he purposely provokes inmates by staring at them and by saying humiliating things to them in front of their “homies.”

IN MEMORIAM

CO Beverly Johnson
Wynne Unit
Huntsville, TX
2/13/2010

Jane Frantz
Case Manager
FCI Beckley
2/14/2010

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"Shameful" Secret? Post-traumatic Symptoms

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► As he gets ready for work, C.O. begins to sweat profusely. Sometimes he has to change his undershirt and shirt before leaving the house, because dark stains start to show under his armpits and on his chest and back. He of course does not want inmates or staff to notice. The sweating, at times accompanied by a slight uncontrollable shaking and "weak" knees, worsens as he gets through the prison gate. He also sweats at night to the point that in the morning the mattress is soaked.

► C.O. has become prone to rages. After particularly hard shifts he drives home at 90mph in 65mph zones screaming at the top of his lungs.

► C.O. can see fear in his children's eyes when he approaches them. His wife has pleaded with him to not give her "the prison look" anymore. She has told him that when he gets enraged at her, she is afraid he wants to kill her.

► Wherever C.O. goes, he believes people are watching and studying him. He hides behind dark sunglasses. To lessen his anxiety, he avoids public places as much as possible. His wife does all the shopping now. When he cannot avoid going to a public place, he feels vulnerable, in danger. To him everyone he comes across may be affiliated with a gang or be an inmate family member. At times he gets so worked up in a public venue that he goes to the bathroom and vomits.

► A C.O. is confronted by a "road rage" young guy who, at a stop sign, jumps out of his car and starts screaming at him. In a flash, the C.O. bolts out of his vehicle and lifts the guy off the ground. He raises him up over his head and body-slams him on the pavement. He then restrains him and talks to him, like he would with an inmate. "Dude, it's over now. Just relax and let go." C.O. realizes that he only remembers the beginning and the end of the event. Later on his wife fills him in. She witnessed the event while sitting petrified

in their vehicle.

► C.O. worries greatly about his family's safety. He has installed several security devices in his home and has hidden weapons in key locations in his house. After an inmate escapes from a nearby prison, C.O. "booby traps" his back door and patrols his living room every night, fully armed, until the inmate is apprehended.

► C.O. becomes so afraid that it's going to be his life or an inmate's life, that he does the unthinkable. When he gets home, he takes a steak knife and practices putting it through his belt buckle. He even tapes the handle with black tape to make it blend with his belt. He then rehearses pulling it out rapidly. In his mind he practices slashing the inmate's throat with one swift move as the inmate is coming at him. C.O. goes to work armed with the knife hidden under his jersey. C.O. is so locked onto the moment, what he believes is the battle for his life, that he does not consider consequences of his actions. He never stops to ask himself what may happen to him and his family if he indeed hurt the inmate. Having seen so much killing and wounding, he has lost his inhibition about causing serious injury or even death to someone. Thankfully, miraculously, the inmate pleads to have all animosities between the two of them dropped and asks to be put in segregation.

Intrusive Memories

► C.O. who was assaulted by an inmate has a flashback of the attack while driving. To avoid the inmate in his mind's eye, he ducks and swerves, driving his vehicle into the ditch. As the flashback subsides, he sits in his car shaking until he can compose himself enough to drive to his destination.

► C.O. has nightmares about the violent incident he witnessed. The nightmares are like a movie playing or

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3rd Annual DWCO Conference—Creating A Healthier Culture—May 6 & 7, 2010

To be held at the Abbey, in Cañon City, CO. Topics include: Fostering a Positive Workplace; Humane Relationships among Correctional Staff; Achieving Balance; Family Survival in Corrections; Equipping New Supervisors; Substance Abuse in the Ranks; The Changing Correctional Culture; Work-related Psychological Trauma; Survival Tips for Rookie Female Officers; Managing Work-related Stress; Organizational Strategies towards a Positive Correctional Culture; Ethical Decision Making; Positive Communication; Attitude Management Behind the Walls; Staff Suicide; Humor Therapy; Seven Habits of Successful Corrections Staff. Attendance fee: \$89, lunch included. http://www.desertwaters.com/DWCO_FLYER_2010.pdf

“Shameful” Secret? Post-traumatic Symptoms

(Continued from page 2)

a slide show of the event. The images remain unaltered, identical to those on the day of the incident. He wakes up with a start, sweating, heart racing. To avoid reliving the event in his sleep, he tries to stay awake as much as he can.

► When anyone mentions a gruesome inmate murder that C.O. witnessed, he “sees” the image in his mind’s eye, “hears” the gurgling last sounds of the stab victim and “smells” the blood all over again. The rest of the day he keeps having images of the murder pop up in his mind unbidden and causing him grave distress. At night he has 10 beers before he can go to sleep.

Avoidance & Emotional Numbing

► Since a life-threatening incident at work, C.O. has withdrawn from social activities in his community. He now feels safe only at home because he believes that he can control what happens there.

► C.O. now sends his family members to get the mail from the mailbox in front of his house. He is uncomfortable getting the mail himself because “you never know who may be driving by and see me standing there.”

► When asked by family about how is doing at work, C.O.’s response is typically “Not much is going on” or “I don’t want to talk about it.”

► C.O. now avoids friends who do not work in corrections. He cannot relate to them, their interests and their ways of having fun. Instead, he spends hours playing computer and video games at home.

► C.O. is told by coworkers that in the heat of responding to a prolonged, particularly life-threatening incident, he did and said things that he does not remember doing or saying.

► C.O. avoids going to grocery stores or malls. He is afraid that some “punk” there may provoke him by staring at him or by saying something, and that he’ll lose self-control and get arrested for taking him down or worse.

► C.O.’s young daughter comes to him crying after she falls and skins her knees while bicycling. While tending to her injury, he realizes that he cannot feel compassion for her like he used to. He remembers that he felt nothing while performing CPR on the dead body of an inmate who had committed suicide by

hanging.

► C.O. feels like his life has lost its flavor and color. Even pleasant family activities that he used to enjoy now feel to him to be empty, meaningless.

► C.O. is haunted by the fear that he will die soon. When he goes to bed at night he wonders if he’ll be alive the next day. He particularly fears dying by the hand of an inmate. To defy these fears, he dares death by taking serious risks while riding his motorcycle on winding mountain roads.

► Fearing he may get attacked by inmates, C.O. trains himself on his own time to endure physical pain and duress in order to be able to fight in spite of pain or injury. He takes that to the extreme, putting his health and safety at risk.

These are some examples of post-traumatic symptoms experienced by correctional workers. Even if an employee suffers from only one symptom, home life and work performance are impacted, affecting one’s overall quality of life. That is why the issue of post-traumatic stress needs to be addressed in corrections in depth, as is currently done in the military. And, as you probably know, several corrections employees are also war veterans, compounding the risk of post-traumatic stress and its dire consequences.

Administrators and supervisors, let your staff know that corrections workers do get affected by what they experience at work, and that these effects have nothing to do with weakness. Terror and horror leave hard-to-erase imprints on people’s brain, soul and spirit. These traumatic memories and associated reactions can pop up again and again, unexpectedly and out of control, unless they are processed and “digested.”

I implore those of you who relate to these symptoms to get appropriate help to get better and to prevent hurting yourself, your loved ones, those at work or innocent bystanders.

If you’ve been triggered by reading this, you have several good options. Contact Desert Waters at 719-784-4727 or desertwaters@desertwaters.com. Call our Corrections Ventline at 866-YOU-VENT. Write us at youvent@desertwaters.com. Seek professional help through your EAP, mental health specialists in posttraumatic stress treatment, or clergy.

Do not put it off any longer.

Pursue your healing!

Desert Waters

Correctional Outreach



*a non-profit organization
for the well-being of correctional
staff and their families*

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www.desertwaters.com/a-donations.htm

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DWCO in 2009

Thank you for helping make all this possible!

Trainings: 25. *Trainees:* 1310

The Corrections Ventline Contacts: 198

Professional Counseling Sessions: 217

Volunteers: 49. *Volunteer Hours:* 13,672. *Total value equivalent:* \$326,408.32

Correctional Oasis Newsletter: Sent to 5,000 monthly by email and regular mail

Expert Witness Testimony: Effects of Mandatory Overtime—King County Corrections Guild

Spring Conference: Wellness through Positive Leadership

Fall Event: Honoring our Community Protectors. The following agencies participated: 11th Judicial District Probation Dept., Cañon City Fire Dept., Civil Air Patrol, Corrections Staff Fellowship, Family Crisis Services—Victim Assistance, Fremont County Sheriff's Office, Fremont County Search & Rescue, Federal Correctional Complex Florence, Governor's Office of Homeland Security—Emergency Preparedness, Pueblo Community College Law Enforcement Training Academy (the firearms simulator was a huge success!), and Southern Peaks Treatment Center.

AFGE 1302 ADX Florence to Provide its Members with DWCO's Services

We are pleased to announce that the AFGE Local 1302 now offers its members the additional benefit of several counseling sessions per year with Caterina Spinaris, Ph.D., LPC, at DWCO. Members can access this benefit at no cost to them by calling DWCO at 784-4727. Members' names who contact DWCO and treatment details are protected by the Health Insurance Portability and Accountability Act (HIPAA) of 1996. They will NOT be released to the Local or to any other parties unless members sign a release.

The advantage of using DWCO's services is that DWCO specializes in mental health issues of corrections staff.

This service is offered to members as an adjunct to the EAP services available through the FBOP.

THE CORRECTIONS VENTLINE™

866-YOU-VENT

youvent@desertwaters.com