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The Experience of Correctional Officers Who Have Witnessed Inmate Suicide

Amanda Michelle Burrell
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Walden University

College of Psychology and Community Services

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Amanda M. Burrell

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

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Walden University
2024

Abstract

The Experience of Correctional Officers Who Have Witnessed Inmate Suicide

by

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MA, The Chicago School of Professional Psychology, 2018

BS, University of Illinois Urbana-Champaign, 2005

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Forensic Psychology

Walden University

May 2024

Abstract

Correctional officers are tasked with supervising individuals in custody. Their duties are plentiful and include responding to critical incidents, such as inmate suicide. The purpose of this generic qualitative study was to explore the experience of correctional officers in the United States who have witnessed inmate suicide. Lazarus and Folkman's transactional model of stress and coping was used to guide this study. Participants included eight correctional officers within the United States who have witnessed inmate suicide. These participants were selected using purposive and snowball sampling. Virtual, semi-structured, audio recorded interviews were conducted with participants. Data were analyzed using Braun and Clarke's thematic analysis to explore the experience of correctional officers who have witnessed inmate suicide. Five themes were identified through data analysis: additional resources for correctional officers who have witnessed inmate suicide need to be made available by correctional agencies, there is a need for social support following the witnessing of an inmate suicide, experience of emotions in witnessing inmate suicide, the "hard truth" about witnessing inmate suicide, and prison culture and operational factors related to the correctional officers' experience of witnessing inmate suicide. The findings from this study add to the literature by exploring the experience of correctional officers who have witnessed inmate suicide.

Recommendations for future research include exploring how correctional officers in the United States cope with the experience of witnessing inmate suicide. The findings of this study may also lead to the creation and implementation of additional staff wellness initiatives, a great potential for positive social change.

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Dedication

I dedicate this dissertation to my daughter, my “mommy”, and the memories of my grandmother and my “daddy”. To my daughter, Grace M. Burrell, thank you for being patient with me during this process. Thank you for understanding when mommy simply “couldn’t” because I needed to read, complete an assignment, or work on my dissertation. Thank you for appointing yourself as my “coach”. I pray that you are forever motivated by my commitment to education and that it prompts you to continue to make amazing progress on your own educational journey. I pray that you go further than I ever will. Always remember: Defeat will never be an option for a “Burrell Girl!!!” Mommy loves you FOREVER, Gracie!!

To my mom, Carolyn Sanders, affectionately known as my “Mommy”, thank you... for **everything**. Thank you for instilling in me the concept of faith at such a young age. I truly could NOT have done this without **FAITH**. Thank you for introducing me to God... for through Him, ALL things are possible. Thank you for all the sacrifices you made for me. Thank you for modeling what excellent motherhood looks like. Thank you, thank YOU, THANK YOU!!!!

To my granny, Ruth Sanders and my daddy, Edward Burrell, I know you’re smiling down on me from heaven. I hope to continue to make you proud!

Ephesians 3:20 - NOW, unto Him that is able to do **EXCEEDINGLY**, **ABUNDANTLY**, above **ALL** that we ask or think, according to the power that works in us... To **GOD** be **ALL** the glory!

~Amen

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To my amazing participants. Thank you for trusting me with your experience. Thank you for your willingness to share your stories with me. Without you, this dissertation would not be possible. You all are incredible people and a tremendous asset to the correctional field.

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Chapter 1: Introduction to the Study

According to Prison Policy Initiative, the United States is the leader of incarceration as it has the highest rate of individuals serving time behind bars for crimes committed, of any other country (Sawyer & Wagner, 2023). With the large amount of people incarcerated in the United States, the career opportunities that are available within the field of corrections is growing as well. In the year 2021, there were 419,000 correctional officer positions throughout the United States (U.S. Bureau of Labor Statistics, 2021). During their careers, correctional officers are exposed to a wide range of potentially traumatic events, simply due to the challenging nature of their jobs. One of the challenges often experienced by correctional officers is exposure to workplace violence (Harney & Lerman, 2021). This workplace violence may include inmate self-harm, attacks on fellow staff members, homicide, and suicide.

Suicide is a global health problem (World Health Organization, 2019), not just in society at large, but specifically in correctional environments. Although there are several initiatives that have been taken to reduce the number of suicides occurring in prisons, the rate of suicides amongst inmates in the United States prison system is still high. In the year of 2019, 695 people in U.S. jails and prisons died by suicide (U.S. Department of Justice Office of Justice Programs, 2021). With correctional officers often being tasked with responding to cases of inmate suicide, it is important to understand the experience of correctional officers who have witnessed inmate suicide. In this chapter, I examine the background of the social problem, identify the problem statement, and discuss the purpose of this research study. I then outline the identified research question, followed by

a brief synopsis of the theoretical framework that helped guide this study. Following the discussion of the theoretical framework, I present the nature of the study, define key terminology, and outline the assumptions relevant to this study. Finally, I discuss the scope and delimitations, limitations, and the significance of this study.

Background

A study by Carson (2021) ascertained that half of all suicides committed in local jails take place within the first 30 days of an individual's imprisonment. People who are impacted by, or witness, suicide, both in the public and in prison environments, are exposed to a variety of adverse effects such as depression and anxiety (Bottomley et al., 2017). There is evidence that those who suffer from suicidal bereavement experience more negative effects on their emotional, psychological, and physical health, as compared to those who have experiences with other types of loss (Maple et al., 2016; Spillane et al., 2017). The bereavement of a correctional officer may also be considered a form of suicidal bereavement.

According to research, the daily exposure to common workplace traumas that correctional officers experience may have a negative impact on their emotional, mental, and physical health, including depression, physical health problems, compassion fatigue, and even the reduction of one's lifespan (Fusco et al., 2021). Sweeney et al. (2018) explored the thoughts, feelings, and coping skills of correctional officers in England when confronted with the traumatic experience of a suicide, in attempt to gain an understanding of how they react to the stress of this situation. Using structured

interviews, the authors identified five themes: limited support, feeling unqualified, lack of resources, minimizing negative emotions, and positivity.

Barry (2020) explored the current understanding of emotions in prison work to examine how prison workers who have been affected by the death of a prisoner may manage their emotions and perform better. In this study, it was found that prison staff were expected to conceal their emotional vulnerabilities, both inside and outside the prison walls. The high suicide rate in prisons has been found to be accompanied by some symptoms of trauma for correctional officers as they witness these acts of violence. Suicide inside of jails and prisons is a topic that remains at the forefront of prison research. However, there is another concept related to inmate suicide that has not been researched as thoroughly. This concept deals with the potential effects that inmate suicide may have on correctional officers within the United States who witness those suicides.

Research regarding the subgroup of correctional officers who have witnessed inmate suicide, and the emotional implications they face, is limited. This is an important subject to explore because the findings of research concerning this topic may be beneficial in creating additional resources for prison staff, specifically, correctional officers. Findings may also increase discussions related to topics such as correctional staff professional development and staff wellness initiatives. Thus, the purpose of this study was to explore the experience of correctional officers who have witnessed inmate suicide.

Problem Statement

Several organizations have been, and remain, diligent in creating initiatives geared toward prisoner suicide prevention. Some of these organizations, including the National Commission on Correctional Healthcare and the American Foundation for Suicide Prevention continue to distribute updated resource guides that include evidence-based suicide prevention and intervention tools (National Commission on Correctional Health Care, 2020). Trainings are conducted in correctional facilities across the United States, whose learning objectives include gaining the skills needed to recognize and assess for suicidal ideation. One of the risk assessment tools often used in prisons and jails is one that assess for suicide risk. According to the Bureau of Justice Statistics, suicides in state prisons increased 85% between the years of 2001 to 2019 (Carson, 2021). This increase in inmate suicide in U.S. jails and prisons speaks to the growing occurrence of correctional officers witnessing inmate suicides. Although discussions tend to center around prisoner suicide, which is indeed a social problem, there is another aspect that is not discussed as frequently. When a prisoner commits suicide, it is typically a correctional officer that finds them and must deal with the aftermath of these critical incidents (Ricciardelli et al., 2021). Research related to inmate suicide has included topics such as the typologies of inmates who have attempted suicide versus inmates who have successfully committed suicide (Folk et al., 2018), and resources have been published on ways to prevent suicide in prisons (National Commission on Correctional Health Care, 2020). However, the concept regarding the experience of correctional

officers within the United States who have witnessed inmate suicide has not been researched as thoroughly.

Based upon the literature, a research problem that was relevant to this social problem was to explore the experience of correctional officers within the United States who have witnessed inmate suicide. While there are published studies related to work stress, burn-out, secondary trauma, the suicide of correctional officers, and the experience of correctional officers with inmate self-harm and suicide outside of the United States (Ricciardelli et al., 2021; Sweeney et al., 2018), I did not find any qualitative studies that specifically focused on the experiences of correctional officers in the United States who have witnessed inmate suicide. I wanted to explore their experience with this phenomenon.

Purpose of the Study

The purpose of this generic qualitative study was to explore the experience of correctional officers in the United States who have witnessed inmate suicide. In exploring the experience of correctional officers who have witnessed inmate suicide, prison administrators may develop a deeper understanding of the officers' experience of this critical incident and may become better equipped to provide additional resources in response to future occurrences. In this study, I addressed the gap in literature by exploring the experience of correctional officers who have witnessed inmate suicide, specifically in the United States.

Research Question

The following question was answered in this generic qualitative study:

RQ: What is the experience of correctional officers who have witnessed inmate suicide?

Theoretical Framework for the Study

A relevant theory that grounded this study was Lazarus and Folkman's (1984) transactional model of stress and coping (TMSC). TMSC uniquely considers an individual's appraisal of a potentially stressful event to determine if stress is produced (Lazarus & Folkman, 1984). This model also considers a person's available resources to assist in their ability to cope. Per the transactional model of stress and coping, it is not an event itself that is stressful, but instead, an individual's appraisal of that event. The transactional model of stress and coping also accounts for various ways in which an individual may choose to cope with the threat of a stressor. Previous research leading to academic theory suggested that individuals respond to events that may be perceived as traumatic, in various ways, as everyone responds differently (Substance Abuse and Mental Health Services Administration, 2014). The transactional model of stress and coping theory, focusing specifically on the concept of the role that an individual's appraisal of witnessing inmate suicide, plays in determining if they experience stress and how they opt to cope with those stressors, was relevant to this study in that it was useful in explaining the various stories detailed by participants regarding their experience with witnessing inmate suicide. This theory was also beneficial in providing evidence to the relevancy of this study's identified research question and the use of this study's interview protocol (See Appendix). A more detailed explanation of the TMSC will be presented in Chapter 2.

Nature of the Study

The specific qualitative research design that I used was the generic qualitative design. Lichtman (2014) asserted that a generic qualitative research design focuses on discovering common themes through the analysis of the researcher's data collection and then reports the study's overall findings to their audience. In this study, the goal was to determine the experience of correctional officers who have witnessed inmate suicide. I collected this data by conducting virtual semi-structured interviews with eight correctional officers who have experienced inmate suicide. I then used Braun and Clarke's (2006) thematic analysis to develop codes and later, themes, to draw meaningful conclusions from the collected data.

Definitions

The following terms appear throughout this study. They are defined here to provide mutual understanding.

Coping: Lazarus and Folkman (1984) described coping as the cognitive or behavioral steps an individual takes to help them deal with a perceived stressor.

Correctional Officer: Correctional officers are individuals who are charged with keeping watch of the individuals in custody at any penal facility (U.S. Bureau of Labor Statistics, 2021).

Suicide: Suicide is an intentional death caused by an individual to themselves. It is important to note that in the cases of suicide, death is the goal/intent (Centers for Disease Control and Prevention, 2023).

Assumptions

In conducting this study, the following assumptions were made. One of the assumptions present in this study was that although correctional officers are sometimes reluctant to share their experience (see Finn, 2020), they would be transparent and honest in discussing their experience with inmate suicide. I made this assumption because each participant volunteered to be a willing participant and to honestly answer the questions asked of them. Another assumption was that the participants completely understood the questions that were asked and would have asked clarifying questions in any instances in which they did not fully understand. I also assumed that all participants had a first-hand experience with witnessing inmate suicide and would be able to accurately recall the events that transpired during and following the suicide. My final assumption was that the experience of witnessing an inmate suicide would impact correctional officers in some capacity that would lead to them using one or more methods to cope.

Scope and Delimitations

In this research study, I focused on the experience of correctional officers in the United States who have witnessed inmate suicide. I did not include correctional officers outside of the United States, nor did I include correctional officers who have not had a first-hand experience with witnessing inmate suicide. This population was selected because the topic of interest was very specific and can only be explored by the small subgroup of the population who has had direct experience with the phenomenon of interest, witnessing inmate suicide. Due to the inclusion criteria being so specific, the

findings of this study are exclusive only to other individuals belonging to this represented population.

Although the TMSOC was used to help guide this study, my goal was not to examine the extent to which the suicide caused stress for the participant, although stress related to witnessing the suicide of an inmate may be discussed in a participant's recollection of events. The purpose of this study focused on the participant's experience with witnessing inmate suicide.

Limitations

As with many studies, this qualitative study presented some limitations, challenges, or barriers. A limitation of this study was that its qualitative design resulted in the findings being not generalizable. The purposeful sample used in qualitative studies are not representative of the general population enough to suggest that similar results would be observed in other populations (see Merriam & Tisdell, 2016). The use of self-reported data was also a limitation of this study. Honesty and the accurate recollection of events by participants simply cannot be guaranteed when data collection is inclusive of self-reports only (Connelly, 2013). Finally, my personal bias presented as a potential limitation in this study. Although I do not have experience with witnessing suicide as a correctional officer, as a former correctional employee, I have witnessed the aftermath of seeing previous peers deal with having witnessed inmate suicide. To moderate this limitation, I ensured that interview questions were not phrased in a leading manner. I also develop themes and codes only after reviewing collected data.

One of the potential barriers, as it relates to this study's collection of primary data, included the recruitment of participants. I had to find a recruitment strategy that ensured that individuals who met the inclusion criteria for this study, were made aware of the opportunity to participate. It may have also been challenging to find participants who were willing to share about their experience with the phenomenon of interest. For this reason, I used snowball sampling as one of my recruitment strategies. In Chapter 3 I present a more thorough account of recruitment strategies. Another challenge was ensuring that I identified an appropriate, confidential, and convenient time/location for face-to-face interviews. I also had to be mindful that some institutions and potential participants were still following Covid-19 protocols. For this reason, I sought approval to conduct interviews using a secure video conferencing platform. A barrier that may have pertained to this study was the need to safeguard against role ambiguity if I recruited any participants from my workplace. I met with faculty from Walden University to assist in addressing these challenges and barriers. The correctional officers' willingness to be completely transparent about their roles and emotions associated with the experience of witnessing inmate suicide could have served as a potential limitation, as research suggests that officers are sometimes quite hesitant to discuss their job duties in detail (see Lavrič et al., 2022). It was my hope that by volunteering as a participant in this study and through rapport building at the beginning of the interviews, this reluctance would diminish.

Significance

This research filled a gap in understanding by exploring how correctional officers in the United States experience witnessing inmate suicide. The findings from this study may have various positive implications for social change. Understanding the experience of correctional officers in the United States who have witnessed inmate suicide may offer additional insight into the importance of advancing correctional officers' wellness initiatives to include additional resources, mental health assistance, and professional development on themes such as self-care, burn out, compassion fatigue, and stress management. There is an abundance of necessary discussion occurring that is related to the mental health of justice involved individuals. This study, however, may lead to additional discussions about the importance of the mental health of correctional officers in the United States.

Summary

The experience of individuals who have witnessed or experienced suicide in the public has been researched greatly. It has been suggested suicide bereavement may have negative effects on the emotional and physical well-being of those impacted (Spillane et al., 2017). Inmate suicide is a social problem that occurs daily in correctional facilities across the United States (U.S. Department of Justice Office of Justice Programs, 2021). It is important to understand the experience of those correctional officers who have witnessed inmate suicide in the United States. To aid in better understanding this phenomenon of interest, I conducted a generic qualitative study that sought to answer the following research question: What is the experience of correctional officers who have

witnessed inmate suicide? I recruited eight correctional officers who have witnessed inmate suicide and interviewed them using a semi-structured interview protocol. These interviews occurred virtually, using WebEx video conferencing platform. I then transcribed and analyzed this data.

In this chapter, I discussed this study's background, problem statement, and purpose. I also identified the research question, theoretical framework, and nature of the study. I concluded this chapter by defining key terminology and outlining the assumptions, scope and delimitations, limitations, and the significance of this study. In Chapter 2, I present a detailed review of the literature surrounding this topic and further expound upon the theoretical framework that was used to guide this study.

Chapter 2: Literature Review

A significant amount of literature exists pertaining to work stress, burnout, secondary trauma, and the suicide of correction officers (see Miklin et al., 2019; Pitman et al., 2018; Regehr et al., 2019). However, there have been few qualitative studies that have specifically focused on the experiences of correctional officers in the United States who have witnessed inmate suicide. With this generic qualitative study, I aimed to create a deeper understanding of the experience of correctional officers who have witnessed the suicide of an inmate in the United States through the examination of their experiences.

The Bureau of Justice Statistics reported that there was an 85% increase of suicides among inmates in state prisons from 2001 to 2019 (Carson, 2021). As the number of inmate suicides in United States jails and prisons continues to rise, there is an increase in the number of correctional officers who witness these inmate suicides. This increase in inmate suicide has prompted an increase in the discussions centered around inmate suicide, which is a social issue that needs to be addressed. However, the concept regarding the experience of correctional officers within the United States who have witnessed inmate suicide has not been explored as thoroughly. The purpose of this chapter is to present an exhaustive review of the current literature surrounding the experience of correctional officers in the United States who have witnessed the suicide of inmates. This study was framed in accordance with a theoretical framework, which is discussed in the first section of the study. The chapter concludes with a concise summary of the major themes found in the literature regarding the topic of interest, as well as any gaps that may be in our knowledge regarding the topic.

Literature Search Strategy

This study was based upon an in-depth review of the current literature to identify relevant articles that were of use to this current study. As part of the literature search, the following databases were used: Thoreau database search, Google Scholar, and the APA PsychINFO database. Government websites dedicated to reporting statistical data and information relevant to the field of corrections and criminal justice were also used. This research was conducted using the following search filters: full text, peer-reviewed scholarly journals, and publication years from 2018 to 2023. The keywords and combinations searched for included *correction officers, prison guard, inmate suicide, inmate, prison guard, suicide*, corrections, inmates, prisoners, witness*, incarceration, and stress and coping*. When performing a search on Walden University's electronic library, it was important to note that placing an asterisk symbol at the end of a word will allow the system the ability to search for a variety of different word endings that are associated with the root word.

Theoretical Foundation

Theory of Stress and Coping

TMSC, developed by Lazarus and Folkman (1984), was the theoretical framework that guided this study and served as the basis for the findings. Previous researchers suggested that individuals respond to events that may be perceived as stressful in various ways (Substance Abuse and Mental Health Services Administration, 2014). According to Lee and Roberts (2018), the TMSC is one of the most widely accepted theories of stress and coping in the literature. The TMSC model is unique in that

it considers an individual's appraisal of a potential stressful event in determining if stress is, in fact, produced (Lazarus & Folkman, 1984). As part of this model, a person's resources are also taken into consideration to assist them in their ability to handle the situation. The TMSC proposes that it is not an event itself that is stressful, but rather, the way in which an individual perceives an event that is stressful.

According to Lazarus and Folkman (1984), individuals are constantly appraising stimuli in the environment around them to determine how they should react. While assessing these stimuli, they are also generating emotions. If a stimulus is assessed as being threatening, challenging, or harmful, this leads to that individual initiating coping strategies in their mind and body to manage their emotions or to attempt to directly address the cause of distress (Biggs et al., 2017). As a part of the coping process, the researchers explained that the individual will continuously reevaluate the outcome of their selected coping mechanism to decide whether it has been favorable, unfavorable, or unresolved (Lazarus & Folkman, 1984). When a problem is resolved in a positive way, positive emotions develop. However, when the coping skills leads to a problem being unresolved or an unfavorable outcome, distress is educed, which causes the individual to consider other coping options to resolve the problem.

An individual experiences psychological distress when they perceive a situation as either being too challenging or one that exceeds their available resources and therefore, endangers their well-being (Lazarus & Folkman, 1984). Per TMSC, psychological stress is produced because of the relationship between an individual and their environment. During this relationship, two phases will occur: cognitive appraisals and the identification

of potential coping strategies. Lazarus and Folkman (1984) proposed that the intensity of a stress reaction is influenced by the mediating role of appraisal, which is the cognitive process in which individuals assign meaning to various events and stimuli, to process them effectively.

The second phase, coping, is said to occur when a stressful situation is identified and after it is determined that certain actions (coping mechanisms) need to be taken to manage or resolve a problem (Lazarus & Folkman, 1984). The coping phase of this theory involves a continuous change in both the cognitive and behavioral efforts made by an individual to deal with the external and internal demands that are perceived as being challenging the individual's available resources (Lazarus & Folkman, 1984). Coping strategies are implemented to either manage the stressor enough for the individual to continue functioning or to assist in regulating the emotions experience because of the stressor.

Lazarus and Folkman (1984) suggested that there is a continuous process of interactions, or transactions, between an individual and their environment, which appraises potentially stressful situations to determine if they are insignificant, positive, or threatening. This appraisal is said to occur in three stages, the primary and secondary appraisals, and then reappraisal (Kivak, 2020). In the primary appraisal, the individual determines if the event is positive, dangerous, or neutral. If appraised as positive or neutral, there is no negative stress involved. If the individual appraises the event as a threat or challenge, the secondary appraisal then occurs. In the secondary appraisal, the individual will consider their available resources to find a coping mechanism conducive

for diminishing the intensity of the stress. This cycle may occur repetitiously, which is deemed reappraisal (Lazarus & Folkman, 1984).

The TMSC also describes how an individual may cope to the threat of a stressor, explaining that coping mechanisms tend to fall into one of two categories, problem focused, or emotion focused (Lazarus & Folkman, 1984). The researchers suggested that coping strategies can strive to either directly manage the stressor or regulate the emotions that develop in response to the stressful event (Biggs et al., 2017). The result of the coping efforts along with new information from the surrounding environment, results in cognitive reappraisal. In cognitive reappraisal, the situation is reappraised to determine whether the coping mechanisms were successful or if the nature of the situation has changed from a stressful event to an irrelevant event (Biggs et al., 2017). The overall thought behind the theory is that the stress process is a continuous cycle of transactions between the individual and the environment (Biggs et al., 2017).

Application of Theory of Stress and Coping

In the past, there have been a limited number of studies that have examined the experiences of correctional officers through the lens of stress and coping theories. Even fewer studies have used theories of stress and coping in relation to experiences involving inmate suicide. The theory of occupational stress and coping has been identified as one of the theoretical frameworks that has been used by researchers to examine occupational stress in various professions such as academia and nursing. A study by Shen and Slater (2021), for example, investigated the effect of occupational stress in academia by using the theory of occupational stress and coping. In the literature review that was conducted,

there was a lack of research that used the theory of stress and coping in correctional facilities, which prompted me to use the theory to explore how correctional officers experience inmate suicide.

The TMSC was relevant to this study in that it was useful in explaining the various stories detailed by participants regarding their experience with witnessing inmate suicide. As their appraisal of the event determined if the critical incident of witnessing said suicide was indeed a stressor. The theory was also beneficial in understanding the various ways in which some correctional officers chose to cope after the experience of witnessing inmate suicide.

Literature Review Related to Key Variables

In the remainder of this chapter, I present a review of the current literature that explores topics related to suicide in the United States and how the phenomenon of suicide affects society. The information presented in this chapter includes research on the trauma symptoms that have been identified to be associated with witnessing inmate suicide. The prevalence of suicide in United States prisons is also be discussed. The last part of this section includes a discussion of potential trauma symptoms in correctional officers and the coping skills that they tend to use to deal with stress that they have encountered in the workplace. The chapter concludes with a summary of the important points that were presented in the chapter along with a transition into chapter 3.

United States Prison System

The United States reportedly has the highest incarceration rate of any other country in the world (Equal Justice Initiative, 2019). According to Widra and Herring

(2021), every year, the United States incarcerates more people per capita than any independent democracy in the world. At the end of 2019, an estimates 6,344,000 persons were incarcerated in the United States, which is approximately 65,200 fewer individuals than in 2018 (Minton et al., 2021). The end of 2019 marked the first time since 1999 that the correctional population dropped to less than 6.4 million (Minton et al., 2021). The conditions in federal and state prisons are often deemed unfair, even to the incarcerated individual convicted of various crimes. Loneliness, stress, and lack of hope are some of the feelings that prisoners have reported experiencing (Moore et al., 2021). Being incarcerated for long periods of time leaves many inmates feeling unprepared for living law-abiding and productive lives upon their release (Dolovich, 2018).

Several organizations have been and continue to be diligent in creating initiatives that are geared toward preventing inmate suicide. It should be noted that a number of these organizations, such as the National Commission on Correctional Healthcare and the American Foundation for Suicide Prevention, continue to provide updated resource guides that include evidence-based suicide prevention and intervention tools (National Commission on Correctional Health Care, 2020). Prisons across the United States continue to increase the utilization of professional development opportunities centered around ensuring that training participants receive the knowledge needed to recognize and assess for suicidal ideation in individuals in custody.

Suicide in the United States

Death that results from suicide may occur either intentionally or unintentionally (Lennon, 2020). Several years ago, in 2001, a national suicide prevention effort was

launched to reduce the rates and prevalence of suicide in the United States (National Center for Biotechnology Information, n.d.). In recent years, there has been a great deal of research conducted on the factors that contribute to suicide, including unemployment, poverty, and interpersonal relational factors, such as divorce (Steelesmith et al., 2019). In the last few decades, the suicide rate in the United States has consistently increased (Stone et al., 2018).

Hedegaard and Warner (2021) found that suicide remains the 10th leading cause of death and reports of suicide in the United States have increased by a staggering 35% over the past 15 years (Hedegaard & Warner, 2021). Suicide is an increasing issue that affects people of all ages, races, ethnicities, and sexes (Stone et al., 2018). The economic losses caused by suicide are also significant. A suicide is estimated to cost \$1,329,553 in economic losses. Ninety-seven percent of that cost is due to lost productivity and three percent is due to medical treatment (Walling, 2021).

Researchers indicated that the risk of suicide in individuals does not decrease with age, but rather fluctuates throughout a person's lifetime, depending on the amount and types of stressors that they encounter (Walling, 2021). Suicidal behavior is traditionally believed to be the result of depression and/or a sense of hardship that is both cognitive and emotional in nature (Mehdi & Raouf, 2021). In response to the high rate of suicide in the United States, Perry et al. (2022) suggested that more evidence-based mental health treatment modalities are needed, and the interventions that are currently being used have not been able to significantly decrease these rates. The researchers further identified untreated, undertreated, and undiagnosed depression, other mental illnesses, and easy

access to firearms are all modifiable risk factors. They stated that additional policies and programs should be implemented to reduce suicidal attempts and behaviors in the United States and to achieve more significant results in prevention efforts.

Impact of Suicide on Others

The phenomenon of suicide is one that has both economic and cultural repercussions. In some cultures, suicide is viewed as a normal behavior, while in others, it is considered taboo. Not only do suicides affect immediate families, but also entire communities, notably having long-term effects on the people left behind when an individual engages in suicidal behaviors (World Health Organization, 2019).

As the suicide rate has progressively increased in the United States over the years, there has been a growing concern regarding how to best support individuals who have lost someone to suicide and those who are coping with this loss (Miklin et al., 2019). Researchers have shown that exposure to suicide may lead to a variety of adverse consequences, including depression, anxiety, and increased risks of suicidal ideation and death, among both family members and non-family members (Bottomley et al., 2017). There is growing evidence to support this conclusion. The occurrence of increased suicide risk after exposure to a suicide is sometimes referred to as suicide suggestion, suicide contagion, or suicide diffusion (Miklin et al., 2019). A person who has had experience with suicide is at a higher risk for: committing suicide, struggling in educational endeavors, and being unable to obtain and maintain employment (Pitman et al., 2018). Researchers suggested that suicide bereaved individuals are more likely to

drop out of school or lose a job after the suicidal death of their loved one, than people who lost their loved one to any other form of sudden death (Pitman et al., 2018).

In addition to the immediate family and friends of the victim, the act of suicide has a profound effect on all of those who have had a relationship with the victim, whether it was professionally, medically, or in an educational context. A mental health professional is often compassionately connected with individuals who have committed suicide, due to their close working relationship with their client. In a systematic review, Sandford et al. (2021) examined studies related to how the suicidal death of patients impacted mental health professionals. This review produced several studies, both qualitative and quantitative, that attested to the emotional and professional impacts associated with the loss of a patient to suicide. The results of the systematic review indicated that mental health providers often experienced strong negative emotions, such as guilt and grief, after their clients' suicide (Sandford et al., 2021).

As it relates to the professional impacts of experiencing the suicide of a client, Sandford et al.'s (2021) systematic review indicated that mental health providers exhibited increased caution when treating/accepting additional patients who presented with suicidal ideation. One significant finding of this review was that mental health professionals overwhelmingly expressed a need for more training aimed at addressing suicide's impact on families and communities. These studies confirmed that the feelings and emotions that individuals experienced, when impacted by suicide, required them to need increased support.

The impact experienced by individuals who are bereaved by suicide vary greatly and can extend far beyond mental illness. There has been an increased focus in research regarding how experiencing suicide affects occupational outcomes. Findings from many of these studies suggest that suicide impacts individuals in several ways, including the use of extended benefit time, unemployment, and an increase in disability claims (Bottomley et al., 2017; Miklin et al., 2019; Sandford et al., 2021). Research participants often expressed frustration with the lack of institutional support they were able to access to assist with grief experienced in response to their loss. (Miklin et al., 2019; Pitman et al., 2018).

In the aftermath of a suicide, it is not uncommon for the healthcare provider that provided care to the individual who committed suicide to also provide support and guidance to their family members. There is a possibility that suicide can lead to an additional suicide (Miklin et al., 2019). A known instigating factor in both complete and incomplete suicides, is the knowledge of the details of another individual's previous successful suicide or suicide attempt. Walling (2021) explored some of the most identified causes of suicide. He indicated that, in many cases, learning about the suicide of another person via television, social media, and personal account, increases the risk of suicidal ideation. Walling also suggested that there is an increased risk of suicide among individuals whose genetic, biological, and sociological characteristics make them more susceptible to suicides. As a result of many of these increased risk factors, suicide has a detrimental effect on the individual's family and the community. The impact experienced by individuals who are bereaved by suicide or have experienced it can vary greatly and

makes it necessary for support services to be available to them immediately following the event.

When compared to other forms of bereavement, those who suffer from bereavement due to suicide experience more negative impacts on their emotional, mental, and physical health (Maple et al., 2016; Spillane et al., 2017). Evidence suggests that the grief experienced by survivors of suicide is more intense and prolonged than the grief experienced by survivors of other types of death (Griffin et al., 2022). In recent years, researchers have been exploring potential theories to explain why individuals who have lost someone to suicide are at an increased risk of developing personal suicidal thoughts and behaviors (Griffin et al., 2022). A study that related suicide to genetics found that suicide bereaved individuals have a higher risk of suicide (Spillane et al., 2017). There have also been other challenges that have been found to be experienced by individuals who have suffered from suicide such as cardiovascular disease, chronic obstructive pulmonary disease, hypertension, diabetes, and pancreatic cancer (Spillane et al., 2018).

A systematic review of the literature related to the health impact of individuals bereaved by suicide, conducted by Spillane et al. (2017), found conflicting results among the reviewed literature. According to Spillane et al. (2017), very little research has documented the correlation between suicide bereavement and adverse outcomes for the physical health of the bereaved family members. Most of the studies included in the review failed to show that those who have been bereaved by suicide are at an increased risk of having physical health problems as a result. Due to the conflicting results of many

studies, future research needs to be conducted to establish empirical evidence describing the physical health outcomes of individuals who have been bereaved by suicide.

Mental Health and Trauma Symptoms Associated with Witnessing Death/Suicide

The suicide bereaved generally experience feelings of guilt, self-doubt about what they could or should have done to avoid the death, anger at the deceased, as well as shame about the death itself (Feigelman & Cerel, 2020). Both researchers and mental health clinicians are familiar with these negative emotions that the suicide bereaved report experiencing. An individual who has witnessed a death by suicide or has been exposed to someone who has committed suicide is at an increased risk for suicidal ideation and behaviors, mental health disorders, and addiction as well (Ruocco et al., 2022). Survivors of suicide-related bereavement face unique challenges that can inhibit them from embarking on an adaptive grief journey, which may further impede their recovery from the loss (Ruocco et al., 2022).

An individual who witnesses suicide has a higher risk of developing post-traumatic stress disorder (PTSD). Individuals who have experienced a traumatic event or are exposed to a traumatic event may develop this, and other disorders, and these disorders may be burdensome to them, their families, employers, and society (Van Eerd et al., 2021). A suicide, as well as other sudden and violent deaths, may increase the severity of PTSD symptoms in those who survive. Bereaved individuals who believe that the deceased had an end goal of a death occurrence are more likely to experience feelings of guilt and rage after the death (Jordan, 2020).

Prevalence of Suicide in United States Prisons

Many times, the conditions in prisons cause inmates to commit suicide. In 2019, 340 individuals in state and federal prisons and 355 individuals in local jails died by suicide (U.S. Department of Justice Office of Justice Programs, 2021). The number of suicides in local jails increased approximately 5% from 2018 to 2019 and accounted for 30% of deaths in local jails and 8% of deaths in state and federal prisons in 2019 (U.S. Department of Justice Office of Justice Programs, 2021). In March 2021, there were approximately 1.8 million people incarcerated in United States prisons, which was only a two percent decrease from 2020 (Kang-Brown et al., 2021). At the end of 2020, the number of incarcerated individuals dropped by 214,300 and nine states have shown a decrease of at least 20% in the number of people in prison between 2019-2020 (Carson, 2021). There is a significant difference between the suicide rates of the general population and the rates of suicide in correctional institutions in the United States. The number of suicide deaths among people in prison has been higher than the number of suicides among the general population of similar ages during the same time frame (Zhong et al., 2021). There are also a greater number of attempted suicides than completed suicides among inmates (Stoliker, 2018). A recent study found that suicide is the number one cause of death in jails and is the third cause of death in prisons (Daniel, 2021).

Carson (2021) estimated that suicides accounted for between five to eight percent of all deaths among prisoners in state and federal prisons between the years 2001 and 2019, and between 24 to 35 percent of those deaths among detainees in local jails between 2001 and 2019. As it relates to the demographics of the inmates who committed

suicide in prisons, the majority were non-Hispanic white males, and the most common method of suicide was suffocation, including hanging and self-strangulation (Carson, 2021). One interesting statistic cited by Carson (2021) is that half of all suicides that occur in jail take place within the first 30 days of imprisonment. Likewise, most of the suicides occurring in prisons took place after the inmates had served more than a year of their sentence.

There has been extensive research conducted on the factors that contribute to suicide in prisons, as well as the factors that prevent suicide. There has been a growing body of evidence showing a relationship between adverse childhood experiences and the risk of committing suicide in prisons. There is evidence that more prisoners have been affected by adverse childhood experiences than others in the general community (Angelakis et al., 2019). The study conducted by Angelakis et al. (2019) also found that suicide is associated with other factors that should be explored in further depth. This study found a correlation between teenage suicide attempts and experiences of abuse and neglect during childhood. Similarly, it was found that prisoners who reported experiencing neglect and physical and emotional abuse, were three times more likely to attempt suicide and one and a half times more likely to successfully commit suicide than prisoners who did not report neglect or abuse during their childhood.

According to the study by Angelakis et al. (2019), there is not a singular root cause of inmate suicide in prisons. There can be several factors that can cause prisoners to perform this act. They may be influenced by many different factors that contribute to their mental health. It is imperative to understand several of the variables that contribute

to prisoner suicide. This will enable correctional administration to provide prison staff with the tools necessary to successfully treat these individuals and increase suicide prevention in jails and prisons.

A study conducted in the United States prison system found that suicide rates vary among age groups. The number of older prisoners committing suicide in prisons was found to be higher than the suicide rate of younger prisoners (Carson & Cowhig, 2020). Also, research continues to suggest that there is a higher rate of suicide among older prisoners, but only a limited amount of research has been conducted to investigate the factors that lead to older prisoners committing suicide (Van Orden & Deming, 2018). According to Van Orden and Deming (2018), suicidal ideations seem to be treated differently later in life than suicidal ideations experienced earlier in life. Since the prison population is aging, it is also expected that the number of suicides among older prisoners will rise as well. The definition of an older inmate is one that is 50 years or older, which is different from the definition associated with contemporary standards of an older individual. As a result of this low age threshold, it is believed that not only do prisoners often have an accelerated physical age in comparison with those who are not incarcerated, they also tend to experience physiological diseases and illnesses earlier in life compared with those who are not in prison (L. C. Barry et al., 2016). A study conducted by Stoliker (2018), which examined both inmate personal characteristics and prison variables associated with suicide, had different findings. The findings from this study suggested that there is a greater prevalence of suicidal behavior among younger inmates in comparison with their older counterparts, although older prisoners had a

higher rate of suicidal thoughts. Additional research is needed to determine the factors that contribute to the higher rate of suicide ideation among older prisoners.

Due to the screening and identification of inmates at risk, as well as the monitoring and treatment of inmates at risk, the suicide rate in prisons has stabilized since 2016 (Daniel, 2021). To further improve the implementation of assessments, and interventions to reduce suicide risk, there is a need for updated evidence regarding risk factors (Zhong et al., 2021). A large amount of prison research has aimed at investigating single factors of inmate characteristics or prison contexts that may have an impact on suicide; but has neglected to examine the multi-layered factors that impact the suicide risks of inmates (Stoliker, 2018). As it relates to increasing interventions of suicide, it is also important to continue to consider the prison context and culture. For example, in prisons, correctional officers tend to have a special working relationship with their prisoners. This may make it easier for inmates to discuss and share their thoughts and feelings, which is regarded as a preventive and therapeutic tool that is crucial to controlling self-harm and suicide (Sousa et al., 2019).

Correctional Officers View of Inmate Suicide

There have been studies conducted on prisoner suicide from the perspective of inmates, but very few studies have focused on the correctional officers' and other prison staff's perspective or experience of inmate suicide. In studies that have been conducted in prisons, it has been found that prison staff occasionally harbor negative attitudes towards those who harm themselves or others (Hemming et al., 2020). Many prison officers treat self-harm as a means of gaining attention or as a form of manipulation by the prisoner,

while viewing the cause of suicide as factors related to the prisoner's internal world, rather than something to do with external factors, such as prison life (Hemming et al., 2020). There are many prison officers who do not advocate harsh treatment for prisoners who intentionally harm themselves.

To understand some of the factors that contribute to inmate suicide, we must also gain a deeper understanding of how correctional officers perceive inmate suicide. Smith et al. (2019) studied the ways in which prison staff perceive prisoner self-harm behavior on an individual basis. A semi structured interview was conducted with therapeutic prison staff members responsible for treating prisoners who self-harm where they were asked a series of questions. This study's results gave insight to officers' beliefs regarding the causes, possible preventative techniques, and the impact of inmate suicide on correctional staff. According to Smith et al. (2019), even though prison staff members had experience with prisoners' self-harming behaviors, they rejected any claims that the behaviors had a detrimental effect on their mental health or well-being. In addition to the perceived lack of negative impact, there was also a perception that the inmate's actions were manipulative and designed to attract attention. It was also noted that staff responses to self-harming behaviors were mixed, and some prefer to rely on existing suicide protocols rather than specific guidance when it comes to dealing with such behaviors. The results from the study by Smith et al. (2019) have several implications for prison personnel and how they handle inmate suicide. The refusal of prison staff to consider how inmate suicide may have a negative impact on their mental health and well-being can be a factor that contributes to the lack of resources available to support them during

these traumatic times. This same lack of consideration regarding the impact that suicide may have on them may prevent them from taking advantage of resources that are available to staff following incidents of inmate suicide. The ability of prison staff to respond to inmate suicide more effectively can have a positive impact on other inmates. This can prevent them from committing the same act in the future. Additionally, understanding why prison staff may deny the effects of inmate suicide on their mental health and well-being can help provide more insight into the genuine underlying feelings and perceptions they have about inmate suicide.

The effects of inmate suicide on prison staff have been largely ignored in the research literature. According to recent studies, exposure to suicide, in general, is a traumatic experience and can lead to post-traumatic stress disorder (PTSD) in those who have experienced it (Cassidy & Bruce, 2019). A study conducted by Cassidy and Bruce (2019) examined how correctional staff who had been faced with a death in custody within the past year have experienced trauma, in conjunction with the psycho-social factors that served as mediators for trauma. The aim of the study was to analyze these factors in terms of death in custody successful outcomes. Data was collected using a cross-sectional survey which utilized a self-report questionnaire as the data collection instrument. Two Hundred and eleven participants were included in the study, ranging in age from 24 to 58, and these individuals were either directly or indirectly involved in dealing with a death that had occurred in a jail or prison. The results from this study indicated that 31.8% of the participants had demonstrated clinically significant symptoms of PTSD, whereas 68.2% exhibited no symptoms at all (Cassidy & Bruce, 2019). The

group of people who showed symptoms of PTSD demonstrated a lower level of self-control, a lower level of optimism, and a less positive approach towards problem-solving when compared with the non-PTSD group. Due to the high number of prison staff who reported no experiencing trauma symptoms, further research is needed to determine which coping skills were effective post death in custody.

One of the common perceptions of correctional officers regarding inmate self-harm and suicide is that the act is typically done solely for attention. Based on the findings of the study by Ricciardelli et al. (2021), the conclusions derived from a series of interviews conducted, were that correctional officers often feel that attempted suicides by inmates are done to gain attention or as a cry out for help. This study also revealed that although many correctional officers and officers in the military were familiar with the idea of attempting suicide to gain attention, they also found the process of responding to incidents of successful suicide or attempted suicide to be very difficult.

Correctional officers who work with individuals who self-harm have also expressed their frustration with the negative behaviors that they observe in those who self-harm, as well as with the difficulty they face in balancing other job duties while responding to the individuals by giving them attention and discouraging the problematic behavior (Ricciardelli et al., 2021). Correctional officers are often faced with the challenge of trying to preserve the lives of the inmates, while providing positive reinforcement to deter their self-harming behaviors. When a correctional officer witnesses an act of self-harm or suicide, it can become mentally and emotionally traumatizing and draining for them. Intervention during the act can also be physically

dangerous for them. When it comes responding to inmates who are self-harming and attempting to commit suicide, one of the difficulties faced by correctional officers is their lack of medical training. Among their responsibilities are the provision of security to inmates, recognizing health needs, keeping them alive, and providing control with care. Ricciardelli et al. (2021) reported in their study that even though correction officers were not trained as mental health practitioners, they are still patient, and have compassion for the prisoners, despite their inexperience.

Occupational Stress in Correctional Officers

A correctional officer's daily occupational encounters are quite different when compared with challenges faced by other professions. Having to work in confined spaces and interacting with individuals in custody can present unique challenges (Ricciardelli et al., 2021). Most prisons are isolated geographically from the rest of society for public safety reasons and society is often disengaged from and unaware of the operational needs, policies, and protocol of correctional facilities (Ricciardelli et al., 2021). The inner workings of correctional facilities and the occupational hazards experienced by prison staff is often ignored (Ricciardelli et al., 2021). Prison staff have been found to be invested in the safety and security of prisoners and the staff and take pride in situations where they are able to prevent an in-custody death.

Ricciardelli et al. (2021) conducted a qualitative study using semi-structured interviews with 43 Canadian officers who had experience working in provincial or territorial correctional facilities. The purpose of the study was to examine what the role of preserving life, as experienced during correctional work in prisons, entails. The results

from this study indicated that one of the stressors of the job of a correctional officer is the discrepancy between how the public perceives the correctional officers' role versus the actual responsibility of the correctional officer in assisting to prevent death in custody. Ricciardelli et al. (2021) also found that officers perceive suicidal and self-harming behaviors in different ways. Some attribute these actions to seeking attention, while others believe that trauma and mental health are the underlining factors leading to self-harm and suicide in individuals in custody.

According to a recent report issued by the United States Department of Justice (Ferdik & Smith, 2017), correctional officers are exposed to a variety of potential risks and dangers that are often associated with their field. These risk factors include role-related dangers, facility-related dangers, psychosocial dangers, and increased risk of mental and physical illness. A study conducted in the United States found that, on average, individuals who work in jails and prisons experience, 28 events of violence, injury, or death throughout their career, and have been the victim of two assaults throughout the entire period of their employment (Spinaris et al., 2012). Correctional officers have also been found to be exposed to unfavorable work conditions which have been associated with negative health outcomes, increased occupational stress, and other negative life events (Carleton et al., 2019).

There have been several significant health outcomes reported by correctional officers in the past. It has been suggested that many of these outcomes include depression, physical health problems, compassion fatigue, divorce, and even a shorter life

span (Fusco et al., 2021). The prevalence of mental health disorders among correctional officers has been examined abundantly in correctional research.

Several occupational fields have been the center of research related to the effects of exposure to traumatic events, however correctional officers have been studied much less frequently than other occupational groups. Regehr et al. (2019) examined a systematic literature review to determine the prevalence of mental health disorders in correctional officers. Researchers focused specifically on PTSD, acute stress disorder, major depression disorder, and various anxiety disorders, with the goal of estimating the prevalence. As a result of this review, it was determined that the prevalence of anxiety among correctional officers was four times higher than that of the national average of the public. As a result of exposure to violence, death, and injuries at the workplace, correctional officers were also more likely to suffer from PTSD symptoms than professionals in other fields.

Among correctional officers, depression and anxiety symptoms were found to be linked to low perception of support from supervisors and employers, low job satisfaction, and the negative public perceptions of the social value of correctional officers (McKendy et al., 2021). In a systematic review of the available articles, Regehr et al. (2019) produce similar results as other studies, such as Fusco et al. (2021). Due to the stress and health concerns associated with PTSD, the prevalence of this disorder amongst officers can pose a sizeable threat to their own safety, as well as the safety of other staff and individuals in custody.

Coping Skills of Correctional Officers

Correctional officers have the most contact with individuals in custody during their incarceration and are responsible for keeping all prisoners, including those classified as “high risk” safe (Sousa et al., 2019). Researchers suggest that additional mental health training for correctional officers (COs) may increase their ability to maintain the safety of both inmates and other correctional staff in prison settings (Kois et al., 2020). Many research studies have been conducted on the occupational stressors that correctional officers face, but there has not been as much research focused on how correctional officers cope with that stress, or how they respond to witnessing traumatic events, such as suicide. Taylor and Swartz (2021) conducted a study which examined trauma coping skills. This study looked at how officer coping skills mitigated the severity of symptoms associated with Post-Traumatic Stress Disorder (PTSD). Participants of the study consisted of 245 correctional officers who were recruited from seven prisons in the southern part of the United States. The researcher sought to determine if officers’ presentation of PTSD symptomatology was related to their choice of utilized coping skills. During the study, the research team controlled for exposure to workplace violence and trauma and participants’ adverse childhood experiences. The results of the study indicated that various problem and emotion-focused coping skills were related to the degree to which PTSD symptoms were experienced in officers. There has been a growing concern over the prevalence of PTSD symptoms in law enforcement officers. Therefore, there is a need to learn more about the effectiveness of different types of coping skills

that correctional officers currently use and any additional coping skills that may be useful in reducing trauma symptoms.

In some cases, following a critical incident, correctional officers are reluctant to seek outside help for their mental and emotional needs, and they avoid utilizing resources offered by their employers. Sweeney et al. (2018) aimed to gain a better understanding of correctional officers' experience with working with suicide related behavior in individuals in custody. Semi-structured interviews were conducted to explore the thoughts, feelings, methods of coping, and supportive services of correctional officers in England. Five themes were identified from this study, including prison culture and limited support, feeling unqualified, a lack of resources, diminishing the experience of negative emotions and embracing positivity. In a study conducted by Wills et al. (2021), authors aimed to discover which the barriers that prevented correctional officers from seeking support for mental health concerns. In this study, data analysis was conducted on responses to 42 semi-structured interviews with the family and friends of correction officers who committed suicide. The data also included 395 interviews with correctional officers. Two themes emerged from this data analysis. The first identified theme was that prison culture embodies a stigma that is related to mental illness and seeking professional mental health services. The second theme was the presence of hypermasculinity often displayed and maintained in the prison work environment. The findings indicated that prisons need to create an environment that aims to reduce the stigma of mental health that tends to be encouraged by a culture of hypermasculinity (Wills et al., 2021).

Emotion management has been found to be a way in which correctional officers deal with the death of a prisoner. C. Barry (2020) examined emotions in the field of corrections by exploring the management of emotions and performance in correctional staff who have experienced the death of an inmate. The study by C. Barry (2020) used Hoschild's concept of emotional labor as the conceptual framework to examine emotion present in prison work among 17 prison service staff in Ireland who had experienced prisoner deaths. According to the findings, officers' emotions vary during the process of dealing with the death of an individual in custody, depending on the stage in which the death occurs (C. Barry, 2020). Participants expressed that they felt they were expected to properly manage their emotional responses to the death of inmates and were encouraged to hide any emotional vulnerability at work and in their personal lives. To maintain their authoritative position during the response to a suicide, officers must appear emotionally detached from the situation (C. Barry, 2020). Thus, they learn to hide any emotions they may experience. This practice of masking emotions tends to be an ineffective and unproductive coping mechanism for prison staff. Hiding and ignoring emotions may cause an already stressful working environment to become more stressful.

Limited research has specifically examined how correctional officers experience witnessing inmate suicide. A recent qualitative study by Lavrič et al. (2022) explored the experience of correctional officers who witnessed inmate suicide or suicidal behavior in a Slovenian adult male prison. Researchers utilized grounded theory to analyze the data collected from semi-structured interviews conducted with male and female correctional officers working 12-hour shifts. Researchers found that the experiences of officers can be

placed into a model which explains officers', perceptions of inmate suicidal behavior, the prison's work conditions and prison environment, and how that affects the experience (Lavrič et al., 2022). This conceptualized Model of a House is used to provide a comprehensive understanding of how correctional officers are affected by inmates' suicidal behaviors and inmate suicide how this affects their work in Slovenian prisons.

Summary and Conclusions

The prevalence of suicide in the United States has been examined through several studies that have been conducted. These studies have been conducted to examine the factors that contribute to its occurrence. It is still the case that suicide is the 10th leading cause of death in the United States, and reports of suicide have increased steadily over the course of the past fifteen years (Hedegaard & Warner, 2021). The estimated number of suicide deaths among incarcerated individuals is higher than the number of suicides among the general population from a statistical perspective (Zhong et al., 2021). Throughout their careers, correctional officers are exposed to a wide range of traumas due to the challenging nature of their jobs. According to research, many of these outcomes can have a negative effect on one's emotional, mental, and physical health, including depression, physical health problems, compassion fatigue, and even the reduction of one's lifespan (Fusco et al., 2021). According to this review of the literature, suicide is a global health problem not just in society, but specifically in correctional environments. Although there are several initiatives that have been taken to reduce the number of suicides occurring in prisons, the rate of suicides among inmates is still high. The high suicide rate in prisons has been found to be accompanied by some symptoms of

trauma for correctional officers as they witness these acts of violence. Despite this, research regarding the population of correctional officers who have witnessed inmate suicide and the emotional implications they face is limited. It was important to conduct further research to examine the experiences of correctional officers who witness inmate suicide in the United States. Chapter three will present the methodology that was used to collect data for this study which will include the sampling plan, data collection methods, and analysis. The ethical procedures that were used to carry out the study will also be discussed.

Chapter 3: Research Method

The purpose of this generic qualitative study was to explore the experience of correctional officers in the United States who have witnessed inmate suicide. I sought to enhance comprehension of the experience of observing inmate suicide. By examining the first-hand encounters of correctional officers who have witnessed inmate suicide, prison administrators may gain a more profound insight into the potential effects of this critical incident on officers and be better equipped to provide supplementary resources for future incidents. I aimed to fill a gap in the existing literature by examining the experience of correctional officers who have witnessed inmate suicide in the United States.

In this chapter, I outline the methodology used to achieve the study's objectives. The research design adopted for the study is discussed, along with a justification for its selection. The researcher's role in the study is also highlighted. Additionally, I address the methodology, including details on the population, sampling strategy, and recruitment procedures. The issue of trustworthiness, encompassing credibility, transferability, dependability, and confirmability, are also addressed. Finally, all ethical procedures that were adhered to during the study are presented to conclude this chapter.

Research Design and Rationale

This study was guided by the following research question:

RQ: What is the experience of correctional officers who have witnessed inmate suicide?

The central concept defining this study was the experience of correctional officers within the United States who have witnessed inmate suicide. I used a qualitative research

method to explore this research phenomenon and address the research question.

Qualitative research seeks to understand and interpret social phenomena by exploring subjective experiences, perceptions, and meanings (Aspers & Corte, 2019). Unlike quantitative research, which focuses on numerical data and statistical analysis, qualitative research involves collecting and analyzing nonnumerical data, such as interviews, observations, and textual analysis (Aspers & Corte, 2019). Qualitative research is often used in social sciences, anthropology, psychology, and other fields where the goal is to understand human behavior and social interactions. It aims to gain insights into the attitudes, beliefs, values, and motivations of individuals and groups and to explore how these factors shape their behaviors and experiences (Yates & Leggett, 2016).

The main characteristics of qualitative research include its focus on the context and meaning of social phenomena, its emphasis on the in-depth exploration of a small sample, and its subjective interpretation and analysis (Aspers & Corte, 2019). Qualitative researchers aim not to generalize findings to a larger population but to gain a deeper understanding of the complexities of a particular social phenomenon (Aspers & Corte, 2019). The specific type of qualitative research that I used in my study was a generic qualitative inquiry. A generic approach to qualitative research focuses on data collection and analysis, through theme identification, to best understand participants' connection with the specific experience under investigation (Lichtman, 2014). The generic qualitative approach is appropriate for use when the following criteria are met: (a) the research question aims to better understanding of participants' social behavior, experiences, or perceptions; (b) the researcher is using techniques that are qualitative in

nature; and (c) the researcher approaches the study, including data collection and analysis, with a qualitative stance (Kostere & Kostere, 2021).

Qualitative research was a suitable method to study the experience of correctional officers who witness inmate suicide because it allowed for an in-depth exploration of the subjective experiences of the officers involved. The phenomenon of witnessing an inmate's suicide can be traumatic and complex. It may involve many emotional, psychological, and social factors that are difficult to measure using quantitative methods alone. By using qualitative research methods such as semi-structured interviews, I was able to better understand correctional officers' experience and how they make sense of their experiences. Qualitative research also provided rich, detailed data on the officers' thoughts, emotions, coping strategies, and attitudes toward their work and the correctional system. Additionally, qualitative research helped to identify key themes and patterns that may not have been captured by quantitative methods, such as the potential impact of inmate suicide on the officers' work and personal lives.

Role of the Researcher

Qualitative research is a subjective and complex process, and the researcher's role is critical in ensuring that the research is conducted ethically and effectively. Unlike in quantitative research, where the researcher strives for objectivity, the qualitative researcher actively participates in the research process. As Collins and Stockton (2022) noted, the researcher's role is to facilitate the exploration and interpretation of the data while acknowledging the subjective nature of the research process. One of the primary responsibilities of the researcher in qualitative research is to design the study. The design

involves identifying the research question, selecting the research methods, and determining the sample population. The researcher's background, expertise, personal biases, and values can influence these decisions and shape the research process (Collins & Stockton, 2022). Because I work in a correctional facility, care had to be taken not to introduce personal bias into this study. Establishing trust and rapport with the participants was critical, as was maintaining an ethical and respectful relationship throughout the research process. The researcher's role is to ensure that the data is collected reliably and validly (Anney, 2014). Analyzing the data is another critical task for the researcher in qualitative research. Analyzing the data involves identifying themes, patterns, and relationships in the data. The researcher must remain open to new insights and perspectives that emerge during the analysis and be willing to modify their research question or methods if necessary.

Interpreting the data is also a vital responsibility of the researcher in qualitative research. The researcher must interpret the data considering the research question and theoretical framework and acknowledge their personal biases and values, which can influence their interpretation of the data (Collins & Stockton, 2022). The researcher must remain reflexive, or self-aware, and transparent throughout the research process and acknowledge their subjectivity. The researcher plays a critical role in qualitative research, and their personal biases and values can influence the research outcomes. Therefore, the researcher must remain reflexive and transparent throughout the research process and acknowledge their subjectivity. By doing so, the researcher can ensure that the research is conducted ethically and effectively, and the results are trustworthy and reliable.

Researcher bias can arise when a researcher's personal beliefs, values, or experiences influence the research process and lead to inaccurate or incomplete results (Simundic, 2013). Mitigating researcher bias is crucial in qualitative research to ensure that the findings accurately represent the views and experiences of the study participants. To mitigate bias in this study, self-reflection was conducted throughout the research process to identify personal biases and how they may have influenced the study. The sampling strategy also helped mitigate bias by ensuring the sample selected was representative of the population and diversity.

Methodology

The focus of this study centered on correctional officers in the United States, who play a crucial role in achieving the goals and objectives of the correctional system. These officers are responsible for maintaining safety, structure, and discipline within correctional facilities; as such, their experiences and insights are essential to the field of corrections and the functioning of the correctional system (Vickovic & Morrow, 2020). The primary aim of this research was to investigate the experience of correctional officers who have witnessed an inmate's suicide in the United States. This study area has been underexplored in the literature, highlighting the need for further research to understand these professionals' experiences better.

Participant Selection Logic

To meet the purpose of this study, I selected a population of correctional officers who have witnessed an inmate's suicide. This population was identified as the most suitable for this study due to their first-hand experiences and insights into the impact of

these events on their personal and professional lives. Inclusion criteria for participants were (a) must be a current or previous correctional officer, (b) currently working in the United States, (c) have a minimum of 3 years of experience in the field, and (d) must have witnessed an inmate suicide. Focusing on this population aimed to provide valuable insights into the experiences and perspectives of correctional officers in the United States, explicitly witnessing an inmate's suicide.

In this study, the sampling technique I used for the recruitment of participants was purposive sampling. This sampling technique is commonly used in research studies where the goal is to gain a deeper understanding of a specific phenomenon (Campbell et al., 2020). Purposive sampling is an effective method when the researcher wants to select participants who are most likely to provide the most helpful information to answer the research question and address the purpose of the study (Campbell et al., 2020). In this study's context, purposive sampling aimed to recruit correctional officers who have witnessed an inmate's suicide and had the most relevant experiences and insights to share about this phenomenon.

As correctional officers are some individuals in the prison system who have witnessed and experienced an inmate suicide, they were the most appropriate population to gain an in-depth understanding of this phenomenon. Using purposive sampling, the goal was to select participants with the most significant experience and knowledge of the subject matter to provide meaningful insights into the experiences of correctional officers who have witnessed inmate suicide. My use of purposive sampling was critical in providing an in-depth and comprehensive understanding of the phenomenon under

investigation. The selection of participants based on their experience and knowledge of the subject matter increased the validity and reliability of the findings, thereby contributing to the broader literature on correctional officer experiences and mental health in the United States.

Instrumentation

The methodology for this study involved using a researcher-developed interview protocol as the only instrument. The interview protocol was specifically designed to address the research question and the purpose of the study. The theoretical framework that guided this study was the TMSC. This framework emphasizes the dynamic interaction between individuals and their environment as they cope with stressors (Lazarus & Folkman, 1984). As such, I developed the interview protocol using this framework to ensure that the questions were relevant to stress concerning witnessing an inmate's suicide.

The interview protocol contained open-ended questions to elicit rich and detailed information from the participants. The questions encouraged participants to reflect on their experience of witnessing an inmate's suicide, how they coped with the experience and the potential impact it has had on them. It is important to note that the interview protocol had the ability to be modified or refined based on feedback received from field testing. Additionally, the interview process was non-judgmental and supportive to ensure that participants felt comfortable sharing their experiences. Open-ended questions (see Appendix for interview guide) allowed participants to share their perspectives in their own words, which helped ensure that the data collected was rich and comprehensive.

Procedures for Recruitment, Participation, and Data Collection

For this study, I used two approaches to recruit participants. The first method involved using the researcher's LinkedIn and Facebook social media networks to identify potential participants. Permission was obtained from LinkedIn and Facebook closed group administrators before beginning recruitment. Once permission was obtained, recruitment flyers were posted in social media groups that specifically target correctional employees, including, officers. These flyers contained essential information about the study including the inclusion criteria, what was expected of participants, and the link to a survey containing eligibility and demographic questions. The flyers served as an initial point of contact for interested participants. Individuals who expressed interest in participating, met the inclusion criteria, and consented to being audio recorded were invited to participate in a semi-structured interview.

The desired sample size for this study was six to 12 participants. According to Guest et al. (2020), 11-12 interviews might be needed to reach data saturation in qualitative studies. Data saturation is when no new information or themes emerge from the participants, indicating that sufficient data has been collected (Braun & Clarke, 2006). It is important to note that recruitment for this study was challenging due to the topic's sensitive nature.

If data saturation had not been achieved after all the scheduled interviews, a second recruitment strategy, snowball sampling was to be used to recruit additional participants. In snowball sampling, participants who have already agreed to participate are asked to refer additional eligible participants to the study (Parker et al., 2019). The

aim was to recruit an additional five participants to ensure data saturation. Although some participants did state that they would forward the recruitment flier to other participants, it is unknown if other participants were referred by individuals who were already part of this study.

To collect data for this study, semi-structured interviews were conducted. I scheduled the interviews with interested participants in 1-hour time slots that worked for both parties. WebEx, a web conferencing software, was used to conduct the interviews. Before the interview began, participants were sent an informed consent form to review. At the time of the interview, I obtained a verbal consent from each participant indicating that they read and understood the informed consent document. The interview followed the researcher-developed interview protocol, which included questions based on the study's theoretical framework, the TMSC, the research question, and the study's purpose. The questions were designed to elicit information from participants about their experiences witnessing inmate suicide and how it has impacted their mental well-being.

Only audio recordings were used during the interviews to ensure confidentiality and privacy. Should a participant have refused or withdrew consent to be recorded, they would have become ineligible for participation. The recordings were transcribed and used for data analysis. Upon completion of the study, participants received a transcript of their interview. They were asked to verify any inaccuracies of the transcript to ensure the data reflected their experiences. Participants also received contact information for resources such as mental health services, in case they experienced any emotional distress while participating in the study.

Data Analysis Plan

In this study, the data analysis process was conducted using Braun and Clarke's thematic analysis, which involves a six-step iterative process (Terry et al., 2017). Throughout the process, the researcher was able to revisit previous steps as the analysis progressed. The first two phases of the analysis involved becoming familiar with the data from the transcribed interviews by reading them multiple times and deeply engaging with the data. The main goals of these initial phases were to generate early ideas about what the data was saying and to take notes about emerging ideas. Once the researcher became familiar with the data, codes were generated that related to the data. The codes are meaningful labels attached to specific parts of the data that had meaning and were related to the research question. During the third phase of the analysis, I developed themes by grouping similar code into categories and creating initial themes. This phase involved pattern formation and identification. The third phase was also the point in which I began to analyze the data to determine how identified codes may be merged into relevant themes (Braun & Clarke, 2006).

To develop the themes, I first examined the codes and combined them into more meaningful themes. After coding and creating the themes, the data set was reviewed again to ensure that the codes and themes created were meaningful and addressed the research question. During this process, codes and themes were able to be revised, and data sets were regrouped. The final step in the analysis process was to create the final report, which documented the final themes revealed from the data analysis and how those themes related to the research question. The report provides insights into the data and

helped me draw meaningful conclusions. The process of thematic analysis allowed me to develop a deep understanding of the data and gain insights into the research question by using the following steps:

Step (1): Became familiar with the collected data.

Step (2): Created a group of applicable codes developed from the data.

Step (3): Grouped codes together to create relevant themes.

Step (4): Reviewed and when necessary, edited themes.

Step (5): Established how the themes related to the research question.

Step (6): Created the final report which outlined and described findings.

Using this six-step iterative process ensured that the analysis was thorough and that the findings were reliable and valid.

Issues of Trustworthiness

In qualitative research, trustworthiness refers to the credibility, transferability, dependability, and confirmability of the research findings (Connelly, 2016). These four aspects are used to evaluate the quality and reliability of the research. Trustworthiness is critical in qualitative research to ensure the findings are credible, transferable, dependable, and confirmable. It helps to ensure that the research findings are of high quality and can be relied upon by other researchers and practitioners (Connelly, 2016).

Credibility

In conducting a research study, credibility is critical in ensuring that the findings accurately represent the participants' reality and the study's context. Stahl and King (2020) defined credibility as the extent to which the data collection and analysis methods

are rigorous, transparent, and systematic. To ensure credibility in this research study, reflexivity was used. Reflexivity involves reflecting on the researcher's position in the study and how that position can influence the research process and the findings (Connelly, 2016). I acknowledged personal biases and assumptions and took steps to minimize their impact on the research process. Member checking/transcript review was also used to ensure the accuracy of the data collected, and thus, the research findings. This helped to ensure that the research findings were credible and accurately represented the participants' perspectives.

Data saturation was also used to ensure credibility. Data saturation involves collecting data until no new themes or patterns emerge (Guest et al., 2020). This ensured that the study captured the richness and complexity of the phenomenon under investigation and that all possible themes and data given by the sample chosen were revealed. Lastly, providing a detailed description of the research process enhances this study's credibility. A detailed description enables other researchers to understand and evaluate the research process and findings, thus increasing the transparency and rigor of the research.

Transferability

Transferability is a crucial aspect of research that enables the generalizability of the study findings to other contexts or populations beyond the scope of the study (Connelly, 2016). To ensure the transferability of a study, researchers need to undertake various measures. One of the ways to ensure transferability is to increase the sample's representativeness. This can be achieved by selecting participants from diverse

backgrounds and ensuring that they accurately reflect the population of interest. This will increase the likelihood that the findings are transferable to other contexts or populations. This study ensured that a diverse sample was recruited for this study that would best represent the population of correctional officers.

Another way to enhance the transferability of a study is by providing a detailed description of the study context, participants, and data collection methods (Connelly, 2016). This enables readers to understand the study's context and evaluate whether the findings are relevant to their context. Using multiple data sources is also crucial to enhance the transferability of a study (Connelly, 2016). This can include combining qualitative and quantitative data, using different data collection methods, and triangulating the data to corroborate the findings (Connelly, 2016). The use of multiple sources of data increases the reliability of the findings and enhances their transferability to other contexts.

Comparing the study findings with other studies is another way to ensure transferability (Connelly, 2016). This involved reviewing existing literature and comparing the findings with other studies in similar contexts or populations. This will enable readers to evaluate the similarities and differences between the study findings and those of other studies. Additionally, the findings were compared with other studies conducted in similar contexts to establish their transferability. Finally, I provided a detailed description of the study context, participants, and data collection methods to enhance the transferability of the findings.

Dependability

Dependability is an essential aspect of qualitative research that ensures the consistency and stability of research findings over time (Stahl & King, 2020). To ensure dependability, it is essential to use systematic and rigorous research methods and to document the research process thoroughly. One of the key ways to ensure dependability is to use consistent data collection methods. In this study, I used the same interview protocol for all the interviews, which helped ensure consistency in data collection. This approach enabled me to collect comparable data from all the study participants, making the findings more reliable. Another way to ensure dependability is to document the research process in detail, including data analysis procedures, so that other researchers can replicate it. In this study, the data analysis process was well-documented in the research report, enabling other researchers to duplicate the process to achieve similar results.

An audit trail is also an effective way to ensure dependability (Stahl & King, 2020). The audit trail records the research process, including the recruitment process, data collection, and analysis steps. It provides a transparent account of the research process and enables researchers to track and verify their decisions (Stahl & King, 2020). In this study, the audit trail detailed the research process and helped ensure the findings were dependable.

Confirmability

Confirmability refers to the neutrality and objectivity of the research findings (Anney, 2014). It is established by ensuring that the research process is transparent and

that the researcher's biases are acknowledged and minimized (Anney, 2014).

Confirmability also refers to how much other researchers can confirm the results of a study. To ensure confirmability in this study, I used reflexivity. Reflexivity involves the researcher journaling thoughts, beliefs, and biases.

Ethical Procedures

Before data collection or recruitment began, permission from several sources were needed. The first approval had to be gained from the Institutional Review Board (IRB) at Walden University. Once approval was received from the IRB, permission had to be obtained from social media group administrators. Once all permissions were obtained, recruitment of participants began. Interested individuals were provided with an informed consent which provided them with information about the study, what was required of them, contact information for the researcher, and the steps they could take to withdraw from the study at any time. Participants had to sign and return the informed consent to the researcher within 24 hours of the scheduled interview.

The National Commission created the Belmont Report for the Protection of Human Subjects of Biomedical and Behavioral Research in the United States. Published in 1979, this document outlined ethical guidelines for research involving human participants (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1979). The Belmont Report identifies three primary ethical principles for research involving human subjects: respect for persons, beneficence, and justice. Respect for persons requires researchers to treat individuals as autonomous agents, and to protect individuals who have diminished autonomy. To achieve

beneficence, research must be conducted using techniques that minimize harm while maximizing benefits. Justice requires that the burdens and benefits of the study be fairly distributed across all groups of people (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1979). The principles of the Belmont Report were adhered to in this study. This study respected all participants, and if they chose to withdraw from the study, they were able to do so at any time without any repercussions. The beneficence principle was adhered to by conducting the study to minimize harm to the participants. The participants were asked to not answer any question that they felt uncomfortable answering. The principle of justice was adhered to because any benefits from this study were evenly distributed among the study's population.

The protection of participants' privacy and confidentiality is of utmost importance in any research study. In this study, all data collected was handled following strict ethical guidelines to ensure the confidentiality of participants' identities and responses. As part of this responsibility, the audio-recorded and transcribed files and the informed consent documents were anonymized by assigning each participant a unique alias. This ensured that no personal identifying information was associated with any data. Furthermore, all data was securely stored on password-protected cloud storage, which can only be accessed by me. This prevented unauthorized access to the data and ensured that it was always kept safe. Finally, five years after the study is published, all data will be permanently deleted from the cloud drive using secure deletion methods to ensure that no

trace of the data remains. This prevents potential confidentiality breaches and protects the participants' privacy after completing the study.

Summary

In this chapter, the methodology was outlined that was used to collect data for the study. The discussion began with the research design that was chosen and I provided a justification for why this specific design was selected. This was followed by identifying the population and sample studied and detailing the recruitment strategies utilized to identify potential participants. Next, the instrument used in the study was addressed as a researcher-developed interview protocol and I explained the process undertaken to develop this protocol. The steps taken to collect data were discussed and the procedures used to analyze the data were addressed. In addition, an outline regarding how trustworthiness issues were addressed and enhanced in this study was discussed. The detailed measures that were taken to ensure that the findings of the study were reliable, valid, and credible were documented. Finally, the ethical procedures were outlined that were adhered to in this study to protect the participants from harm. The measures taken to protect participants' confidentiality and privacy were also addressed. In Chapter 4, the data collection and analysis findings will be presented.

Chapter 4: Results

The purpose of this generic qualitative study was to explore the experience of correctional officers in the United States who have witnessed inmate suicide. Existing research has focused on topics of interest such as correctional officers' experience with death in custody (Barry, 2020) and even officers' perspectives regarding inmate suicide (Hemming et al., 2020; Smith et al., 2019). However, there is a gap in the literature as it relates to the experience of correctional officers who have witnessed inmate suicide, specifically within the United States. This study helps to fill the gap in research by exploring the experience of correctional officers who have witnessed inmate suicide in the United States. Through semi-structured interviews and thematic analysis, I sought to address the following research question: What is the experience of correctional officers who have witnessed inmate suicide?

In this chapter, I outline this study's logistics by detailing the interview setting, participant demographics, and data collection procedures. I then discuss the data analysis process, present evidence of trustworthiness, and detail the results of this study. This chapter concludes with a summary of the information provided in the chapter and an introduction to Chapter 5.

Setting

I conducted virtual semi-structured interviews with each of my eight participants, from my home office, while participants were interviewed in a private location of their choosing. These interviews were conducted at a time when there was no one present, to ensure confidentiality and to avoid any distractions or interruptions. Convenient

interview days and times were selected by participants and a calendar invite, containing the link to our virtual meeting room, was attached to the invitation. Participants were also reminded to select a private location, free of distractions, to participate in the interview. All interviews were held using the WebEx platform. In seven of eight interviews, there were no organizational or personal conditions that influenced participants or their experience at the time of interview. However, one of the participants was briefly interrupted when their child entered their study room, where they were interviewing. This interruption was very brief and did not seem to deter the participant's thought process or conversation in anyway. The interview continued as previously in progress.

Demographics

Through the utilization of purposive and snowball sampling, I recruited eight participants for this study. All participants were at least 18 years of age and had at least three years of experience serving as a correctional officer in the United States. Six of the participants were still correctional employees at the time of their interview. One participant was recently retired from the corrections field and one reported working full time in a different professional industry. The age range of participants varied. The youngest participant indicated that their age range was between 18-23; while the oldest participant reported being between ages 55-64. To ensure confidentiality, while also protecting participants' identity, I assigned each participant a pseudonym. CO1 (Correctional Officer #1) – CO8 (correctional Officer #8). Pseudonyms were assigned to participants based upon the order in which they participated in the semi-structured interviews. Table 1 outlines the specific demographical information of each participant.

Table 1*Snapshot of Participants' Demographics*

Participants	Age range	Gender	Current correctional staff?	Current employment status
CO1	35-44	Male	No	Full-Time
CO2	45-54	Male	Yes	Full-Time
CO3	55-64	Male	No	Retired
CO4	45-54	Male	Yes	Full-Time
CO5	55-64	Male	Yes	Full-Time
CO6	25-34	Male	Yes	Full-Time
CO7	18-24	Male	Yes	Full-Time
CO8	35-44	Woman	Yes	Full-Time

Data Collection

Recruitment for this study began after receiving the approval to proceed with study from Walden University's Institutional Review Board (IRB). This approval was granted on October 31, 2023 (approval # 10-31-23-0463408). After receiving approval from group administrators to post, recruitment fliers were placed in social media groups on Facebook and LinkedIn, that were created for correctional staff. The recruitment fliers contained a QR code which took interested individuals to an eligibility/demographics google form. Everyone who completed the google form received an email communication from my Walden University student account. Individuals who did not meet eligibility were told why they were not eligible. I also thanked them for their interest and requested that they consider sharing the flier who anyone who may meet eligibility. An interesting thing to note, in relation to two interested individuals who did

not meet eligibility requirements, is that the reason for their ineligibility was their lack of experience with witnessing an inmate suicide. In both of their experiences, they responded to a potential suicide, believed the inmate was deceased, and then later received notification that the inmate survived. This occurrence is discussed again in Chapter 5.

Interested and eligible individuals were sent an email communication thanking them for their interest. They also received an electronic copy of the informed consent form. These potential participants were asked to review the consent, contact me with any questions or concerns, and respond to the email “I consent” if they understood the consent, agreed, and were ready to proceed as a participant in this study. Individuals who consented were then asked for their availability to be interviewed. After supplying me with their availability, a calendar invite, containing a link to a virtual meeting room on the WebEx platform, was sent to each participant. As I conducted interviews, I began to reach data saturation during interview six. As described in Chapter 3, data saturation refers to the point during data collection in which there is no new emergence of fresh information or new themes from the participants (see Braun & Clarke, 2006). To this extent, saturation is the tool that researchers tend to rely on to determine adequate sample sizes for their studies (Hennink et al., 2019). As I approached data saturation, my communication to new eligible interested individuals, who completed the eligibility/demographics survey, changed. I thanked additional interested parties for their interest and notified them that there was a wait list for additional participants. They were also informed that should any additional participants be needed, they would be contacted

soon to gauge their continued interest. After the eighth interview, I determined that saturation was reached, and I turned off the response feature on the demographics/eligibility google form. These steps resulted in this study's sample size of eight correctional officers who have witnessed inmate suicide.

Interviews were scheduled in one-hour increments. However, interview times varied and ranged between 29-46 minutes. As mentioned, each interview was held on the WebEx platform. I conducted interviews from the privacy of my home office and participants were asked to choose a private area to conduct their interview to ensure their confidentiality. The WebEx platform includes a recording feature, which was used to audio record each of the interviews. The procedures used to collect data had no variations from the data collection plan that was presented in Chapter 3.

As mentioned previously, seven of the eight participants did not encounter any unusual circumstances or interruptions during their scheduled interview. However, one of the participants experienced a very brief interruption when their child entered the space where the participant was being interviewed. This interruption was very brief and did not seem to disrupt the flow of the interview in any significant way.

At the completion of each interview, I thanked each participant for their time and reminded them that following the interview, they would be emailed a document containing a few resources that may prove to be beneficial to them if they needed to speak to someone regarding any emotions that surfaced during the interview. Participants were also informed that at the conclusion of the data collection phase, they would receive an electronic copy of their transcripts. This member checking, in the form of transcript

review, was to guarantee accuracy and to give participants the opportunity to clarify anything said during the interview. The goal of this was to ensure that the data collected painted a clear picture of their experience with witnessing inmate suicide, prior to the beginning data analysis phase. After receiving their transcripts, only one of the eight participants wanted to make edits. A phone call was scheduled to address feedback and edits were made. The participant received an updated version of transcripts, and no additional changes were requested.

Data Analysis

After completing the data collection phase, due to reaching data saturation, I began the process of analyzing the data. As stated in Chapter 3, I used Braun and Clarke's (2006) thematic analysis to analyze my data. Braun and Clark propose that there are six iterative steps that must be taken to properly analyze qualitative data: (

Step 1: Researcher familiarizes self with the data. I initially started to become familiar with my data as I played back the recordings, for the purpose of transcribing the interviews. Although the Webex platform provides a transcription of recorded meetings, those transcripts are not always accurate. After listening to each recording and editing the inaccurate portions of the Webex generated transcripts, I then listened to the recording of each interview again as I read through the edited transcripts. This step in the six-step process allowed me to not only become very familiar with the data, but I also began to notice several commonalities among the various participants' responses.

Step 2: Create applicable codes from collected data. I decided that I would manually code the data in this study. Opting to code by hand as opposed to using

qualitative research coding software afforded me the opportunity to get more acquainted with the data. The process of manually coding involved me going through the transcripts again to generate applicable codes. I coded the transcripts using Microsoft Word's review/track mark features. This allowed all codes to appear in the margin of each document, while highlighting the text that coincided with each code. After coding all the interviews, I placed the list of generated codes into an Excel spreadsheet and cut out each code.

Step 3: Combine codes into themes. After cutting out all codes, I began to group similar codes together. As I continued this process of grouping similar codes, themes began to emerge.

Step 4: Review created themes and edit as necessary. As I continued the process of grouping similar codes together to create themes, I started to notice patterns in some of the themes. This prompted me to edit my initial themes. I began to combine similar initial themes into one overarching theme while using those initial themes as subthemes.

Step 5: Determine how the themes relate to the research question. All the themes that emerged from this data in some way related to the experience of the participants who have witnessed inmate suicide. The themes speak to the challenges that accompany witnessing inmate suicide and the vital need for social support following the witnessing of an inmate suicide. The themes gave insight into the experience of the correctional officer who has witnessed inmate suicide, and thus, help to address the research question: What is the experience of correctional officers who have witnessed inmate suicide?

Step 6: Create the final report which outlines and details the findings. This final phase included me outlining a clear explanation of not only the findings of this study, but also describing how those findings came to be. This was accomplished using the participants' words/responses to help explore the experience of correctional officers who have witnessed inmate suicide.

The data analysis process resulted in the identification of five themes and 14 subthemes. The five themes identified were (a) additional resources for correctional officers who have witnessed inmate suicide need to be made available by correctional agencies, (b) there is a need for social support following the witnessing of an inmate suicide, (c) experience of emotions in witnessing inmate suicide, (d) the "hard truth" about of witnessing inmate suicide, and (e) prison culture and operational factors related to the correctional officers' experience of witnessing inmate suicide. These identified themes and subthemes collectively work to answer this study's research question, "What is the experience of correctional officers who have witnessed inmate suicide." These five themes exist across every data set and the subthemes are indicative of similarities amongst many participants. There were no discrepant cases but, there were variations in responses as officers describe the experience of emotions in witnessing inmate suicide and the impact that witnessing these suicides had on them professionally, personally, and socially. This was expected, as with this generic qualitative inquiry I was interested in exploring the individual meaning of officers' experience with witnessing inmate suicide. The variations in the recollection of emotions experiences and impact also align with the theory that was used to guide this study.

The themes and subthemes that emerged from the data can be viewed in Table 2 below. They will also be discussed in detail in the results section of this chapter.

Table 2

Themes and Subthemes

Themes→	Theme 1 Additional Resources for correctional officers who have witnessed inmate suicide need to be made available by correctional agencies	Theme 2 There is a need for Social Support following the witnessing of an inmate suicide	Theme 3 Experience of emotions in witnessing inmate suicide	Theme 4 The "hard truth" about witnessing inmate suicide	Theme 5 Prison culture and Operational factors related to the correctional Officers' experience of witnessing inmate suicide
Subthemes→↓	Subtheme 1A Mandated time off needed	Subtheme 2A Coworkers were support-system	Subtheme 3A Feelings of empathy	Subtheme 4A Challenging aspects of witnessing inmate suicide	Subtheme 5A Inmates plan according to operations
	Subtheme 1B Agency needs to have people in place for COs to talk to	Subtheme 2B People outside of corrections do not understand	Subtheme 3B Masking emotions	Subtheme 4B Effects of suicide professionally, personally, and socially	Subtheme 5B Business as usual post suicide
	Subtheme 1C Mandatory debriefing/counseling needed		Subtheme 3C Previous exposure to violence/death impacts emotional response	Subtheme 4C Ruminating post suicide	Subtheme 5C Staff/inmate working relationships-familiarity

Evidence of Trustworthiness

There is a belief by some in the scientific community that qualitative research is not as credible as quantitative or mixed methods research (Adler, 2022). For this reason, it was imperative that I took specific steps to provide evidence of trustworthiness in this study. To achieve this evidence of trustworthiness, I used various techniques to increase credibility, transferability, dependability, and confirmability of this study's findings.

Credibility

Per Nassaji (2020), credibility refers to the degree of accuracy of a study's results or findings; to be considered credible, the findings should provide a true representation of the topic being explored. To increase the credibility of this study, I first acknowledged any personal bias/assumptions and then worked tirelessly to minimize that bias. A technique used to minimize researcher bias was the use of a semi-structured interview protocol. I was cautious to not ask the participants any leading questions that may have derived from my personal bias. I also used member checking in the form of transcript review to ensure that I captured an accurate reflection of participants experience as they detailed in their interviews. The last technique used to increase credibility was to continue data collection until data saturation was reached.

Transferability

Although qualitative research lacks the ability to be duplicated, it should be conducted so that future researchers may take the same methods and generalizations from one study and apply it in another setting with various populations (Stahl & King, 2020). The methods I used in this study to increase transferability were the inclusion of a diverse

sample and a detailed description on the study. As it relates to diversity in the sample, participants in this study derived from various regions in the United States. They also vary in age and gender. I also fostered transferability by providing a detailed description of the recruitment process, participant eligibility criteria, sample size, methods, and interview questions used in this study.

Dependability

Dependability in qualitative research refers to the extent to which a reader can trust the findings produced through a study (Stahl & King, 2020). To incite dependability, I ensured that I used consistent data collection methods that were in alignment with the methods discussed in Chapter 3. The same interview questions were asked to all participants and the only additional questions that were posed were done so for the sake of seeking clarity regarding a previously asked and answered question. I also accurately documented the processes used in the data analysis phase to assist future researchers who may desire to replicate or mimic this study. Lastly, I ensured that I kept an audit trail of research conducted, recruitment processes, and both data collection and analysis steps.

Confirmability

Lastly, to provide evidence of trustworthiness, I encouraged confirmability by engaging in reflexivity. Confirmability is created through the implementation of objective research procedures and through the recognition of researcher's own bias (Anney, 2014). To improve confirmability, a researcher must work to minimize their bias. I used the process of journaling my thought beliefs and ideas throughout data collection and analysis to both maintain awareness of my bias and to minimize it. The

implementation of these strategies to promote credibility, transferability, dependability, and confirmability are consisted to the strategies detailed in Chapter 3.

Results

The purpose of this study was to explore the experience of correctional officers who have witnessed inmate suicide. In alignment with this purpose, data collection was comprised of eight semi-structured, audio recorded interviews with correctional officers who have served at least three years as correctional officers within the United States. These interviews were scheduled in hourly increments but lasted an average of 35 minutes. After analyzing the data, using Braun and Clarke's thematic analysis, no discrepant cases or nonconforming data were identified, and five major overarching themes emerged. Those themes are additional resources for correctional officers who have witnessed inmate suicide need to be made available by correctional agencies, there is a need for social support following the witnessing of an inmate suicide, experience of emotions in witnessing inmate suicide, the “hard truth” about witnessing inmate suicide, and prison culture and operational factors related to the correctional officers' experience of witnessing inmate suicide. Together, these themes address this study’s research question: What is the experience of correctional officers who have witnessed inmate suicide?

Theme 1: Additional Resources for Correctional Officers who Have Witnessed Inmate Suicide Need to be Made Available by Correctional Agencies

One of the themes that was present across the entire dataset was a need for additional resources following inmate suicide. Each of the eight participants spoke about

various resources that they believed agencies should provide to correctional officers who have witnessed inmate suicide. Participants argued that these resources would be beneficial to officers, post suicide. As CO2 spoke about the importance of having resources available to officers, he stated,

“...you know, there's a lot of trauma working in corrections. You know, and rather it's an individual in custody dying, or, you know, or one of your colleagues dying, you know, and then we went through Covid... that was a lot, you know, so there was a lot of pressure and people dealing with trauma.”

As CO3 discussed the need for additional resources to be made available to correctional officers who have witnessed inmate suicide, he noted:

“Because its...It's serious ... it's ...it's so serious. I mean, I watch people so affected by it so much of it, I know people that that have actually quit the job after witnessing stuff like that. And some people just can't handle that and, you know they... that's because they don't have an out!”

The subthemes that emerged from this theme were: mandated time off needed, agency needs to have people in place for COs to talk to, and mandatory debriefing/counseling needed.

Subtheme 1A: Mandated Time Off Needed

As the participants recalled their experience with witnessing inmate suicide, many of them discussed that in the aftermath of the suicide, the expectation was that business as usual continued. With that in mind, several of the participants stated that mandating officers to take some time off, following them witnessing an inmate suicide, would be

good practice for correctional agencies to follow. When asked about additional resources that would be beneficial to an officer who has just witnessed an inmate suicide, CO1 replied, "I think it should be mandatory that they go home. I think it should be mandatory that they take a week off, because that ... that's trauma." Echoing this participant's sentiments, CO2 said,

"I think one of the things that should happen... and I mean, I'm sure that's a bargaining and negotiating thing. But for frontline security staff, if you are the one who finds a body, or, if you respond to that situation, I think it should be mandatory they should take at least seven days off. Alright... get your mind right... Don't come straight back to work and act like everything is okay."

CO3 also suggested that mandatory time off would be beneficial for officers who have witnessed inmate suicide, "I think you need to send them home, let them relax or whatever they need to do. Send them home and let them come back to the next day."

Although participants' responses regarding the amount of time off that should be given to a correctional officer after witnessing inmate suicide varied, several of them agreed that providing some time off is significant. It is important to note that many of the participants stipulated that agencies need to ensure that taking time off after witnessing an inmate suicide is mandatory for officers. This seemed to be linked with the idea that if that time off was optional, officers may not take advantage of it and thus, the resource may not prove to be as effective.

Subtheme 1B: Agency Needs to Have People in Place for COs to Talk to

Each of the eight participants attested to the importance of the correctional agencies having specific people in place that are available for correctional officers to speak to following the witnessing of an inmate suicide. Some of these recommended people included mental health providers, staff chaplains/other religions persons, or other officers that have been trained to support their coworkers following a suicide. CO3 argued that not only should correctional facilities make speaking to a mental health professional available, but they should also assign them a specific person to talk to following the incident. CO3 goes on to explain that “if you tell them, ‘Hey, you need to talk somebody,’ they’re not going to talk to anybody. They’re not.”

CO6 addressed the importance of correctional facilities providing officers with someone they can trust to speak with following an inmate suicide.

“So, I definitely think having like a, like a liaison or like someone who specifically like, whenever like a suicide happens or any kind of major incident like that, like, they come to the person and it’s not like some administration person, right? It’s like someone who is an officer, someone who’s out there with them doing things, like that face. Because like, you know, a lot of people don’t like talking to like some random person about some things going on because they don’t trust them. And so, I think them having a better training for someone ... who specifically, you know, dealt with like, like these situations, would definitely help a lot of agencies.”

Although CO7 agreed that correctional facilities need to have people in place for officers to speak to after witnessing an inmate suicide, the participant spoke on the importance of the officered assistance being genuine. CO7 indicated that although their agency did provide them someone to speak with following their experience with inmate suicide, it felt like that agency issued support was only there to “check off a box” and not to really help.

Subtheme 1C: Mandatory Debriefing/Counseling Needed

Many participants discussed the need for offering debriefing for all involved staff following an inmate suicide and believe this would be an effective additional resource. Per CO5, there is a need for mandatory debriefings: “And done correctly, I think that they work, because you have people, small group, that can talk about it confidentially, and get and release that that stuff off their chest.”

When speaking on the need for debriefing following inmate suicide, CO7 acknowledged “I think it would be beneficial if we did it, either like out somewhere, or we did it in the institution, we all sat down and just talked about it. Because a lot of it just gets, like unsaid.” CO8 also affirmed the need for debriefing as an additional potential resource and emphasized the importance of this debriefing being mandatory for correctional officers who have witnessed inmate suicide, “Cause, yeah, if it wasn't mandatory, I don't think anybody would have gone because you got to be “it doesn't bother me, I'm the tough guy”, you know... “I can do this every day!”.

Theme 2: There is a Need for Social Support Following the Witnessing of an Inmate Suicide

Another theme that was prevalent across all participant interviews was the need for social support following the witnessing of inmate suicide. All eight participants recalled having discussed the critical incident with someone. The participants found social support in various people, but all agreed that social support is important and needed after witnessing an inmate suicide. CO3 expressed his thought on the need for social support stating, “I think everybody should have somebody to talk to and vent to.” The subthemes that were developed from the data and this theme were: coworkers were a support-system and people outside of corrections don’t understand.

Subtheme 2A: Co-Workers Were Support System

All eight participants discussed how supportive correctional staff are to each other following an inmate suicide. Participants recalled discussing witnessing inmate suicide with both security and civilian staff and felt a sense of understanding and solace from their interactions with their co-workers following the suicides. CO4, CO5, and C06 all disclosed that they spoke to their coworkers about the inmate suicide that they witnessed. CO7 explained that he opted to speak with coworkers because “It is definitely easier to talk to someone who's experienced it!” CO1 noted that although he did not speak to his fellow officers about the suicide, he did speak to a few of the civilian staff about how he was feeling following the incident. CO2 surmised that many COs find a support system in co-workers because there is “camaraderie and [a] family environment” that exists in correctional facilities.

CO3 went into detail regarding the support system that correctional officers create amongst themselves following an inmate suicide. He reported that for many years after witnessing an inmate suicide, he called to check on his co-workers who were also witnesses of that suicide.

“Um, on that date, that that happened, those other four people, on that anniversary date, I will call and talk to them every day. I mean every time every...every time on the anniversary date. Just to see how they're doing, what's on their mind, what they've been up to. You know, do it still cross they're mind and stuff like that. And I think I did that. No one told me to do that.”

Subtheme 2B: People Outside of Corrections Don't Understand

Although all the participants recognized the need for social support following the witnessing of an inmate suicide, many of them spoke to the difficulty they faced in seeking that support from people outside of the correctional field. CO2 explained,

“And friends outside of the institution, generally don't really understand the stresses that you're going through. So, you want to talk to someone who understands where you're coming from, you know, they understand what it is to be somewhere 18 hours, you know, and being forced to be there those extra 8 hours.”

CO6 mentioned that talking to others, outside of corrections, tends to lead to an increased level of stress,

“It was, you know, it's stressful to do that, and so ultimately, I just ended up being at that point where I just, I didn't talk about it. I don't talk to people about it

because no one understood. And, you know, I never knew anyone that understood for a long time, except for like those two, three people and it got to the point where that was one of those things that we kind of, you know, we, we use, like, other avenues to like talk about it.”

CO7 agreed with the sentiments of other participants, stating that,

“It is definitely easier to talk to someone who's experienced it. Because if I try to explain it to, like, a close friend, who doesn't work there, they ask a lot of questions and they don't really understand it. They don't really understand. I have to then explain to them, like. You know, just the situation and explain like everything and it doesn't really... They don't really understand.”

Although CO8 admitted that she did speak to her husband about her experience with witnessing inmate suicide, she also specified that he is employed as a law enforcement official. She explained that, although she may have still discussed the suicide with him if he was in a different field, she likely would have “framed it up a little bit better, rather than just coming out with it if he wasn't.” Although her husband isn't a correctional officer, him being employed as a law enforcement official seemingly made discussing her experience with witnessing inmate suicide easier.

Theme 3: Experience of Emotions in Witnessing Inmate Suicide

The third theme that emerged through the data analysis process, was the participants experience of emotions in witnessing inmate suicide. All eight participants spoke, to some degree, about how they experienced emotions following this critical incident. As CO1 expressed his emotional reaction to witnessing inmate suicide, he

shared, “I remember how sick I felt, you know, it was like, wow...” He went on to disclose, “I sat there with a bar of soap, and I literally scrubbed up myself. My arms my face, the back of my neck, even my hair. You know, because it was like, I was trying to wash the death off.” CO5 echoed these sentiments adding, “Suicide is just so... it's just so devastating. It's, it's a life. It's a life sentence.” The subthemes taken from the data include feelings of empathy, masking emotions, and previous exposure to violence/death impacts emotional response.

Subtheme 3A: Feelings of Empathy

During the interviews, several participants described experiencing feelings of empathy for either the inmate who ended their lives, the inmate’s family members, or other officers who were also present on scene to witness the inmate suicide. CO1 recalled his reaction to witnessing inmate suicide.

“I just remember imagining what could have been going through his head and, you know, putting myself in his shoes, it was like, it was terrible you know and, I never, I don't think I've ever said it out loud. I have never said this out loud, but I'll say it now... I do think that I felt so sorry and so bad for him. Um... You train to try and keep this stoic like, you don't really care or nothing like that. Um, and I think that that's part of the reason why I didn't want to go around my man [mentor/fellow officer] Because I didn't want to show that I gave a s**t. And I really did, you know, I was praying for him. You know what I'm saying? Um, I just felt I really felt horrible for his situation, and I wished that there was something that I could have done to help him more.”

Another participant, CO4, expressed his empathy for the family of the inmate whose suicide he witnessed, stating, “because their family, they don't choose for their loved one to be here. Um... So, I think that's where my focus would want to be at that time.”

CO8 spoke to the empathy that correctional officers often have for their colleagues who have witnessed the same suicide.

“And then afterwards, he said it was nice because, um, he was more affected by having... by me having to have to deal with it. He was fine with him having to deal with it. He's... the stuff that was hitting him harder was me having to deal with it because he knew me since I was little, you know? And, um, and I think like, with my incident, um, it was my coworkers, or both of my crew members, it was both of their first time.”

Subtheme 3B: Masking Emotions

One of the subthemes that arose from the data was the tendency of correctional officers to conceal or mask their emotions after witnessing inmate suicide. CO1 attested to suppressing and compartmentalizing his emotions in response to witnessing inmate suicide. He went on to say, “I was mentally damaged by that. I wasn't, it was uh, it was an emotional situation. It was, it was tragic, but I think the biggest tragedy of it all was the fact that I had to pretend that it wasn't.”

CO7 noted that following the witnessing of inmate suicide, correctional officers just tried to go on and “we just kind of pretend that it didn't happen, you know?” As it relates to masking emotions, one participant described the role that masculinity may play in correctional officers reluctance to discuss or display their emotions, “and, you know,

some people feel like, they get this macho thing going ... testosterone going and uh, “I don’t need to talk to nobody, I’m aight...I'm alright!”

Subtheme 3C: Previous Exposure to Violence/Death Impacts Emotional Response

Some of the participants explained that their previous exposure to violence and death, or lack thereof, may have been a catalyst to their response to witnessing suicide.

CO1 recalled,

“Cause I kept seeing that head roll around. Uh, just, um... coming to terms with these things actually happen. You know, um, I was I was raised in the suburbs, you know what I'm saying? My mom and daddy kept me away from gangs and kept me out of that life.”

CO2 and CO6 insisted that witnessing inmate suicide was not traumatizing nor did it have a major impact on them due to their military background. CO3 explained,

“Uh, you know, to be brutally honest, it’s kind of sad, I guess I didn't... I didn’t feel anything. You know, coming from _____, and growing up, where I grew up, I had seen so much death by the time I started working in prison, I was just numb to it.”

Theme 4: The “Hard Truths” About Witnessing Inmate Suicide

Another theme that existed across every interview was the difficulties that participants experienced following the witnessing of an inmate suicide. CO5 emphasized how difficult witnessing an inmate was for him in the following statement:

“Again, in my experience is just... you know, so unbelievably devastating for everybody around that person. Even if they're... even if they don't know anybody,

say their other family members have passed on, they don't have any siblings or whatever. It's the people that have to... the people that are there... that remove the remains are traumatized and so they'll never forget that day, for the rest of their life in a bad way. Um, they'll never forget it.”

Participants were able to recall the challenging aspects of witnessing these suicides, the effects that these inmate suicides had on them professionally, personally, and socially, as well as their experience with rumination following the suicide.

Subtheme 4A: Challenging Aspects of Witnessing Inmate Suicide

When referring to the challenges associated with witnessing inmate suicide, several participants spoke on the difficulty of dealing with entities outside of the correctional facility where the inmate suicide occurred. CO7 mentioned, “It’s just kind of frustrating because when the, when the media sees all this, like, when the news gets out, they always blame us every single time.”

C06 echoes this challenging aspect, explaining,

“And so, you know, I run a facility and the challenging part for us now is dealing with all the backlash of this happening. Like, I don't think people don't really understand like, whenever like, “Oh, there's an inmate committing suicide. It's no big deal” ... and it's, it's not, there's like so much that goes into it all the way from the, like the, you know, the state to all the way down to the facility level, the warden, and things like that. It's, there's just so much administration work that goes into it, and it's, it's, it's tough!”

CO4 and CO6 noted that one of the most difficult aspects of witnessing inmate suicide is the administrative tasks that accompany the critical incident. CO5 acknowledged that the most challenging part of witnessing an inmate suicide for him was the healing component,

“Where, you know, where, where do we go from here? It's grief. It's, it's now... healing, um. Where ... where we had a bomb go off where, where now, are we going. That's I think the hardest part. It's very much unknown and, um. The facts are, is that you're never going to heal.”

Subtheme 4B: Effects of suicide professionally, personally, and socially

The eight participants offered insight into the effects that witnessing inmate suicide had on them professionally, personally, and socially.

Professionally

COs 2, 3, 4, and 7 all mentioned that the experience of witnessing inmate suicide made them more aware in their role and responsibilities as a correctional officer. CO2 shared that it made him “Pay attention to, you know, people acting different, you know, so that you can try to intervene on a professional level so that, you know, like, say temporary situation doesn't become a permanent one.” Per CO3, “it made me more keen of people and, made it me more ...more aware of people moves.” CO4 agreed that witnessing inmate suicide increased his awareness as an officer and added, “I would say in my job, it has taught me that you have to be really vigilant with individuals that are, that are charged to your care.”

Personally

CO1 expressed that witnessing inmate suicide increased his motivation to keep living in bad times, yet it also made him callous. CO2 stated that witnessing the inmate suicide prompted him to pay more attention his family and to his own mental health and self-care.

CO5 explained that his experience of witnessing inmate suicide made him more conscious of not allowing himself to get to the point where suicide seemed like his only option. He detailed the following, “what stops me from even thinking of those things, is the look on the face of the mother. I would never want that for anyone, I would not want to be responsible for that. I would never want that for anyone.”

COs 1, 7, and 8 admitted that witnessing inmate suicide impacted how they viewed their professional abilities or decisions leading up to the suicide. CO1 expressed that he felt “powerless” and admitted “I wished that there was something that I could have done to help him more.” CO7 stated that after the suicide, he found himself questioning his professional decision making or judgement. “You just kind of go through everything that happened and, you know, did we do everything right? Did we do this right? You know, should I had ran faster, but...” CO7 also noted that following the suicide, he concluded,

“Even if we did do everything we were supposed to do, there could have literally been nothing we could have done at that ... at that time. Which, like I said earlier, it's... it's frustrating because, I mean, you can do everything for somebody, and sometimes it's just, it seems like it's just not enough.”

Socially

CO7 explained that socially, witnessing inmate suicide has changed his thoughts regarding suicide in general. “I feel like I am definitely, I wouldn't say numb to it, but I've experienced it so much that doesn't bother me as much.”

COs 2, 3, and 4 suggested that witnessing inmate suicide forced them to pay more attention to people and their feelings on a broad scale.

Subtheme 4C: Ruminating Post-Suicide

Many participants described experiencing ruminating thoughts after witnessing inmate suicide. CO1 confided that after the suicide, he continued to see images of the scene. He disclosed, “cause I kept seeing that head roll around.” He went on to say that these images sometimes made sleeping a difficult task. CO7 noted that “You can't dwell on it, but you don't want to forget about it either. And it will kind of pop up at random times.”

Many participants reported that their continued thoughts regarding the suicide centered around trying to understand why the inmate engaged in suicidal behaviors, or what prompted the suicide. CO6 professed, “The biggest thing is the why... I still don't know why he did it!” CO3 remarked,

“I'm a people watcher and so I think the most challenging thing for me was ... sitting back, you know, reflecting all the way up until it happened... I wonder what was going on in his head! What...what was they thinking about... what was so... what was so bad, they couldn't talk to somebody? I think that... that would be it for me.”

Theme 5: Prison Culture and Operational Factors Related to the Correctional Officers Experience of Witnessing Inmate Suicide

The final theme that was present across all the participant interviews was a discussion about the prison culture and various correctional facilities' operational factors that are related to the experience of correctional officers who have witnessed inmate suicide. One of the participants, CO3, described an accidental suicide which occurred, in part, because operational protocols did not allow officers to enter the cells on this particular unit without prior approval. CO5 explained,

“I watched this guy, and this was accidental. He was jumping from his bunk to his to his, uh... toilet, to his... his desk, he just kept jumping around and we couldn't.... we weren't..., we weren't authorized to go in unless, you know, our shift commander told us we can go in and we just telling him to stop. He just kept jumping around and he slipped and hit his chin on the toilet and broke his neck.”

The subthemes that emerged under this theme include inmates plan according to operations, business as usual post-suicide, and staff/inmate working relationships.

Subtheme 5A: Inmates Plan According to Operations

Several participants proposed that the inmates' knowledge of the operational functioning of their correctional facility aided in their ability to be successful in their suicide attempts. CO4 explained that,

“...they don't tell you that they're going to do it. They don't make statements; they don't have overt actions. “They don't do anything. They just do it. Let's ... every time that it's happened, it's usually a timed event. They know when you're

coming around. And um, they wait till, right after you do a check, and then they do it.”

CO6 noted that when an inmate wants to engage in a successful suicide, they have a plan that considers the operational protocols of the facility.

“It took a while to devise a noose, to find a ligature point, to tie that noose, to find out when the CO is, is not watching. You know, once the CO makes the check, um, the clock is ticking. So, there's a psychological plan, um, a concerted effort, a lot of effort for... But can you imagine the pain there they're in when they go to those lengths.”

As CO8 described her experience with inmate suicide, she emphasized that the inmate “knew when to do it. When we wouldn't be able to respond right away, cause it was at supper time.”

Subtheme 5B: Business as usual post-suicide

Another subtheme that developed from the participants' interviews was that after witnessing an inmate suicide, the expectation and protocol was to continue with the facilities' business as usual. CO8 stated,

“I guess it's just... you kind of ... you're kind of in work mode, cause you have to. As soon as he's out the door um, kind of sweep up the other inmates, you know, 'it's going to be okay, he's at the hospital,' just kind of tell them what you would tell your kids. And then, um, and then you got to go do reports and try to remember everything that happened and everything you did. Then, you got to

watch the video over to see what time you got there, how long, or what time it happened.”

Similarly, CO3 stated,

“Um, I just went on about my day, I did my report like I was supposed to. Um, I came work the next day. You know.... I don't, I don't and after everyone I've seen... it was just it was just like a.... Oh, well, let's do this. We got to clean this up. We got to fix this. Let's make... let's do this report. Make sure everybody do their report, you know, and just go on... I just went on about my day.”

Per CO6, “... there's been a lot of times where people don't go home because of the crime scenes and so like that. Having to court for it, and so like that. It's just, it is a, it's a lot.”

Subtheme 5C: Staff/Inmate Working Relationship

The final subtheme reveals how the working relationships of staff and inmates contribute to the experience of correctional officers who have witnessed inmate suicide. CO2 explained that “So, when things happen, when the individual in custody would die, it would affect staff negatively and when staff members would die, it would affect them negatively because of the type of relationship that we formed with that particular population.”

Similarly, CO7 commented, “...as security, it's not exactly our job to talk to them, but as security we deal with them on a different level. I deal with them a lot more personally because I'm with them every single day. So, I feel like I know them better.”

Per CO8, “it's a smaller town, so we know everybody. So, it's like, we know everybody by name we know their family.”

Summary

In this Chapter, I opened with a discussion of the data collection processes used in this study. I reviewed the interview setting, participants' demographical information, and the study's data collection procedures. I then discussed the data analysis process, presented evidence of trustworthiness, and provided, in detail, the results of this study.

The purpose of this study was to explore the experience of correctional officers who have witnessed inmate suicide. Structured interviews were conducted with eight correctional officers to answer the study's research question: What is the experience of correctional officers who have witnessed inmate suicide. Data analysis resulted in the emergence of five themes. Those themes are: Additional resources for correctional officers who have witnessed inmate suicide need to be made available by correctional agencies, there is a need for social support following the witnessing of an inmate suicide, experience of emotions in witnessing inmate suicide, the 'hard truth' about witnessing inmate suicide, and prison culture and operational factors related to the correctional officers' experience of witnessing inmate suicide. In addition to these five main themes, 14 subthemes developed from the data. These themes and subthemes work to answer the research question: What is the experience of correctional officers who have witnessed inmate suicide?

In chapter 5, I will begin by restating this study's purpose and nature of study and discuss why it was conducted. I will then provide an interpretation of the findings of this study. Following this interpretation of findings, I will discuss limitations of the study,

recommendations, and implications. Chapter 5 will then end with a summary that aims to depict the crucial elements of this study.

Chapter 5: Discussion, Conclusions, and Recommendations

Inmate suicide remains one of the most frequent causes of death in United States correctional facilities (Hayes, 2022). One of the responsibilities of the role of correctional officer is to respond to and manage critical incidents, such as inmate suicide, when it occurs during one's assigned shift. The purpose of this generic qualitative study was to explore the experience of correctional officers in the United States who have witnessed inmate suicide. In exploring the experience of correctional officers who have witnessed inmate suicide, prison administrators may develop a deeper understanding of the officers' experience of this critical incident and may become better equipped to provide additional resources in response to future occurrences. In this study, I address the gap in literature by exploring the experience of correctional officers who have witnessed inmate suicide, specifically in the United States.

Through recruitment efforts, purposive and snowball sampling, I conducted virtual, semi-structured, audio recorded interviews with eight participants. After data saturation was achieved, audio recordings of the interviews were transcribed. Braun and Clark's (2006) thematic analysis was then used to analyze the data. In alignment with the principles of Braun and Clark, analysis was comprised of a six-step process which included the creation of codes and the combining of similar codes into themes. Using this process, five themes and 14 subthemes were identified. The themes that emerged from the collected data were (a) additional resources for correctional officers who have witnessed inmate suicide need to be made available by correctional agencies, (b) there is a need for social support following the witnessing of an inmate suicide, (c) experience of

emotions in witnessing inmate suicide, (d) the "hard truth" about witnessing inmate suicide, and (e) prison culture and operational factors related to the correctional officers' experience of witnessing inmate suicide. Along with the emergence of these eight themes, developed 14 subthemes were found: (a) mandated time off needed; (b) agency needs to have people in place for COs to talk to; (c) mandatory debriefing/counseling needed; (d) coworkers were support-system; (e) people outside of corrections do not understand; (f) feelings of empathy; (g) masking emotions; (h) previous exposure to violence/death impacts emotional response; (i) challenging aspects of witnessing inmate suicide; (j) effects of suicide professionally, personally, and socially; (k) ruminating post suicide; (l) inmates plan according to operations; (m) business as usual post suicide; and (n) staff/inmate working relationships-familiarity. The interview responses of participants that were related to these themes helps to explore the correctional officers' experience with witnessing inmate suicide and ultimately addresses the research question: What is the experience of correctional officers who have witnessed inmate suicide?

In the remainder of this chapter, I discuss the interpretation of key findings using previous data as a tool for comparison and Lazarus and Folkman's (1984) TMSC as a guide. I then describe the limitations to the study, offer recommendations for future research, and acknowledge implications for positive social change. This chapter then ends with a summary of the elements discussed.

Interpretation of the Findings

There were five overarching themes that were identified through data collection and analysis. These themes help explore the experience of correctional officers who have

witnessed inmate suicide. In Chapter 2, I reviewed the current literature that relates to suicide in general, inmate suicide specifically, and correctional officer's perceptions of suicidal behaviors and experience with death in custody. In this section, I discuss the findings of this study and connect them to some of the literature discussed in Chapter 2.

Theme 1: Additional Resources for Correctional Officers who Have Witnessed Inmate Suicide Need to be Made Available by Correctional Agencies

In a study conducted by Montiel and Mishara (2023), researchers reported that when organizations who employ staff who are responsible for preventing suicide in any population, provide resources to their staff, those resources assist their staff in performing their roles more efficiently. The findings from this study indicated that despite the resources that currently exist for officers who witness inmate suicide, there is a need for additional resources. Every participant spoke about resources that they believe, if implemented, would be beneficial to officers who witness inmate suicide. These suggested resources included mandatory time off, agency assigned people for correctional officers to talk to after witnessing an inmate suicide, and a mandatory debriefing or counseling session. The participants in this study conveyed that their correctional agencies did not offer enough resources to officers following their response to the critical incident of having to witness an inmate suicide. Previous researchers have found that participants reported being dissatisfied with the lack of support they received after the loss of a client, due to suicide (Miklin et al., 2019; Pitman et al., 2018). This finding is consistent with the research presented in Chapter 2 that discussed how suicide is related to occupational outcomes.

Research has also suggested that suicide bereavement may impact individuals in multiple ways. One of the effects of suicide loss was found to be an increase in both filed disability claims and the use of paid time off benefits (Bottomley et al., 2017; Miklin et al., 2019; Sandford et al., 2021). The literature suggests that after experiencing a suicide, those bereaved often feel inclined to take some time off work to process or deal with that loss. This is consistent with participants' stated belief that agencies should issue mandatory time off following the witnessing of an inmate suicide. Perhaps, with mandatory time off as an additional resource immediately following the witnessing of an inmate suicide, agencies may see a decrease in the increased usage of benefit time by those officers who have witnessed inmate suicide. This finding of this study supports the literature: resources are important to those bereaved by suicide and additional resources for correctional officers who have witnessed inmate suicide need to be made available by correctional agencies.

Theme 2: There is a Need for Social Support Following the Witnessing of an Inmate Suicide

Sweeney et al. (2018) conducted a study in England that explored the experience of correctional officers working with inmates with suicidal behaviors and those who were successful in their suicide attempts. One of the themes identified in that study was, in part, limited support. Participants in that study reported feeling that they did not receive the level of support that they needed, after confronting suicidal behaviors in inmates. This idea that social support is critical to officers after the experience of witnessing an inmate suicide is confirmed by the findings of this study.

Participants spoke in detail about how they were able to find the support they needed in their fellow correctional staff. The bond that exists between correctional employees, both security and civilian staff, was described by one participant as creating a family environment. After witnessing a suicide, officers described venting to their co-workers, checking in on each other's mental well-being, and even joking with each other to laugh despite the difficulty of the situation. The consensus among participants was that it was easier to discuss and share feelings with individuals who had experienced suicide before or simply knew the challenges of working behind the walls of a correctional facility.

While the findings of this study indicated that coworkers are a support system for officers who have witnessed inmate suicide, they also confirm an idea that has been stated in previous research. This idea is connected to correctional officers' perceptions about how others, outside of corrections view the occupation of correctional officers. In a study conducted by Ricciardelli et al. (2021), researchers found that one of the occupational stressors faced by correctional officers, is the public's misconception about the part that correctional officers play in helping to prevent death in custody. Research also supports that there is an overall negative societal view of the importance of the correctional officer's job (McKendy et al., 2021). These ideas were confirmed and supported in my study. During the interviews, many participants noted that people outside of corrections do not understand the experience of witnessing inmate suicide. This lack of understanding by the public is possibly the reason that correctional officers find solace in speaking with coworkers following the witnessing of an inmate suicide.

This mutual understanding of the experience is likely the foundation of their social support system. The findings of this study confirmed the literature by exploring and discussing the immense need for social support for correctional officers who have witnessed an inmate suicide.

Theme 3: Experience of Emotions in Witnessing Inmate Suicide

Researchers have found that individuals who experience suicide bereavement are more susceptible to the experience of negative emotional impact than those who are bereaved by other causes of death (Maple et al., 2016; Spillane et al., 2017). The findings of this study indicated that participants who have witnessed inmate suicide experience intense feelings of empathy for the deceased inmate, their families, and other officers who witnessed the suicide alongside them. Correctional officers, though often trained to remain emotionally detached, admittedly are sometimes rattled by the occurrence of witnessing suicide. They reported feelings of sadness and devastation, yet many of the participants also felt a need to hide, or mask, these emotions.

A study by Barry (2020) that examined emotions in correctional work in Ireland prisons found that officers felt obligated to detach themselves from any experience of emotion to maintain a position of power. This is consistent with the findings in this study. One participant spoke about trying to stay away from his correctional mentor so that he would not see that the experience of witnessing an inmate suicide bothered him. There seems to be an idea that experiencing emotions in correctional work may be seen by others as a sign of weakness, and this idea is what may lead to correctional officers masking any feelings of sadness, devastation, or even empathy after witnessing inmate

suicide. Despite the masking of emotions in the correctional setting, the literature and the findings of my study confirm that the experience of correctional officers who have witness inmate suicide is inclusive of the experience of emotions following the suicide.

Theme 4: The “Hard Truth” About the Impact of Witnessing Inmate Suicide

The findings of this study suggested that witnessing inmate suicide is hard for correctional officers. Participants discussed the challenging aspects of witnessing suicide, such as the media placing the blame on them and having to learn how to heal from the critical incident. Participants also explained how witnessing inmate suicide affected them personally, professionally, and socially. Results from this study indicated that the “hard truth” about the impact of witnessing inmate suicide is that witnessing inmate suicide is hard. Other research has suggested that the difficulties faced by those bereaved by suicide may cause delays in their healing journey (Ruocco et al., 2022). This literature is supported by the reports of participants in this study.

The findings of my study also suggested that one of the difficulties faced by correctional officers who have witnessed inmate suicide is the experience of rumination. The American Psychiatric Association (2020) defined ruminations as constantly thinking about negative emotions or stressors. Participants in this study reported constantly wondering, or trying to gather, why the inmate chose to engage in suicidal behaviors. They also described spending a lot of time questioning themselves about what more they could have done to prevent to death by suicide. This engagement of self-scrutiny aligns with the literature discussed in Chapter 2. Feigelman and Cerel (2020) found that individuals who were bereaved by suicide often experienced shame due to the belief that

they should have done more to prevent the suicide. This study's finding related to the "hard truth" about the impact of witnessing inmate suicide confirms the literature described in Chapter 2.

Theme 5: Prison Culture and Operational Factors Related to the Correctional Officers' Experience of Witnessing Inmate Suicide

Lavrič et al. (2022) conducted a study in Slovenian correctional facilities, exploring the experience of officers who witnessed both attempted and successful suicides. He found that the working conditions of the prisons along with the prison environment affected his participants' experience. This is consistent with the findings of my study. The prison culture and operational factors refer to what are deemed as normal practices inside of correctional facilities. These are the methods of running a prison or jail. It includes things such as shift changes, inmate counts, feeding times, and the policies, procedures, and administrative directives that staff, and inmates, are expected to adhere to. In this study I found that many of these cultural practices and operational factors are related to the experience of correctional officers who have witnessed inmate suicide. As participants recalled their experience with witnessing inmate suicide, many of them noted that the inmate used their knowledge of how the prison runs, to plan their suicide. They considered the times that officers must perform routine cell checks and inmate counts, and they knew when the officers would be too busy focusing on mealtimes to focus on their suicidal behaviors. This knowledge of how their correctional facility operated was helpful in the inmates planning of a successful suicide.

This study also brought attention to prison culture and its impact on the experience of correctional officers who have witnessed inmate suicide. Participants spoke about the working relationship between officers and individuals in custody. This working relationship has been discussed in previous research as well. Sousa et al. (2019) noted that excluding other inmates, no one else has more interaction with individuals in custody than the correctional officers that are assigned to them. By operational design, correctional officers naturally develop working relationships with the inmates in their care. This working relationship contributes to the experience of correctional officers who have witnessed inmate suicide. These are not “just inmates”. These are individuals in custody who some officers have spent countless hours/days/and weeks talking to, escorting throughout the building, listening to them as they vent about their cases, or their families back home. In many cases, there has been a rapport establish. This staff/inmate working relationship is a normal part of prison culture. The findings of this study support and add to the literature the idea that prison culture and operational factors are connected to the overall experience of the correctional officer who has witnessed inmate suicide.

Theoretical Framework

Lazarus and Folkman’s (1984) TMSC was the theory used to ground this study. Per Lee and Roberts (2018), it is one of the most widely and accepted theories of stress and coping. Although the transactional model of stress and coping was explained in Chapter 2, the basic premise of this model considers an individual’s appraisal of a challenging situation or potentially stressful event in addition to their available resources, in determining if that situation/event results in psychological or emotional stress. In this

study, witnessing inmate suicide served as the challenging situation/potentially stressful event. In alignment with this model, how a correctional officer appraises the experience of witnessing inmate suicide is crucial. In the interviews, participants had various responses related to how they experienced the critical incident of witnessing inmate suicide. One participant, CO1, confessed that he was “mentally damaged” by the suicide and that it was an emotional situation. That response was his appraisal of the event. Later in his interview, he reported that he talked to civilian staff about his feelings. He also admitted to suppressing and compartmentalizing his feelings. The ability to vent to his coworkers and then compartmentalizing his feelings were his available resources that worked to resolve his stress.

Three of the participants, CO2, CO6, and CO3, all admitted that witnessing inmate suicide did not have any kind of traumatic effects on them. CO2 and CO6 surmised that their lack of emotional response to the suicide was due to their experience in the military. CO3 argued that he did not “feel anything” because he grew up in a violence-stricken area and was numb to seeing death. In the case of all three of these participants, the transactional model of stress and coping explains that their cognitive appraisal of the critical incident (witnessing inmate suicide) determined that it was a neutral situation, and the transaction was completed (Lazarus & Folkman, 1984). There was no need for these participants to implement coping strategies or engage in the process of reappraisal in response to witnessing the inmate suicide.

This study confirmed that an individual’s appraisal of an event contributes to determining if stress is produced. The study also confirmed that an individual will use

available resources, such as venting to co-workers to help alleviate any stress caused by the challenging event. The Lazarus and Folkman's (1984) Transactional Model of Stress and Coping was helpful in understanding the various individualized experience of this study's sample of correctional officers who have witnessed inmate suicide.

Limitations of the Study

The limitations in this study were consistent with those mentioned in Chapter 1. One of the limitations of this study is that the findings are not generalizable. Generalizability in research refers to the extent to which results from a study may be applied to additional settings and other populations (Osbeck & Antczak, 2021). Due to the small sample size and the specific population which this study focused on, the findings are not generalizable. This study sought to explore the experience of correctional officers who have witnessed inmate suicide. The findings are most likely only generalizable when exploring a population of correctional officers, in the United States, who have witnessed inmate suicide.

Another limitation was the use of self-reported data in the form of interview responses. Some of the interview questions asked participants to describe their reactions to witnessing the inmate suicide or to detail an account of how the inmate suicide impacted them personally, professionally, and socially. Although the voluntary nature by which participation came about suggests that all participants would be accurate in their responses, that accuracy cannot be guaranteed.

The last limitation of this study relates to the participants' willingness to take part in this study, with the knowledge that it sought to explore their experience with

witnessing inmate suicide. To some extent, their interest in volunteering suggests that they were not only willing, but also able, to discuss their experience. There may be some correctional officers who have had experiences so damaging to their mental and emotional well-being, that they would not be able to discuss. Those are the accounts that would not be captured in a study of this nature, yet understanding those experiences are equally as important to academic knowledge.

Recommendations

During the recruitment phase of this study, there were two individuals who expressed interest by completing the demographics/eligibility survey but failed to meet eligibility requirements. In both cases they did not meet eligibility because they had not witnessed a successful inmate suicide. These individuals witnessed what they thought were inmate suicides but were later informed that medical staff were able to revive the inmates. Having such a “close call” with inmate suicide is an experience that is worth understanding. A recommendation for future research is to explore the experience of correctional officers who have witnessed unsuccessful suicide attempts.

Another recommendation for future research is to look at coping mechanisms of correctional officers who have witnessed inmate suicide, specifically in the United States. The purpose of this study was to explore the overall experience. However, if a researcher were to also use Lazarus and Folkman’s (1984) transactional model of stress and coping as a guide, it would be interesting to explore which available resources correctional officers report using after conducting the appraisal and reappraisal steps after witnessing inmate suicide.

Implications

The purpose of this generic qualitative study was to explore the experience of correctional officers in the United States who have witnessed inmate suicide. Through the data collection and analysis process, the research question “What is the experience of correctional officers who have witnessed inmate suicide?” has been addressed. This study’s finding has implications for positive social change on multiple levels.

Individual Level

To the correctional officer: On the individual level, the potential impact for positive social change includes correctional officers realizing the importance of creating and maintaining a strong social support system. Participants discussed how important and helpful it was to have someone to talk to and vent to after witnessing an inmate suicide. This support system may be inclusive of co-workers, mentors, family, friends, mental health professionals, religious leaders, etc. The role of correctional officer is a tremendous responsibility. This finding in this study suggests that your social support system will be vital in helping you navigate the potentially emotional challenges of witnessing inmate suicide.

Family Level

To the loved ones, including family and friends, of correctional officers: Another potential impact for positive social change is the opportunity for those outside of corrections to learn more about the role and responsibilities of correctional officers and to be more understanding to the difficult nature of their jobs. Findings indicated that participants felt like individuals who do not work in corrections do not “get it”. Take this

as an opportunity to learn more about their on-the-job experiences and try to be empathetic to all the difficulties the job of correctional officer may entail.

Theoretical Implications

The transactional model of stress and coping (Lazarus & Folkman, 1984) suggests that it is not only an individual's appraisal of an event that determines if they experience stress, but also their consideration of their available resources. As it relates to the experience of correctional officers who have witnessed inmate suicide, it is important that they are aware of the institutional resources that are afforded to them. This study's findings support the idea that it is important to increase resources for officers who have witnessed inmate suicide. However, this theory also confirms that is important for correctional officers to know what resources are already available to them so that they may consider those as available resources during the transaction process of the transactional model of stress and coping.

Recommendations for Practice

Part of the role responsibilities of the correctional officer occupation is to respond to critical incidents within the correctional facility. This includes responding to inmate suicide attempts and completed suicides that result in the death of an inmate. This study explored the experience of correctional officers who have witnessed inmate suicide. Within some of the findings, is embedded a blueprint of recommendations for correctional industry administrators to consider when determining how to better support officers and, perhaps, how to strengthen suicide prevention efforts. Theme/Finding 1 suggested that additional resources for correctional officers need to be made available by

correctional agencies. Within this finding, frontline employees have expressed their thoughts and ideas of ways administration could better support officers after witnessing suicide. These suggestions may be a good place to start for agencies desiring to increase staff wellness initiatives.

In finding five, it was determined that prison culture and operational factors are related to the experience of correctional officers who have witnessed inmate suicide. Correctional agency decisions makers may consider using these findings to adjust operational protocols. Participants spoke in great deal about how individuals in custody who were successful in suicidal behaviors, planned or timed their suicide around the operational protocols such as mealtime, count time, lock-down time etc. Another practice recommendation is to consider implementing rotating operational schedules, that individuals in custody are not privy to. This may complicate the inmates' ability to plan their suicide attempts in accordance with certain operational factors.

Conclusion

In this generic qualitative study, I utilized Braun and Clark's Thematic Analysis to answer the research question: What is the experience of correctional officers who have witnessed inmate suicide? In my review of the literature, I found that there was a lack of research focused on the experience of correctional officers who have witnessed inmate suicide, specifically within the United States. The findings of this study address that gap in literature.

As a civilian correctional employee, I have seen correctional officers witness inmate suicide and still be expected to continue to report to work daily and conduct their

job duties efficiently and effectively. This increased my curiosity regarding what that experience entailed for them; the results of this study offered insight into their experience. The five themes or findings that emerged from this study were: (1) additional resources for correctional officers who have witnessed inmate suicide need to be made available by correctional agencies, (2) there is a need for social support following the witnessing of an inmate suicide, (3) experience of emotions in witnessing inmate suicide, (4) the "hard truth" about witnessing inmate suicide, and (5) prison culture and operational factors related to the correctional officers' experience of witnessing inmate suicide. These findings detail the experience of correctional officers who have witnessed inmate suicide. These findings also shed light on some of the ways that friends, family, and correctional industry administration and decision makers may better support correctional officers after they have witnessed an inmate suicide. It is my desire that correctional staff wellness initiatives continue to be implemented and advanced to assist correctional officers who must deal with the unfortunate critical incident of witnessing the death of an individual in custody due to a successful inmate suicide.

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Appendix: Interview Guide

1. Tell me about your background in the field of corrections?
2. What has been your experience with witnessing inmate suicides?
3. Consider the suicide that stands out the most to you. How do you recall experiencing that day?
 - What happened
 - How did you react?
4. What did you find to be the most challenging aspects of witnessing inmate suicide?
5. Who did you discuss the incident with?
 - Family
 - Friends
 - Coworkers
 - Others
6. What kinds of resources or additional supportive services do you think would have been or would be beneficial for officers who have witnessed inmate suicide?
7. How would you describe the overall impact that witnessing this suicide had on you?
 - Personally
 - Socially
 - Career

Closing Statement: Thank you so much for sharing with me your experience with witnessing inmate suicide. The work that you do with the incarcerated population is

needed and valued. Thank you for all that you do. I would like to provide you with some resources that may prove to be beneficial to you now and/or in the future. Please remember that your identity will remain private. Also, I will forward you the transcripts of this interview at the conclusion of my data collection phase to ensure that I have accurately captured your experience. Have an amazing remainder to your day.