

Counselors monitoring prison officers with PTSD

By CATHERINE TSAI (AP) – 6 days ago

CANON CITY, Colo. — John Brownfield Jr. became a corrections officer following deployments to Afghanistan and Iraq.

Brownfield was later charged with accepting bribes from inmates seeking tobacco at the U.S. Penitentiary in Florence, Colo. He told the judge that when he came home, he suffered insomnia and nightmares, drank more heavily, was quick to anger, "reckless with everything" in his life.

U.S. District Judge John Kane suspected post-traumatic stress disorder.

"Figuratively speaking, Brownfield returned from war but never really came home," Kane wrote in a ruling sentencing Brownfield to probation and treatment.

Nationwide, law enforcement groups are taking notice of veterans starting or returning to jail or prison jobs.

Police and corrections officers are loath to show weakness, and few seek help to deal with post-traumatic stress disorder, said Caterina Spinaris Tudor, founder of Desert Waters Correctional Outreach in Canon City. She said PTSD developed abroad can be retriggered on the job by varying scenarios, including assaults, hostage situations or suicides by inmates or fellow officers.

The outreach center serves corrections officers in Colorado's Fremont County, home to 13 prisons.

"We forget their heart is beating behind that hard shell," Tudor said. "Let's look at the problem instead of pretending it's not there."

Brownfield was only 21 when he was honorably discharged from the Air Force in 2005. As his former lawyer, Vaughn McClain, put it, his job was picking up body parts.

Brownfield had dug out bodies of adults and children following an explosion. He removed dead soldiers from helicopters, according to court documents.

Working in prisons isn't that different from working in a war zone, Brent Parker, of the Colorado Department of Corrections, told a conference here on prison workplace culture. "The only difference is in the military, you cycle back to the real world eventually, hopefully," said Parker, a field training supervisor.

Experts say it isn't known how many correctional officers may have PTSD. But research suggests they have higher rates of divorce, substance abuse and suicide than the general population.

"Work stress can cause problems at home. Work stress can lead to use of alcohol. They're all things we're trying to address," said John Cunningham, director of the office of training for the New Jersey Department of Corrections.

New Jersey formed a task force after a string of suicides by corrections officers there. In a report last year, it estimated an annual suicide rate of 34.8 per 100,000 for correctional officers in the state, based on suicides from 2003 to 2007. The rate was 15.1 per 100,000 for New Jersey police officers and about 14 per 100,000 people for all New Jersey males between the ages of 25 and 64.

There was no data available on military veterans. But Tudor and others are particularly concerned about officers with military backgrounds who may have suffered PTSD during deployments to Iraq and Afghanistan but were never treated for it before returning to prison jobs.

"They are the walking wounded who show up at work acting tough and invulnerable," Tudor said.

"I call it double dose trauma," said John Violanti, a research associate professor with the University at Buffalo School of Public Health and Health Professions who studies suicides among police officers.

This summer, the International Association of Chiefs of Police published guides for combat veterans returning to law enforcement jobs and for their supervisors to help them reintegrate into the work force.

Corrections departments commonly have employee assistance programs. But many officers fear seeking help can hurt their careers, said Cherie Castellano of the behavioral health care division of the University of Medicine & Dentistry of New Jersey.

She directs Cop 2 Cop, a program created under New Jersey law to address suicide prevention and mental health support. Retired officers answer calls on Cop 2 Cop's confidential hot line.

"It comes down to two things: Combating stigma, and having officers feel like they can trust the



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