

# Frost\_Final

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## SUMMARY KEYWORDS

suicide, officers, correctional officers, interviews, people, exposures, families, deaths, facilities, died, department, important, corrections, massachusetts, work, question, paper, big, correction officers, environment

## SPEAKERS

Natasha Frost, Jenn Tostlebe, Jose Sanchez



Jenn Tostlebe 00:00

The following podcast episode discusses suicide and suicidal ideation that may be harmful or traumatizing to some audiences. Listener discretion is advised. If you or someone you know is in crisis, please contact the National Suicide Prevention Lifeline at 1-800-273-8255 or text "HOME" to 741741 to the Crisis Text Line.



Jose Sanchez 00:14

Hi, everyone, welcome to the first episode of the summer 2021 lineup of The Criminology Academy where we're criminally academic. My name is Jose Sanchez.



Jenn Tostlebe 00:23

And I'm Jenn Tostlebe.



Jose Sanchez 00:25

And we are your hosts. In this episode we will be speaking with Professor Natasha Frost about the safety, health, and well being of correctional officers.



Jenn Tostlebe 00:34

Natasha Frost is a professor and doctoral program director of criminology and criminal justice at Northeastern University. Her research and scholarship focuses broadly on punishment and social control, and specifically on mass incarceration and the effects of incarceration on individuals, families, and communities. Much of her recent work has focused on the impacts of incarceration on those who work in prisons. Professor Frost is currently finishing a research project funded in 2016 by the National Institute of Justice, on correction officer suicide and well being. She was recently awarded additional funding from NIJ to study the careers of officers from the academy on word, the better understand the relationship between organizational and occupational stressors, violence exposures, and officer mental health and well being. Thank you so much for joining us, Natasha, it's great to have you.



Natasha Frost 01:26

Thank you. Thank you for that introduction. It's great to be here.



Jose Sanchez 01:31

As usual, a brief overview of what today's episode is going to entail. So first, we're going to ask some general questions about correctional officers and the correctional environment. Then we'll work our way into a paper that Natasha coauthored on suicide deaths of correctional officers. And then we'll talk a little bit more about the NIJ project, generally. And so to kick it off, our first question is, sort of broadly, what is the approximate number of correctional officers that are employed at the state and federal level for correctional institutions?



Natasha Frost 02:07

That's actually a great question and a kind of hard number to wrap your hands around because correctional officers are not only at the federal and state levels, but also in many states at the county level as well, because jails, of course, are run by counties. And in some states, like Massachusetts, even some of the major correctional facilities are run at the county level. So there's roughly about 400,000 correctional officers. And that's probably a slightly old estimate, because they don't update those estimates very often. But that includes people who work in any kind of correctional facility or jail who's a sworn officer. So it's a pretty substantial group. And again, hard to say in any one place. Here in Massachusetts, where I'm located, and where I do most of my research, the State Department of correction is actually quite small, because we have a huge county

correctional system. And so the state, I work with the State Department of Correction on this particular project, and there's about 3,300 sworn correction officers. So there's also this big distinction between sworn officers, so officers who are sworn law enforcement officers, and the non-sworn civilian employees. But there's a middle ground here called correctional program officers, so they're not sworn officers, but they run all the correctional programs, so they're on the inside as well. So it gets real, there's a lot of gray areas. And so if you ask how many people are employed by the Department of Correction here, the number is probably closer to 5,000, but only about 3,300 of them are sworn officers, right? So and I think all of those populations are impacted, although we do focus on the sworn officers and the work that we do, at least currently, we'd like to expand, but you got to start somewhere.



Jose Sanchez 03:43

And just so we can get a little more context. So you said roughly about 400,000, give or take, and then about 3,300 sworn in Massachusetts, is that a lot, enough, or not enough?



Natasha Frost 03:58

So that's a great question. But it really depends on the size of the prison population. Right? So correction officers, there's generally never enough. Especially when prison populations kept growing and growing and growing. Of course, in the past decade or so, we've seen some big declines in prison populations in some states, but not all. But Massachusetts is a good example of a state that seen a fairly steady decline in the number of incarcerated individuals. At the same time, though, of course, we just had the COVID pandemic and that meant a lot of officers took the opportunity to retire, sometimes early, sometimes on time, where they might have stuck stuck with it a little longer, but for COVID, they were obviously not wanting to put themselves and their families at risk. And so, right now, the department here, they're not severely understaffed, but there's almost a perpetual state of understaffing for one reason or another. And so, you do see a lot of sort of facilities stretched a little thinner than they would like to be in terms of sworn officers on the premises.



Jenn Tostlebe 04:54

I was happy to hear you say that it was kind of hard to wrap your finger around a precise number because I was actually looking for, like a pretty solid number the other day for a paper I'm working on, and I just could not find one anywhere. So, it makes me feel a little bit better that I wasn't just completely missing something.



Natasha Frost 05:12

Yeah, and I think the last sort of survey of correctional employees or justice system employees, the most recent data that they released was 2012. So that's a long time ago. A lot's changed since 2012. So even when you can find a number, it's often dated, right? So it's like, I can very precisely tell you how many there are in Massachusetts, and I'm sure someone can in each state, but there's not really a regular routine updating of those data in a way that probably should be at this point. Right.



Jenn Tostlebe 05:38

All right. So you kind of touched on this with COVID. And then, you know, the increase in correctional populations and how that has impacted correctional officers. And also, given that one of your areas of focus is mass incarceration, and the effects of incarceration. How did mass incarceration impact people who work in jails and prisons, because, you know, a lot of times we talk about how it impacted incarcerated individuals. So how did it actually impact correctional officers or other staff?



Natasha Frost 06:13

Yeah, I think in lots of ways, so one of the key reasons so I've always always studied the impacts of mass incarceration, as you mentioned, in the intro. Generally, in the past, I was focused on the individuals who are actually incarcerated, their families, and then the communities from which they come into which they often return. So most of my research until about 2015, or so really focused on that group. And to be honest, I had never really, not that I didn't think about correction officers, I actually interacted with them quite a lot in my work on other populations, but I had never focused on them. And then I had an opportunity to work on a project that was related to correction officer stress, but wasn't run by me. And I realized, oh, wow, this is like another group, I never really thought about them as being impacted by mass incarceration, other than it created a job for them, right and fairly, they have a lot of job security, put it that way, because of the increase in incarceration, there's never any fear that you were going to be laid off anytime soon, right, because the prison population kept growing and growing. So I thought about them and kind of that way, and then occasionally thought about them in terms of how they have a lot of impact on the experience of incarceration for those who are incarcerated. But once I started working with officers and interviewing them, I realized that they too, are deeply impacted by the experience of working in these facilities. I often say like now that I know, so I've interviewed over 1,000 officers now across a series of projects, they would very often put themselves more similar to the inmates than they would to the administration. For example, so they often say things like, we're locked in here, too, you

know, the only difference is we get to go home. And they recognize that that's a big difference. But when they're in there, they're experiencing all the same types of things like light deprivation, and stale air and, you know, unhealthy environments. And then they're pretty worried about the long term impacts of those things on them. And so that's why we turned our work toward officers. One we were on that project. And as we'll probably end up talking about, we discovered in the process of doing some interviews, that there had been a really high suicide rate among officers and that really piqued my interest into sort of trying to understand that. So then I've just kept really never turned, never looked back. And it's been pretty rewarding and I think the impacts can be profound, although they're really not well understood yet, which is why we're, you know, excited to keep this work going. There really been, officers have been studied, they're definitely an understudied group, even police officers have been studied a lot more than correctional officers, for example. And so I think that, you know, the more the more work that can get funded in this area, the better because I think, you know, that, as we'll talk about, the suicide rate among officers is pretty high, way higher than the general population and likely higher than even law enforcement, in policing. And so I think it's, you know, and I just do all my work in this one state, there's a lot more that needs to be done, obviously, beyond Massachusetts.



Jose Sanchez 08:55

Alright. So on a pretty similar note, can you sort of give us a bit of an overview of the correctional work environment? And how is it that this environment contributes to adverse physical and emotional health?



Natasha Frost 09:09

Yeah, so obviously, correctional work is sometimes dangerous, right? So even though there's not as much violence in prisons as like the public probably believes, there is enough violence, that you're at risk of injury quite often. Not just injury from being assaulted by an incarcerated person, but also injury on the job. Injuries happen all the time, that are just not even related to the incarcerated population. And so there's sort of the physical health, obviously, officers are in relatively good shape when they start their careers, but their shifts and the way that they are forced to do overtime, they don't lead to the healthiest of lifestyle choices. And you know, it's hard to eat a good meal when you're on your 12th hour work and, you know, you're trying to catch a break to go eat something. And so there's sort of some health effects that we might want to better understand of working. And then also, as I've kind of mentioned, I think it largely depends on the types of facilities you work in, but officers working in these really secure facilities that have very few windows and very little fresh air, and in many, many places, no air conditioning, they are in those

environments as well. And of course, as we saw in the pandemic, like infectious diseases spread rapidly, airborne diseases can be devastating. And so they're, you know, anything that the incarcerated population is experiencing, they'll experience as well, because they're in close contact, really, not all officers, obviously, depending on where they're working in the facility, but large numbers of them are in close contact with incarcerated persons. And once something comes into a prison, it just spreads like wildfire, right? So just as we saw on COVID, it was devastating to many, many prisons here in Massachusetts and around the country. And emotional health. I just want to mention that part, like sort of the mental and emotional health, that's the thing I'm actually most interested in now. And we're really interested in the role of so when I talk about the suicide project, suicides really concentrated among officers who, who worked at the maximum security facility and the forensic facility, the hospital here. And when we look at those facilities, those are for many reasons, the most violent facilities and the place where you're most likely to experience violence. But a lot of research has suggested that the violence exposures may not be what drives the mental health issues that officers are facing, including even just the stress that officers face, but rather, that it's some combination of that and organizational stressors, which became a focus of what we found with the suicide deaths as well. So I'm really interested in how sort of those two things like the violence exposures that they experienced at high levels, and their own sort of fears of victimization, interact with some of the organizational stressors, and they'll focus on the the organizational till the end of time, like they don't really think about the violence. I think that they it's likely that the violence exposures have a longer term effect or a slower effect, than say the everyday stress of working in those environments.



Jenn Tostlebe 11:55

Yeah, absolutely. Well, and I feel, at least, you know, I've talked to a few correctional officers and kind of seems like based off of what they say that being exposed to violence, it's just part of the job. So like to kind of, you know, not let it try and affect you. But I think especially when it comes to longer term things, that maybe it's the more subconscious things that you aren't necessarily picking up on and consciously, like, it's not affecting you every single day. But like you said, this longer term thing.



Natasha Frost 12:25

Exactly, yeah. And they often say that as well themselves. So they, they'll say, I know, one of the interviews we did for the suicide project, this officer had worked in the maximum for, like, you know, 15 years, he was about as tough as they come as an officer. And he, he was, you know, we were interviewing him, and he just said, like, I was fine with it all, like I saw 100 cut ups, I saw, you know, a lot of death, inmate suicides, primarily, horrendous injuries

sometimes. And he's like, and I was fine. Like, it didn't bother me until it did. And so and that's always stuck with me, like he just said one day, he just, it's all he just couldn't, he couldn't do it anymore. So now he works over one of the mediums and he says it's a lot better for him. But he would have never wanted to go there. When he was like, initially an officer, he liked working in the environment where a lot more happens. And then he realized in hindsight, how much of an impact he had in the long run over him. So I think that that is something that you don't pick up every day, I mean that, but they will admit to doing things that make it clear that it is impacting them. So for example, officers will often say that they won't sit with their back to an entrance of a restaurant, or they always have to have their back to a wall. And then that's just sort of gets ingrained in them that something might come from behind, right? And so you better not expose yourself. And so they'll say that, like that's a totally normal thing to do. And I'm sure it is, and when you're that accustomed to like paying attention to all your surroundings, but for someone like me, like I don't say I have to sit at that table, because I can't have my back exposed. And so then when you say that to them, they're like, oh, yeah, I didn't think about it that way. I've just been doing it for so long, it didn't really occur to me. So they don't see it as that odd. And it's probably not at all in their environment, but in ours, in the world outside of corrections, it's a kind of unusual behavior, and suggests that they're, you know, have a little bit of fear of what might happen in there.



Jenn Tostlebe 14:11

We've already kind of touched on the topic, let's start to move a little bit more into your paper. But before we get into you know exactly what you and your team did, I kind of want to talk about the research that happened before your paper. And so I'm kind of curious, and I know that, or I'm pretty sure, that these rates are, you know, a little bit dated, but before your research came out, and before you started doing this, how common or how frequently did we know that officer suicide was occurring? And then how does this compare to like the general public and then like you mentioned police officers or law enforcement that might be similar in their work environments?



Natasha Frost 14:51

Yeah, so, we we actually have no idea what the rate of suicide is among officers and including me I mean, I calculated a rate for Massachusetts, but that rate even changed over the four years of our project. So so when we first started the suicide project, there were we knew of 16 officers that died by suicide between 2010 and 2015. As we went through our research there, we learned there were at least four more and likely four additional, but we only could confirm four. So the department only really knew about the

16. But there were four others, right? So that's a large number that took us to 20. And then there's four additional deaths of young officers who we think may have been suicide, but we weren't able to independently confirm it. So and we didn't want to, for reasons that will might become clear, we didn't want to say someone had died by suicide unless we really knew it was an intentional suicide. So those were drug overdoses, which, you know, unless someone else deemed intentional, I wasn't going to make that call as a researcher. But so we don't really know. I mean, there were a few studies done. So most of the work that have been done around suicide is in the aftermath of something like happened in Massachusetts, like a big slew of, you know, officer suicides that leads to someone doing something like starting a commission or doing a study. So there was a, for example, a New Jersey police task force in the mid 2000s, that had there been a really high rate of suicide among law enforcement officers writ large, including police and correction officers. And so they did a study as a task force. And they found that the rate among correction officers was actually quite a bit higher than the rate among police officers. The CDC releases sort of occupational suicide rates and the protective services, which would include both policing, corrections, fire services, EMTs, like so all of those types of work, they're always in the top 10 among of suicides, deaths, so you know, construction's always way up there, but so is the protective services, but they never really distinguish across those protective services. And then one of the things I've learned, so we weren't sure, when we wrote the grant, we weren't sure whether mass, we knew Massachusetts had a big problem, right? It just the rate was, you know, incredibly elevated in that period of time. But what I didn't realize was that as I went around, sort of presenting our early findings, other departments would come to me and say, this is a problem in our state as well. So, you know, I distinctly remember Ohio and Pennsylvania, both coming to me and saying, like, we've had six suicides in the past six months among officers, or we've had, like, you know, five suicides at just one facility of officers. And so and, you know, just today, I got an email from someone who's asking me like, what have I learned about interventions, because they're having a suicide problem in another state. And so it's really unfortunately, something we just don't know enough about. Part of that is that some of the officers die by suicide while they're working for the department and those ones that departments can capture pretty easily or it because somebody becomes clear from the death certificate, for example, like that the person died by suicide. But in our study, for example, five of the 20 had retired, and so, but they had died within a year or two of retirement. And so then they no longer work for the department. The department doesn't sort of track what happens to its employees after they leave. And so that's how you get like the undercount. Because obviously, they weren't career correction officers, they retired after their 20 or 25 years, and then they die by suicide, and they don't get, you know, they're hard to track, they're much harder, they were harder for us to figure out, they were harder, that'd be really hard for the department to figure out, and a lot of it. And then you know, there's a lot of sort of rumor too, because in the department, we asked every officer like, which, who do you



know who died by suicide, and then we would ask them for names. And every now and then they give us a name that we didn't, wasn't part of our group, right? And so we would then go do some research. And sometimes that's how we uncovered suicides, but sometimes they probably weren't suicides, but in the minds of that officer, or the officers, they were. And in some cases, in terms of the impact on the officers who still work there, it doesn't really matter if it wasn't a suicide if it was perceived to be, right, because it may have not impact on them. So it's a, that's even harder number. So, you know, if we're hard counting how many officers we have, you can imagine were even worse that counting who died? What did they die from? And then the drug overdoses get very complex like, you know, to what extent was it an intentional overdose versus an unintentional? Some suicide researchers would argue that almost all drug overdoses have suicidal intent. That's a semi-controversial position to take. So not everybody would agree with that, but it's certainly out there. And so it's really hard to know there's, you know, there's just an awful lot of officers who die way young compared to what you might expect.



Jenn Tostlebe 19:32

Well, and it was, I think it was an old older statistic, but in the paper, you reference, the average age of a correctional officer at time of death is 59 or something like that?



Natasha Frost 19:43

That's a really old statistic, but it's the one you see over and over. So if you ever look into this, you'll see like the average lifespan of a correction officer is 59. But that statistic is like 30 years old at this point. So we don't really know.



Jenn Tostlebe 19:56

We need an updated number.



Natasha Frost 19:57

We do need an outdated number.



Jenn Tostlebe 19:59

But, you know, that's really young.

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Natasha Frost 20:01

It's very young. Yeah, and it's definitely, an all different reasons. I mean, chronic health problems, all different things that they may be exposed to that you're not exposed to as much outside of that type of environment. So it goes back to Jose's question about the environment. But absolutely, I mean, that's what all this work is about trying to figure out like, what are the what are the elements of that environment that are so toxic both to people who are incarcerated there, but also to people who work in those facilities?

J

Jose Sanchez 20:28

I think that's a great segue to start moving into your paper. So just a brief introduction of the paper. It was authored by our guest, Natasha and Carlos Montero, "The interaction of personal and occupational factors in the suicide deaths of correction officers." It was published in 2020, in Justice Quarterly. And this paper is the first study that extensively looked at correctional officer suicide within the Massachusetts Department of Corrections. Using a mixed methods approach, personnel files, administrative data and interviews were used to create an ex post facto picture of the lives of 20 correctional officers who died by suicide between 2010 and 2015. So this paper comes out of a larger mixed methods project that was funded in 2016, by the National Institute of Justice (NIJ) on correctional officer suicide and well being. So our first question about your paper, this is sort of the general question that we always like to start with is, so what was the motivation behind one the project and then two like this specific paper?

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Natasha Frost 21:39

Yeah, so that's actually my favorite question is, I'm glad you asked it. And I kind of touched on it at the very beginning. But essentially, we had started interviewing officers for a project about stress that officers are experiencing as sort of updating the knowledge on officer stress, because most of the stuff we have is from about 20 years ago. That project was led by Arizona State University, John Hepburn at Arizona State and Massachusetts was a site and I ran Massachusetts as the site. And we interviewed 500 officers for that project across two phases. And it was while we were doing those interviews, we got a really good response rate. So generally, for something like this, you would expect response rates, you know, you're lucky if you get to 50-60%. That's a great response rate. But we were up near 80%. And at a certain point, like they we started asking, like, you know, why are you willing to do this, this interview, and it's long, pretty grueling interview, about an hour, we did it on site on shift. So while they were working, made it a little bit more, a little bit of an incentive to participate. But a number of them said things like, I'm only doing this because of the suicides. We didn't actually know about the suicides initially. And then there were a couple of officers who came in. And I distinctly

remember interviewing one, one officer, male officer, and he had a patch on his uniform, and it had initials on it. Kind of like you see in the NFL, for example, when someone dies, they sometimes put the number or something on their helmet, or the shoes, or whatever it might be. And I asked him what the patch was and he said that they were the initials of a couple of the officers who had died by suicide. And so it became really clear to us as we did those interviews, that one like the officers were worried, they were clearly largely willing to participate not so much because they were worried about themselves, they would say, but they were always worried about someone else. I think they're always gonna say that, though, right? It's easier to say to someone else might be experiencing something than to say you are yourself. And so we started to dig in. And right around that same time, the local fox news station here in Massachusetts, when at that time, they thought it was 13 suicides. And so they did a series like one of those local new series that you sometimes see, that included a couple of the families of officers who had died, and so they were members of their families. And so then we got, it really piqued our interest. And right as we were sort of thinking about this, the NIJ released a solicitation for studies of fatal injuries in the justice system, including in policing and corrections. And so we said, let's, I mean, I think we decided on a sunny day in March, like let's just write a proposal to see if we can do a study of suicide. And as we started looking into, we realized no one had done anything really before besides a couple of surveys, for example. And so we wrote the proposal. And we went ahead and did the work. And I have to say that this sort of one of the key things and the reason I'm glad we're focusing on this paper is this particular paper focuses on the deaths of the 20 officers. And so I have a suicide death in my immediate family and because of that, I was keenly aware that I didn't want these suicides to be just another statistic in another sort of big research project. I mean, these were people who had families who cared about them, you know, other officer friends and colleagues who were devastated by their loss. And so I wanted to make sure that whatever method we use really paid respects to the officers who had died and so that's where this particular paper came out of. So we actually began with the officer deaths and we really, you know, no one's done anything on officer suicide. So we thought we went, before we go in and start to assess like, ideation among officers still working there, we really should figure out what led to these deaths or see if we can piece together any common themes or sort of get a sense of some of the, as the paper says, the personal and occupational factors that might have contributed to their deaths. And it was super important to me, and we'll eventually write a book on the 20 officers, but really, it remains the most important objective is to make sure that they--and that's why the families participate, actually--to make sure that their deaths weren't in vain, and that they're not just, you know, representative statistics in larger database of knowledge. And so I think that was probably the most important part. And this is actually my favorite, this will be my favorite paper, even as the ones come out that sort of look at sort of the big quantitative data set that we've collected and things like that.



Jenn Tostlebe 25:50

Yeah. And you point that out in your paper, which I thought was really cool. I think you basically say that almost word for word, what you just said. Alright, so this can kind of come off as, like a cold question, and I don't mean it to be that way. But, you know, obviously, it's important to understand suicide and what leads to it. But for you and your team, why, why is it important to study this and to understand the factors that lead to suicide?



Natasha Frost 26:18

So I think suicide, so as we, when we get to the new project, it also grew out of this project. Suicide is sort of the high end response to the environmental, the impact of these environments on officers. And so, on the one hand, it's the sort of what we might call the extreme. But as we did our interviews of officers as part of this project, the second quantitative part, we realize the impacts are pretty profound, and so not well understood yet. And so I think that that's one reason it's important, but also suicide losses are just devastating for people who know and work with people who die by suicide. I think that the level of suicides in the department, so couple of facilities had four suicides over that one period of time, some several in one year, it really sort of rocked the existential foundation of some of these officers, you know, to have, you know, three people that they knew well die by suicide one after another. It just made them question their own health and well being in ways that, you know, I think, profoundly affected the entire department. And the department has been nothing but helpful in this work. I mean, they give us the access, they pay the overtime, you know, they're really interested in this problem as well. They know that it's a big problem for the officers who work there. It's a huge problem for recruitment of, you know, future officers. And so I think that that is important. I think it's also important that we recognize that there are certain occupations that have much higher rates of suicide than others. We've always known corrections is likely one of them within that Protective Service group. But it's certainly important to understand sort of what are the factors that lead to not only suicide, but also to some of the mental health effects that we found among officers still working there, which we can touch on at the end.



Jose Sanchez 27:57

Okay. So one of the things that you point out in your paper is that, at least in criminology, suicide tends to be under studied, or it's not very common to see suicide studied within the discipline of criminology. And so one of the things that you and Carlos do is you provide an overview of some of the prominent theories of suicide, and so we're gonna give

a quick rundown of those before we move into our next question.

J

Jose Sanchez 28:25

The first one you talk about is the sociological theory, and it's one that I'm most familiar with, which is probably not surprising given that we're in a sociology department. But it's Durkheim's theory of anomie. Basically, Durkheim theorized that when a society or a community experiences some abrupt change, whether positive or negative, then regulations sort of tend to weaken or it becomes harder to regulate people. And that can lead to several different types of suicide, one of them being anomic suicide, there's three others [egoistic, altruistic, and fatalistic]. And so but these variations in suicide sort of depend on the social integration and social regulation that is experienced by the individuals. So that's sociology. Then you have your psychological theories. And there are a variety of psychological theories of suicide. The first set attempt to identify individual-level preconditions for suicide, such as intense psychological pain, hopelessness, and overwhelming feelings of burdensome or an acquired tolerance for physical pain. One specific one that you guys also talk about is Thomas Joiners, Interpersonal Theory of Suicide, in which he argued that blocked belongingness and perceived burdensomeness together explained suicidal desire, but only those who have acquired a capability for suicide can follow through with that desire. That capability can be acquired through direct or indirect exposure to violence, injury, or trauma. And then lastly, there's the psychosocial theory of suicide. And that theory says that it's sort of an interaction between group dynamics and the individuals that produce or can prevent suicidal impulses. And so in other words, it's a structural cultural condition specific to a community. And those are just as important as the individual's mental health for, again, preventing or being a cause for suicide.

J

Jose Sanchez 30:38

And so after, you know, you give the overview in the paper, rather than sort of testing these theories, you decided to go with a grounded theory approach. And can you briefly describe to our listeners what a grounded theory approach is? And sort of why you decided to use this approach?

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Natasha Frost 30:57

Yeah, so actually, I mean, when we wrote the grant, we decided to do a grounded theory approach, because we also come out of a more sociological school. Criminology is sort of, closely tied to Sociology. And so we, you know, turn to psychological theories pretty early as potential explanations for the suicide among officers recognizing, though that we were

looking at what is usually considered like a cluster, right, because there had been a large number of suicides in a very short period of time, we knew it was a, you see them sometimes in high school, what we call a cluster of suicides where there's a whole bunch of suicides at once. And so, the individual psychological theories were important to how we sort of thought about suicide. And I think Thomas Joiners theory, in particular, one, it's one of the most prominent of the psychological theories, currently, but also it sort of takes into account the idea that all sorts of people can have suicidal ideation and that's really based on this hopelessness and feeling of being a burden. But the only people who can actually die by suicide are those who have the capacity to take their own life like quite literally, and that he argues, is acquired. And he makes a very explicit argument in his sort of foundational book, that people can acquire that capability in a number of ways. So one might be that they themselves sort of try harming themselves and habituate over time. So like cutting or other ways of sort of getting used to the idea of sort of the pain and wanting the pain. But the other thing he explicitly acknowledges is that it could be vicarious exposures as well. And so he in his book even focuses on incarcerated populations, and explains that his theory can really explain why suicide is so high in prisons as well. And he's talking about incarcerated people, they're not officers. But it made sense to us as we started this work, that that could be something like the violence exposures and the trauma exposures. So we went into it sort of mindful of that, but also recognizing that we were looking at a cluster. And to be fair, Mueller and Abrutyn's work, which you referenced at the end there, the sociocultural theory, that had not been published yet, when we wrote our grant. So and when I read that we were already well under way to doing our case studies, to be honest, but it's so connected with what we were doing. So they were looking at a cluster of suicides in a sort of semi-wealthy suburban town at a high school level. And so much of what they described resonated with what we were seeing in the suicides we were looking at. But to get more directly to your question. So we use the grounded approach, because none of the theories seem to be capable at the time of explaining the phenomenon that we were interested in looking at. So we, you know, obviously, the psychological theories drove a lot of what we were doing, because we had an N of 20 [a sample size of 20], which obviously, is not a very big n, a very big n, when you're talking about suicides in one small department, but not a big n in terms of sort of testing a big sociological theory of suicide, like their Durkheim's. And so we started out just sort of saying, let's just go into this, trying to learn as much as we can about the lives and deaths of the officers who had died. And that might help inform how we interpret their deaths. And ultimately, we were glad we did although Mueller and Abrutyn's theory that we discovered, you know, a year into this work really did resonate. And so I think, you know, I definitely think they're onto something with this sort of blended sociological/psychological approach.



Jenn Tostlebe 34:14

So also with this, then to kind of, so that was like your theoretical approach to get at, you know, your methodological approach. You and your team used case studies to look at the officers lives, as you said, both the occupational and then the personal aspects of their life. So looking at both of these together, can you briefly describe for our listeners, what case studies are, and then what methods specifically you and your team used to conduct these case studies?

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Natasha Frost 34:44

Yeah, so we did what we call would call an end up sort of case study methodology, which involved sort of, triangulating data that we could get related to these officers. So obviously, they were all deceased and they had been deceased for some period of time when we started. So we did 2010 through 2015. So we didn't have this sort of original source like the officer himself or herself as a subject. But what we did have was the ability to learn about as much as you can learn about someone after their death as possible. So although I'm so glad that we took this approach, so the reason we did it was to sort of gain a holistic understanding.

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Natasha Frost 35:18

And many people will just stick with the sort of official record, right? And we did a lot of official record stuff, we went to the personnel files of all 20 officers, some of whom had worked there 32 years, you can imagine, these are massive files. We reviewed the entire file, we looked for background investment, we looked at the background investigations, the psychological testing they may have gone through when they were joining the department, we looked at all of their time off, all of their sick time, any injuries on the job. So we got a lot of information from what would be called the sort of official administrative record. However, that information told us a lot about who these officers were as employees, or as people who worked in corrections and what their backgrounds were and what some commonalities were, and differences were, but it told us very little about them as people. And so and as I mentioned earlier, the core part of what we wanted to do was to describe them as people.

N

Natasha Frost 36:13

And so the second part of our methodology, well, there were multiple parts. So there was the administrative case reviews. And then there was the interviews with the family members and friends. And then there's a third part, which I'll talk about, but the interviews

with the family members and friends were super important to us, we weren't sure how successful, that was the part we were most not sure about. One, our IRB at the university, you know, had some real concerns that we were reaching out to families and loved ones of someone who had died by suicide. So they put quite a few restrictions on our work. So we were not allowed to call these families, we had to send them a letter telling them what we were doing and why and asking them to participate. And they had to send the card back into us if they wanted to participate. And then the other restriction the IRB gave was that we could only do that twice. So we could send a letter and then wait about six weeks, I think it was, and then if we didn't hear back, we could send the letter one more time, but that was it, with no additional follow up unless we got this card back. And so, you know, we were not so confident that we have a very thorough case study approach, because we thought we might have to just rely on administrative data. But ultimately, we heard back from the vast majority of the families and some of them, as I mentioned in the article, it was just too difficult to participate directly. But we ended up doing interviews with over 45 friends and family members of 11 of the 20 officers. And then we had correspondence with several other families that were not direct in-person interviews. And so that part of the study really involves sitting down face to face. These are not the type of interviews when you're talking about the death of a loved one by suicide that you can do like via zoom, probably, I would not want to do them via Zoom, we weren't in the pandemic. And they're certainly not things you'd want to do by phone. But so all of them were done in person, we flew all over the country. One of the things we didn't account for when wrote the grant, was it not all their families would live in Massachusetts, we should have, but that's one of the pitfalls. Something to learn as a student, like, you know, really think about it, but we didn't mind, we flew all over the country, most people were in Massachusetts, but there were maybe five or six out-of-state interviews. And we sat down with their families and friends and ask them really about their lives and what the families perceived to be some of the causes of their suicide. And that's kind of why we use the grounded theory approach. So we think a lot of people go in thinking they understand suicide, like oh, it's all about the person, it's just selfishness, right, or whatever it might be. But really, we wondered what the families thought about what were the contributing factors to their to the suicide death of their loved one. And they informed, most of what you read in this article comes really directly from them. And so it's really what we would call a participant driven understanding of what led to the suicide deaths in these cases. But like I said, we did about 45 interviews, and some of those interviews were also officers.

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Natasha Frost 38:58

So and that was the hardest part of our study. So we had assumed another sort of pitfall, if you're a methodologist, we had assumed it would be fairly easy to identify the closest colleagues of officers, right? So we thought, Oh, you know, we'll figure out who they



worked with, and then we'll interview them. But in reality, very often, the person who was closest to them at work wasn't someone they worked directly with, and may not have even been at the same facility, someone they met in the academy, who then works at a different prison. And so we were, we had not as much success initially identifying the close friends who were also colleagues. So we did ask the families, they gave us lots of names that they often only remembered first names. Like, I know, he was friends like dude called Jose, right? But I don't remember the guy's last name and so on. And so the way we adapted there was we had a second whole part of this project, which will be a focus of all the future articles or many of the future articles, where we're back into the prisons. And that's actually where we learned as I mentioned, we asked officers like "who do you know who died" and then if they said that somebody, we would ask them what we call Section B, but a series of pretty in depth questions. And that's how we found the friends, right? So they're like, Oh, you know, I was his best man in the wedding. Meanwhile, he would have never been on the roster with him, right. And so then we ended up interviewing some close friends. And so those were the methods that we used.

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Natasha Frost 40:14

And then the final thing was some independent verification. And this was very important to us, because we were reaching out to families. Like I mentioned earlier, we wanted to make sure that they had actually died by suicide. And so we got the death certificates where we could and then we also secured the police reports related to the deaths of the officers. And that was helpful and confirming, for those we didn't have the death certificates for, whether the death was by suicide. There were a few police departments that couldn't give us the reports because there was an active investigation. So two of the suicides were homicide-suicides. And so those, even though both parties are deceased, or one, one was an attempted homicide and a suicide, and the other was a homicide-suicide. So even though the the sort of officer was the perpetrator, and is now deceased, they still considered it an open investigation. So we couldn't get police reports related to those two.



Jenn Tostlebe 41:05

Lots of different working parts.

N

Natasha Frost 41:07

There were tons of working parts! My research assistants had their work cut out for them. There were tons of moving parts. And all really mostly simultaneous. We did the case

studies first. But then we kept discovering more suicides. So actually our last case study interview wasn't till August of 2019, which by then, you know, we thought we'd be done with the case study part in 2017. And it taken like a year, you know, and but we kept learning of more suicides, and we definitely did not want to leave someone out, especially because we hope to write a book about the officers and their families.



Jose Sanchez 41:38

Yeah, I think your success with the letters like when I read that, you have to send out letters, I was like oopf, letters? So I was surprised, in that it worked out for your team.



Natasha Frost 41:54

Yeah, I will say I have to give a little bit of credit to a lot of credit to an organization called On Guard, which was, so one of the officers who died was actually part of our group, because he died in our window, his daughter started a nonprofit called On Guard. And that nonprofit is dedicated to better understanding suicide among officers. And because she's based in Massachusetts, and you know, whenever an officer died by suicide, she and her organization would immediately reach out as someone who could understand what these families were going through, and she really helped us. So she, you know, wrote a letter of support, which was referenced in the letter to the families, and she also knew a lot of these families. So I have no doubt that she might have put in a good word or, you know, maybe, you know, contact them or reach out to them. Not all the families, obviously, but she was definitely instrumental because she's really been sort of an activist after the death of her father in terms of wanting people to do more, care more about this issue. And so, so that was helpful. And then I think these families were selfless in a lot of ways. These were not easy interviews to do. But they really don't want any other family to go through what they did. And they all said, I think, to a person almost, that, you know, I just hope that this saves someone else from going through what we, what we've been through. And so that was a big motivating factor for participating as well.



Jose Sanchez 43:12

Yeah, definitely. And we'll be sure, if they have a website, we'll be sure to link it when, when this episode drops.



Natasha Frost 43:19

Thank you.



Jose Sanchez 43:20

So one of the findings in your paper was that more than two thirds of the sample had spent time in a maximum security prison or the state's forensic hospital. 12 of those 14 individuals were working in on one of those institutions when they died or they had retired shortly from one of those institutions before their death. And so these types of facilities tend to be where exposure to violence or assault and self harm seems to be most frequent. Can you tell us a little bit about how and why employment location or environment is potentially a correlate for suicide risk?



Natasha Frost 44:01

So again, this largely sort of we leaned a lot on Joiner for this. I mean, the officers in these, in Massachusetts there's really three facilities, two maximum security facilities and then the forensic hospital, which no longer run by the department actually, but was at this time, where the exposures to violence are exponentially higher than any of the other facilities. And so based on Joiner's theory, we were really interested in how many exposures to violence our officers had, who had died. And so that was the sort of third piece was looking at their exposures in the facilities. And so we pulled every incident report that every one of these officers had ever written or been referenced in. And so if their name was in it, we pulled it, to look at sort of their collective exposure to violence. And as we talked about in the paper, there were a lot of exposures to violence, across the group, but you know, 85% of them occurred in one of these three facilities. And as you mentioned in your question, you know, these facilities were heavily represented in the work lives, most of the officers had touched one of these facilities. And this is part of why we're looking now at the sort of interaction of exposures to violence and other types of organizational stressors, because we do think it will ultimately be important. It's going to be hard to untangle, right, because these things occur simultaneously, and there's a whole lot of personal stuff going on as well, that you have to control for. But at the same time, I just think these environments, you know, they are the facilities where movement is very controlled, where, you know, risk of violence is, you know, exponentially higher than in some others. And then the number of inmate suicides they respond to is much higher as well. And so you can imagine, you get sort of, you might acquire that capacity for suicide through seeing so much blood and so much trauma inflicted on others, or self harm, and things like that. And so we're really interested in what it is about these environments. It's even down to like how little natural light there is, right? Like, that's got to be, something about that must be damaging over time, when you're spending, you know, 16 hours in a day without any natural light. Obviously, the people incarcerated there are spending 24 hours of their day in those environments. And so we should care deeply about that, as well. But even the officers have that sort of light deprivation. And that's mostly true in these high end facilities. And so that's why we were, why we think there may be something

about where they work that could be important.



Jenn Tostlebe 46:21

Yeah, so the next question fits perfectly with what you were just saying. So obviously, you know, they're being exposed and witnessing suicide amongst incarcerated individuals in these facilities. And based on your paper that is like, and also what I would imagine, that's a major, like vicarious or secondary trauma that the correctional officers are experiencing, not only in the correctional officers who are part of your sample, but also the individuals who you interviewed during these case studies, who worked in the correctional facilities as well. So, based off of your interviews with these individuals, how did they describe how these experiences impacted, you know, them all together, their health, their physical and mental health?



Natasha Frost 47:11

So one of the things I like I really tried to emphasize in this article is that these officers who died by suicide, there was a lot going on in a lot of these cases. So they had a lot of the risk factors for suicide that are well known, right? So they had a lot of things in their lives that were predictive of suicide outside with nothing, not at all related to their occupation. But there was also things about the occupation that we see as potentially troubling. And some of the officers who interviewed, see, I think, you know, in hindsight, they look back at their exposures when one of their close friends dies by suicide, and think about all the things that they've been through together something of one officer in particular, the one who said like, I just, it was nothing to me, I just could do it over and over and over until I couldn't. And I think that they do start to recognize that there's probably an impact, but they don't see it in the way that we do. They do get pretty used to the types of exposures that they that they have in those facilities. And so I do think that it's going to be important, but I also, I don't think you can sort of downplay what we ended up finding, which is that, you know, the exposures to violence were probably not the lead problem, when the lead problems are more, that it's an environment in which people can't, you know, when you're struggling, that's a very difficult place to work. And for all sorts of reasons, which we'll probably talk briefly about, and that has very little relation to the exposures to violence, the exposures to violence may give them that capacity, though, that they might not have had without those exposures. So to the extent that Joiners right, they certainly acquire the capacity through vicarious trauma. I mean, there's no question that, that the vast majority officers who died had, you know, some pretty profound exposures to violence, but not necessarily more profound than lots of the other officers we've talked to right? And so not all officers who are exposed to violence, at really high

levels end up dying by suicide, obviously. So sort of untangling these things is really important going forward.



Jenn Tostlebe 49:05

Right, which is, I mean, that's probably everything to do with what you just said that it's not necessarily the, you know, stopping point or the, you know, setting off point. But if you're dealing with all of these other things as well, which Jose is going to ask about next, I think, being exposed in these environments can kind of push you over the edge.



Jose Sanchez 49:24

Yeah. So I guess on that note, so what were the main risk factors for suicide that you identified among the Massachusetts Department of Corrections officers who died by suicide?



Natasha Frost 49:37

Yeah. So the way I like to describe this is kind of the way I describe it in the article. We really found that there were three pretty pronounced different types of suicide even among these 20, just 20 officers, right? So there were a group of officers who had, whose families knew they were in trouble, right? So they had some pretty serious mental health issues. They were deeply depressed, they were increasingly concerned about the risk for suicide, the officers were very, very clearly struggling with mental health issues over an extended extended period of time. And so that was sort of the fairly large group. There was a second group that was probably equally as large, that included people who had not had long and pronounced mental health issues, but they were going through something at that particular time, that was really pushing them to the limit of their ability to cope. So for example, a lot of the officers were going through really difficult divorces at the time that they died, they were going through child custody issues at the end of relationship, they had lost a loved one very recently, who was very important to them. And they were not, they didn't have known mental health problems leading up to these issues, but they were starting to notice problems. And then the third, there's a third, much smaller group, where none of these risk factors for suicide were present. So those were what would call the, the really sort of, I call them impulsive, right? So these officers they had no, they weren't going through a major challenge in their lives, necessarily, they didn't have any mental health issues that their family knew about. But something happened and they made like a snap decision. Because officers carry weapons, they don't carry weapons in the facility, but they all are licensed to carry. Because of that they had quick access to a

firearm and made, so that a small group of them we have really no explanation, no risk factors. But we were able to identify sort of what we call the triggering event in really every one of these suicides.

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Natasha Frost 51:30

So there was always a triggering event. More often than I would like to see it was something related to work. So a lot of these officers were under investigation by the department at the time of their deaths. And that was, their families described that as intensely stressful for the officers and really a time of immense pressure on them. And as we've talked to officers, in the second part of the study, it became really clear that there's a really important tie between departmental discipline or facing that discipline, and your own mental health and well being. And that's something I think that we'll, it's not so much in this article, except for how we found it in the officers who work there and had died, but it will be very much in a lot of the articles that follow because it was a very prominent theme, like, you know, they don't know, they know they're under investigation, they sometimes don't even know what for, they kind of feel like almost Kafkaesque, right? They're not sure what they're, they don't know how to defend themselves, when they're not sure what they're under investigation for it. It just ends up being a profound stressor for officers. And then the other major thing that we saw was increased sort of drug and alcohol use, and which is a known risk factor for suicide. And you know, this is a, and again, trying to explain that in the new study will be important because it was very prominent. So the sort of mental health issues were prominent at about the rate they are in the general population, though. But we saw really heavy increasing drug and alcohol use in many of the cases. Again, not the ones that were really impulsive, where they just seem to come out of nowhere, but certainly the ones where they were going through stuff in their lives, many of them had turned to drinking. And the culture has a little bit of that to it too. So lots of these guys, and they're mostly guys, 85% men, which is another problem, and 85% white men, by and large. They go out after work they drink. And you know, as part of what they do is they get working three to 11. They all go for a drink. And so then it become and you know, some of them develop alcohol problems. And that's an important risk factor for suicide as well.



Jenn Tostlebe 53:27

Lots of moving parts with this as well. I mean, it's complicated.

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Natasha Frost 53:34

We don't expect to ever explain suicide, just talk about some of the things that might have contributed, because it's you can never really know. If we could, if we could predict suicide, we could prevent it. And obviously, it's really hard to predict who will die by suicide.



Jenn Tostlebe 53:46

Yeah, I will say that, for people who are really interested in this, the quotes that you pull out, Natasha, that are in this paper, you know, they add so much dimension to what you're talking about. And so I highly recommend reading the paper, it really does put, you know, more than just the statistic, which is what you were going for, and I think I think you and Carlos nailed it. I really like yeah, those. I like having the quotes just so much, because that adds that rich depth. So yeah.



Natasha Frost 54:14

Yeah, we have I mean, there's so many more where that came from. We were so limited in what we could fit. And we had to cut some quotes because they take a lot of space, but they really give you the essence of what some of the offices were going through and what they perceive to have been the problems the families and the friends of these officers. I love it too. I mean, this was my first real qualitative, I do a lot more quantitative work, usually. And it is by far the most rewarding study I've ever done it and that piece of it working with these families and sort of telling the story in their own words was, you know, incredibly moving for me as well to be part of.



Jenn Tostlebe 54:50

I'm sure they were difficult interviews to do at times.



Natasha Frost 54:53

They were but I'll say like, that's the other thing that people often ask me like, oh, wow, that must be tough. And one of the things and I will be forever grateful to the chair of our IRB, who was actually a psychologist. He gave us a piece of advice for doing these interviews, which I hadn't really thought about. He was also a professor of mine when I was an undergrad, I went to Northeastern as an undergrad. So that was kind of full circle. But he said to us, he said, "You know, you're gonna be going down some sort of dark pathways." And he's like, "I recommend you start the interview on a positive note." And so he taught, he's the one who told us like, ask for a favorite memory as the first thing you

ask of the officer. And that was the single best thing we did. Because we first of all, without even being asked almost all the families brought pictures or showed videos, they wanted to sort of show you who this person was. And so by asking that question, first, it sort of gave them a chance to talk about the best parts of their relationship. And it made the interview so much easier. The other thing and I will say, I think was particularly important, was that I because I have a suicide death in my family. As soon as you tell someone that, they realize that you're part of a club that they know is a club you never want to be in, but that nobody outside of that club can really ever understand. And so I think that sort of broke the ice in a way that they felt like, wow, this is someone who I can talk to about this, because she, you know, she won't just she'll, she'll understand what I mean, when I say this. And the thing I feel good about is that we left every single interview, there were like tons of tears, and lots of really heartbreaking interviews, but at the end, every person we interviewed felt better than they did when they came in the room. And I think that that was really important accomplishment and something that I don't know that I would be able to do well had I not had this experience myself, right? But there is something that's quite cathartic about sort of telling your story to someone who you know won't judge the, you know, your loved one as being you know, he must have been so selfish. I mean, I've heard that a lot of times when, when my loved one died by suicide, and I was like, no, he was about as far from selfish as you can ever imagine. And so, you know, you don't say that, once you've been through that yourself, right, you would never say something like that. And I think that that was, you know, important. And that's how we got these. I mean, these families just gave us such great material, because they felt comfortable, I think, and they really did genuinely want to make a difference in the lives of others.



Jenn Tostlebe 57:10

And I do think, you know, that experience that you've gone through and all these people have gone through, it's, I'm sure it's not, you know, a pleasant one to even know, talk about, etc. But, you know, suicide seems like such a stigmatized topic. And so I can definitely see how that would help, like you said, break the ice, make them more comfortable. So yeah.

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Natasha Frost 57:31

And I think a lot of suicide survivors end up feeling that like, there's a lot of the walks are called Out of the Darkness, right? That's a famous nonprofit that does these walks all over the country for suicide prevention? Because it is it has for so long been this like, real stigmatized form of death. And, you know, Out of the Darkness says we need to get this problem out in the open so people can talk about it and not feel like, you know, that it's... Yeah, so I think that that that's part of what motivated these families, as well as that, you



know, they wanted to make sure that they talk and, you know, tried to do something that might be helpful.



Jose Sanchez 58:02

Yeah. Okay. So our final question about your paper, is, could you elaborate a little bit on some of the implications of what would come out of your paper and in your findings, specifically, what would be relevant to other researchers, and then more generally, to policymakers or the general public?



Natasha Frost 58:23

Yeah. So I think particularly in corrections, I think that what some of the key findings that we have in this paper relate to the sort of ways in which the environment in which these officers worked interacted with these factors in their own lives that were happening that had nothing, many times nothing to do with the department in ways that were problematic and could have been addressed. Right. So mental health challenges are stigmatized in society, still. I think increasingly less so as time goes on, thankfully. But in this context, you cannot have mental health issues and not be stigmatized. And that was felt really deeply by these families. Like when these officers started to experience depression or anxiety, they were incredibly concerned about what that meant for their jobs, right? So that because, you know, they, they didn't want, at any cost, anyone at the department to find out that they were struggling, because that might mean they weren't fit for duty. Right. And so they're, you know, there were fit for duty evaluations of officers and well there are a lot. And so that was a really core concern that they had. And so in this environment help seeking was incredibly and still is, you know, largely looked down upon. Some of the families even admitted to avoiding help seeking so that the person didn't lose their job. And then you know, sort of kind of regret that. Well very much regret that in hindsight. And so those were things that really mattered and could be addressed. So sort of destigmatizing mental health issues, sort of encouraging people to seek help when they need it.



Natasha Frost 59:51

The other big thing theme that emerged that we weren't really expecting so much was this theme that these officers and many more that we've talked to since, they really have a lot of incentives to keep working there, even if they shouldn't work there anymore. And so we call that sort of hanging on to the job and waiting for retirement. And that was really a prominent theme. And that even the officers who were, you know, some of them were captain's, lieutenants, they had worked there for years, and they had loved their jobs. But

by the end, they were really starting to struggle, and their family members and loved ones said, you know, he just wanted to hang on for like, two more years, and he would get the retirement. And so there's, that's a problem as well, I mean, that people are, you know, willing to sacrifice their own lives to get to that end point. Massachusetts, to be honest, I think we have the second highest paid correction officers in the country, right after California, which is number one. So they make a lot of money. And they only have to do 20 to 25 years. If you wait 25 years, to secure a pretty nice pension. And so they can go in at 20 and retire at 45, and I think they see that as the end goal. And if they stay more than a few years, it doesn't matter what the environment is doing to them, they just want to hang on. So that's a little bit of a problem.

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Natasha Frost 1:01:03

And then the other major thing that could be addressed is the way, and we're working with the department on this now actually, is the way in which they sort of run the staffing of their facilities. And so, you know, one of the big things that the officers expressed who work there still, is that this, this work is really devastating to family lives, right? So that you know, you you work the 11 to seven, or the three to 11. And you hardly ever see your wife, you hardly ever see your kids, your wife leaves you, you know, your kids that you hardly get to spend any time with them, they went through all these ways in which this type of shift work is damaging. And then in our department, here in this state, you can only sort of get to the good shift, or to seven to three, where you have like a real family life by putting in your time, right? So everybody starts on these terrible shifts. And so when they get that they hang on to that shift too. And even if that means that they can't get a promotion, right, because if they get a promotion, they go back to the bottom of the barrel in terms of seniority at the next rank. So there's all this sort of built in structural pressure that could definitely be dealt with, right? So we're actually working, I present Tuesday to the commissioner and all the deputy commissioners on our key findings from the second part, which is not the focus of this article, but what we learned from the officers who still work there. And we literally in that part, too, even though that's a more quantitative analysis, we did some qualitative pieces, and we use their own words to tell the department what to do. So we're just sort of voicing what the officers would tell them themselves if they would just ask him, like, how can we make your life better? They have a lot of good ideas. And so we're going to communicate them through their own words and hope that that can make an impact. So I am hopeful. The other thing I love to say about this work, too, is like it's the work that really doesn't matter what your political affiliation is, or which party you support. Like nobody wants people to be damaged in the course of going to work. And so this work has been supported by administrations across the board. Right. So we've been supported. And and I think they will continue to support this work. And I'm hopeful that in the long run, if we can show that this institution is damaging, even to those who

work there, that that will call the institution into question even more than it already is. Because there's, I hate to say it because I did this work for so long, but there's a large population that couldn't care less if incarcerated people are damaged by the experience of incarceration. And that's very sad to say, but it's also very true. Those same people would be a little bit more worried about officers going in and being, you know, deeply damaged by the experience of just trying to go to work and ensure public safety and things like that. So I'm hopeful that in you know, in the long run, this might be another another piece of the puzzle that ends mass incarceration. That's my end goal.



Jenn Tostlebe 1:03:44

That's a big goal, but I completely support it.



Natasha Frost 1:03:47

Thanks, Jenn.



Jenn Tostlebe 1:03:48

Alright, so much for the last five-ish minutes or so move into this like new project that you are starting? Just starting?



Natasha Frost 1:03:59

We just started, yeah.



Jenn Tostlebe 1:04:00

Okay. So as we talked about, in your introduction, you got this new NIJ grant, to kind of study the careers of officers from when they enter the academy all the way through their career. The goal of it, broadly speaking, and I'll ask you to elaborate on this, but it seems to know better understand the relationship between these organizational and occupational stressors, their violence exposures, as well as you know, the mental health and wellbeing of the officers. I'm assuming both physical and mental?



Natasha Frost 1:04:33

Primarily mental health. Yeah, primarily, although we will focus, we have some questions

about medical health and physical health as well, but mostly the mental health. Because to be honest, their medical health like that officers are generally in relatively good physical condition, or else they retire early or end up going out on disability. And so we will track that as well of course. But we're primarily focused on the mental health because it stemmed from the suicide project, to be honest, and so yeah.



Jenn Tostlebe 1:05:01

Please go ahead and elaborate goals, you know, overview data, etc, just to kind of give our listeners an idea of where you're headed with this.



Natasha Frost 1:05:09

Yeah, so and I'm super excited about it, we just literally went started going back into the prisons a month ago. So obviously, we couldn't go in either during COVID, but now we're back. And I had a meeting today on the way over here with one of the facilities. But essentially, what what happened was we, toward the, the second part of the suicide study, which is not the focus of this article, as I mentioned, we went back into the department and we interviewed 440 officers who still work there. And the goal of that part was to better understand the impacts of officer suicide on people who work there, like, what how does it impact you to have known, you know, for people who die by suicide, who are your colleagues? And so, as we were doing that piece of it, we again, we keep sort of falling, luckily, on things, but they graduated an academy for the first time in a while here in Massachusetts. And so I sort of thought ahead, I thought to myself, you know, even if we find some profound mental health effects, people are going to ask, like, how do you know that they didn't just come in with these problems, right, like they may have, this job may attract a bunch of people who have like severe PTSD, there's, you know, maybe they got that from the military, if they were veterans. Maybe they're just anxious by nature. And so I was like, you know, no matter what we find, because it's cross sectional, we're going to get challenged. And so I thought on my foot, my feet, so to speak, and I said, you know, we should do, let's get a small group, random sample of new officers to try to understand like baseline levels of anxiety, depression, suicidal ideation, and PTSD. So those are our four main outcomes. And so we did, we said to the department, we're adding another group, and so we'll interview them simultaneously. And what we found was levels of mental health symptomology, among the initial random sample, so of officers at all ranks in the range of 20 to 25%. So about 20 to 25% of the officers were experiencing problematic or clinically elevated symptoms of mental health problems. And when we looked at the new recruits, there was almost zero. So they had very, very few, there was like a handful of officers who had low levels of problematic anxiety symptoms, but nothing in terms of PTSD, depression, suicidality. So in the big sample, 14 officers expressed suicidal ideation;

in the new recruits, nothing, none of that. And so that was a very small group, 45, but they were randomly sampled. So we use that to say, look we can't say that what the officers are going through at work has led to this mental health symptomology. But what we can say is that this group of 45 over here don't seem to have those same problems when they're just starting their career. And so we went ahead and use that to write the new grant where we said, you know, the only way to really untie the causality between these different pieces, like the exposures to violence, the occupational stressors, the personal life challenges, is to follow people over time so you can get the causal ordering. And so we wrote another grant, right, as the other suicide study was ending. And we were lucky that project was funded for its first five years, which will collect three waves of data from, from new recruits. And we like I said, we started going in about a month ago. And so in that project, we are giving it pretty much the same interview that we used in the suicide project with less of an emphasis on suicide, a little bit less of an emphasis, to all officers in their first year on the job. So we'll get them at sort of what we call, at baseline, and then we'll interview them every 18 to 24 months, and sort of follow them. And so this grant was also from National Institute of Justice funds, the first three waves of data collection, but we will write a continuation grant to follow them over time, really, through their careers, we'd love to get to that 25 year mark, if the Department of Justice will keep funding us, because we think it would be incredibly important. Longitudinal studies are so necessary in criminal justice, and so few and far between. But certainly here, this is a complex phenomenon, that's, you know, cross sectional data is just never gonna, it might give you a point in some directions, but it's certainly not going to tell you anything about the causal ordering of these things. So that's a new project.



Jenn Tostlebe 1:09:06

For the new project, is it a random sample of officers too or are you doing like cohorts like full cohorts?



Natasha Frost 1:09:12

It's full cohorts. Yeah, so unfortunately, the classes, we need to get to about 300 officers followed over time, by the end of this five year grant. And so they're graduating, they're academies because a COVID got much smaller. And so they're going to do them more often, but they're much smaller. And we are, so we're approaching every officer trying to get them to participate. So far, knock on wood, we have an 85% participation rate, only a handful have said no. And we tell them upfront, like we're going to come back to you in 18 months and ask to do this all again. But again, I'm really hopeful that they'll stick with it and that will get sort of pretty big group of officers. But yeah, it's basically three cohorts,

2020, 2021, and 2022. So everyone who graduates from the academy will have an opportunity to participate.



Jenn Tostlebe 1:09:59

Sounds really interesting. I hope that you can continue to do it for their full career. That would be really beneficial to, you know, not only the policy and the officers, but also, you know, the academy and what we're learning, especially about mental health, because that is, like you said, becoming more and more looked at. And, you know, cared about.



Natasha Frost 1:10:21

And less and less stigmatized. Yeah. So yeah, you know, hopefully people more willing to address, you know, to address it directly head on.



Jose Sanchez 1:10:30

That's quite the undertaking, but we're rooting for you.



Natasha Frost 1:10:32

Oh, thank you. Thank you so much. I, as I said, as has probably become clear. I'm like, I love this work. I'm just I can spend the rest of my career doing it happily.



Jose Sanchez 1:10:41

Yeah. Well, that's all the time we have for you today. Like most of our episodes, we wish we could have spent another two to three hours talking about this.



Jenn Tostlebe 1:10:51

We had more questions, but we ran out of time.



Jose Sanchez 1:10:55

But thank you so much for joining us. We really appreciate it. This was a really interesting topic. It's something that's way outside of my wheelhouse. I think it's a little closer to Jenn's, but it was very interesting to read. And we're very thankful for you taking time out of your day to talk to us about your work.



Natasha Frost 1:11:13

No problem. Thank you for inviting me, I love I love doing podcasts. I've done another podcast. In fact, I like to say I did a podcast called Sword and Scale, which I don't know who that is, really. But when I talk to people, they're like, Oh, I heard you on Sword and Scale. That's always the thing that gets cited the most like I was quoted in the New York Times, no one ever mentions that. But this Sword and Scale, whatever that is, it had a pretty wide listenership, obviously.



Jenn Tostlebe 1:11:39

Thank you.



Natasha Frost 1:11:40

Thanks so much. I appreciate it. I'm sorry if my answers were too long.



Jenn Tostlebe 1:11:44

Oh no. It was perfect.



Jose Sanchez 1:11:45

No problem at all. So you know, we've talked about your new NIJ project, but is there anything else you'd like to plug? Any work that may be coming out soonish that we should be on the lookout for?



Natasha Frost 1:11:56

Yeah, so I mentioned this, the findings from the quantitative part of this study will be coming out in the coming months and years, hopefully, there's just so much data that we have here. So I'm working with some of my PhD students on that. And the other thing we've committed to doing is sharing our findings directly with the officers themselves, whether they interviewed with us or not. So we have a web page that I sent you a link to, I think, where we post and we'll continue to post--it just got built, so it's brand new--all sorts of things related to this work, including a link this podcast when it comes out. But you know, we will we post our presentations that we give to the department unedited so that anybody can see sort of what we found. Because one of the things I think is pretty unique about our relationship with the department is that they let us do this work, but they do not interfere. So you know, they they're just ready for us to say whatever we're going to say,

which is really nice, because it's not, that's not always true. Often, you have to filter what you say to keep your relationships and not so far, knock on wood, that has not been our experience, they've been pretty open to us directly releasing findings to the public, sharing them with the officers. And so the webpage is a place to go if you're interested in this topic.



Jenn Tostlebe 1:13:03

Yeah. And I'm linking it on our podcast website page for you, as well.



Natasha Frost 1:13:08

Awesome. Thank you so much.



Jose Sanchez 1:13:09

And finally, where can people find you? Twitter? Email?



Natasha Frost 1:13:13

So um, as my daughter tells me, I'm old. I have Twitter, but I don't use it very often. But I have an email and I have a web page at Northeastern. Most people reach out by email, or I'm occasionally on Facebook, but then I always close my account every five minutes because it drives me nuts. So generally, about the most, I'm not very social, social media savvy. But you're welcome to reach out to me any other way. That's like, I didn't even know if a podcast was video or audio. So that should tell you a lot.



Jenn Tostlebe 1:13:40

They're both depending on the podcast.



Natasha Frost 1:13:44

So it wasn't as bad of a question as I imagined.



Jose Sanchez 1:13:47

Some people do record video, but we don't have a nice enough studio to do that. Great. Yeah. We will also link all your contact information in case anyone has any more



questions about the work that you're doing. So people will be able to find you. But yeah, other than that, thank you again.



Natasha Frost 1:14:06

Thank you both. Appreciate it.



Jenn Tostlebe 1:14:08

Thank you and great meeting you.



Natasha Frost 1:14:10

You too. You too. Take care.



Jenn Tostlebe 1:14:13

Bye!



Jose Sanchez 1:14:13

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