The Experience of Post-Traumatic Stress Disorder in Ex-Prison Officers

Joanna Binley *is a Trainee Forensic Psychologist with the British Psychological Society. This paper was written for her dissertation at Coventry University.*

The increasing staff turnover rate amongst prison officers in England and Wales may be due to the occupation's range of possible physical and mental health consequences.[1] Prison officers are exposed to illicit substances, experience more psychosomatic health issues, and are at a heightened risk of assault,[2] than most other occupations, with prisoner-on-staff assaults steadily rising in recent years.[3] Also, prison officers have higher rates of mental health disorders than many other occupations,[4] however, a large amount of research in UK prisons has mainly focused on the mental health of prisoners.

High stress levels and burnout, both significant predictors of PTSD, are common amongst prison officers and could lead to increased absenteeism.[5] Moreover, prison officers experience a constant threat of violence — to themselves or those around them — which has been argued to be more stressful than direct victimisation alone.[6] This could lead to developing hypervigilance, which is common amongst correctional officers and a symptom of PTSD.[7]

In addition, prison officers are exposed to a range of potentially traumatising events (PTEs) such as: violence, self-harm, drug overdose, and suicidal behaviour. Witnessing PTEs is associated with developing PTSD symptoms.[8] It is important to consider how prison staff manage seeing such traumatic events in their workplace, with many employing a 'façade of capability' (p. 816),[9] wherein they pretend to be undisturbed by traumatic events.

Similarly, prison officers may adhere to the 'feeling rules' (p. 2)[10] of the prison environment to manage their emotions at work. Every workplace has implicit feeling rules set according to an organisation's culture, values, and history, dictating appropriate emotions for each setting.[11] The feeling rules of prison work render emotions such as fear, sadness, and anxiety as unacceptable. Prison staff report that colleagues or managers would view them as weak if they broke these rules and spoke truthfully about their mental health.[12]

Internationally, suicide rates are higher amongst correctional officers than the general population;[13] one paper estimated rates of suicide in correctional officers in New Jersey are double that of police officers.[14]

1. Ministry of Justice. (2020). Her Majesty's Prison and Probation Service Workforce Quarterly: September 2020.
2. Ferdik, F. V., & Smith, H. P. (2017). Correctional officer safety and wellness literature synthesis. (NCJ 250484). National Institute of Justice, US Department of Justice.
3. Aside from a decrease due to the Covid-19 pandemic: Ministry of Justice. (2021). Safety in custody statistics, England and Wales: Deaths in prison custody to March 2021, assaults and self-harm to December 2020.
4. Kinman, G., Clements, A. J., & Hart, J. (2017). Job demands, resources and mental health in UK prison officers. *Occupational Medicine*, 67(6), 456-460.
5. Jaegers, L., Matthieu, M., Vaughn, M., Werth, P., Katz, I., Ahmad, S. (2019). Postraumatic stress disorder and job burnout among jail officers. *Journal of Occupational and Environmental Medicine*, 61(6), 505-510.
6. Ellison, J., & Caudill, J. (2020). Working on local time: Testing the job-demand-control-support model of stress with jail officers. *Journal of Criminal Justice*, 70, 1-11.
7. Kimble, M., Boxwala, M., Bean, W., Maletsky, K., Halper, J., Spollen, K., & Fleming, K. (2014). The impact of hypervigilance: Evidence for a forward feedback loop. *Journal of Anxiety Disorders*, 28(2), 241-245.
8. Spinaris, C., Denhof, M. & Kellaway, J. (2012). Posttraumatic Stress Disorder in United States Correctional Professionals: Prevalance and Impact on Health and Functioning. Available Online: http://desertwaters.com/wp-content/uploads/2013/09/PTSD_Prev_in_Corrections_09-03-131.pdf
9. Walker, T., Shaw, J., Hamilton, L., Turpin, C., Reid, C., & Abel, K. (2017). 'Coping with the job': Prison staff responding to self-harm in three English female prisons: a qualitative study. *The Journal of Forensic Psychiatry & Psychology*, 28(6), 811-824.
10. Barry, C. (2020). 'You can't tell anyone how you really feel': Exploring emotion management and performance among prison staff who have experienced the death of a prisoner. *International Journal of Law, Crime and Justice*, 61, 1-11.
11. Hochschild, A. (1983). *The managed heart: Commercialisation of human feeling*. University of California Press.
12. Crawley, E. (2004). *Doing prison work: The public and private lives of prison officers*. Willan Publishing.
13. Frost, N., & Monteiro, C. (2020). The interaction of personal and occupational factors in the suicide deaths of correction officers. *Justice Quarterly*, 37(7), 1277-1302.
14. New Jersey Police Suicide Task Force. (2009). New Jersey Police Suicide Task Force Report.

Elevated rates of suicide could be due to high levels of PTSD which is associated with increased suicidality.[15] However, at the time of writing, there are no available papers exploring suicidality amongst UK prison officers.

As they experience burnout, exposure to multiple PTEs, and substantial emotional labour — all significant PTSD predictors — there may be high levels of PTSD in UK prison officers.[16] Across Western countries, estimates of PTSD in prison officers range from 33 per cent to 53 per cent;[17 18] each estimate is at least three times the lifetime prevalence of PTSD in the general population.[19] American correctional officers experience levels of PTSD higher than New York Fire Fighters involved in the rescue efforts of 9/11,[20 21] and equivalent to those of war veterans.[22] UK prison officers may experience PTSD at comparable rates to their international counterparts and significantly higher rate than the English general population's rate of 4 per cent.[23]

To date, there has been no study exploring the prevalence or experience of PTSD in UK prison officers, despite mounting evidence suggesting prison officers could be suffering from elevated rates of workplace PTSD. UK research has focused primarily on officers' stress and burnout,[24] or general mental health.[25]

Due to PTSD's nature,[26] it is likely ex-prison officers could still be suffering and those no longer enveloped within prison work may feel more able to speak openly about this. Therefore, including in research the experiences of ex-prison officers with PTSD may enable understanding of PTSD in serving officers.

With the frequency of PTEs in prison officers' roles, it is imperative to be aware of their consequences, and to better understand their experiences of PTSD. This study aimed to raise awareness of the issue of PTSD amongst UK ex-prison officers and, by extension, those still serving as officers, and to develop a better understanding of their experiences.

Elevated rates of suicide could be due to high levels of PTSD which is associated with increased suicidality.

Method

Participants were ex-prison officers (n=12) with PTSD: two women and 10 men. One had worked as a prison officer for between six and 10 years, all other participants for 20 years. Eight participants had served in England and Wales and had worked in prison categories ranging from A to D. Two participants had served in Northern Irish Category A prisons, and two had worked in Scottish maximum-security prisons.[27] Participants were excluded if they did not report receiving at least a working diagnosis of PTSD from their GP.

Participants were recruited through the Prison Officer Association's (POA) communication channels. Those who expressed interest were given more information via telephone or email and a detailed information sheet. Participants received an online consent form and demographics questionnaire. Interviews were then arranged.

15. Gradus, J., Qin, P., Lincoln, A., Miller, M., Lawler, E., Sørensen, H., & Lash, T. (2010). Posttraumatic stress disorder and completed suicide. *American Journal of Epidemiology*, 171(6), 721-727.
16. Boudoukha, A., Altintas, E., Rusinek, S., Fantini-Hauwel, C., & Hautekeete, M. (2013) Inmates-to-staff assaults, PTSD and burnout: Profiles of risk and vulnerability. *Journal of Interpersonal Violence*, 28(11), 2332-2350.
17. Jaegers, L., et al. See footnote 5.
18. Trounson, J., Pfeifer, J. E., & Critchley, C. (2016). Correctional officers and work-related environmental adversity: A cross-occupational comparison. *Applied Psychology in Criminal Justice*, 12(1), 18-35.
19. Regehr, C., Carey, M., Wagner, S., Alden, L. E., Buys, N., Corneil, W., Fyfe, T., Fraess-Phillips, Krutop, E., Matthews, L., Randall, C., White, M., & White, N. (2021). Prevalence of PTSD, depression and anxiety disorders in correctional officers: A systematic review. *Corrections: Policy, Practice and Research*, 6(3), 229-241.
20. Spinaris, C., et al. See footnote 8.
21. Perrin, M.A., DiGrande, L., Wheeler, K., Thorpe, L., Farfel, M., & Brackbill, R. (2007). Differences in PTSD prevalence and associated risk factors among World Trade Center disaster rescue and recovery professionals. *American Journal of Psychiatry*, 164, 1385-1394.
22. James, L., & Todak, N. (2018). Prison employment and post-traumatic stress disorder: Risk and protective factors. *American Journal of Industrial Medicine*. 61(9), 725-732.
23. Fear, N., Bridges, S., Hatch, S., Hawkins, V., & Wessely, S. (2016). *Adult psychiatric morbidity survey: Survey of mental health and wellbeing, England*, 2014. NHS.
24. Butler, D., Tasca, M., Zhang, Y., & Carpenter, C. (2019). A systematic and meta-analytic review of the literature on correctional officers: *Identifying new avenues for research. Journal of Criminal Justice*, 60, 84-92.
25. Kinman, G., et al. See footnote 4.
26. The APA states PTSD can be 'long lasting' and 'persistent': American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders (5th ed.)*.
27. Grimwood, G. (2015). *Categorisations of prisoners in the UK (Briefing Paper Number 07437)*. House of Commons Library. Available Online: https://commonslibrary.parliament.uk/research-briefings/cbp-7437/

Semi-structured interviews were conducted via telephone, audio-recorded and transcribed verbatim. The interview's open-ended questions gained a comprehensive overview of the participants' experiences. Interviews ranged in duration from 23-161 minutes, the average being 68 minutes long. After interviewing, participants were sent a debrief sheet, which detailed possible avenues of support such as Assist Trauma Therapy and Samaritans.[28]

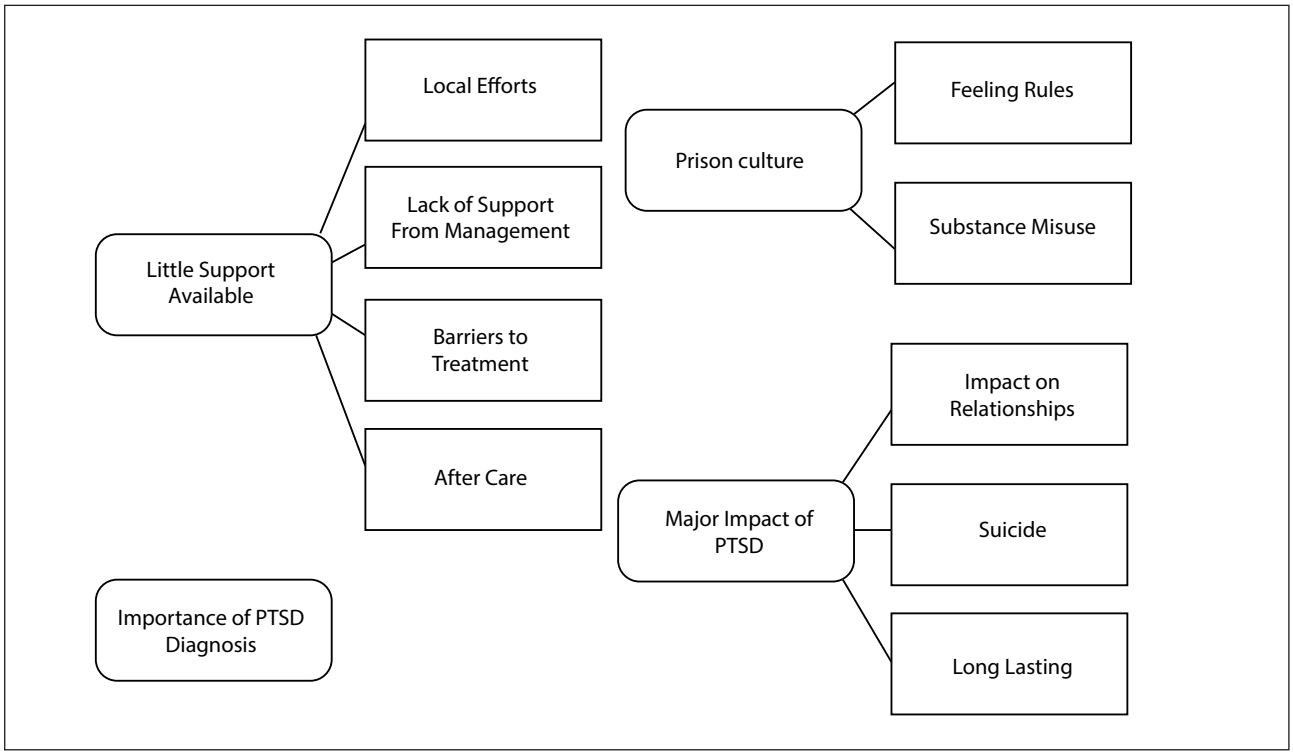
Thematic Analysis (TA) was used to analyse the data to identify main themes of experience.[29]

Coventry University granted ethical approval.[30] To protect participants from harm, detailed information sheets ensured participants fully consented and knew of any potential distress.[31] The researcher clearly explained the study's aims and potential distribution to participants.

Results and Discussion

Figure 1 below presents the themes and sub-themes generated from the data.

Figure 1. Thematic map showing overarching themes and sub-themes generated from the data.



Theme 1: Little support available

Local efforts. When reflecting on their time as a serving officer, the participants found support around PTEs was inconsistent nationally across prisons, even for basic forms of support, such as debriefs after major incidents.

> *I was never invited to the critical debrief. Everybody else got invited…I was the one dealing with the core incident. (Participant A)*

Importantly, prison officers involved in a critical debrief have lower levels of post-traumatic stress symptoms than those who are not.[32] Debriefs also function as encouragement for officers to consider and discuss their emotions, potentially reducing stigma surrounding struggling after a PTE.[33]

Support for individuals who had already developed PTSD from their work varied between managers.

28. http://assisttraumacare.org.uk/ and https://www.samaritans.org/
29. The author closely followed Braun and Clarke's guidance of TA: Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. Qualitative Research in Psychology, 3(2), 77–101.
30. The British Psychological Society's Code of Ethics was followed: British Psychological Society. (2018). *BPS Code of Ethics and Conduct*.
31. Grey, N., & Holmes, E. (2008). "Hotspots" in trauma memories in the treatment of post-traumatic stress disorder: A replication. *Memory*, 16(7), 788-796.
32. Ruck, S., Bowes, N., & Tehrani, N. (2013). Evaluating trauma debriefing within the UK prison service. *Journal of Forensic Practice*, 15(4), 281-290.
33. Sweeney, F., Clarbour, J., & Oliver, A. (2018). Prison officers' experiences of working with adult male offenders who engage in suicide-related behaviour. *The Journal of Forensic Psychiatry & Psychology*, 29(3), 467-482.

If you had a particularly good boss they might say 'you're not doing so great are you? We'll cover your shift, go home'. (Participant G)

Lack of support from management. Participants felt most managers did not understand how to deal with traumatic events and staff suffering from PTSD.

I was sat at home… not getting anything from anyone, the managers just didn't know how to deal with [PTSD]. I felt like a pariah. (Participant D)

[After a prisoner nearly killed an officer] there wasn't anyone there at the end of the day from senior management, to just say 'are you okay?'. (Participant K)

Many managers showed insufficient understanding of their employees' PTSD, and this led to them feeling unsupported. Feeling misunderstood by management was previously reported amongst English prison officers.[34]

Some managers explicitly dismissed their employees' concerns.

[PTSD] doesn't exist, nobody suffers from PTSD according to senior management. Nobody wants to talk about it. Nobody is willing to acknowledge it. (Participant L)

One of the governors rang me… he said 'you mentioned that there's a lack of support from senior management? That's not my job'. I said 'really? I've been assaulted in your prison, I've done 30 years of service, I've done good work, and it's not your job?' (Participant I)

A manager told me the more fraggled you are the better you're doing your job.[35] Another senior manager told me being a fraggle was a badge of honour and to pull myself together. (Participant L)

Due to the hierarchical arrangement of prison work, prison officers may not be able to seek help from occupational health services if their manager is unsupportive or dismissive.[36]

Support offered felt like a bureaucratic exercise without any care behind it.

There's a falseness if they do ask you how you are after an incident… they've done it because their tick box told them to. It means nothing. (Participant E)

Feeling misunderstood by management was previously reported amongst English prison officers.

Having more positive relationships with supervisors is linked with less symptoms of stress and PTSD in correctional officers.[37]

Barriers to treatment. Multiple barriers stopped participants, and their peers, from successfully receiving treatment, which supports previous research.[38] Being expected to work soon after or just before their psychotherapy session was a logistical and emotional barrier for staff, which discouraged them from engaging.

They'd say 'oh when's your appointment' and you say '11' and they'd say 'well come in for the morning then and then leave'… I'd say 'well no because I'm not going there in my uniform'… It was an inconvenience for them… a lot of staff just went 'ugh I'm not doing this'. (Participant D)

Managers did not consider that psychotherapy can be emotionally draining and leave individuals feeling vulnerable.

Only five (42 per cent) participants were offered formal psychotherapy through their workplace.[39] Others sought alternative free treatment through the NHS, such as via Improving Access to Psychological Therapies

34 Walker, T., et al. See footnote 9.

35 'Fraggle' is used amongst officers to mean an individual with mental health issues caused by their workplace.

36 The occupational health service often relies on management's involvement (HMPPS).

37 Steiner, D., & Wooldredge, J. (2015). Individual and environmental sources of work stress among prison officers. *Criminal Justice and Behaviour, 42*(8), 880-818.

38 Walker, T., et al. See footnote 9.

39 This five received Eye-Movement Desensitisation and Reprocessing Therapy (EMDR): Khan, A., Dar, S., Ahmed, R., Bachu, R., Adnan, M., & Kotapati, V. (2018). Cognitive behavioral therapy versus eye movement desensitization and reprocessing in patients with post-traumatic stress disorder: A systematic review and meta-analysis of randomized clinical trials. *Cureus,* 10(9), 1-17.

(IAPT) which they were referred to via self-referral or their GP, however this had long waiting times. A minority paid for private treatment, unlikely to be a viable option for many others. The remaining participants went without treatment, which could be detrimental to their long-term prognosis.[40]

The process of organising treatment caused difficulties. Psychotherapists applied for more funding if they felt an officer required more sessions, sometimes these applications were rejected, resulting in individuals receiving an inadequate amount of therapy which ended abruptly. Alternatively, if applications were accepted, delays in receiving extra sessions felt disruptive.

> *The best thing [was] when [Occupational Health] started funding some of the EMDR [Eye Movement Desentisation and Reprocessing].[41] The worst thing they did is fund partially… 'well you can only have six sessions and we're not paying anymore'…It was like 'we're gonna help you a bit, but not all of it'. (Participant D)*

> *It took so long to get more sessions, it felt as if I'd lost any good stuff we'd been doing… because it was interrupted. (Participant K)*

Delays in treatment impact on recovery and PTSD symptoms reduce to a greater extent with less time between psychotherapy sessions.[42]

Aftercare. Most participants felt there was no formal aftercare for ex-officers suffering from PTSD, and believed this was an essential, missing, element of the employers' 'duty of care'.

> *[There's] nothing at all… On social media there are pages for ex-officers to show each other they're not alone and support each other, but it's a social media page at the end of the day. (Participant K)*

Whilst social media pages offered some camaraderie, there was no structured support network available across England, Wales, and Scotland, such as support groups or telephone support which could reduce PTSD symptoms.

In Northern Ireland, an organisation offered ongoing support to ex-officers, the two participants who served in Northern Ireland highlighted how valuable this service was.

> *They're brilliant. It's really only for retired prison officers. But they do trips away…someone is always on the end of the phone. If there's anything you need…[they] give me a call once a month. (Participant B)*

After they finished their service, participants felt nobody cared about what they had been through.

> *It was just hand your uniform in and you're away. That was it. All those years and I got nothing, nobody gave a damn about what had happened. (Participant F)*

A lack of aftercare following trauma could impact on ex-officers' experiences of PTSD, but also serving officers' job performance.

All participants encouraged others suffering to seek help. Many described how the PTSD 'crept' up on them due to not recognising, or speaking about, it.

Theme 2: Importance of diagnosis

Most participants reported difficulty recognising they had PTSD. Many did not understand what they were experiencing, attributing it to how prison work had 'changed them'. Once they sought help from a medical professional, they were diagnosed with PTSD.

> *I was surprised, I never thought of PTSD… I just thought that was me and how I'd become. (Participant G)*

All participants encouraged others suffering to seek help. Many described how the PTSD 'crept' up on them due to not recognising, or speaking about, it.

> *The minute there's something not right, ask for help, otherwise it will consume you. It creeps up on you. It's like pouring water into*

40. Morina, N., Wicherts, J. M., Lobbrecht, J., & Priebe, S. (2014). Remission from post-traumatic stress disorder in adults: A systematic review and meta-analysis of long-term outcome studies. *Clinical Psychology Review*, 34, 249-255.
41. Khan, A. et al. See footnote 39.
42. Erekson, D., Lambert, M., & Eggett, D. (2015). The relationship between session frequency and psychotherapy outcome in a naturalistic setting. *Journal of Consulting and Clinical Psychology*, 83(6), 1097-1107.

a glass slowly, once it overflows it's too late… do not let the glass overflow. (Participant L)

Participants felt if PTSD went unrecognised, the individual's prognosis was worse, potentially due to a lack of treatment. Research supports this and suggests without intervention or support, PTSD can have devastating consequences, such as substance abuse, and suicide.[43]

Theme 3: Prison Culture

Feeling rules. Many participants felt part of being a prison officer was carrying on with things, and not discussing how they felt. 'Feeling rules' applied not just amongst colleagues, but also around prisoners otherwise dangerous consequences were possible.

In prison work, you've got to put up a front all the time…Even if you're scared, you put on this persona of 'you can handle it, you can do this'. (Participant K)

You have to be on top of your game every day, you can't let it slip even for a moment, if you do the prisoners will have you…If you seem weak, you can very easily find yourself in a dangerous situation. (Participant I)

I think a great many of them [colleagues] had PTSD… It's laughed off and there's a 'shit happens' approach. (Participant G)

This supports Barry's application of feeling rules to prison work:[44,45] fear, anxiety, and sadness, were seen as unacceptable and often participants highlighted how they would have appeared weak to other staff had they displayed these emotions. Appearing as weak due to not displaying the correct emotions in the workplace could leave staff feeling isolated.[46] The current participants presented themselves as able to witness traumatic events and be unaffected when they were serving officers, supporting the notion of them employing a 'façade of capability' (p. 816).[47]

Staff used dark humour to deal with the emotions work caused. It was not appropriate to feel sadness or fear about their work, but officers and ex-officers were expected to joke about it.

You don't talk much, but you laugh about stuff, deep down I think we all felt the same, we all felt scared and depressed…but we didn't want to show it… Nobody ever talked about how they felt. (Participant F)

'Feeling rules' applied not just amongst colleagues, but also around prisoners otherwise dangerous consequences were possible.

Now, not being in the prison I feel I can breathe, I'm not putting on a face all the time… You pretend it's not bothering you, everything you've seen and witnessed and been a part of, you pretend. You switch off and it creeps up on you and eats you up. You pretend it's fine and you use humour as the way out of it all. (Participant H)

The use of dark humour is a well-documented phenomenon amongst prison staff and is thought to help officers create a group dynamic,[48] essential for prison work. Dark humour provides a method of managing emotions whilst not deviating from feeling rules.

Substance misuse. Substance misuse was entwined with the culture amongst prison staff. Nearly all participants reported excessive alcohol consumption as an officer and one mentioned misusing prescription drugs. Substances 'helped' to manage their emotions, it was unclear whether this was to self-medicate for their PTSD, or seen as 'just prison life'.

I ended up drinking a lot more than I realised, it was almost a case of wanting to still be in a haze when you go to work next morning. (Participant H)

43. Kelmendi, B., Adams, T., Yarnell, S., Southwick, S., Abdallah, C., & Krystal, J. (2016). PTSD: From neurobiology to pharmacological treatments. *European Journal of Psychotraumatology*, 7(1), 1-11.
44. Barry, C. See footnote 10.
45. Hochschild, A. See footnote 1.
46. Crawley, E. See footnote 12.
47. Walker, T., et al. See footnote 9..
48. Schmidt, C. (2013). "There's nothing funny about prisons": Corrections workers, laughter and unlaughter. *Western Folklore*, 72(3), 355-367.

I was drinking a lot, taking prescription drugs. I'd come home from work and have a couple of co-codamol just to calm down a bit, that became the norm. (Participant K)

Participants' substance misuse was seen as 'normal' by their peers as it formed part of the 'prison culture': participants highlighted other officers drank large amounts of alcohol and drug usage amongst staff was mentioned by two participants.

There was a massive culture of drinking in the prison, heavily drinking, we all kind of masked [the trauma] behind that. (Participant D)

I was telling [colleagues] I was drinking every night, that I was having a glass of wine every night, they were saying 'oh well I wouldn't worry about that', then you think 'wait…what are you doing every night, how much are you drinking?', they're telling you not to worry. (Participant A)

For most participants, they no longer engaged in substance misuse; it seemed primarily tied to their time as an officer, though could also have related to when their PTSD was at its worst.

When I retired, within two weeks I'd stopped drinking… At one time I was drinking a bottle a day, maybe even more. I'd go home at night and just start drinking… that's all I wanted to do. (Participant F)

Literature previously highlighted the high substance use levels amongst individuals with PTSD, particularly for those who have held a combative role, [49] as many prison officers do.[50] Moreover, substance misuse levels have been found to be high amongst prison officers.[51]

Theme 4: Major Impact of PTSD

Impact on relationships. All interviewees reported PTSD deeply impacting their relationships with family and friends. Many reported feeling angry and numb, leading to them withdrawing from their loved ones, key symptoms of PTSD.

I don't want to see anybody, I don't want to meet anybody, my marriage broke up… I'm quite angry at times. (Participant B)

I became very angry at times… not talking to anybody. Just sitting down and drinking… not talking to my wife… I wasn't a very nice person for a period of time. (Participant C)

I was short-tempered. I couldn't be bothered talking to people. I didn't worry about things; I didn't care about things. (Participant F)

PTSD also influenced how participants' loved ones felt and behaved towards them.

PTSD also influenced how participants' loved ones felt and behaved towards them.

[Sometimes] you don't want anyone near you. I know others who don't have a family anymore, they lost everything because of the PTSD. It takes a massive toll on loved ones, they're worrying about… whether very dark thoughts are going through your head, sometimes they feel shut out because of how you are …I become very distant… I will sit there and not say anything or forget where I am and think I'm in work again. (Participant L)

I'd come home from work and [Participant K's family] didn't really know what I was going to be like, whether I was going to fly off the handle or drink myself into oblivion. (Participant K)

Relational problems due to PTSD are well researched,[52] particularly in relation to emotional numbing and anger. Thus, a major aspect of serving

49. Head, M., Goodwin, L., Debell, F., Greenberg, N., Wessely, S., & Fear, N. T. (2016). Post-traumatic stress disorder and alcohol misuse: comorbidity in UK military personnel. *Social Psychiatry & Psychiatric Epidemiology*, 51, 1171-1180.
50. Many prison officers hold a combative role - their work is physically demanding and they can be faced with extreme violence and aggression: 51 Fusco, N., Ricciardelli, R., Jamshidi, L., Carleton, N., Barnim, N., Hilton, Z., & Groll, D. (2021). When our work hits home: Trauma and mental disorders in correctional officers and other correctional workers. *Frontiers in Psychiatry*, 11, 1-11.
51. Crawley, E. See footnote 12.

and ex- prison officers' experience with PTSD is the impact it had on their relationships.

Suicide. Suicide was a key facet of interviewees' experiences with PTSD. Some participants spoke openly, and others more implicitly, about how they had experienced suicidal ideation and intent.

> *I had planned to throw myself in front of a train… if I threw myself sideways, the driver wouldn't be as affected. That's how deep I went. (Participant A)*

> *I didn't like where my mental health took me… I still have thoughts about what I might have done, and then that would have been it, the end. [PTSD] took me right to the edge… I feel guilty about that. (Participant I)*

Many of the participants discussed how they knew officers or ex-officers who had committed suicide, often they believed this was due to them also suffering from PTSD.

> *A lot of people in our job have killed themselves… they didn't know what was wrong with them, just… took the easy way out. (Participant F)*

> *I had some really, really dark thoughts, I felt suicidal… I've lost two really good friends to suicide, both prison officers. (Participant K)*

Whilst it is impossible to speculate over the cause(s) of an individual's suicide, participants attributed their own suicidal ideations and intention to their PTSD. Once they realised their colleagues' behaviour mirrored their own, they believed they also suffered from PTSD. This suggests the prevalence of PTSD amongst serving and ex- prison officers may be just as widespread within UK officers as it is internationally,[53] and a possible link to increased suicide rates in prison officers.[54]

Long lasting. Many participants felt irreversibly changed since developing PTSD.

> *PTSD changed everything for me. I used to be the lead, now I'm like a child… I forget everything… I can't process more than one task at all… I'm the opposite to what I was… I've accepted that I might never get better, which takes a lot of difficulty. (Participant A)*

> *I'm not coping now… Sometimes I won't go out the house or I'm fearful about going out. (Participant D)*

Research suggests individuals with multiple traumas in a persistently dangerous environment experience longer lasting PTSD than PTSD caused by a single trauma.

Positively, most participants had experienced reductions in their PTSD symptoms since stopping working as a prison officer. Still, multiple interviewees discussed how their continuing PTSD made them feel they had to adjust their behaviour around members of the general public.

> *It's like a cloak over me... I'm hypersensitive over my surroundings all the time. I see prisoners around me all the time… I see people and think they're an ex-con… I haven't really left the job in my head. (Participant D)*

> *Things are better. I'm still on edge. I still have bad dreams. I still sit thinking about the day it happened. I always have it in my head… I always make sure I can see the door, so it's still built into me. (Participant F)*

Prison officers' PTSD could be particularly long-lasting due to the way in which it may develop: often, the interviewees had not experienced one trauma, but had experienced multiple PTEs over prolonged periods of time, amidst an environment with a constant threat of victimisation. Similarly, research suggests individuals with multiple traumas in a persistently dangerous environment experience longer lasting PTSD than PTSD caused by a single trauma.[55]

52. Campbell, S., & Renshaw, K. (2018). Posttraumatic stress disorder and relationship functioning: A comprehensive review and organizational framework. *Clinical Psychology Review*, 65, 152-162.
53. Regehr, C., et al. See footnote 19.
54. Milner, A., Witt, K., Maheen, H., & LaMontagne, A. (2017). Suicide among emergency and protective service workers: A retrospective mortality study in Australia, 2001 to 2012. *Work, 57*(2), 281-287.

Conclusion

This study raises awareness and develops understanding of the experiences of ex-prison officers in the UK who suffer from PTSD: they receive little support for their PTSD which overwhelmingly impacted their lives, while being enveloped in a unique prison culture, typified by adhering to 'feeling rules' and where substance misuse is rife.

PTSD within ex- and serving prison officers is likely widespread and not dissimilar from high international estimates of PTSD in prison officers.[56]

Future research should focus on exploring the relationship between PTSD and prison officer work. The prevalence rates of PTSD in UK prison officers must be explored in order to raise awareness of this topic and foster more support for those struggling with it.

Limitations

Interviewees could be recalling their experiences with a negative mindset, potentially misrepresenting serving prison officers. However, even officers with less than two years of service can become cynical and disillusioned with the job,[57] suggesting it is unlikely only ex-officers with years of experience feel this way.

Many individuals expressed interest in participating in the study and believed they had PTSD, however, they had not received a formal diagnosis so were excluded. Due to difficulties receiving a diagnosis, it is possible many ex-officers have PTSD but have no formal diagnosis and were then underrepresented.

Implications

The results of this study could encourage more ex- and serving prison officers to talk to one another about their experiences of PTSD, reducing prison work's feeling rules.[58]

Additionally, the study highlights the need for support for serving and ex- prison officers with PTSD. For example, support groups would provide a much-needed safe space for ex- and serving officers to speak with others who understand the topic.

Reiterating the suggestion of King and Oliver, [59] prison staff may benefit from training around recognising PTSD symptoms, particularly as many in the current study had difficulty realising they had PTSD, thus delaying them accessing help.

Management require training on PTSD. This should encourage timely and proportionate referrals to Occupational Health, and arrangements enabling staff to attend appointments. There requires a cultural shift wherein staff feel able to admit when they need support.[60] Managers must lead by example in better supporting staff and ex-employees with PTSD in order for a cultural shift to occur.

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