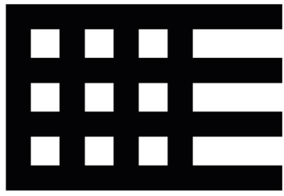

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TRAUMA-INFORMED COMPREHENSIVE CRITICAL INCIDENT RESPONSES FOR OFFICER SUICIDE PREVENTION

Natasha A. Frost & Delanie Nahikian
Northeastern University, US

Abstract

Correction officers in High Income Countries are at higher risk for suicide than those in almost any other occupation, including other protective service occupations. Suicide prevention for correction officers requires attending to the long-term impacts of violence and suicide exposures on their health and wellbeing. We argue for a two-pronged approach: one that focuses on prevention, through attention to critical incident exposures involving serious violence, injury or death, and comprehensive postvention interventions, following any suicide exposure. Routine peer support and crisis intervention services can begin to normalize self-care and begin to attenuate the stigma surrounding help-seeking that permeates the correctional context. Through implementing a trauma-informed critical incident response approach to officer wellbeing, we hope that officer suicide can be prevented and postvention services may eventually be less necessary.

Keywords: Suicide; Officer Suicide; Suicide Prevention; Critical Incidents; Crisis Intervention

Introduction

Historically correction officers were an understudied population in penal systems. The past two decades, however, brought exponential growth in research aimed at better understanding the impacts of correctional work on correction officers and correctional staff (Brower, 2013; Butler et al., 2019). Much of what we have learned through the research indicates we need to do much more to support those who work in correctional occupational settings. Although we have learned a lot about how which job stress can compromise correction officer wellbeing leading to demonstrable consequences for physical, emotional, and behavioral health, we have markedly less research on correction officer suicide. In the North American context, there have been only a handful of studies focused on officer suicide (Lerman, 2017; Frost & Monteiro, 2020; Ricciardelli et al., 2022a, 2024a, 2024b). The dearth of research on officer suicide is due in part to a lack of data[1]. Despite little data that can be used to inform our understanding of causes and consequences, we know from occupational prevalence data how correctional officers are at a markedly increased risk for suicide. Correctional officers are at higher risk than almost any other occupation, including other protective service occupations (Stack & Tsoudis, 1997; Zimmerman et al., 2023).

LITERATURE REVIEW

While workplace stressors abound in the correctional occupational context and have been the focus of much of the research on officer health and wellbeing, so to do critical incidents that expose officers to serious violence, injury, death, and suicide. Studies have theorized how chronic exposure to workplace stressors, including violence and other critical incidents, may be a primary factor in officer health and wellbeing (Aranda-Hughes & Mears, 2023; Schwartz et al., 2024; St. Louis, et al., 2023; Steiner & Cain, 2016). Although some argued organizational and operational stressors are more significant correlates of compromised health and wellbeing than critical incidents, research has repeatedly demonstrated the link between violence exposures and depression (Lerman et al., 2022; Schwartz et al., 2024), anxiety (Lerman et al., 2022; Schwartz et al., 2024), PTSD (Ellison et al., 2022; Spinaris et al., 2012; Scwartz et al., 2024; Wright et al., 2006), stress (Steiner & Wooldredge, 2015), and suicide (Lerman et al., 2022; St. Louis et al., 2023). Furthermore, research has established, compared to other correctional employees (such as institution training staff, parole officers, and probation officers), correctional officers report greater anxiety, depression, and PTSD (Ricciardelli et al., 2022), and each of these are known risk factors for suicide.

Suicide prevention for correctional officers requires attending to the long-term implications of violence and suicide exposures on the health and wellbeing of officers. Although often described as an unfortunate part of the profession, violence, and suicide exposures likely contribute to the increased risk for suicide among officers. A prominent theory of suicide, Joiner's interpersonal-psychological theory, asserts suicide only occurs when a thwarted sense of belonging and perceived burdensomeness coincides with an acquired capability for suicide (Stanley, Horn, & Joiner, 2016; Van

1 *To study officer suicide in the correctional context, original data must be collected by a researcher (or correctional organization). There are only two federal data collection efforts explicitly focused on officer suicide, the Federal Bureau of Investigation's Law Enforcement Suicide Data Collection (LESDC) and the Department of Homeland Security's (DHS) Suicide Mitigation and Risk Reduction Tracking (SMARRT) System and each of these efforts is relatively new and focused on law enforcement suicide broadly defined (National Academies of Science, Engineering and Medicine, 2024). Although LESDC and SMARRT may eventually lead to increased awareness and understanding of the prevalence of and risk factors for officer suicide, neither attends to the unique context in which correction officers work.*

Order et al., 2010). Thwarted belonging and perceived burdensomeness explain suicidal ideation, and are described as necessary, but not sufficient, predicates for suicidal behavior. The acquired capability allows an individual to overcome the inherent fear of death and is necessary for suicide to occur. Although typically acquired through self-harm and suicide attempts, the capability for suicide can also be acquired through exposure to violence, injury, and trauma. Joiner has used violence and suicide exposures in correctional settings to explain why suicide rates are so high among incarcerated populations (Joiner, 2005).

Repeat exposure to violence, injury, and suicide in the occupational context may also be key to understanding why correctional officers are at such high risk for suicide themselves (Frost & Monteiro, 2020). Although more research is required to firmly establish the links between violence and suicide exposures, an acquired capability for suicide, and suicidal behavior among officers, there is no question that critical incidents are predicates for compromised mental health (Lerman et al., 2022; Schwartz et al. 2024; St. Louis et al., 2023; Spinaris et al., 2012) and compromised mental health is a prominent risk factor for suicide.

Violence and Suicide Exposures

We also know violence exposures are a pervasive feature of the correctional occupational context with officers experiencing both direct and indirect (or vicarious) exposures through critical incidents. Critical incidents are common in correctional work with estimates suggesting on average officers are exposed to more than two-dozen critical incidents over the course of their careers (Fusco et al., 2021). Schwartz and colleagues' recent research (2024) demonstrated the potentially negative consequences of critical incidents are more pervasive and problematic than previously characterized. They provide further physiological evidence of how the accumulation of direct and indirect exposures to critical incidents may have a lasting effect on mental health and overall wellbeing through the well-documented relationship between high cortisol and adverse effects on health. In their study, an increased accumulation of direct exposures was associated with increased levels of PTSD, depression, and anxiety symptoms while officers with greater accumulations of indirect assault exposures displayed slower declines in daily cortisol levels (Schwartz & Allen, 2024). Despite the pronounced toll correctional work can have on officer health and wellbeing, correctional officers have demonstrated remarkable resiliency (Crawley, 2004a; Liebling et al., 2011; Schoenfeld & Everly, 2023). However, Schwartz et al., (2024) found there may be an inflection point, or a threshold in which officers may experience resiliency fatigue. This inflection point has been documented in qualitative research where officers have self-reported reaching a point at which they cannot take another exposure (Frost & Monteiro, 2020). Schwartz et al. ultimately conclude a short-term, rapid increase in critical incident exposures can increase the risk of developing mental health disorders regardless of rank and years in service (Schwartz et al., 2024).

Officer exposures to suicides and suicide attempts are vastly understudied. The few studies conducted on prison staff perceptions of suicide among those incarcerated have shown that staff are more likely to be impacted than not in regards to these events (Barry, 2019; Snow & McHugh, 2002). Interviews with officers who have responded to and been involved in incarcerated suicides and suicide attempts have found COs described "becoming cold" because of the incident, reported compromised well-being, recounted ruminating over the event, and spoke of feeling empathy towards the victim, their loved ones, and their peers who also responded (Burrell, 2024; Ricciardelli, Idzikowski, & Pratt, 2020).

Moreover, officers may harbor negative feelings towards those who harm themselves, referencing a desire for attention or a potential manipulation tactic (Hemming et al., 2020; Smith et al., 2019). The only published study to have examined the impact of correctional officer suicide on survivors, including fellow officers, found that having personally known an officer who died by suicide was significantly associated with increased anger, anxiety, depression, and PTSD (St. Louis et al., 2023).

A Comprehensive Approach to Officer Suicide Prevention

We argue for a two-pronged approach to officer suicide: one focused on prevention, through attention to critical incident exposures involving serious violence, injury, or death, and postvention, following any suicide exposure, but especially following the death of a colleague by suicide. Through implementing a trauma-informed critical incident response approach to officer wellbeing, we hope officer suicide can be prevented and postvention services may eventually be less necessary. Unless designed carefully and intentionally even the best-intentioned mental health and suicide prevention programs will be thwarted in the correctional occupational context due to an especially pronounced stigma around mental illness that creates significant barriers to help-seeking and engaging with treatment.

Suicide prevention should start with more comprehensive suicide prevention for the incarcerated population. To state the obvious, fewer suicides among the incarcerated would lead to fewer suicide exposures for officers. Although suicide is one of any number of critical incidents in a correctional facility and is often treated as such, responding to self-harming behavior, including suicide attempts and suicides, are among the most traumatic experiences an officer can have while working in prisons and jails. When an incarcerated person engages in serious self-harming behaviors (colloquially known as 'cut-ups'), suicide attempts, or dies by suicide, officers are first responders and must provide life-saving interventions (including CPR and rescue breaths) until additional help arrives. Interventions are often required even when these efforts are likely to be futile. Officers are trained and expected to respond to self-harm and suicide as part of their occupation, but training cannot and should not obviate the need for post-response aftercare.

Despite the obvious trauma associated with responding to serious self-harm, through more than a thousand interviews with correctional officers in one state, we have learned that suicide is often treated as just another occupational hazard that officers must become accustomed to (Frost et al., 2020; Frost & Monteiro, 2020; St. Louis et al., 2024). Officers lack meaningful resources to cope with suicide. They report supervisors expect them to operate with a "business as usual" approach after suicide events (Burrell, 2024). Officers are rarely given sufficient time and space to process what they have experienced and are rarely provided the comprehensive support and services found in other occupational contexts.

Increased attention to correctional officer suicide in recent years has led to the development of officer specific suicide prevention resources to help departments and clinicians respond to correctional officers more effectively (Frost & Fields, 2023; SPRC, 2025). While resources are helpful, correctional systems can accomplish a more comprehensive approach to suicide prevention through a multi-pronged strategy that focuses on routinely providing immediate psychological first aid (PFA) and critical incident stress management (CISM) following incidents involving serious violence, injury, and death. PFA focuses on providing basic, non-intrusive care focused on listening to what officers want

to share and protecting them from further harm (The Sphere Project, 2011), whereas CISM provides a more formal, structured intervention best completed by a team of professionally trained clinicians and peer support staff. Two CISM interventions are best suited to this task: critical incident defusing and critical incident debriefing. Critical incident defusing focuses on stabilizing those impacted by critical incidents and is best deployed within 12 hours of the incident. Critical incident debriefing, a more time intensive intervention deployed 24-72 hours after the incident focuses on mitigating negative impacts and assisting officers in recovering from the associated stress (Cardinal, 2025). While recommended in the context of any critical incident, these types of interventions should become standard protocol following every traumatic critical incident involving serious violence, injury, or death.

Given the pronounced impacts of an officer suicide on other officers (Frost et al., 2020; Bates, 2025), in the event of an officer suicide, it will be necessary to go even further, engaging with mobile crisis units and suicide prevention agencies capable of delivering comprehensive postvention services to colleagues. Research suggests more intensive services may be needed for those officers who were close friends of an officer who has died by suicide whether or not they worked side-by-side (Bates, 2025; Frost et al., 2020). Although outside clinical resources are sometimes deployed in correctional settings, teams could be used more consistently and effectively. Mobile crisis teams are staffed with clinicians and other professionals who respond to calls from individuals seeking services, concerned parties seeking services for others, and community agencies needing services for their members. Mobile crisis teams provide over the phone and on-site crisis assessment and care related to trauma and wellbeing, such as PFA and CISM (Trantham & Sherry, 2012). Correctional organizations and their existing peer-support programs can help facilitate an integrated crisis system for their staff by proactively building relationships with their local agencies. An integrated crisis response system, that includes community-based mobile crisis units, would have a substantially positive impact on officers, their families, and departments by making crisis prevention and intervention readily available (Trantham & Sherry, 2012).

Departments must act proactively and adopt comprehensive approaches to suicide prevention. Officers frequently downplay the impact work is having on their mental health and wellbeing and are not likely to proactively seek out services (Wills et al., 2021). Even when they are willing, features of the occupational environment and culture create significant barriers to officers seeking help (Crawley, 2004; Frost & Monteiro, 2020; Ricciardelli et al., 2018; Ricciardelli, 2019; Sweeney et al., 2018; Wills et al., 2021). In interview-based studies, officers have acknowledged they need more resources after suicides (Burrell, 2024; Ricciardelli, Idzikowski, & Pratt, 2020), but institutional responses and the correctional occupational culture are standing in the way. Peer networks have been a common resource officers are willing to utilize (Burrell, 2024; Ricciardelli, Idzikowski, & Pratt, 2020; Sweeney et al., 2018), but characteristics of the occupational culture such as stigma, hypermasculinity, and the risk of punitive responses to perceived weakness (Wills et al., 2021) prevent full utilization of peer networks and may be the cause of low engagement in formal critical incident support management (Ludlow et al., 2015; Ricciardelli, Idzikowski, & Pratt, 2020; Sweeney et al., 2018).

Clinicians and researchers need to recognize officers may be more receptive to approaches that use language that resonates with them (see Bernal et al., 2009; Frost & Fields, 2024, Meza & Bath, 2020). A difficulty often encountered in providing services and treatment in the correctional occupational context is that officers rarely describe the work they do as 'traumatic.' That does not, however, mean

that it is not traumatic. The violence, injury, and death exposures officers can face are traumatic under any definition. Through providing critical incident services following every critical incident exposure involving violence, injury, or death, we can begin to normalize self-care and begin to attenuate the stigma surrounding help-seeking that permeates the correctional context.

Without sufficient resources accompanied by occupational culture shifts to reduce stigma and encourage resource utilization, officers will likely continue to mask their emotions (Burrell, 2024), downplay claims these traumatic events have any impact on their wellbeing (Smith et al., 2019), and minimize their negative emotions (Sweeney et al., 2018). Barriers to help-seeking in the correctional occupational context will mean that officers who are struggling and at risk for suicide will have nowhere to turn. Through integrating more comprehensive prevention and postvention services into the correctional occupational culture, we can begin to mitigate the effects of critical incident exposures and trauma on officers and hopefully eventually decrease the risk for and incidence of officer suicide.

LIST OF REFERENCES

Aranda-Hughes, V., & Mears, D. P. (2023). Stressed out in lock down: The impacts of work in extended restrictive housing on prison personnel. Justice Quarterly, 41(1), 62–86

Barry, C. (2019). '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, 100364.

Bates, K. (2025). The trauma of corrections: The impact of occupational and childhood trauma on correction officers. [Doctoral dissertation, Northeastern University]. ProQuest.

Bernal, G., Jiménez-Chafey, M. I., & Domenech Rodríguez, M. M. (2009). Cultural adaptation of treatments: A resource for considering culture in evidence-based practice. Professional Psychology: Research and Practice, 40(4), 361-368.

Brower, J. (2013). Correctional officer wellness and safety literature review. U.S. Department of Justice, Officer of Justice Programs Diagnostic Center.

Burrell, A. M. (2024). The experience of correctional officers who have witnessed inmate suicide [Doctoral dissertation, Walden University]. ProQuest.

Butler, H. 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.

Cardinal, S. (2025). Understanding CISM. CISM International.

Crawley, E. M. (2004a). Doing prison work. Willan.

Crawley, E. M. (2004b). Emotion and performance: Prison officers and the presentation of self in prisons. Punishment & Society, 6(4), 411–427. doi:10.1177/1462474504046121

Ellison, J. M., & Caudill, J. W. (2020). Working on local time: Testing the job-demand-control-support model of stress with jail officers. Journal of Criminal Justice, 70, 101717.

Frost, N.A. and Field, F. (2024). Barriers and Opportunities for Suicide Prevention among Correctional Officers: An Issue Brief for Clinicians. Suicide Prevention Resource Center. Available online: https://sprc.org/online-library/barriers-and-opportunities-for-suicide-prevention-among-correctional-officers-an-issue-brief-for-clinicians/

Frost, N. A., & Monteiro, C. E. (2020). The interaction of personal and occupational factors in the suicide

deaths of correction officers. Justice Quarterly, 37(7), 1277–1302. https://doi.org/10.1080/07418825.2020.1839538
Frost, N.A., Monteiro, C.E., Stowell, J.I., Trapassi, J. & St. Louis, S. (2020). Final Summary Overview: The Impact of Correction Officer Suicide on the Institutional Environment and on the Wellbeing of Correctional Employees. Washington, D.C.: National Institute of Justice.
Fusco, N., Ricciardelli, R., Jamshidi, L., Carleton, R. N., Barnim, R., 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.
Hemming, L., Pratt, D., Shaw, J., & Haddock, G. (2020). Prison staff's views and understanding of the role of emotions in prisoner suicide and violence. The Journal of Forensic Psychiatry & Psychology, 31(6), 868-888.
Joiner, T. E. (2005). Why People Die by Suicide? Cambridge, MA: Harvard University Press.
Lerman, A. E., Harney, J., & Sadin, M. (2022). Prisons and mental health: Violence, organizational support, and the effects of correctional work. Criminal Justice and Behavior, 49(2), 181–199. https://doi.org/10.1177/00938548211037718
Liebling, A., Price, D., & Shefer, G. (2011). The prison officer. Willan.
Ludlow, A., Schmidt, B., Akoensi, T., Liebling, A., Giacomantonio, C., Sutherland, A. (2015). Self-inflicted Deaths in NOMS' Custody Amongst 18-24 Year Olds. Cambridge: RAND Europe.
Meza, J. I., & Bath, E. (2020). One-size does not fit all: Making suicide prevention and interventions equitable for our increasingly diverse communities. Journal of the American Academy of Child & Adolescent Psychiatry, 60(2), 209-212.
National Academies of Science, Engineering, and Medicine. (2023). Measuring Law Enforcement Suicide: Challenges and Opportunities: Proceedings of a Workshop. Washington, DC: National Academies Press.
Ricciardelli, R. (2019) Also Serving Time: Canadian Provincial and Territorial Correctional Officers. Toronto: University of Toronto Press.
Ricciardelli, R., Carleton, R. N., Groll, D., Cramm, H. (2018). Qualitatively unpacking Canadian public safety personnel experiences of trauma and their well-being. Canadian Journal of Criminology and Criminal Justice, 60(4), 566-577.
Ricciardelli, R., Carleton, R. N., Johnston, M. S., Dorniani, S., Taillieu, T. L., & Afifi, T. O. (2024a). A Canadian national study of provincial and territorial correctional workers' suicidal ideation, plans, and attempts. Stress & Health, 40(5), e3476.
Ricciardelli, R., Idzikowski, M., & Pratt, K. (2020). Lives saved: Correctional officers' experiences in the prevention of prisoner death by suicide. Incarceration, 1(2). https://doi.org/10.1177/2632666320957855
Ricciardelli, R., McKendy, L., Jamshidi, L., & Carleton, N. (2022a). Mental health disorders and suicidal behaviors among provincial correctional workers. Journal of Occupational and Environmental Medicine, 64(6), 504-509.
Ricciardelli, R., Mitchell, M., Taillieu, T., Angehrn, A., Afifi, T., & Carleton, R. N. (2022b). Pervasive uncertainty under threat: Mental health disorders and experiences of uncertainty for correctional workers. Criminal Justice and Behavior, 49(7), 991–1009. https://doi.org/10.1177/00938548211050112
Ricciardelli, R., Tailliue, T., Coulling, R., Johnston, M. S., Carleton, R. N., & Afifi, T. (2024b). Provincial correctional workers: Examining the relationships between alcohol use, mental health disorders, and suicide behavior. Canadian Psychology, 65(3), 201-209.

Schoenfeld, H. & Everly, G. (2023). The security mindset: Corrections officer workplace culture in late mass incarceration. Theoretical Criminology, 27(2), 224-244.

Schwartz, J. A. & Allen, S. L. (2024). The accumulated impact of direct and indirect workplace violence exposure on mental health and physiological activity among correctional officers. Journal of Criminal Justice, 93, 1-11.

Schwartz, J. A., Valgardson, B., Jodis, C. A., Mears, D. P., & Steiner, B. (2024). The accumulated impact of critical incident exposure on correctional officers' mental health. Criminology, 62, 551–586.

Smith, H. P., Power, J., Usher, A. M., Sitren, A. H., & Slade, K. (2019). Working with prisoners who self harm: A qualitative study on stress, denial of weakness, and encouraging resilience in a sample of correctional staff. Criminal Behaviour and Mental Health, 29(1), 7-17.

Snow, L., & McHugh, M. (2002). The aftermath of a death in prison custody. In G. Towl, L. Snow, & M. McHugh (Eds.), Suicide in prisons (pp. 135–155). Oxford: Blackwell.

Spinaris, C. G., Denhof, M. D., & Kellaway, J. A. (2012). Posttraumatic stress disorder in United States corrections professionals: Prevalence and impact on health and functioning (pp. 1–32). Desert Waters Correctional Outreach.

Stack, S.J., & Tsoudis, O. (1997). Suicide risk among corrections officers: A logistical regression analysis. Archives of Suicide Research, 3, 183-186.

St. Louis, S., Frost, N. A., Monteiro, C. E., & Trapassi Migliaccio, J. (2023). Occupational hazards in corrections: The impact of violence and suicide exposures on officers' emotional and psychological health. Criminal Justice & Behavior, 50(9), 1361-1379.

Stanley, I. H., Hom, M. A., & Joiner, T. E. (2016). A systematic review of suicidal thoughts and behaviors among police officers, firefighters, EMTs, and paramedics. Clinical Psychology Review, 44, 25-44.

Steiner, B., & Cain, C. M. (2016). Relationship between inmate misconduct, institutional violence, and administrative segregation: A systematic review of the evidence (NCJ 250320). In Restrictive housing in the U.S.: Issues, challenges, and future directions. Washington, D.C.: U.S. Department of Justice, National Institute of Justice.

Steiner, B., & Wooldredge, J. (2015). Individual and environmental sources of work stress among prison officers. Criminal Justice and Behavior, 42(8), 800–818. https://doi.org/10.1177/0093854814564463

Substance Abuse and Mental Health Services Administration. (2014). SAMHSA's concept of trauma and guidance for a trauma-informed approach. (HHS Publication No. 14-4884). Substance Abuse and Mental Health Services Administration.

Suicide Prevention Resource Center. (2025). Correctional officer resilience: Promoting life skills strategies among correctional officers. Available online: https://sprc.org/online-library/correctional-officer-resilience-promoting-life-skills-strategies-among-correctional-officers/

Sweeney, F., Clarbour, J., & Oliver, A. (2018). Prison officers' experiences of working with adult male offenders who engage in suicide-related behavior, The Journal of Forensic Psychiatry & Psychology, 29(3), 467-482.

The Sphere Project. (2011). Humanitarian charter and minimum standards in humanitarian response. Practical Action Publishing.

Trantham, D. & Sherry, A. (2012). Mobile crisis management teams as part of an effective crisis management system for rural communities. North Carolina Medical Journal, 73(3), 199-203.

van de Venne, J., Cerel, J., Moore, M., & Maple, M. (2016). Predictors of suicide ideation in a random digit dial study: Exposure to suicide matters. Archives of Suicide Research, 21(3), 425–437. https://doi.org/10.1080/13811118.2016.1211044

Van Orden, K. A., Witte, T. K., Cukrowicz, K. C., Braithwaite, S. R., Selby, E. A., & Joiner, T. E., Jr. (2010). The interpersonal theory of suicide. Psychological Review, 117(2), 575-600.

Wills, C., Bates, K., Frost, N. A., & Monteiro, C. (2021). Barriers to help-seeking among correction officers: Examining the influence of institutional culture and structure. Criminal Justice Studies, 34(4), 423-440.

Wright, L., Borrill, J., Teers, R., & Cassidy, T. (2006). The mental health consequences of dealing with self-inflicted death in custody. Counselling Psychology Quarterly, 19(2), 165–180. doi:10.1080/09515070600811824.

Zimmerman, G. M., Friedel, E. E., & Frost, N. A. (2023). Examining differences in the individual and contextual risk factors for police officer, correctional officer, and non-protective service suicides. Justice Quarterly, 41(2), 190-217.

About the Authors

Natasha Frost is Associate Dean of Research in the College of Social Sciences and Humanities at Northeastern University and a professor in the School of Criminology and Criminal Justice with a specialization in punishment and social control. Professor Frost's research focuses on institutional corrections and its impacts. She has been awarded National Institute of Justice (NIJ) funding for a series of research projects related to officer health and wellbeing, with a specific focus on psychological distress and suicide among correction officers. Dr. Frost holds a Ph.D. in criminal justice from the City University of New York and an undergraduate degree in psychology from Northeastern University. She was recently elected Vice President (2023-2024) and then President (2025-2026) of the American Society of Criminology.

Delanie Nahikian is a doctoral student in the Criminology and Justice Policy program at Northeastern University. She works with Dr. Natasha Frost on research projects related to correctional officer health and well-being, as well as correctional culture. Her research focuses on the interplay of stigma, media, and the role of identity in the construction of crime, criminality, and justice. Delanie holds an undergraduate degree with majors in criminology, sociology, and psychology from Capital University in Columbus, Ohio.