Combatting the Impact of Trauma and Occupational Burnout Among Correctional Officers: The Role of Coping Mechanisms and Psychopathic Personality Traits

Sarah M. Pringer

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COMBATTING THE IMPACT OF TRAUMA AND OCCUPATIONAL BURNOUT AMONG CORRECTIONAL OFFICERS: THE ROLE OF COPING MECHANISMS AND PSYCHOPATHIC PERSONALITY TRAITS

By

Sarah M. Pringer

A Dissertation
Submitted in Partial Fulfillment of the
Requirements for the Degree of
Doctor of Philosophy

Major: Counseling Psychology

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Abstract

An estimated 2.3 million people are currently incarcerated in the United States (Sawyer and Wagner, 2020). As a result, mass incarceration has created job opportunities managing and overseeing facilities that house justice involved individuals. Given the high prevalence of aggressive and violent behavior, exposure to trauma is inevitable in correctional settings. In addition to traumatic exposure and response symptoms, correctional security staff report experiencing job-related burnout at high rates, resulting in quick turnover. After surveying a sample of 288 correctional staff from two state departments of correction, the current study used a moderated mediation path analysis to examine the role of coping strategies and psychopathic personality traits in buffering the relationship between trauma exposure, trauma symptoms, and burnout. It was hypothesized that trauma symptoms would mediate the relationship between trauma exposure and burnout such that more exposure would lead to an increase in trauma symptoms and subsequently more burnout. Additionally, it was hypothesized that this relationship would be moderated by the three separate variables: approach-based coping, avoidant-based coping, and psychopathic personality traits. Results showed positive relationships between trauma exposure, trauma symptoms, and burnout were positively related. No support was found for approach-based coping styles or psychopathic personality traits as mitigating factors in this linear relationship. However, consistent with the literature, avoidant-based coping was associated with higher levels of trauma symptoms and burnout. From these findings, correctional facilities can train officers in other methods for coping with trauma that will be more effective and reduce the risk of burnout.

Keywords: Correctional Officers, Trauma, Coping, Psychopathic Traits, Burnout
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**Introduction**

The United States has the highest total and per capita correctional population in the world (Sawyer and Wagner, 2020), translating to nearly 2.3 million persons incarcerated under federal and state jurisdiction. Mass incarceration nationally has created various job opportunities pertaining to running and managing facilities needed to house justice-involved persons. Most predominate is the need for correctional officers or employees whose job it is to maintain the safety and security of an institution. In fact, as of 2019, the U.S. Bureau of Labor Statistics reported almost half a million people employed as correctional officers.

Employing high quality security staff is particularly important in correctional settings given the high prevalence of aggressive and violent behavior (Cassidy & Bruce, 2019; Gibson et al., 1999; Konda et al., 2012). The chaotic, unpredictable, and often dangerous working conditions of jails and prisons place officers at risk for trauma exposure and associated consequences including occupational burnout. On top of first-hand trauma, it is not uncommon for justice-involved individuals to bring their own trauma histories into the prison environment. Indeed, Briere, Agee, and Dietrich (2016) found that trauma is more prevalent among incarcerated persons than the general population because of high rates of childhood traumas and a higher incidence of exposure to violence, physical assault, sexual assault, and other traumatic situations (Caravaca Sanchez & Wolff, 2016; Martin et al., 2015; Yoon et al., 2017). As staff with the most frequent day-to-day interactions with incarcerated persons, it is likely correctional officers experience vicarious trauma through the stories they hear working on the frontlines.

Even when exposed to direct or vicarious traumas within the workplace, correctional officers are expected to continue their responsibility of ensuring institutional safety while handling and defusing conflict. Therefore, additional research is needed to understand how
officers successfully cope with trauma to prevent the negative consequences of burnout (e.g., job dissatisfaction, employee turnover, staff shortages, and poor general health). By understanding trauma among correctional and security staff more holistically, the concerns and unique impact to these staff can be better understood, thereby informing ways to prevent or minimize trauma responses and reduce negative job-related outcomes.

**Correctional Facilities as a Breeding Ground for Trauma Exposure**

Correctional officers and other custody staff are at a high risk of exposure to a multitude of traumas during the completion of their everyday job duties; for example, physical assaults or injuries while breaking up fights (Konda et al., 2012). While there is currently a significant gap in the literature, a few studies have examined the extent of trauma exposure and its psychological impact on this population (Walters, 2020). Fusco and colleagues (2021), for example, found high rates of traumatic exposure in their sample of 359 correctional officers, who reported a mean of 38.3 exposures, while 32% of the sample screened positive for PTSD. Additionally, officers reported higher rates of suicidal thoughts, plans, and attempts when compared to the general public and wellness services employees working in correctional settings (Fusco et al., 2021). Bademci and colleagues (2016) also emphasized the environmental stress of working in correctional settings, noting officers are likely to experience conscious and unconscious anxieties about working in a setting with heightened personal risks and potential threats.

Some research has also examined the causes and consequences of secondhand trauma among those working with justice-involved individuals. For example, Rhineberger-Dunn, Mack, and Baker (2016) found that community corrections personnel are likely to experience secondary trauma from frequently reading and listening to descriptions of crimes and/or accounts from others about offenses. Correctional officers working behind prison walls are likewise exposed to
information (e.g., via records, inmate accounts) about the often-heinous crimes committed by the people they manage every day.

Jo and colleagues (2018) emphasized that certain professionals are more likely to be affected by PTSD and burnout by the nature of their jobs and occupational environments. As a result of being exposed to daily traumas, officers are at an increased risk for experiencing trauma symptoms related to PTSD and burnout. Cassidy and Bruce (2019) found that trauma in officers can lead to the development of trauma symptoms and various other issues such as perceived lower control, less optimism, and more pessimism. The development of trauma symptoms such as irritability, withdrawal, and hypervigilance may translate to impaired day to day functioning for officers who are expected to be vigilant about the activities and potential threats within the institution. Difficulties attending to or carrying out job duties may exacerbate workplace stress (Fusco et al, 2021; Walters, 2020). In fact, the presence of workplace stress and other factors such as role conflict and danger within a work setting have been shown to produce higher levels of workplace burnout in correctional officers (Jin et al., 2018).

**Burnout: An Occupational Consequence of Trauma**

Burnout has been conceptualized as a continuum where one end represents someone who is flourishing at work and the other represents someone who is emotionally exhausted and disconnected from work (Yang & Hayes, 2020). Emotional exhaustion, depletion, loss of motivation, fatigue, disengagement, feelings of ineffectiveness, and imbalance of work stress and available resources are all key factors of burnout that contribute to feelings of being overly extended or drained (Freudenberger, 1974; Demerouti et al., 2010; Maslach & Goldberg, 1998; Yang & Hayes, 2020). Shepherd et al. (2019) found that emotional demands of a job and burnout
were positively related. A growing body of research has begun to focus on burnout among professionals working in correctional settings.

Risk of burnout due to job demands and responsibilities is especially high among correctional officers (Gould, Watson, Price, & Valliant, 2013). Researchers have considered a variety of job-related factors that contribute to burnout in this population including rates of victimization and exposure to violence from incarcerated populations (Isenhardt & Hastettler, 2020; Isenhardt et al., 2019). However, some researchers have suggested that poor support from staff and administration within institutions contributes to officer stress more than stressors related to the incarcerated population (Walters, 2020). Emotional exhaustion, in particular, has been found to be more prevalent for newer correctional officers and those with higher levels of responsibility within the institution (Morgan et al., 2002). In a more recent study, Jaegers et al. (2020) found that officers with higher levels of burnout experienced higher levels of depression and work-family conflicts. Stoyanova and Harizanova (2016) found burnout in officers led to a host of other negative impacts and losses, such as increased use of sick leave, resulting in heavier workloads for other staff, loss of income, and medical expenses. With staff shortages, correctional officers and incarcerated persons are more vulnerable to attacks and can even force facilities to rely on power structures among those who are incarcerated to promote order (Crewe, 2007). In turn, this may make the work setting more dangerous and lead to more traumatic exposure due to increased violence. Additionally, it may make officers’ jobs more challenging and lead to increased workload which can directly impact levels of burnout. Burnout in correctional officers has also been shown to increase alcohol use and reduce physical activity (Useche et al., 2019), both of which can compromise job performance, as job-related tasks
involve cognitive and physical demands. To avoid serious and long-term impacts of burnout, implementation of effective coping strategies is important.

**Coping Skills: To Approach or Avoid the Problem**

Although limited attention has been paid to correctional officers, the broader literature on coping skills as a buffer to the impact of trauma exposure, trauma symptoms, and burnout is rather extensive. Researchers have examined different styles of coping, their levels of effectiveness, and the impact on various populations in responding to adverse events including direct and vicarious trauma exposure and significant stressors (Abdollahi & Carlbring, 2017; Amrikham & Marckwordt, 2017; Britt et al., 2017). One way of conceptualizing coping skills is by separating them into two broader categories: approach-based and avoidance-based (Arble & Arnetz, 2017). Krohne (1996) described approach-based coping skills as a conscious effort to acknowledge and deliberately confront stressors directly. This allows individuals to address their reaction to the stressor more immediately. Examples of approach-based coping include talking to supports or trying to think through a solution to minimizing stress. Avoidance-based coping, on the other hand, occurs when individuals distract themselves from dealing with or discussing stressors; examples of avoidance-based coping include trying not to think about the stress or suppressing the expression of emotions.

Approach-based coping has been found to foster a more positive environment and feelings of mastery over the stressor as individuals were able to openly deal with the stressor (Arble & Arnetz, 2017). It also tends to be associated with higher levels of well-being, acceptance, and successful adaptation to situations of stress (Gustems & Calderon, 2013; Hack & Degner, 2004). Police officers who engaged in approach-based coping reported more post-traumatic growth and greater well-being than those who engaged in avoidant-based coping
Similarly, Bademci et al. (2016) found that correctional officers who participated in a psychosocial group that fostered discussions about their experiences and emotions in response to challenging events, a form of approach-based coping, experienced decreases in depression, anxiety, and depersonalization. Sharkansky et al., (2000) sampled from veterans exposed to Gulf War combat and found that those who used approach-based coping better managed combat related stressors and experienced lower levels of psychological symptoms as compared to those who utilized avoidant-based coping strategies. Thus, approach-based coping in the face of traumatic experiences may prevent against occupational burnout and its associated consequences on personal well-being and the larger workplace environment.

In contrast to the typically positive outcomes associated with approach-based coping, avoidant-based coping has been predominantly associated with negative results (Arble & Arnetz, 2017; Kappe & van der Flier, 2012; Sandler et al. 1994). For example, avoidant-based coping among a sample of police officers was related to increased substance abuse and lower well-being (Arble et al., 2018). Further, avoidant-based coping is associated with more symptoms of PTSD and other negative outcomes following exposure to trauma (Teit et al. 2006).

Although the outcomes associated with avoidant-based coping are often negative, in some cases they have been shown to be adaptive (Edlynn et al., 2010; Elizy et al., 2013; Rantanen et al., 2011; Sun & Zhang 2014). Arble and Arnetz (2017) found a strong positive relationship between avoidant-based coping and post-traumatic growth, as well as general well-being. The authors suggested that, when avoidant-based coping is used in a short-term manner, it may allow an individual time for recovery or a “break” from the stressor that will better prepare them to use an approach-based skill to handle the stressor at a later time. That is, temporarily suppressing an emotional response may allow time to decompress or re-focus, so the person can...
not only attend to their job duties in-the-moment but also be in a better place to manage the stressor directly in a more productive manner at a more appropriate time.

**Psychopathic Traits as an Innate Protective Factor**

While coping styles are a potential learned skill to mitigate the consequences of trauma, research has also explored whether certain personality traits can be protective. Among high-stress occupations, personality traits associated with psychopathy have received some attention as a protective factor against the development of trauma responses and other adverse reactions such as burnout. Notably, most research on the concept of psychopathy focuses on psychopathic traits rather than the full diagnosis of psychopathy, given the low base rate of psychopathy in the population (Werner et al., 2015). Psychopathy is a clinically significant syndrome whereas psychopathic traits are emotional and behavioral characteristics that are hallmark features of the syndrome but are not necessarily pathological by themselves. One current perspective of psychopathy is the triarchic model proposed by Patrick, Fowles, and Krueger (2009). In this model, facets of psychopathy are distinguished according to three constructs: disinhibition, meanness, and boldness. Disinhibition refers to traits of impulsivity and antisocial behaviors. Meanness is conceptualized as callousness and lack of empathy. Boldness is focused on traits such as emotional resilience, social dominance, and assertiveness (Collison et al., 2021). Meanness and disinhibition increase the likelihood of or vulnerability to antisocial behaviors (Delk et al., 2020). These three constructs include interpersonal and affective features. According to Cox et al. (2013), affective features may consist of lack of anxiety and callousness, whereas interpersonal features are focused more on behaviors such as manipulation and aggression. Certain interpersonal and/or affective psychopathic traits have been shown to serve protective
functions such as lack of enhanced arousal to distress in others and therefore not experiencing personal distress (Dawel et al., 2019).

Psychopathic traits, including the inability to recognize genuine distress, can often be viewed negatively, especially when considering their parallels with characteristics of antisocial personality disorder. However, this inability to recognize and therefore empathize with distress may explain why psychopathic traits can serve as a protective factor. In fact, a growing body of research suggests that psychopathic traits may reduce the risk of post-traumatic responses. For example, among a sample of incarcerated men, the core affective features of psychopathy, rather than interpersonal features (e.g., manipulation of others, meanness), diminished the fear response, protecting against the onset of posttraumatic stress disorder following traumatic exposure (Williamsen et al., 2012). Mededovic, Wertag, and Sokic (2018) further examined the potential of psychopathic traits to protect against emotional distress (e.g., depression, anxiety, and everyday stressors) in a sample of college students. Contrary to Williamsen et al. (2012), these authors found those with more interpersonal features of psychopathy were at lower risk of experiencing negative emotions; however, this effect only held for men. Further, findings suggested that callousness and emotional detachment contributed to fewer negative effects of stress. Overall, research seems to show that affective features of psychopathy are primarily responsible for lower levels of sensitivity to stress, which leads to lower symptomology.

This idea that psychopathic traits can be protective has been studied in some military and veterans samples as well. Anestis and colleagues (2017) found interpersonal and affective components of psychopathic traits protected a sample of National Guard veterans from developing PTSD symptoms after exposure to combat trauma. Some have suggested that psychopathic traits may serve a protective function against PTSD because they allow military
personnel (or others exposed to trauma) to remain calm under pressure and, therefore, to be less affected by emotional situations (Preston et al., 2020). However, no research has explored whether these findings related to psychopathic traits generalize to correctional staff.

**Purpose of Study**

Using a combined sample of corrections security and safety staff (i.e., correctional officers and employees in related job positions) from two state departments, the present study examined the relationship between trauma exposure, trauma symptoms, and workplace burnout, and whether the use of certain coping skills and psychopathic personality traits serve as protective factors in this relationship. Although studies have examined trauma among correctional staff, primarily correctional officers (Bademci et al., 2016; Trounson et al., 2019), no studies to date have directly examined the impact of trauma exposure on job burnout or begun to uncover learned coping strategies that may protect against burnout while working in prisons—a high trauma risk environment. Further, while prior research suggests that some psychopathic personality traits may mitigate traumatic stress responses among other subpopulations (e.g., veterans or military-involved; Preston et al., 2020), the impacts of these traits has not been explored in correctional officers. Though not considered a dynamic coping mechanism, officers with higher levels of psychopathic traits may be less prone to burnout and, as a result, may be more retainable prison employees.

It was hypothesized that (1) the association between trauma exposure and workplace burnout would be mediated by trauma symptoms such that more trauma exposure would be related to higher burnout via increased trauma symptoms. Hypotheses related to the mitigating role of coping styles and personality traits were separated based by the moderating variable where hypotheses 2a (approach-based), 3a (avoidant-based), and 4a (psychopathic traits) posited
that the association between trauma exposure and burnout via trauma symptoms would be conditional on levels of each moderator. Finally, hypotheses 2b (approach-based), 3b (avoidant-based), and 4b (psychopathic traits) posited a direct relationship between trauma exposure and burnout conditional on levels of each moderator. Therefore, three moderated mediation models were analyzed (see model below).

![Diagram of moderated mediation model]

This study has important implications for helping officers cope more effectively with the stressors of their everyday, chaotic work environment. Increasing our understanding about how to manage trauma exposure among officers will provide further direction to correctional administrators on how to combat burnout and prevent employee turnover (e.g., through the hiring and screening process and interventions to improve correctional officer coping). Addressing burnout is necessary for improving institutional safety and employee well-being, as well as reducing taxpayer costs (e.g., dollars spent on recruitment and new employee training).

**Methods**

**Participants**

Participants in this study included men and women correctional officers or other security staff with similar job titles (e.g., correctional officer supervisors, crisis response teams) working in the North Carolina Department of Public Safety (NCDPS) and the Idaho Department of
Corrections (IDOC). Participants were required to be over the age of 18 and report a minimum of 6 months working as a correctional officer or other security staff to ensure they had on the job experience. A total of 606 participants consented and began the survey; however, 318 were removed because they did not complete all outcome measures. The total sample size included in the primary analyses was 288, which is considered adequate to achieve statistical power in structural equation models and path analysis (SEM; Comrey et al., 1973; Comrey, 1988; Comrey, 1992; Hoe, 2008; Kyriazos, 2018; Singh et al., 2016; Tabachnick & Fidell, 2013). Participants’ mean age was 41.4 (SD=11.4) and most identified as white (79%) and male (64%). Other demographic variables are reported in Table 1; information is provided separately for the two data collection sites. Of note, completing the demographics questions was voluntary and some participants chose not to respond leading to results in the table being inconsistent with the total number of participants.

Table 1

Demographic Characteristics of the Study Total Sample

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<th>NCDPS n</th>
<th>Total</th>
<th>Total %</th>
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**Officer Rank**

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<td>Lieutenant</td>
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**Security Level Employed At**

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<td>Minimum/Camp</td>
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<td>114</td>
<td>38.4</td>
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<tr>
<td>Medium</td>
<td>30</td>
<td>50</td>
<td>80</td>
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**Materials and Measures**

*Demographics questionnaire*

The demographic form was administered at the end of the study. Eligibility items such as age and years of corrections experience, however, were administered as screening questions prior to exposure to the other measures. Basic demographic information was gathered along with general information about correctional employment history such as years of service, current employment status, and income as an officer. No identifiable information was collected.

*Brief Trauma Questionnaire (BTQ)*

The BTQ is a 10-item self-report measure that was adapted from the Brief Trauma Interview (BTI; Schnurr et al., 1995), which is a validated measure. The BTQ assesses traumatic exposure according to the DSM-5, although it was originally assessing for DSM-IV criterion A (U. S. Department of Veterans Affairs, 2021a). Like the BTI, the BTQ helps determine whether someone has experienced an event that meets the A criterion for PTSD in the DSM-5 and
follows up on whether the person felt in danger if they had experienced the event. Kappa coefficients for the event-specific items range from 0.74 to 1.00 (Harville et al., 2015). Harville et al. (2015) also reported that interrater reliability has been shown to range from good to excellent for primary categories or trauma. Additionally, criterion validity has consistently demonstrated expected associations between the BTQ results and PSTD symptom. Participants mark yes or no to each item, and every yes response is scored as a positive. Scores are calculated by totaling the number of positive responses, which reflect the number of traumatic events a person has experienced. An example item is “Have you ever been in a serious car accident, or a serious accident at work or somewhere else?” Internal consistency in the present study was good, with Cronbach’s α = .63.

**PTSD Checklist for DSM-5 (PCL-5)**

The PCL-5 is a 20 item self-report measure that assesses symptoms of PTSD for purposes of monitoring of symptoms, as well as screening and diagnosing PTSD (U.S. Department of Veterans Affairs 2021b). The PCL-5 offers several versions to capture different timeframes; for this study, participants were asked to consider their symptoms over the past month. Blevins et al. (2015) found good test-retest reliability of PCL-5 scores after one week ($r = .82$), high internal consistency ($\alpha = .94$), and strong convergent ($r = .85$) and discriminant ($r = .60$) validity across both studies. Responses to the PCL-5 are rated on a 5-point Likert scale ranging from “not at all” to “extremely.” Scores are totaled to determine a severity score that can range from 0 to 80. According to the U.S. Department of Veterans Affairs (2021b), scores around 31 to 33 typically indicate a diagnosis of PTSD. Additionally, diagnoses of PTSD can be considered by examining items rated at a 2 or higher. A sample question is: “In the past month, how much were you
bothered by: ‘Repeated, disturbing, and unwanted memories of the stressful experience?’”

Internal consistency for the PCL-5 in the current study was good, with Cronbach’s α = .94.

**Cope Inventory**

The COPE Inventory (COPE; Carver, 2013) is a 60-item measure that assesses how people typically cope with stressful situations. According to Cook and Heppner (1997), the COPE includes 14 factors that are totaled to form separate scale scores. Higher scores on a scale indicate frequent use of that form of coping. Initial alpha coefficients for COPE scores ranged from .45 to .92 (Cook & Heppner, 1997). COPE scores were also found to have high test-retest reliability after 8 weeks, ranging from .46 to .89 (Carver et al., 1989). Cook and Heppner (1997) reported strong discriminant and convergent validity. Most of the scaled scores had good to high internal consistency with alphas ranging from .62 to .93, except mental disengagement at .46 (Cook & Heppner, 1997). The COPE uses a 4-point scale ranging from “I usually don’t do this at all” (1) to “I usually do this a lot” (4). The COPE does not explicitly delineate approach and avoidant subscales. Subscales were created based on face validity of the item content. This method is consistent with other studies exploring these two coping styles (Litman, 2006). Example approach-based questions included: “I try to get advice from someone about what to do,” and “I think hard about what steps to take.” Example avoidant-based questions included: “I use alcohol or drugs to help me get through it,” and “I daydream about things other than this.” Internal consistency of the approach-based and avoidant-based subscales were good, with Cronbach’s α = .91 and .78, respectively.

**Copenhagen Burnout Inventory (CBI)**

The CBI (Kristensen et al., 2005) is a 19-item self-report measure that examines burnout with three sub-dimensions: personal burnout, work related burnout, and client-related burnout.
The total score on the scale is the average of the scores on the items. Responses are reported on a 5-point scale with these anchors: Always, Often, Sometimes, Seldom, and Never/almost never. According to Kristensen et al., (2005) CBI scores were found to have very high internal reliability with Cronbach’s alphas ranging from .85 to .87. Examples of the questions include “How often are you emotionally exhausted?,” “Does your work frustrate you?,” and “Are you tired of working with clients?” Internal consistency using the current sample was good with Cronbach’s $\alpha = .79$.

**Triarchic Psychopathy Measure (TriPM)**

The TriPM (Patrick, 2010) is a 58-item self-report measure that examines psychopathy from three constructs: boldness, meanness, and disinhibition. All three constructs form separate subscales. Additionally, a total psychopathy score is calculated by summing scores across the three subscales. Responses are reported on a 4-point true or false scale on which participants can mark: True, somewhat true, somewhat false, or false. According to van Dongen et al. (2017), TriPM scores were found to have high internal consistency and good construct validity. Sellbom and Phillips (2013) reported Cronbach’s alphas for scores on the three domains as .89 for boldness, .90 for meanness, and .89 for disinhibition. Examples of the questions include “I don’t mind if someone I dislike gets hurt,” “I enjoy a good physical fight,” and “I can convince people to do what I want.” The total psychopathy scores were used in the current study and internal consistency was acceptable (Cronbach’s $\alpha = .82$).

**Covid-19 Impact Questions**

Although not included in the primary research questions, COVID-19 had a disproportionate impact on correctional institutions, including staff. As such, eight Covid-19 related questions were included to assess workplace stress resulting from the pandemic and its relation to burnout.
Questions were created by the researchers and were rated on a 5-point Likert scale ranging from strongly disagree (1) to strongly agree (5). Questions assessed for level of distress and workplace response to COVID-19 (e.g., “The facility I work in took adequate precautions during COVID-19” and “I often think about changing careers because of the impact of COVID-19.”). Internal consistency of these items was good, with Cronbach’s $\alpha = .75$.

**Procedure**

**Recruitment**

Following IRB review, a scripted recruitment email describing the study, its purpose, and affiliation with the University of Memphis was sent to administrative personnel at each facility to ensure (1) confidentiality of staff email addresses (as none were provided to the researchers) and (2) staff knew the email and link were safe and secure to open. These individuals forwarded the emails to an internal list of correctional security staff.

**Study Implementation**

All study procedures were approved by the University of Memphis Institutional Review Board, NCDPS, and IDOC. After clicking the Qualtrics hyperlink provided in the recruitment email, participants were first asked to read an electronic consent form and indicate consent; doing so directed them to the survey items in which they confirmed their eligibility for the study by responding to questions about their age and time employed in corrections. Those who did not meet eligibility criteria were automatically exited from the study. Following completion of the study, participants from IDOC were given the option to be redirected to another Qualtrics survey where they could provide their names and primary contact information to be placed in a raffle drawing for compensation. Those who opted in had the opportunity to win 1 of 60, $25.00 gift
cards. Participants from NCDPS were not eligible for compensation due to institutional policy restrictions. The survey took approximately 15-20 minutes to complete.

**Results**

**Preliminary Analyses**

Assumptions of multivariate normality and internal consistency were tested prior to conducting the main analyses. Multivariate normality was examined using skewness and kurtosis. Skewness was between -2 and 2 and kurtosis was between -7 and 7, which is the acceptable range for normal univariate and multivariate distribution (Bryne, 2010; and Hair et al., 2010). The P-P plot provided a visual representation indicating that data met assumptions and were normally distributed.

Correlations among the variables as well as means and standard deviations can be found in Table 2. Greater trauma exposure, trauma symptoms, and burnout were correlated with more use of avoidant-based coping, whereas only traumatic exposure was correlated with approach-based coping. Trauma exposure is not correlated with burnout.

**Table 2.**

*Correlations and Descriptive Statistics for Variables*

<table>
<thead>
<tr>
<th>Variables</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Psychopathic Personality Traits</td>
<td>-.34**</td>
<td>-.03</td>
<td>-.30**</td>
<td>.02</td>
<td>.33**</td>
<td></td>
</tr>
<tr>
<td>2. Trauma Symptoms</td>
<td>.30**</td>
<td>.57**</td>
<td>.04</td>
<td>.54**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Trauma Exposure</td>
<td>.09</td>
<td>.18**</td>
<td>.22**</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Burnout</td>
<td>.01</td>
<td>.46**</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Approach-Based Coping</td>
<td></td>
<td></td>
<td></td>
<td>.18**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Avoidant-Based Coping</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>163.61</td>
<td>24.35</td>
<td>3.46</td>
<td>40.05</td>
<td>93.12</td>
<td>35.39</td>
</tr>
<tr>
<td>SD</td>
<td>11.85</td>
<td>16.89</td>
<td>2.19</td>
<td>9.68</td>
<td>17.92</td>
<td>7.39</td>
</tr>
</tbody>
</table>

**Note p< 0.01 (2 tailed)**
Primary Analyses

A moderated mediation model was used to test whether there were significant direct and indirect effects of trauma exposure on trauma symptoms and burnout. Additionally, tests examined if the indirect and direct effects were conditional on three separate moderating variables: approach-based coping, avoidant-based coping, and psychopathic personality traits. The hypothesized moderated mediation models were tested using Hayes’ (2018) PROCESS macro (model 59). The model was tested using 5000 bootstrap estimates. Hypothesis 1 posited an indirect relationship between trauma exposure and burnout via trauma symptoms. This hypothesis was supported: trauma exposure was positively related to trauma symptoms ($b = 2.29$, $p < .001$), trauma symptoms were positively related to burnout ($b = .35$, $p < .001$), and the indirect relationship of trauma exposure to burnout through trauma symptoms was statistically significant, $\beta = .18$, 95% CI [.11, .26].

Hypothesis 2a posited that the indirect relationship between trauma exposure and burnout via trauma symptoms would be conditional on levels of approach-based coping (paths a and paths b). This hypothesis was not supported, as there were no statistically significant interactions between approach-based coping and trauma exposure (path a) or approach-based coping and trauma symptoms (path b). Hypothesis 2b posited that the direct relationship between trauma exposure and burnout would be conditional on levels of approach-based coping, and this hypothesis was supported (interaction effect = .03, $p < .05$). Trauma exposure was only a significant predictor of burnout scores when approach-based coping was low (1 SD below the mean). At low levels of approach-based coping, the effect coefficient of trauma exposure was - .90, 95% CI [-1.53, -.27]. See Figure 1 below. Of note, this relationship was inverse, such that more trauma exposure was associated with less burnout and less trauma exposure was associated
with more burnout. Among this sample, approach-based coping may not be useful in moderating the relationships between trauma and burnout.

**Figure 1. Approach-Based Coping**

Hypothesis 3a posited that the indirect relationship between trauma exposure and burnout via trauma symptoms would be conditional on levels of avoidant-based coping. This hypothesis was partially supported. There were no statistically significant interaction between avoidant-based coping and trauma exposure (path a). However, there was a significant interaction of avoidant-based coping and trauma symptoms (path b) \( (b = -.01, p < .001) \), such that when avoidant coping was high (1 SD above the mean), the positive relationship between trauma symptoms and burnout was stronger. Hypothesis 3b posited that the direct relationship between trauma exposure and burnout would be conditional on levels of avoidant-based coping; this hypothesis was not supported since the interaction term of trauma exposure and avoidant-based coping was not significant \( (b = -.42, p = .06) \). See Figure 2.
Figure 2. Avoidant-Based Coping

Hypothesis 4a posited the indirect relationship between trauma exposure and burnout via trauma symptoms would be conditional on levels of psychopathic personality traits (paths a and paths b). This hypothesis was not supported, as there were no statistically significant interactions between psychopathic personality traits and trauma exposure or trauma symptoms. Hypothesis 4b posited that the direct relationship between trauma exposure and burnout would be conditional on level of psychopathic personality traits; this hypothesis was also not supported given the non-significant interaction term ($b = -.38$, $p = .09$).

**Secondary Analyses on Impacts of COVID-19**

As this study was being conducted after the onset of the COVID-19 pandemic, the researchers considered the role the pandemic may have had on correctional officers’ ability to cope and manage burnout. Mean responses by item ranged from 2.4 to 3.7 on a 5-point Likert scale. A Pearson correlation coefficient was computed to assess the linear relationship between total levels of stress associated with COVID-19 using the total score of these items and burnout. There was a statistically significant negative correlation between the two variables, $r(268)= -.45$, $p<.001$. 
Discussion

An estimated 70% of adults experience a traumatic event over their lifespan (Posttraumatic Stress Disorder Alliance, n.d.). Research consistently shows correctional officers are at increased risk of exposure to traumatic situations while performing job-related responsibilities (Cassidy & Bruce, 2019; Fusco et al., 2021; Gil et al., 2006; Konda et al., 2012). The impacts of trauma exposure on officers and their perception of danger can substantially affect both mental and physical health (Castle & Martin, 2006; van der Kolk, 2000). However, less research exists regarding the mechanisms that can mitigate the possible impacts of traumatic exposure on correctional custody staff. This is the first known multi-site study to consider the role of choice-driven and trait-based mechanisms by exploring how various coping styles employed by correctional officers and inherent psychopathic personality traits may buffer the impact of traumatic exposure on trauma symptomology and workplace burnout.

Consistent with existing literature supporting a link between trauma and feelings of burnout (Varker et al., 2022), direct relationships between traumatic exposure, trauma symptoms, and burnout were found for correctional staff in this sample and, while trauma exposure was not directly related to burnout in the simple test of mediation, it was indirectly related through its relationship with increased trauma symptomology.

Additionally, results support the generally unhelpful function of avoidant-based coping styles, as the reported use of these styles led to a stronger relationship between trauma symptoms and burnout. However, this moderating effect dissipated when trauma symptomology was high, suggesting that when trauma symptoms are high individuals are more likely to experience more burnout with or without the use of avoidant-based coping. Further, avoidant-based coping was directly and positively related to burnout. Therefore, these findings show the negative impacts of
Avoidant styles of coping appear to generalize to correctional officers and custody staff. Contrary to hypotheses, approach-based coping and psychopathic traits were not found to affect the relationship between trauma exposure and either trauma symptoms or burnout. These findings are also contrary to emerging research supporting both approach-based coping skills and psychopathic personality traits as protective factors among those in occupations with a high prevalence of trauma exposure (e.g., veterans, law enforcement; Preston et al., 2020). With a better understanding about what helps and does not in reducing the consequences of trauma exposure, individual staff and correctional departments can be better informed regarding strategies to prevent and respond more productively to potentially traumatic incidents.

Finally, this study was conducted following the COVID-19 pandemic. The findings suggest that stress related to the pandemic did not impact levels of burnout. This may be due to this environment being high stress on a daily basis with or without added community stress. However, further research should be done to better understand the impact of COVID-19 and correctional officers.

**Implications for Correctional Staff and Institutional Policy**

Findings from the current study can be used to educate and empower individual employees to take control of how they choose to cope with and respond to stressful and potentially traumatic events that occur on-the-job. For example, engaging in avoidant-based coping activities such as sleeping more than usual, pretending the event never happened, watching T.V., or scrolling through social media may increase overall trauma symptoms and negative reactions that worsen burnout. Although approach-based coping was not shown to improve outcomes following trauma exposure among this sample, it is possible respondents’ self-reported use of these styles did not match how they were put into practice. For example,
respondents may have endorsed using social supports (a seemingly positive action), but perhaps do not make effective use of these supports in the real world or rely on negative social supports (e.g., venting to a co-worker over a beer which ends up enhancing their stress response). Thus, given prior literature has consistently found approach-based styles are helpful for other samples, discouraging the use of these styles seems premature without additional corroborating research. In line with this idea, research has shown that poor support from colleagues and prison officials can contribute to officer stress more than inmate-related stressors (Walters, 2020). Therefore, while results of this study confirm the need for correctional staff to reduce their reliance on avoidant-based coping strategies, exploring healthier alternatives to cope with work stressors may involve a re-examination of how to optimize approach-based styles so they are not counterproductive.

However, the responsibility of reducing the effects of trauma cannot be solely placed on correctional officers and other custody staff. Institutions have an obligation to create safe workspaces and promote employee well-being (United States Department of Labor, 1995). Therefore, correctional administrators must consider their role in both reducing the occurrence of traumatic events within their facilities and supporting officers as they manage the aftermath of exposure. Actions from correctional departments may fall into three overlapping categories: (1) improving the overall safety of the institution (e.g., reducing hostile conditions, improving staff-inmate relations); (2) staff training, and (3) creating resources for staff.

To improve safety from a systemic level that may reduce trauma exposure in the first place, departments may consider integrating trauma-informed approaches for both staff and people in-custody, as well as reinforcing a culture in which discussing traumatic events and their consequences are more normalized rather than avoiding the stressor. Correctional staff often
have a view that increasing empathy, expressing compassion, and using de-escalation skills are a sign of weakness or even “pandering” to the incarcerated population (Miller & Najavits, 2012). Yet, using more humane ways of interacting with the people incarcerated may be necessary for creating security and more stability in these settings.

Training for officers may also include educating staff on general signs and symptoms of trauma and burnout, how these symptoms typically present for them, and adaptive coping strategies they can use on their own and under which circumstances those strategies may be most useful. Developing staff resources could involve building a network of peer social supports in the workplace or improving the ease of accessing trauma-focused mental health providers. In fact, there is some evidence that formal mentoring can protect against burnout among correctional officers (Farnese et al., 2017) as it is not a form of avoidant-based coping. Agencies may consider setting up mentorship programs or designated times for officers to speak with others about experiences that may be distressing. By taking steps to reduce traumatic events and reduce the impact of trauma on workplace burnout, corrections agencies could subsequently help reduce rates of staff turnover and absences. Staff who show up more consistently and are happier and healthier are likely to do a better job attending to the tasks that keep institutions safe.

**Limitations and Future Research Directions**

Several limitations should be considered when interpreting the results. First, results may not generalize to the experiences of staff at other state-run facilities or federal and private sector prisons. As of 2022, there were approximately 363,250 correctional officers and jailers in the United States all working at various types of correctional facilities (U.S. Bureau of Labor Statistic, 2023). Along with varying job expectations and training, officers in other departments of corrections may have access to different resources and benefits that may help them in
managing trauma exposure and workplace burnout. Second, the current study considered more reactive approaches to managing trauma exposure after it occurs. As such, future research should consider examining the efficacy of proactive measures that officers or institutions can take to preemptively reduce the risk of trauma and its impacts. Many of the proactive recommendations above, such as trauma-informed practices or peer mentoring programs, could be implemented and evaluated to ensure the intended outcomes are achieved, including but not limited to adherence/attendance by officers, officers’ overall satisfaction with these initiatives, and whether they are effective in changing attitudes about trauma or managing the psychological or health-related consequences of trauma exposure. How a traumatic event is perceived and how individuals address these experiences can make a difference in how they move forward from trauma (Liao et al., 2021).

Third, although the current study did not find support for psychopathic personality traits as a moderator in the relationships between traumatic exposure, trauma symptoms, and burnout, it is possible that other personality traits are more adaptive in managing traumatic experiences in correctional settings. For other forms of trauma, such as natural disasters and military combat, traits such as high neuroticism, low agreeableness, resilience, and optimism may allow survivors to better manage the impact of trauma and reduce the risk of PTSD (Bensimon, 2012; Caska & Renshaw, 2013; Raj, 2013; Reis et al., 2016). Whether these traits help correctional officers manage the traumatic experiences in their workplace is unclear and should be explored. Better understanding which personality traits help staff pull through instances of trauma and which increase their risk of serious consequences may inform the hiring/onboarding process, such as whether certain officers may need additional training or supports.
Fourth, results reflect the experiences of predominately white male officers in facilities that house mostly incarcerated men of color. There may be gender, race, or intersectional factors that differentially impact experiences or consequences of trauma. For example, different demographic subgroups of officers may need to rely on different coping skills or personality traits to manage negative experiences in the workplace. Ricciardelli and McKendy (2020), for example, found that feminine identity among women officers was both an asset and a liability for working in correctional settings. Similar to the sample in the current study, Wade-Olson (2019) also highlighted that many institutions employ rural, white staff who manage an incarcerated population that is predominantly urban, Black and Hispanic. To better capture differing and nuanced experiences, future research should include qualitative approaches to understand how officers of varying demographic subgroups experience and engage in their work life. In the context of their correctional work, it would be relevant to ask questions about traumatic experiences rooted in sexism and racism, as well as the coping skills staff most frequently use and find effective.

A final limitation worth noting is the operationalization of trauma exposure. The BTQ accounts for a wide variety of traumatic events, some of which are unlikely or less likely to occur in a correctional setting (e.g., military combat, natural disasters, and car accidents). This is because the BTQ was designed to capture experiences individuals in the general population may encounter, not correctional staff specifically. During the data collection phase, a participant contacted the researchers to express their concerns about this issue. Specifically, they were concerned their traumatic experiences were not fully captured in the survey. In providing more context about the everyday experiences of correctional officers, this participant stated, “Have you experienced someone hang themselves in front of you or do you feel like you had a hard day
because you got yelled at by a special needs (mental health) inmate today? Did you have to hold someone’s life blood in while waiting for an ambulance or are you upset that a segregation inmate mooned you?” Due to their unique work setting, future researchers should develop trauma questionnaires that better assess the types of events correctional officers are more likely to encounter in day-to-day interactions with incarcerated persons. Given the lack of specificity on the BTQ, it is possible officers’ reports of trauma exposure underestimated their actual on-the-job exposure. For example, although the BTQ includes items related to witnessing a life-threatening event or being the target of unwanted sexual contact, the BTQ does not account for specific events such as responding to a suicide attempt by an incarcerated person or someone sexually exposing themselves. It is also unclear whether the traumatic events endorsed by participants occurred in the workplace or elsewhere. Nonetheless, trauma exposure regardless of where it happens, can impact multiple life domains including work performance (Monson et al., 2017).

**Conclusions**

Correctional officers and other security staff put their physical safety and mental health at risk daily. Despite their sacrifices, limited research is available to help us understand their specific traumatic experiences and how they cope. This is the first multi-site study to investigate officers’ exposure to trauma, the negative consequences of exposure, and possible ways to intervene or prevent issues in the workplace. Findings from this study highlight the role that intentional use of coping skills can have in managing exposure, trauma symptoms, and burnout. By focusing more attention on how frontline correctional staff cope, correctional departments may see improvements in the culture of the institution, staffing, and well-being of staff members.
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