A Cross National Study Using Anecdotal Accounts of Trauma Reaction in Police Officers

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Abstract:

This cross-national exploratory study was carried out to assess the nature of traumatic experiences, psychological reactions and challenges related to coping among police officers from Pakistan and the United Kingdom. The existing gap in available literature limits our understanding about how police officers involved in traumatic work experiences, cope and achieve resilient emotional reactions.   The comparison of data obtained from five police officers of each country was made to assess similarities and differences in phenomenon. Analyses identified some of the main challenges to coping were negative public image, lack of logistic facilities and psychological support systems, and other personal and professional difficulties. These challenges are discussed from the perspective of trauma experiences in the two countries and coping strategies employed by security personnel to deal with the psychological outcomes. The findings have revealed that stigmatization was associated with psychological help and police officers consult their families and friends instead of professionals for mental health issues.

Keywords:

Police Officers, Traumatic Experiences, Emotional Reactions, Coping, Psychological Assessment, Emotional Robustness

Introduction:

Mental health of police officers has become a matter of concern for the Police Department in Pakistan in the past few years as indicated by number of measures taken to carry out professional psychological profiling of personnel (Punjab Police, 2011).   This was considered necessary following incidents where security issues were deemed to be compromised.   Incidents such as the assassination of high profile figures such as Benazir Bhutto[1], Salman Taseer[2], and Shoaid Bhatti[3] have not only highlighted the poor security issues, but also indicate the severity of mental health complexity in personnel who are responsible for public security. It has been reported that incidents involving massive

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[1]Ex-Prime minister of Pakistan

[2] Ex Punjab Province Governor, Pakistan

[3] A minority groups political representative

killings increase mental health service needs not only for the survivors but also for the policemen/women involved (DiMaggio, Galae, & Richardson, 2007).

In many jurisdictions, police personnel at the time of recruitment must undergo physical and integrity checks, but in Pakistan, they hardly undergo any psychological assessment (Punjab Police, 2011). No sufficient literature exists to suggest how such personnel are affected by psychological issues, although there is a large volume of commentary criticising police performance without taking into account or even acknowledging the officers' mental wellbeing.

Pakistani police have played a vital role in maintaining law and order in the country during the on-going war on terrorism. As a consequence to their participation, there has been a consistent threat to their own safety, security and wellbeing. The global economy, international security and social tranquillity were disrupted by a cascade of events following 9/11, such as militant attacks and religious discord. Pakistani police were no exception in this context because they were in the forefront in fighting the terror attacks and dealing with the consequences. According to Fasihuddin (2009), almost 1200 security officials were killed during the on-going war on terror unsettling the peace and security within the country. This situation has affected the psychological wellbeing of police personnel posted to perform sensitive duties (such as policing high threat areas, or protecting high profile people). The news reports about police misconduct reflect their psychological impairment and the need to examine their mental health and wellbeing under such circumstances. For example, the police are criticised for corruption, poor work performance, and behaviour (Abbas, 2009). It could partially be explained by their low salaries, deficiencies in logistic aid, poor supervision or support from supervisors, and poor public image (Fasihuddin, 2009). Another important reason, still unidentified or recognized, is the possibility that they might have poor psychological resistance (resilience) to on-going political pressures (Abbas, 2007). Although the mental health impact of working under traumatic situations has been examined in military personnel (Bilal, Rana et al. 2007), similar understanding is lacking in the area of policing in Pakistan.

A comprehensive body of literature has explored the nature of work and its impact on mental health, suggesting that people who are in constant exposure to trauma (such as police, military personnel, ambulance workers) are at a high risk of psychosocial problems as compared to others (Buchanan, Stephens, & Long, 2001; Adams & Buck, 2010; Prati & Pietrantoni, 2010). Recent research by Gershon and colleagues have suggested that constant exposure to trauma (including critical incident exposure, occupational and organizational stressors,

and job dissatisfaction) correlates highly with perceived work stress in urban police officers (Gershon, Barocas, Canton, Li, &Vlahov, 2009). Chen and colleagues discovered that 21.6% of Taiwanese police officers suffered from acute depression (Chen, Chou et al. 2006). In another study, Lee and colleagues (2002) suggested that 28-35% of people exposed to militant attacks may result in developing posttraumatic stress disorder. Such exposure to "unexpected" incidents can put their psychological wellbeing at risk, and thus, chances of developing multiple psychological sequels such as depression will be greater (Prati & Pietrantoni, 2009). In a study (Nils, Olaf, Udo, & Gereon, 2010), acute stress reactions were observed during a 12-month period following severe professional strain in police. This research identified the risk of potential exposure to traumatic events by police officers, which can affect their wellbeing.

During years of experience, police officers develop mature coping strategies and reactions that allow them to dismiss most of the intense traumatic experiences. Some vivid events, however, by virtue of their intensity, leave long-term impressions upon the psyche of even the most experienced and mature police officer. A New Zealand study conducted on 187 new and serving police officers showed the frequency of trauma experienced at a young age was a strong predictor of developing psychological problems in later life (Buchanan, Stephens, & Long, 2001).

Coping has received considerable attention from trauma analysts. Most of the findings tend to reflect a relationship between trauma exposure and coping behaviours. The findings have showed that childhood trauma exposure, lower self worth and greater perceived work stress predicted the higher depression symptoms and lower coping behaviours. (Wang, et al., 2010). Among several types of coping are use of: humour (Filstad, 2010), social support (Adams & Buck, 2010; Prati & Pietrantoni, 2010) and resilience, and emotional strength (Prati & Pietrantoni 2010). Officers who were involved in comparatively more field work were found to be more resilient and tolerant to the psychosomatic effects of traumatic investigation, but even they are at risk of having psychological distress (Mark, 2009). It was found that the majority of police officers ultimately developed tolerance for routine death on the street, and most death events that would be considered minimal evoke an intensity of emotion experienced by officers (Holly, 2008).

Work-related stress, may cause psychological symptoms for those personnel who are involved in providing counselling and support police officers and their families. This type of interaction undermines their physical and mental well-being which further affects how they cope and resist such psychological consequences (i.e., resilience). There

is a gap of understanding about how cultural/social/religious beliefs shape the emotional reactions and coping process in a police setting especially in developing countries such as Pakistan.

Considering the nature of trauma exposure and risks involved in police work, the present study provides anecdotal accounts of work related trauma experiences of Punjab (Pakistan) and West Yorkshire (England) Police forces, aimed at extending the understanding about trauma reactions in police officers in a cultural context. The study examines the socio-cultural beliefs related to effective coping in traumatic encounters in the two countries police forces. Studying beliefs and opinions about police work and trauma related concerns will be helpful in identifying challenges involved in building resilience and effective coping. This study, therefore, examines anecdotal accounts of trauma encounters in police work thereby identifying positive coping mechanisms and challenges towards it.

Method:

The research consisted of a grounded theory approach where the researchers conducted face-to-face interviews to explore the experiences of senior detective officers working in traumatic situations. The study protocols were approved by the University's Research Ethics Panel in terms of confidentiality and safety of participants and the material derived. The main ethical concerns included confidentiality of sensitive information, and participants getting emotional while describing unpleasant incidents. Both police forces granted approval to include officers as participants in the study. In addition, both researchers and psychologists operated within the code of conduct of the British Psychological Society, which safeguards all research participants in respect to their involvement in research, either in the UK or elsewhere.

Participants:

Ten senior police detective officers agreed to take part in face-to-face interviews to explore their traumatic experiences. These interviews took place in the respective offices of the participants. The participants in this study were senior homicide team detectives (investigation branch), five from each of the two countries (UK and Pakistan). Their average age was 43 years (range of 40 to 55 years), and a minimum of 20 years overall service experience was required in order to ascertain seniority. The majority of the officers had been serving specifically in supervisory positions for approximately five years. Most of the officers had experienced traumatic experiences in their careers.

Semi-Structured Interview:

In order to explore personal experiences, a semi-structured interview approach was followed (with an average duration of one hour per interview). Through using this approach a comprehensive interview guide was developed, comprising three major categories of items a) Type of trauma Experienced, b) Emotional Reactions, and c) Coping Strategies. Most of the items were open ended and further explored by the researcher using probing and observations during the interview.

Procedure:

This study obtained data through interviews with senior police personnel. A data agreement form was signed between the Chief Constable of West Yorkshire Police and the researcher to carry out the research within West Yorkshire Police (WYP). The participant's identification and access was provided by the chief constable. A request email was sent to the potential participants explaining research aims/objectives and relevance. The potential participants' from Punjab Police, Pakistan were accessed through the local police chief officer, Research and Development division. The participants were told that they could stop the interview process at any stage, if they were uncomfortable. All interviews were tape recorded except for the Pakistani Interviews, where the participants refused to be recorded. The participants who refused, however agreed to have their interviews recorded in the field notes by the researchers. This was done for their convenience. The interviews lasted for an average of one hour and were carried out in the respective offices of the personnel.

Data Analysis:

Each interview was transcribed and coded as defined in the grounded theory approach by Strauss and Corbin (1998). Data saturation was achieved through process of constant comparison and therefore the interviews of five police officers from each country were included in the present study. Emerging themes were identified and categorized in terms of similarities of responses. Each theme identified in this manner was further categorized into sub themes depending on the relationship of the responses.

Results:

The senior police officers described various types of traumatic experiences they had been exposed to such as having dealt with dead bodies; murders; child and adult rapes; decomposed bodies; fatal car accidents; accidents where whole families were killed; terror attack investigations; public riots; violence and aggression. The transcription and coding resulted in an interesting pattern of themes that suggest how

these police officers described their personal trauma experiences during the course of their work. These themes are:

1. What are the incidents you have seen which were unpleasant (or traumatic)?
The responses indicated a variety of incidents that had a traumatic impact based on the person's judgement of intensity and severity. For example, a British police officer said:

> *"Obviously we deal with murders, most distressing sights, seen lot of dead bodies .....so we deal with a lot of stuff, emotional... to start with....and obviously we deal with lot of unpleasant sights! you see ... bodies, you see victims (people who have not died), people who are brain injured, whose life would be changed for a long time. And dealt with road accidents, where there has been cruelty involved and it has had massive effect of people".*

2. What is the emotional response to an unpleasant incident?
Because these officers are periodically exposed to unpleasant incidents, the impact is minimal due to several factors; one of the factors was described as "I don't think about it".
A Pakistani Police Officer reflected:
> *"We cannot think about our own emotional position. At the crime scene, the mind works quite fast, we know that what our duty is, we are being paid for that, so right now, we have to collect the evidence so that we can reach culprits or terrorists"*

Responses from British police officers also reflected emphasis on their current duty and just not thinking about it is helpful at the time of investigation.
"....*but above all, it is part of your duty and one has to avoid over thinking and taking things to a personal level where it can become a problem.*

2.1 Describing initial feelings and control

Although most of the officers denied having any feelings at the time of investigation, they did acknowledge having gone through feelings of pain, sadness and anger. For example:
"... It was a very painful scene.."
And another said:
".... I don't particularly feel distressed......but I do feel......I don't know what that word is.....sadness maybe...."

These responses indicated that these policemen were aware of their personal feelings and responses despite being able to control them effectively. For some of the personnel, dealing with the affected families and survivors was more painful than the event itself. For example a British police officer said:

"My own emotions.......it does not bother me! We deal with it so much that it does not bother me. Nothing upsets me anymore. Am.......it does upset me sometimes but ...it bothers me sometimes when I deal with family however."

Describing events as painful or disgusting reflects the officers' awareness and acceptance of personal emotional experiences and it further helps them to control temporary sudden shock. Freud (Vaillant, 1992) describes it as a defence mechanism which people use as part of coping.

2.2. Socio-Cultural beliefs and attitudes

Another important component of traumatic experience reactions are the beliefs and attitudes that are either developed or nourished during the exposures. When asked "How does it feel when you see any unpleasant stimuli such as....a dead body...during your investigation?" the responses reflected that the officers have beliefs and attitudes toward such experiences which neutralise the unpleasant effects.
One officer shared his opinion:

"... I don't reflect on that really, I don't dwell on it...[].. it's part of my life that ...I think I can cope with it....a...I don't find ...seeing dead bodies distressing and I don't it disgraceful. I think a lot of people find the sights and sounds and smells, very upsetting ...a..but I don't ....."

An interesting attitude toward life/death was reflected from a British police officer:

"I try to look at it ... like when...a.... u know when aa....caterpillar or whatever it is... turns into a butterfly, it leaves behind a husk, and then it flies away into the what it has to do. Just leaves behind that husk.....and he says...that's like a body.....and I think of it like that ...if u think your body is like that and soul flies away and ...... the person there was is gone"

The majority of the officers described the emotional reactions about seeing unpleasant sights, but emphasized that their personal reactions or feelings were quite separable to their on-going investigation and had little or no immediate effect.

3. *What are particular aspects of the event you still recall and perceive as challenging?*

The responses indicated an "element of attachment" developed with the victims' families or caregivers when dealing with a case. Dealing with families and children was one of the major concerns highlighted by the officers. A British police officer shared following perspective:

"I can't do anything about them...for the best I can do is...for family because most families want to know who did it, why it was done. [....] So when once somebody is murdered the best thing we can do is to try to reduce the effect of that murder for families...on the communities and societies as a whole.

There are different factors that can be challenging for an officer in terms of trauma management. One of them can be having to deal with victimized families and children. Following response suffices this statement:

"... I remember I had to interview a child (7-12 years) he was looking extremely pale and terrified. It is also part of the training which I learnt from experience. How to counsel and speak to a terrified child who has witnessed the crime, to collect information in sensitive way. We have been sensitized about such issues, we collaborate with local NGOs and such child issues are dealt with, and I have learnt a lot through my experience, how to deal with trauma and trauma survivors"

From the previous responses, it is evident that dealing with the families of victims were a particular concern to these police officers because they felt they were not well equipped to provide, or recommend, counselling services. While the officers learn from their work how to deal with such situations, the lack of adequate counselling/management skills, and need for proper training specifically while dealing with children, was significantly highlighted by almost all Pakistani policemen.

4. *How do you cope with the stressful effects of dealing with such incidents and cases which have affected you personally?*

Universally, personal attributes, such as control over emotional expressions, ability to prioritize tasks, resiliency, emotional strength and several other personal factors were said to be influential and helpful. Resiliency, motivation and a strong sense of responsibility were identified as the most important factors for coping with traumatic situations in this profession.

A Pakistani police officer stated:

"...the sense of responsibility should be in the grasp of a police officer!!! Without it, there is nothing! ...we are servant of this public, and it is our responsibility."

A British police officer stated:

> "*…Being a cop, it is our responsibility to be vigilant and focus on work, and the nature of duty itself makes one focus on the task rather than unpleasant emotions or feelings.*

Similarly, for most of the Pakistani officers, their moral values and faith helped them in dealing with the situation. Faith combined with personal values such as dedication and commitment, loyalty and honesty, and strong belief in the power of the Almighty, played a role in helping them to be vigilant while on duty.

The majority of the officers believed their family support played an essential role in coming out of upsetting phases. It was reported that if the officers shared the upsetting events with their families, it helped them maintain a healthy balance. Community-police healthy relations were also highlighted. Being debriefed and pre-planning a situation also helped the officers to deal with events effectively.

Discussion:

In the present study, narratives of senior detective officers were examined regarding mental health and trauma experiences at workplace. Through this research, core issues dealing with difficult, and at times, life threatening situations were identified as significantly important in terms of their wellbeing. The analysis revealed that a lack of freedom to exercise decision, political and media pressures, negative public attitudes, and corruption were some of the challenges and major stressors for the police officers. Besides this, family bonding and emotional support from supervisors was an important component of coping.

The responses of both the Pakistani and the British police were similar on dimensions of traumatic experiences, emotional reaction, and coping. Variation was observed in terms of challenges. Since the Pakistan police force is lacking in terms of psychological support and awareness, and logistic support, the stresses are quite different from those faced by British police officers. For example, whilst children and families were a major challenge to both police departments, the terror attacks in the name of religion and the resulting massive deaths were a major concern to Pakistani policemen due to religious concerns. Besides this, for both police departments, child rape was highlighted as most traumatizing.

Contrary to the British police, we observed that there was lack of an appropriate psychological support system (and awareness) in the Punjab Police. Most of the officers emphasized the need of psychological profiling at regular intervals. Besides this, there was a

general sense of stigmatization associated with Psychological examination and treatment. As indicated in the responses, most of the Pakistani officers would prefer speaking to families or friends rather than obtaining proper psychological support. In Pakistani system, the families are still combined and people usually identify themselves more with their own family members than outside thus they also look for support. Contrary to this, British police officers were better aware of the psychological support provided to them, and therefore were well equipped to deal with their overwhelming psychological issues and concerns.

Lack of proper psychological support is one of the major issues in developing countries such as India and Pakistan, where there is already stigmatization for consulting mental health support (Patel and Kleinman 2003; Karim, Saeed et al. 2004). Despite an increase in awareness about mental health, people still hesitate to consult doctors or psychiatrists for their mental health issues. This was reflected in the responses of Pakistani police officers. In 2006, McNally carried out a study to examine the impact of post-traumatic stress on Iraqi police. Although she observed an escalating rate of suicidal ideation, she also noticed a lack of little access to appropriate psychological aid, either on the job or in the community.

The findings from this research correlate with those of previous studies suggesting that people with particularly intense or prolonged direct exposure to a trauma (including witnessing the incident or encountering grotesque images of people who are injured or ill) are most likely to experience psychological consequences (Meredith et al, 2011). Furthermore, as highlighted in the study, social support which includes friends and family, supervisor support, and community trust are vital protective factors against mental health issues. Yuan et al (2010) found that positive world assumptions and better social functioning during training may protect police officers from critical incident related PTSD.

In conclusion, some of the challenges toward coping as highlighted in this study include need to improve trauma risk awareness, counselling and support system, better financial and safety support, freedom to exercise duty related decisions, time and stress associated with work pressures. Further, there is need for more cross cultural research in this area to determine the best methods of effective coping and resilience in police work.

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