Correlates of Resilience in Police Officers from **England and Pakistan:** A Cross National Study

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Abstract

A substantial amount of literature suggests profound psychological implications as a result of constant exposure to trauma in police work. The literature in the west argues on the use of therapeutic interventions at appropriate stages after the diagnosis or assessment, however there is little or no insight about type of challenges faced by the Pakistani police. Considering this gap, this study attempts to compare the nature of traumatic experiences, implications on mental health and psychological resilience and lastly coping techniques as used by police officers in Pakistan and England. Almost 613 police personnel from various ranks responded to the survey conducted in the two countries' police force (300 from Pakistan and 313 from the UK). Correlation and multiple regression analysis suggested strong association between psychological resilience on mental health. Thematic analysis identified number of organizational and personal strategies that can aid those who work in this field to cope more effectively. These include family, friends, peer and organizational support, improved psychological services, flexible work routine and indulging into healthy positive self-help skills. The study also demonstrates that the religious beliefs and customs and local cultural perceptions affect the tendency to seek psychological support. Some of the other culturally woven practices include family cohesiveness, stereotyping beliefs regarding psychological problems; collectivism etc. Need for further research into indigenous knowledge of police trauma has been emphasized.

Keywords

Resilience, Police Officers, Coping, Trauma, Mental Health

Introduction

Trauma is an unpredictable emotional response to an unpleasant event (Vincent, 2004). It is likely to experience shock or denial immediately after the incident/experience. Other emotional experiences include flashback memories, vulnerability to stress and psychical discomfort (nausea or headaches). Policing is one of the professions which are highly vulnerable towards psychological trauma. This is due to the fact that the very nature of police work includes exposure to unpleasant stimuli such as dead bodies and investigating crime sites. A substantial amount of literature has investigated several indicators to police stress. Most of these studies have identified Nature of trauma experiences and their management may vary across cultures and individuals (Brown, 1994, Peterson, 2006). Culture

shapes the way people use their resources for optimal health and benefits. Although an increasing number of researchers are looking at the coping strategies appropriate with the nature of psychological outcomes in the police work, there is a gap in understanding about how indigenous experiences and situational contexts shape the coping processes in a particular police force. It is also important to investigate what factors promote healthy and adaptive coping under a particular scale of threat and how scant resources can be utilized properly. This type of exploration may be useful to those police organizations that have strong multicultural and ethnic diversity. It may also be helpful for policy makers to recognise the role of understanding cultural practices which appear to influence trauma reactions, responses and coping. This study, therefore, embarks upon to understand how meanings of trauma and support are guided culturally and what factors govern the trauma reaction and coping. The analysis is extended to evaluate the mental health state and resilience in two nation's specific police departments.

Pakistani Context

There has been a general increase in psychological issues among police personnel since 9/11 attacks because of change in work role (Schuster al., 2001). Most affected population has been police. Police in the developing countries especially Pakistan is most affected because of its acute association with terror attacks and fight (Abbas , 2005). This reflects growing need for conducting routine psychological assessment for those personnel who work under excessive safety and security threat. Thus it will be first of its kind in Pakistan and would help to provide baseline information for intervention planners to assess need and plan for improvement.

The psychological consequences of dealing with threatening situations are well established (Gabriel et al., 2007). An investigation on south Korean police identified up heaving sources and consequences of stress in personnel (Moon & Maxwell, 2004;) including burnout, physical illnesses, family problems and inability to perform duties effectively. Studies also reveal that these stressful experiences may result into family life conflicts and professional difficulties (Maguen et al., 2001; Vincent, 2004). There can be many precursors to it. Studies show that organizational factors such as work environment, night shifts, frequency of exposures and severity of event may be some of the causes (Andrewetal., 2008; Bilal, Rana, Rehim, & Ali, 2007; Morash, etal., 2011). In another investigation with Brazilian police personnel, researchers identified several indicators associated with malfunctioning such as negative effect, frequency of exposure to critical incidents (Carvalho, Cury, & Garcia, 2008;).

These police personnel develop flexible coping strategies (self-help or external) over a period of time and experience and exposures which eventually helps them in mitigating the psychological consequences emerging from work (Anshel, 2000; Evans, Coman, Stanley, & Burrows, 1993). The coping strategy operates at two levels. One is conscious, intentional effort to engage in activities which can be productive or prolific (active coping). Such as joining sports club, socializing and travelling. The other type of coping is running away or suppressing these on-going issues (avoidance coping). Present research argues that most of these coping strategies (those adopted by police personnel) are not consciously made i.e., intentionally decided. For example, praying five times a day may relieve the stress (Tolson & Koenig, 2003) but subconsciously it might not aid in solving problem in long run unless identified. It happens probably because of time constraints and availability of resources. It is common practice in police culture that these transient psychological reactions are taken for granted and personnel run away from acknowledging or addressing small scale problems such as anxiety or stress is widely practised because of busy routine and pressures (Henry, 2004). This type of passive coping may suppress the actual issues for time being but problem remains unresolved.

The long term effects of adaptive coping can be achieved by following targeted and aimed efforts. Research suggests that quality of life can improve by engaging in action oriented activities and they can make work life more rewarding, pleasant, peaceful and exciting (Sears, Shea, & Conti, 2005). Police personnel tend to engage in "habits" which provide ready escape from stress. For example, very famous, "black humour" (Sewell, 1994) prevails as part of police culture might have nothing to do with conscious coping activity but an escape or outlet form stress. Some other escape strategies include smoking and drinking (Gershon, Barocas, Canton, Li &Vlahov, 2009).

Looking at the research evidence indicated above, it can be concluded that a growing number of trauma related research suggesting that persistent and unaddressed stress related concerns in police personnel may exert negative influence on mental health depending upon scale of psychological damage and consequently psychosocial or professional life. Despite this, there is little research done to suggest the role of cultural differences on shaping coping strategies in limited resources or peculiar belief systems. Thus the rationale of the study is to fill in this gap by incorporating the cross national variations in trauma correlates and examine the differences in terms of psychological health, resilience and coping.

This study emphasizes that by involving into "conscious" habits or activities such as sports, socialization, spending time with family, doing charity/volunteer work are healthy ways of positive growth. The conscious and intentional effort

comes after acknowledgement and realization of issues and their need for resolution for long term benefits. One of such healthy approach is building up resilience skills. Recent research into Positive Psychology domain has appraised the benefits of resiliency in vulnerable occupations such as police work (Arnetz, Navedal, Lumley, Backman, & Lublin, 2009). Resilience reflects the ability to bounce back in time of adversity and stress (Smith et al., 2008). Resilience is a growing concern for police organizations today. Research has shown that involving into self-development skills may help to boost resilience and therefore enable these personnel to monitor their emotional health while at work.

Police is the most effected institution since officers are involved in controlling and managing the security and safety related concerns. The role of a police officer has transformed and diversified since 9/11. The present day police institution requires a large number of police officers to guard public places and politicians for security reasons. Besides performing the routine duty of attending public calls for disorder, managing and monitoring security, a large number of police officers are assigned duties related to protecting VIPS, high profile places. Given the limited number of personnel already, this issue is a growing concern in police departments because additional duties interfere with the existing demands of the duty. The scientific literature has identified several stressors which can be considered as traumatic in police context. The training is an essential component of police institutions. These training modules are carefully drafted considering the needs required in terms of the professional development of these officers. Currently, a wide range of training programs are offered to the police in the Britain, which focuses on raising stress awareness and how to cope with exhausting emotional reactions. This paper argues that if the police officers are unfit or experiencing problems, they might not be able to deliver duties properly and the neglect in mental health check can result in a saddening picturwe. In most developed countries (such as Britain and United States of America), the police force is well equipped with facilities that can enhance their psychological resilience. These include critical incident debriefings, counselling, supportive work place environment, mental health consultation facilities and other logistic facilities (Police Gyms and Sport competitions). All these measures are taken to ensure personnel's resilience capabilities.

Another aspect of policing in the developed countries is that the law and order situation is not as extreme as it is in some countries such as Pakistan. Although violence and crime has increased all over the world, the increased terror attacks have worsened the law and order situation in Pakistan who has been a prime target of terrorism. Most importantly, factors such as lack of proper logistics and safety for the police personnel are becoming an increased concern to the police officers

performing field duties. As a result, there is decrease in police numbers and the existing police officers are fighting with the morality and guilt of being part of a crime war. In order to fight with these terror attempts, the police is the prime force engaged to guard places and persons. For this reason, a large number of personnel have lost their lives. The police organization although commits to protect its employees by introducing packages such as "shudua allowance" (Martyr fund), it is still struggling to devise plans for ensuring effective police force. It is argued that the objective of Punjab police (or any other for that matter) is not to ensure the mental health state resulting from work experiences. The think tank is oriented towards having an efficient police team that is robust in performing duties meeting pressures imposed by crime rates and war on terror. The compensation plans, therefore reflect this ideology i.e., compensation with money prizes or rewarding with medals etc. There is a big loop hole towards understanding how personnel are affected psychologically though. Without attending the mental health of these personnel, it is ironical to place the efforts in subdue environment. Most of the Pakistani government plans are oriented towards money compensation, or boosting salaries. It is essential to understand that without acknowledging significance of mental health fitness, the effective performance is a child's play.

In Pakistan, the law and order situation prevailing in the country is extremely atrocious. Large number of police personnel have sacrificed their lives resulting from suicidal attacks (Khan & Manarvi, 2011). Many personnel are posted to protect highly sensitive areas (Abbas, 2009). Hassan Abbas reports that a wide majority of personnel are deputed to safeguard VIPs.

Alongside this situation, there are several other mental health challenges for Pakistani police personnel. These include typical "thana" culture (a set of customs prevailing in police work), poor facilities (e.g., shortage of riffles and vehicles), poverty, less education. The Punjab police, for example has limited vehicles to operate against chasing criminals. Such lack of facilities may contribute to low self-esteem, morale and confidence in these personnel. In addition to these challenges, there is extreme negative image of police; they are seen frequently as culprits, who cannot execute the laws rightfully.

On one side, there is growing pressure (and accountability) towards performance of these personnel. The dangers to wellbeing of these personnel are seldom recognized. The understanding of the psychological consequences seems to be providing money rewards (cash prizes) or increasing salaries, however the psychological issues and help/support is never ascertained. This could possibly be

^{*}Thana is a term locally used synonymous to police

because of lack of Mental Health support in the country. Moreover, the consultation for professional help is often tabooed and stigmatized as a symbol of weakness. There is no research evidence to speculate mental health condition of Pakistani police personnel. A research assigned to identify suitability of these personnel for deputation on sensitive posts exposed severe mental health related problems when some psychological tests such as thematic apperception test (TAT), House Tree Person test (HTP), and other projective tests were used in the inventory (Najam, Gul, & Mansoor, 2006). From the stories of these projective tests, several personnel officers expressed their worries and problems which otherwise cannot be said or articulated. This is a major concern for developing countries like Pakistan, where human rights are seldom practiced.

The British police system is adequately equipped with resources and awareness about mental health of its personnel. One of the evidence is the presence of occupational health support groups with each police force. Each police force in the country has an affiliated mental health professional who keeps check over mental health issues.

Despite these measures, the police in Britain still have an increasing rate of depression and sick leaves/absentees. A recent cut in police has placed work pressure – another stressor. Resilience to deal with psychological pressure has become a challenging issue with the increase in crime rate and international pressure caused by terrorism. Research into resilience of police personnel is still emerging in Britain. One of the research project investigated the relationship between the demand for policing services in the UK, the risk that the demand will not be met, and the resources required to ensure that the demand is met (NPIA, 2011). This study identified challenges related to work demand and comparison with the resources available. This study identified seven per cent reduction in police officer numbers and a 9 per cent rise in crime levels and rated this as an escalating danger for British Police Forces.

Police in Britain has encountered several occasions where they had profound influence on their resilience and mental integrity. For example the famous Bradford Fire, caused psychological distress resulting in problems such as performance guilt, reconstruction anxiety, generalized irritability, focused resentment and motivational changes (Duckworth, 1986).

Rationale for the Present Study

Experiencing atrocities has negative consequence; however it can help the individual to improve their skills of adaptability. As a result, not only their role as police officers is at stake, but also their personal social life is affected. They no

longer are able to cater public safety. Pakistan, as a developing country, has been subject to terrorist and violent attacks (recent Lahore incident, killing almost 9 policemen), racism, religious extremism, political instability, civil unrest and many more. Thus the role of security agencies such as police is very crucial in determining public safety in general. If the police force is mentally unfit to perform, the overall security of the nation and public is in danger. The recruitment procedures for their selection, is therefore an extensive procedure carefully drafted to produce docile and responsible police officers who are capable of tolerating "stress prone police environment". It is therefore important to have routine psychological evaluation/assessment not only at recruitment but also during the course of their work and training. Identified cases need to be provided psychotherapy as needed so that they can have better quality of life.

This study has been embarked upon to understand trauma exposure related consequences in police force addressing what approaches might help these personnel to cope and remain resilient. To reach these objectives, a semi structured questionnaire was developed, besides using a standardized scale to assess resilience and mental health. The questionnaire was constructed in order to obtain the subjective understanding about real life experiences/stories of police work.

In the light of above mentioned arguments, this study attempts to understand how police personnel achieve and sustain their health and well being in face of adverse situations. The primary aim is to examine correlates of improved resilience in police officers.

Goals and Research Questions

This study had following research questions:

What are the coping strategies that might help these personnel to deal with upsetting experiences at workplace?

What is the resilience and mental health status of these personnel?

What factors affect the resilience?

What factors enhance resilience?

These research aims will help to identify positive coping and self-help strategies in these personnel. International and cross national researches are required to understand diversity of coping strategies since British police along has diverse range of ethnic representation, so is it true for Pakistan.

Method

This study was carried out to explore level of resilience in police of the two countries. It also aimed for looking at psychological correlates to resilience.

Participant Selection and Characteristics

The data were obtained from online and manual survey conducted in police force based in West Yorkshire England, and Punjab Pakistan (Lahore and Rawalpindi cities). The access to police personnel was granted by local authorities. The email explaining research aims, objectivity and relevancy to the personnel was sent to central email system in UK, while the information sheet was manually passed on to the participants in Pakistan. An independent, trained research assistant was employed for survey administration in Pakistan. The survey was open to all ranks and ages of police personnel who agreed to share their trauma related incidents and experiences. These protocols included concise information about research and researcher's contact details if needed. 613 police officers (300 from Pakistan and 313 from UK police department) responded to the survey. These personnel ranged in rank from constable to superintendents. Few personnel contacted researchers later to elaborate on their stories and how it had impacted them. This data was also included in qualitative analysis (?).

Study Protocols

In order to explore trauma events, their impact on mental health and resilience, a self-report inventory comprising of various subscales related to different aspects of trauma experience and coping, was developed and translated to be used in both countries. Besides this, standardized tests assessing resilience and mental health were adapted and used. Following protocols were used:

Trauma Experience Questionnaire CDSR-10

GHQ-12

Trauma Experience Questionnaire

A semi structured questionnaire was developed about various aspects of trauma such as trauma experiences, perceived psychological impact, and coping. The content validity of the scale was established by judge's evaluation whereas reliability was assessed by piloting the questionnaire and inter-rater judgments. The average judge evaluation rate was 4 out of 5 which suggested that the items in the questionnaire were relevant to the subject and considered gender bias.

Connor Davidson Resilience Scale (10 items)

Short version of Connor Davidson Resilience Scale (10 items) was used to assess resilience in police personnel. CDRS has been widely used with individuals experiencing trauma exposure such as earthquake survivors

(Chang, Connor, Lai, Lee, & Davidson,2005) and police personnel (Marmar etal., 2006) etc. For the present study, the CDRS was translated into Urdu to be used in Pakistani Sample. The English version was retained for the British force.

General Health Questionnaire (GHQ 12)

Brief version of General Health Questionnaire (GHQ 12) was used as an index of mental health. The higher the scores the better mental health will be. GHQ has been used cross culturally and its validity was maintained in this study

Coping From Stressful Work Experiences

In order to gain insight into how police officers managed to cope from the strain resulting from unpleasant experiences at work, two items were added to the existing trauma experience questionnaire. These questions asked the respondents to indicate which support groups do they contact (this included counsellor, doctor, family, friends, parents). In another question, they were asked to narrate how they manage from work related stressful experiences.

Procedure

This study was carried out in two phases. The first phase (conceptualization phase) was conducted to provide guideline information about significant areas and needs for exploration. This was followed by construction of protocols. In the second and main phase, the survey method was used to get statistical information about participant's mental health and resilience. The qualitative questions were also included. After seeking ethical approval, the email requesting participation was sent through main portal of the WYP. The information contained in emails or sheets detailed the study proposal, its relevance to the individual and organization in general. The ethics regarding anonymous participation, confidentiality were elaborated and ensured. Considering the sensitive element attached with recalling traumatic experiences, the researcher's contact and counseling details were also provided, in case needed. In Pakistan, as mentioned above, the manual distribution was the only convenient option. The data was gathered over a period of six months. A trained research assistant was employed for data collection in Pakistan. All date was computed in software called PASW.

Methodological Challenges

Methodological challenges involved in this cross cultural research included defining the concepts considering how they are perceived and culturally practiced, cultural adaptation and suitability of instruments, gender biasness, social biasness etc. all these considerations were taken into account prior to protocol construction.

This is to reiterate that although the variables have been assessed at cross national level, there is no comparison made per se. The purpose of carrying out a cross cultural examination is to look at the spectrum of traumatic experiences involved in police working in two different geographic locations and understand diversity in phenomenon of coping.

Data Analysis

There were two types of data. Qualitative data was analysed manually using guidelines of grounded theory approach. The quantitative data was computed on PASW for further correlation and regression analysis.

Results

Aim of this investigation was to examine correlates of resilience in police officers from Pakistan and England. A mixed methodology research design was used for data gathering. Survey was main study tool which included qualitative and quantitative parts. The open ended questions were used to allow respondents to elaborate on their trauma stories, challenges and strengths. The rest of the sections were quantitative (as detailed in methods section). Following are the main study findings according to research questions indicated earlier.

Trauma Experiences Stories, Psychological Impact and Coping

The trauma experiences shared in the survey reflected strong positive affirmations and skills developed by these personnel over the period of time and experience, thereby providing learning skills towards resilience. The themes under this category can be further divided into following sections:

Relationship Between Trauma Exposure, Psychological Impact, Mental Health, Coping and resilience

Table 1. Pearson product moment correlation between predictor variables and resilience (n=613) **p<.01, *p<.05

	Resilience (CDRS)
Mental Health (GHQ - 12)	0.238**
Internal Coping Resources	0.567**
External Coping Resources	0.291**
Age (years)	0.107**
Length of Service (years)	0.102*
Exposure	0.194**
Impact	0.482**

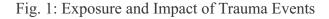
^{**}p<.01, *p<.05

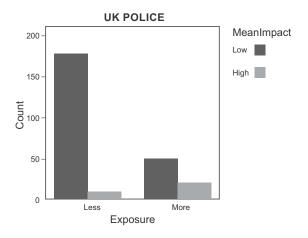
The correlation between significant study variables (predictors of resilience) is presented in the table above. As it can be seen, there was a significant inverse relationship between Mental Health and Resilience scores (r = -.238**) suggesting that better mental health is associated with better resiliency.

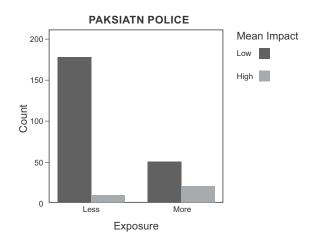
A positive and significant relationship was observed between both internal and external coping approaches with resilience (r = .567** and .291** respectively) suggesting that police personnel who use both coping resources have better resilience. The results of correlation between age, length of service, trauma exposure and event's impact was inverse suggesting inverse relationship across these variables with resilience. Therefore, younger age, less years of experience, less exposure and less impact were associated with better resilience. It is to be noticed that the influence of age on resilience was significant at .05 alpha levels.

Trauma Exposure and Impact: Cross National Findings

Exposure frequency was strongly related to the trauma impact. This was deduced from the correlation analysis of scores obtained on trauma event exposure checklist and event exposure scale. These findings suggest that few events, though rare, but may cause immense psychological disturbance.







This figure illustrates that the majority of Pakistani police officers who had been exposed to traumatic situations (such as witnessing suicide /mass killings), murders, rape) had high levels of perceived psychological impact. Similarly, the police officers in the UK had experienced witnessing incidents such as cot death, traffic accidents and death of colleagues, their level of psychological impact was relatively less, however considerable.

Predictors of Resilience in Police Work

In order to investigate predictors of resilience, the following steps were followed:

Step I

A simple regression analysis enter method: To identify predictors

Step 2

A multiple regression analysis stepwise method: To identify predictors which strongly influence resiliency

Step 3

Hierarchical Regression: To testify the model after controlling for demographics and trauma correlates

The above mentioned regression analysis identified following variables strongly associated with resilience and predicted to influence it in positive way:

After controlling for demographic variables, and trauma related variables, the third model was statistically significant (F18, 594=32.959, p < 0.001) with an adjusted R square = .49. R value was .02. This shows that both internal and external coping contributed to a 0.2% variance in resilience. The beta values,** however revealed that only internal coping [F(1, 564) = 3.959, p = .02, 2 = .01] was strong predictor towards resilience.

^{**}The Standardized Beta Coefficients give a measure of the contribution of each variable to the model. A large value indicates that a unit change in this predictor variable has a large effect on the criterion variable. The t and Sig (p) values give a rough indication of the impact of each predictor variable – a big absolute t value and small p value suggests that a predictor variable is having a large impact on the criterion variable.

Discussion

Trauma experience is highly relative due to personal association, interpretation and cultural factors besides demographic variation. The findings corresponding to the first research question showed that trauma is a subjective experience resulting mainly from the way individuals interpret according to their cultural beliefs. In Pakistan, for example, the spiritual beliefs provided insight (and strength) about dealing with such experiences, while the police in the UK had other similar life beliefs and resources which were helpful in being realistic and professional. The anecdotal evidences not only reflected the variety of trauma experiences transformed them as an individual, but also describe how scarce recourses can be used for coping or adaptation. In Pakistan, where basic logistic facilities are lacking, the only resource available for psychological comfort was parents or family/friends. This group of supporters provided moral encouragement and instilled the will/motivation to keep struggling for a transformed better individual. For the police in UK, there was variety of resources compatible with modernized crime and challenges. They have facilities to consult their occupational health provider besides engaging in self-help healthy strategies such as socialization or other hobbies.

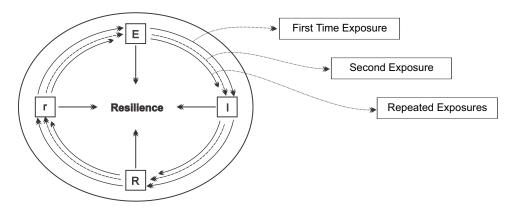
The predictors identified in this study include trauma exposure frequency and its impact (these results need to be dealt with caution), mental health, and psychological consultation. Some of these predictors corroborate with earlier studies that showed the link between having adequate coping strategy, and mental fitness with resilience (Vincent, 2004). A contradictory finding, however is that the younger age group personnel were comparatively more resilient than the older age personnel. This could possibly be explained by lack of motivation, or resources or comorbid illness as age progresses etc. for the younger recruits, their motivation and awareness could be a factor explaining their high resilience. Another striking finding is that the police personnel in the UK reported having experienced more number of physical injuries as compared to those by Pakistanis whilst physical injuries predicted influence on resilience to some extent.

These results signify that the trauma can better understood if cultural factors are taken into account. As the findings clearly revealed, the culturally defined practices of dealing with adversities (such as spiritual healing, hobbies, family cohesions, religion etc) explain how personnel beat their psychological problems in midst of other unresolved issues. There is immense need to extend such basic psychological evaluation particularly in Pakistan, where the mental health related risks are exceeding with each arising dispute in the country. The situation in Pakistan demands a more resilient police force which is psychological fit to be able to execute its duties for public safety and protection.

Proposed Trauma Resilience Framework (TRF)

This study presents a framework to understand trauma related resilience in police work. It postulates that a trauma response is complex array of factors which influence to determine how a reaction would be like.

Figure: Trauma Resilience Framework (TRF)



This study extends Harvey trauma response model (Harvey, 1996) explaining how an event results into a response by describing the filtration or refining of the trauma reaction – response process. The present study findings suggest that the reaction and response are determined by the subjective interpretation (I) of the individual gained from various cultural, societal or organizational resources. It takes into account the experience factor and also examines how they multiplex factors contribute to the resilience. This interpretation of an event precipitates the reactionary symptoms (R) and eventual response (r). This cycle improves with each experience i.e., every time a similar event takes place, the interpretation of the event modifies (due to resilience) and as the learning process goes, the reactionary response improves.

Four factors such as those described in the figure, affect the persistence of resiliency. An event, with first time exposure can be a real test for determining resiliency. Similar, an event which is not the first time exposure would be dealt with differently.

Compared to other explanatory models such as Harvey, risk management framework (Paton, 2006) or Stephens (Stephens & Miller, 1998), this model elaborates the cyclic nature of trauma experience and presents how such cyclic process influences resilience and determines coping. It extends the understanding of how each exposure adds to the forthcoming ones and prepares the individual for the rest of his life.

What Factors May Influence Resilience?

Resilience is a relative term and its understanding requires bringing into question the nature of circumstances and goals in a particular situation. As in policing, the difficult experiences induce vulnerability, the resilience can provide protective shield against such unpleasant outcomes, which are unlikely to be avoided, and can therefore help these personnel to maintain better mental health. For organizations, the resilience is a key requirement under the circumstances where they are required to confront danger and exert force where necessary. In terms of policing, a psychologically resilience person is the one who is able to perform well under stress, is resistant to the pressures originating from the work and is able to adjust to future challenges (NPIA, 2011).

Another research question explored in the present study was regarding those factors that appear to influence resilience. By testing a model containing demographic variables (i.e., age, gender and service duration), trauma exposure frequency, trauma impact, mental health status and coping approaches, the findings affirmed the prediction that all these variables will be associated with resilience (see table 1). Contrary to the findings from literature, however, the gender did not contribute significantly to the scores on resilience in the present sample. Older age was related to decrease in scores of resilience. This could be because of change in police role. There is less involvement with exposures and different nature of work may modify the morale. Violent has discussed that with decline of age, the coping capabilities may reduce due to lack of motivation, pressures etc.

Findings showed a resilient police force can be the one with better mental health, emotional control, management and display, adequate psychological support and persistence. A combination of personality factors, balance between work and family life, self-development skills and support determines the resilience of police officer.

Conclusion

This study has indicated important findings in terms of police trauma related challenges and skills. It has identified the mental health status of Pakistani police, a never studied/explored area. Identifying what factors contribute to resilience in positive way may help the professionals who plan for their wellbeing, to improve the intervention plans. The emphasis of training and raising awareness has been emphasized. There are few limitations of this study. The sample representation is limited (i.e., the ranks were not further segregated according to nature of duties), and in term of geographic location. It would be helpful if the future studies may include

more diversity in sample representation. This study has identified challenges which the policy makers can use to revise their intervention plans. Most of the resilience related programs need to consider human need and perspective in relation to work expectations.

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