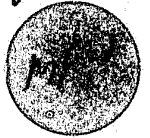


102835



FINAL REPORT

LINE OF DUTY DEATHS : SURVIVOR AND DEPARTMENTAL RESPONSES

FRANCES STILLMAN, Ed.D.
PROJECT DIRECTOR
CONCERNS OF POLICE SURVIVORS

5
m
00
20
10

ACQUISITIONS

NOV 24 1988

NCJRS

Acknowledgments

This project would not have been possible without the funds provided by the National Institute of Justice. The commitment of Lois Haight Herrington, Assistant Attorney General of the U.S. Department of Justice, and James K. Stewart, Director of NIJ, to this project and to helping the families of the slain officers was greatly appreciated. The support of Gil Kerlikowske and Ann Schmidt, project monitors, was also appreciated. A debt of gratitude is also extended to the staff of the Public Safety Officers' Benefit Office, under the direction of Bill Powers. This project could never have been undertaken without PSOB's assistance.

I would like to thank Dr. Leonard Derogatis and Dr. Calvin Frederick for their technical assistance, expertise and support throughout this project.

The following individuals must be acknowledged for their advise, guidance and assistance : Chief James Damos, Special Agent James Reese, Dr. Peter White, Chief Cornelus Behan, Chief Michael J. Flaherty and Chief David Green.

I would also like to thank the following police psychologists for conducting the clinical interviews with the survivors: Paul O'Neil, Dr. Carol Marcy, Dr. Ginger Hayes, Liz Byrne, and Dr. Margaret Gruiffeda.

This project could not have been completed without the assistance of Laura Koblish for coding and data entry, Maria Coughlin for manuscript preparation and Sheila Stoneham for the graphics.

My gratitude also goes to Suzie Sawyer, Executive Director of Concerns of Police Survivors. Her dedication to helping the survivors of slain police officers has enlightened many about the problems that the survivors experience (See Appendix B).

Finally, I extend my deepest thanks to the survivors and police agencies who took part in this study. Without their willingness to examine a painful subject, this study would not have been possible. This study is dedicated to them and to their loved ones -- the police officers killed in the line of duty -- who died for their communities across this country.

102835

102835

102835

U.S. Department of Justice
National Institute of Justice

This document has been reproduced exactly as received from the person or organization originating it. Points of view or opinions stated in this document are those of the authors and do not necessarily represent the official position or policies of the National Institute of Justice.

Permission to reproduce this copyrighted material has been granted by

Public Domain/NIJ

U.S. Department of Justice

to the National Criminal Justice Reference Service (NCJRS).

Further reproduction outside of the NCJRS system requires permission of the copyright owner.

Contents

Contents

PART I

INTRODUCTION..... 1

Background and Rationale..... 1

Focus of Report..... 2

 Consequences of Traumatic Life Events..... 3

 Consequences of Traumatic Death for Law
 Enforcement Survivors..... 3

 Public Safety Officers' Death Benefits..... 4

 The Effect of Police Culture..... 5

 The Public's Perception..... 7

Issues Addressed..... 8

PART II

METHODOLOGY FOR THE SURVIVOR STUDY..... 10

Subjects..... 10

 Criteria for Selection..... 10

 Sample Selection..... 11

 Participation Rate..... 12

 Efforts to Maximize Return Rate -- Spouses.. 13

 Demographic Information on Spouses..... 13

 Demographic Information on Parents..... 14

Instrumentation..... 14

 Derogatis Symptom Inventory..... 16

 Explanation of the DSI Dimensions..... 17

 Reaction Index..... 23

 Affect Balance Scale..... 24

 Demographic Questionnaire..... 25

Contents

Field Test and Questionnaire Review Procedures	25
<u>Data Collection</u>	26
First Mailing.....	27
Second Mailing.....	28
Data Collection Tabulation.....	28
Individual Interviews with Survivors.....	29
PART III	
NEEDS AND CONCERNS OF SURVIVORS.....	30
<u>What Assumptions Are Made About Survivors?</u>	30
<u>Why Is Information on PTSD Needed?</u>	31
Dearth of Information on Traumatic Sudden	
Death.....	31
Posttraumatic Stress Disorder and Sudden	
Death.....	33
<u>What Do the Survivors Report?</u>	35
<u>What Is the Level of Satisfaction?</u>	50
General Treatment Received.....	50
Benefit and Compensation Issues.....	51
Specific Issue of Medical and Health	
Benefits.....	54
Criminal Justice System.....	54
<u>Psychological Counseling/Support for Survivors</u> ...	55
Summary.....	56
PART IV	
PSYCHOLOGICAL REPERCUSSIONS: EMPIRICAL DATA.....	57
<u>Do the Survivors Experience PTSD?</u>	58
Prevalence of PTSD.....	58

Contents

Prevalence of PTSD in Traumatized Populations..... 60

Prevalence of PTSD in the Two Groups of Survivors..... 60

Do Spouses Experience Greater Distress if the Death Was a Homicide?..... 62

What Type of Distress is Experienced?..... 62

 Levels of Psychological Distress..... 62

 Positive and Negative Affect States..... 65

What Differences Exist Between the Spouses With PTSD and the Spouses Without PTSD?..... 67

What Are the Symptoms Most Often Experienced by the Spouses?..... 68

What Are Some Risk Factors?..... 71

 Suddenness of Death..... 71

 Notification Procedures..... 74

 Length of Marriage..... 76

Significant Others..... 79

 Comparison Between Spouses and Significant Others..... 79

 Comparison of Parents and Spouses on Presence of PTSD..... 81

 Effect of Type of Death on Parental Reaction 82

 Parental Satisfaction..... 84

Summary..... 85

PART V

DEPARTMENTAL PROCEDURES AND POLICIES..... 89

Contents

Section I -- Study Design: Methodology and
Population Surveyed..... 89
 Population Selection..... 89
 Participation Rate/Demographic Information.. 90
 Types of Deaths Reported..... 90
Section II -- Study Results: Procedures, Services,
and Policies..... 93
 Notification Procedures..... 93
 Policy Concerning Notification..... 93
 Who Notifies the Survivors..... 94
 Maintenance of Records..... 95
 Services/Programs Provided by Police
 Agencies..... 96
 Type of Assistance Provided to Survivors....100
 Classification of Assistance.....100
Section III -- Departmental Outcomes: Emotional
and Manpower.....106
 Lawsuits.....107
Conclusions.....108

PART VI

RECOMMENDATIONS FOR POLICE DEPARTMENT POLICY AND
PROCEDURES.....110
 General Policy Statements.....111
 Specific Policy/Procedural Statements.....111
 Notification.....111
 Officer Preparation for Possible Notification
 of Family.....113

Contents

Departemental Preparation.....113
Psychological Services Unit.....115
Traumatic Incident Committee/Police Family
Crisis Unit.....116
At the Hospital.....116
Funeral.....117
Media.....118
Benefits.....118
After the Funeral.....119
Support During Criminal Trials.....120
Conclusions.....120

PART VII

IMPLICATIONS AND SUGGESTIONS FOR FUTURE RESEARCH.....122
Implications.....122
 For Police Survivors.....122
 For Police Departments.....124
Suggestions for Future Research.....125
 For Surviving Family Members.....125
 For Police Departments.....127
Summary.....128

APPENDIX A

- Survivor Cover Letter
- Survivor Questionnaire
- Structured Interview Schedules
 - Spouse
 - Parent
 - Sibling
- Departmental Cover Letter
- Departmental Survey

APPENDIX B

National Police Week, 1985

Contents

National Police Survivors' Seminar, 1985
National Police Week, 1986
National Police Survivors' Seminar, 1986
History of the National Police Survivors' Seminar
and Concerns of Police Survivors, Inc.
Constitution and By-Laws of Concerns of Police
Survivors, Inc.
Organization Handbook
Concerns of Police Survivors, Inc., Newsletter

APPENDIX C

Literature Review
Bibliography

APPENDIX D

Technical Data

Contents

List of Tables

Table II-1. Demographic Characteristics of Spouses....	15
Table II-2. Demographic Characteristics of Parents....	16
Table II-3. Symptoms Comprising the Somatization Dimension.....	18
Table II-4. Symptoms Comprising the Cognitive Dyscontrol Dimension.....	18
Table II-5. Symptoms Comprising the Interpersonal Sensitivity Dimension.....	19
Table II-6. Symptoms Comprising the Obsessive-Compulsive Dimension.....	19
Table II-7. Symptoms Comprising the Depression Dimension	20
Table II-8. Symptoms Comprising the Anxiety Dimension.	20
Table II-9. Symptoms Comprising the Hostility Dimension	20
Table II-10. Symptoms Comprising the Phobic Anxiety Dimension.....	21
Table II-11. Symptoms Comprising the Paranoid Ideation Dimension.....	21
Table II-12. Symptoms Comprising the Social Alienation Dimension.....	22
Table II-13. Configural Items.....	22
Table III-1. Diagnostic Criteria for Posttraumatic Stress Disorder.....	34
Table III-2. Levels of Satisfaction.....	53
Table III-3. Levels of Satisfaction with Benefits and Compensation.....	53

Contents

Table III-4. Who Pays for Funeral/Hospital Expenses...	54
Table III-5. Levels of Satisfaction with Criminal Justice System.....	55
Table IV-1. Observed Frequencies of PTSD.....	60
Table IV-2. Chi-square Analysis of the Prevalence of PTSD in Accidental versus Felonious Death Survivors.....	61
Table IV-3. Results of Analyses of Variance on DSI Comparing 121 Surviving Spouses on Type of Death.....	64
Table IV-4. Results of Analyses of Variance on ABS Comparing 121 Surviving Spouses on Type of Death.....	66
Table IV-5. Results of Analyses of Variance on DSI Comparing 121 Surviving Spouses' Presence or Absence of PTSD.....	68
Table IV-6. Most Prevalent Symptoms, Defined Literally and Conservatively, in Sample of 126 Spouses.....	70
Table IV-7. Results of Analyses of Variance on DSI Comparing 121 Surviving Spouses of Slain Police Officers on Effects of Suddenness of Death.....	73
Table IV-8. Results of Analyses of Variance on ABS Comparing 121 Surviving Spouses of Slain Police Officers on Effects of Suddenness of Death.....	73

Contents

Table IV-9. Results of T-Tests on the DSI Comparing 123 Surviving Spouses of Slain Police Officers on Notification Procedures.....	75
Table IV-10. Results of T-Tests on the ABS Comparing 123 Surviving Spouses of Slain Police Officers on Notification Procedures.....	75
Table IV-11. Results of Analyses of Variance on DSI Comparing 126 Surviving Spouses on Effects of Length of Marriage.....	77
Table IV-12. Results of Analyses of Variance on ABS Comparing 126 Surviving Spouses on Effects of Length of Marriage.....	78
Table IV-13. Results of T-Test Analyses Comparing Spouses and Significant Others on DSI....	80
Table IV-14. Results of T-Test Analyses Comparing Spouses and Significant Others on ABS....	80
Table IV-15. Results of Analyses to Determine Presence of PTSD.....	82
Table IV-16. Results of T-Test Analyses Comparing Homicide Parents With Accidental-Death Parents on Dimensions of the ABS.....	83
Table V-1. Demographic Information on Responding Law-Enforcement Agencies.....	91
Table V-2. Number of Reported Deaths.....	92
Table V-3. Who Notifies the Survivors.....	95
Table V-4. Maintenance of Information on Next of Kin..	96
Table V-5. Services or Information Provided to Police Families.....	99

Contents

Table V-6. Assistance Provided to Survivors.....105

PART I

INTRODUCTION

Background and Rationale

Every year, law-enforcement officers are killed in the line of duty. Most are killed by gunshots or in vehicle-related incidents. Officers die arresting felony suspects, responding to disturbances, and stopping robberies; others are struck by vehicles while directing traffic or are shot while making a routine traffic stop (Schmidt, 1984). Whether the death is felonious or accidental, it is unexpected and often sudden. This loss of life is tragic in itself, but the tragedy is further compounded because the officers leave behind family members -- spouses, children, parents, siblings (and fellow officers) -- whose lives are forever changed by their untimely loss. The pain and anguish of the sudden, traumatic, and often brutal loss of a loved one, and the continuing consequences, both psychological and emotional, do not abate for the surviving family members.

These psychological and emotional consequences are rarely addressed. Instead, the law-enforcement establishment focuses on the factual aspects of the deaths. The Uniform Crime Reporting Office of the FBI prepares an annual report documenting, in graphic detail, the line-of-duty deaths that have occurred. Newspapers and television present information about the deaths of officers and often show pictures of their funerals. Families may be shown receiving a flag or standing beside a flag-covered

casket. Paying homage to the slain officer is important and deeply appreciated by the family and the community. The funeral, awards, and other honors help heal the wounded organizational system and demonstrate appreciation and respect to the family and friends of the slain officer. However, the pain of the family members, the individual officers, and the department does not end at the funeral. The traumatic death of an officer has repercussions not only for the family but also for the police agency. The focus following a line-of-duty death must begin to shift to the long-term implications the death has for the family, the department, and the community. The study reported here sought to collect data concerning the effect of the loss on the surviving family members and to make suggestions for policy changes that would benefit survivors and police agencies.

Focus of Report

This report presents data relating to the psychological, emotional, financial and practical problems experienced by surviving family members. Since some officers die accidentally and others are killed feloniously, a comparison was made to determine if type of death influences outcomes for family members. Risk factors that may increase the development of negative responses in family members were also addressed. A model was developed for viewing the sudden and unexpected death of an officer as a traumatic incident. The report addresses the departmental response to police death and includes information on procedural and policy issues and the types of services that police departments provide to the surviving family members. Some

preliminary data on the emotional effect of the loss on the department and on policy changes that have been instituted in the areas of manpower, procedures, training, etc., are included.

Consequences of Traumatic Life Events

Any traumatic life event has serious physical and psychological repercussions (Levinson, 1972; Nixon & Pearn, 1977; Singh & Raphael, 1981; Stroebe, Stroebe, Gergen, & Gergen, 1982; Weisman, 1973). The death of a close family member can be considered both a trauma and a crisis situation (Horowitz, 1979a; Williams, Lee, & Polak, 1976; Rubin, 1982). It is classified at the highest impact value level on life events scales (Holmes & Rahe, 1967; Paykel, Myers, Dienelt, & Klerman, 1969), and is known to lead to increased instances of illness and even death among surviving family members (Holmes & Rahe, 1967; Horowitz, 1979b).

The suddenness and untimeliness of the death of a loved one have been suggested to be added risk factors that delay the recovery of the survivors. Sudden and unexpected bereavement often overwhelms the adaptive capacity of the individual.

Consequences of Traumatic Death for Law Enforcement Survivors

The traumatic experience of loss must be assumed to be similar even if the loved one died while performing his/her occupational duties, as in the case of police officers, firefighters, or soldiers. Although police officers rate death of a fellow officer as the most devastating stressor experienced

in their jobs (Eisenberg, 1975; Kroes et al., 1974), the assumption is often made that the survivors of individuals killed while performing a dangerous occupation are more prepared to deal with these sudden deaths and, therefore, are not as emotionally affected as the average citizen would be. This assumption has meant that relatives of slain police officers endure psychological distress for long periods of time without seeking help or discussing their feelings with anyone because they are embarrassed to admit their vulnerability. Relatives are distressed and confused by their own reactions to the traumatic death of their loved one. They conclude that their symptoms indicate weakness or that they are "going crazy." The information provided in this report begins to document the posttraumatic response of the family members after the accidental or felonious death of the officer and makes recommendations for interventions and policy changes needed to assist the families.

Public Safety Officers' Death Benefits

The Public Safety Officers' Benefit Program (PSOB), a Federal program, was instituted in 1976 to provide a cash benefit payment to dependent family members of public safety officers who were killed in the line of duty. The criteria for inclusion in this program were amended on October 10, 1984. The program is administered by the Bureau of Justice Assistance, which determines, using established regulations, whether a public safety officer has died as the direct and proximate result of a personal injury sustained in the line of duty. If this is established, the Federal government provides a payment of \$50,000

to the dependent family members. The fact that the Justice Department provides this benefit is an indication of their desire to assist these families. However, departments and survivors are sometimes either unaware of all the benefits that survivors may be eligible to receive, or they may lack information about securing payment. The issue of how to assist survivors in applying for benefits is addressed here.

How much can a cash benefit program or other program assuage the survivors' grief? For the dependent survivors, the benefit is a form of security that may symbolize that the officer's death was not in vain. For other survivors, especially the non-dependent parents of unmarried officers, being denied a benefit is especially painful coming after the sudden, traumatic death of their son or daughter. Again, the traumatic nature of the death needs to be considered.

The Effect of Police Culture

Surviving family members of public safety officers may be more at risk, rather than less so, after suffering a loss. The death of an officer affects the departmental work system, and these changes can affect how the family is treated. The unique work requirements associated with law enforcement and its absorptive work culture (Conser, 1980; Goldsmith & Goldsmith, 1974) often isolate officers and their families from the community. Police officers view those outside of their profession with suspicion. Since trust is reserved for fellow members of the police profession, police officers and their

families often do not accept available community services. Officers feel that only another police professional can understand their problems (Niederhoffer & Niederhoffer, 1978). Mental health professionals often lack the understanding of the police culture that is necessary to address the special problems of police families. Outsiders' lack of understanding of the police community, combined with the cautious attitudes inside the police culture, contributes to the problems experienced by the surviving relatives of slain police officers.

Law enforcement is often referred to by its members as a family or a community, so it is often assumed by the public and even police officials that the survivors will be taken care of. Before this study was undertaken, comprehensive information about how police agencies respond to survivors was not available. For departments, the death of an officer is a tremendous shock, and for many, especially smaller departments without financial resources and extensive manpower, the loss of an officer is a disruption. A department that never previously experienced the accidental or felonious death of an officer may not have standardized procedures, formalized policies, or anyone with the information required for completing the legal and financial paperwork and assisting the surviving family members in planning for the funeral, requesting benefits, and meeting the emotional and financial needs of the family. The focus is most often on concrete action. Some police departments have developed structures and systems to aid the family in dealing with the myriad of details associated with funerals and benefits, insurance, or other legalities. But difficulties often arise in

emotional and psychological areas, which are the least concrete, such as providing social support, comfort, and counseling to emotionally distressed and traumatized family members or fellow officers. These areas are most often avoided or not addressed because of a lack of understanding or knowledge about their importance or what can or should be done. These areas are not avoided because police agencies or individuals intentionally seek to harm surviving family members; however, the police agency may not realize that the emotional needs of the family members or their officers are within their parameters for action.

Recent discussions with surviving family members reveal that survivors can become grim reminders to police officials of their own vulnerability, making continued contact with these survivors stressful. Survivors report feeling secondary traumas as they begin to realize that former long-standing relationships with the department and the other officers may no longer continue. They express feelings of being outcasts from what was once thought of as a "work-family." Fellow officers, supervisors, and partners of the slain officer are also traumatized.

The Public's Perception

The public is often unaware of the actual number of police officers who die in the line of duty every year. This loss of life and the accompanying family trauma somehow are blunted by the assumption that the families are well aware of and prepared for the dangers associated with a public service career. The loss of life can be viewed as different from other sudden, unexpected deaths. The long-term psychological effect on the

surviving family members is rarely acknowledged. It is as if the law-enforcement family is expected to be prepared to deal with sudden loss or serious injury, since the dangers of the job are well known to all involved.

Issues Addressed

Through a survey of surviving family members that included reliable measures of psychological distress, affect, and mood, and posttraumatic stress disorder (PTSD), structured clinical interviews, and a survey of police departments, information was obtained that formerly was not available. The project addressed the following issues: 1) What factors seem to exacerbate the psychological distress for the survivor? 2) What are the most frequently seen symptoms, and 3) do they meet the criteria established for PTSD? 4) What is the prevalence of PTSD in the survivor population? 5) How have police agencies responded to the survivors? 6) What needs to be done to assist the survivors?

Part II of the report describes the study's methodology. Included are the selection of study subjects, data on reliability of instrumentation, an explanation of the psychological dimensions measured, survey development, and interview techniques. Part III discusses the needs and concerns of the survivors. Part IV presents the empirical results on the psychological distress experienced by the survivors. Part V discusses departmental policies and results of the survey sent to police departments. The methodology and research design of the survey are presented, as well as information about services provided to the survivors. Part VI presents recommendations for

policy and procedural changes, and Part VII presents implications and suggestions for future research.

The appendices include copies of both survey questionnaires, the structured interview schedule, a review of the pertinent literature on this topic, information on Concerns of Police Survivors, a national support and advocacy organization for the survivors of slain police officers, and information concerning the national Police Survivors Seminar that is held in conjunction with the Fraternal Order of police national memorial service.

PART II

METHODOLOGY FOR THE SURVIVOR STUDY

Data for this project were collected from two main sources: 1) surviving family members of police officers killed in the line of duty and 2) police departments that had lost an officer feloniously or accidentally. Part II describes the population selection, instruments, and data collection techniques used in the survivor survey. The survivor survey used a mailed questionnaire format and included in-depth personal interviews. (Part IV of this report describes the departmental survey methodology and results.)

Subjects

Criteria for Selection

The subjects in this study were surviving family members of law-enforcement officers whose deaths resulted from the performance of stated occupational duties and responsibilities. Since 1976, dependent family members of slain public safety officers have been eligible for a Federal death benefit through the Public Safety Officers' Benefit Office (PSOB) of the Justice Department. The family members included in this study had applied for this benefit and their names had been recorded in the PSOB office, or they had attended the National Police Survivor Psychological Seminar convened by Concerns of Police Survivors in Washington, D.C., in 1985 or 1986.

The PSOB maintains records on all officers killed in the line of duty whose departments file an application for the death benefit. The office reviews the records concerning the officer's death ascertains whether the death was felonious, accidental, or other -- and whether the death was in the line of duty.

The designation of a death as "in the line of duty" requires that certain criteria be met. The officer's death cannot have been due to personal misconduct or the officer's intention to bring about his/her death. The officer cannot have been intoxicated at the time of death. Benefits are denied if at the time of death the officer performed his/her duties in a grossly negligent manner. For inclusion in the benefits program, the officer would have to have been serving a public agency in an official capacity, with or without compensation, at the time of death.

Criteria for accidental death and homicidal death have been established by the PSOB as well as the FBI Uniform Crime Reporting Office. The criteria used by these agencies served as the criteria for this study (Directors of PSOB and the FBI, Office of Uniform Crime Reports, personal communications).

Sample Selection

The spouse sample was obtained primarily from the PSOB data base. The majority of spouses included in the study were the survivors of officers who died between November 1982 to February 1985 whose application for benefits had been received by the PSOB office. Access to the surviving parents and siblings proved to be more difficult to obtain. Parents are not included in the PSOB data base unless they are the primary survivors and can

demonstrate dependency. Additional access to parents was obtained through referrals made by spouses or directly at the seminars. The difficulty of reaching the parents of slain officers is indicated by the smaller sample size.

Participation Rate

The participation rate for spouses was determined by the number of completed surveys returned from the adjusted number of subjects who were able to be contacted for study. This rate was determined to be 62% for the spouse population*, a percentage consistent with that in other recent studies of the bereaved. Parkes (1975) reported a participation rate of 43%, Shanfield & Swain (1984) reported a 53% rate of return, and Sanders (1979-1980) reported a 60% participation rate. Bard (1982) had the most difficulty obtaining responses from surviving family members who had lost a loved one to homicide or accident. The participation rate in his study was 12%.

Several survivors (47) were lost to the study because their mailing addresses had changed and new addresses were unknown. It has been suggested that, in cases of sudden and violent death, survivors tend to relocate very quickly after their loss (Nixon & Pearn, 1977). If this suggestion is true, it may partially explain the difficulty in locating some of the spouses (18%).

*Due to the difficulty of locating the other family members (parents and siblings), no systematic population selection method was employed. It is therefore not possible to determine the percentage of the population that responded or to ascertain if this sample is representational of the entire population.

Other studies reported similar rates (Lehman & Wortman, submitted; Parkes, 1972). A few surviving spouses (3) returned their survey after the data collection had been finalized and were not included in the analyses. The total number of spouses who returned the survey and met the study criteria was 126. A total of 66 other family members, including mothers (37), fathers (15), and siblings (14) returned the survey.

Efforts to Maximize Return Rate -- Spouses

Every effort was made to locate the survivors:

1. A printed request for address correction was placed on each envelope.
2. Upon receipt of the change-of-address card from the Post Office, another survey form was mailed to each address received.
3. Concerns of Police Survivors Inc., using their network of survivors, tried to locate up-to-date addresses.
4. The PSOB supplied address changes as received by their staff members.
5. Questionnaires were distributed at the Survivors Seminar.

However, it was deemed inappropriate and intrusive to make direct inquiries with survivors who chose not to participate.

Demographic Information on Spouses

Data concerning the respondents' age, sex, ethnic origin, present marital status, educational level, number of years married, and the number of times married were assessed to determine the homogeneity of the population. Since all the respondents were surviving spouses of law enforcement officers, the socioeconomic backgrounds of the sample were assumed to be fairly consistent. It was determined that the majority of the

population was female, under 40 years of age, white, and not remarried since the death of their spouses. The majority of the respondents had at least a high school education. The number of years married showed the most variability of the demographic factors, ranging from under 5 years to 26 or more years married. While the divorce rate of police officers is assumed to be very high (Niederhoffer & Niederhoffer, 1976), the majority of the spouses in this sample had been married only one time.

The demographic profile of the spouses is summarized in Table II-1 (see next page).

Demographic Information on Parents

The demographic data obtained on the surviving parents indicate that the majority were white and had attained at least a high-school level education. The average age of the parents was 56.4 years. Unlike the spouse population, the parents included both males and females. The demographic profile of the responding parents is summarized in Table II-2 (see page 16).

Instrumentation

A battery of psychometric instruments was used to assess the emotional status of the survivors. The instruments were self-report measures that have been shown to be flexible, brief, and readily accepted by research populations (Derogatis, 1982). One major advantage of self-report measures is that the data are derived directly from the individual experiencing the phenomena.

Table II-1. Demographic Characteristics of Spouses (N=126)

Characteristic	Percentage of Respondents
Age	
25 or under	8.0
26-30	17.6
31-35	27.8
36-40	23.9
41-45	9.6
46 or over	13.1
Sex	
Female	99.2
Male	0.8
Ethnic Origin	
White	84.8
Black	5.6
Hispanic	4.0
Other	5.6
Marital Status	
Widowed	97.6
Remarried	2.4
Educational Level*	
Less than High School	6.5
High School	58.9
Two Year College	13.7
College Degree	11.3
Graduate	4.0
Other	5.6
Number of Years Married	
5 or under	20.1
6-10	22.3
11-15	26.2
16-20	9.8
21-25	6.4
26 or more	15.2
Number of Times Married	
1	77.8
2	18.2
3	4.0

* Two respondents did not reply about education; N = 124 for this category.

Table II-2. Demographic Characteristics of Parents (N = 52)

Characteristic	Percentage of Respondents
Age	
44 or less	3.8
45-54	46.1
55-64	28.6
65 or over	21.5
Sex	
Female	71.2
Male	28.8
Ethnic Origin	
White	84.5
Black	10.7
Hispanic	1.7
Other	3.4
Marital Status*	
Married	77.6
Divorced	8.2
Widowed	12.2
Separated	2.0
Educational Level	
Less than High School	8.3
High School	52.1
Two Year College	12.5
College Degree	18.7
Graduate	6.3
Other	2.1

* Three respondents did not reply about marital status; N = 49 for this category.

Derogatis Symptom Inventory (DSI)

The Derogatis Symptom Inventory (Derogatis, 1982) is a multidimensional self-report symptom inventory that measures symptomatic psychological distress. This instrument is the most current revision of the SCL-90-R (Derogatis, 1975b). It now is more sensitive to the symptoms of posttraumatic stress disorder (PTSD) while still retaining the validity and reliability of the

previous measure. The SCL-90-R has demonstrated high levels of both test-retest and internal consistency reliability (Cronbach Alpha coefficients; Derogatis, 1977) as well as construct validity when compared with the MMPI. The instrument has been shown to be effective in discriminating the stress inherent in parental loss (Horowitz et al., 1981) and has been shown to be sensitive in discriminating PTSD (Horowitz, Wilner, Kaltreider, & Alvarez, 1980). The SCL-90-R has norms for normals as well as psychiatric patients and has been used extensively in trauma-related research.

The most recent changes in the DSI involve the deletion of the psychoticism scale, which is found on the SCL-90-R, and the addition of the cognitive dyscontrol and social alienation dimensions. The DSI's present norms are established for normal females.

Explanation of the DSI Dimensions

The psychological distress of the survivors is discussed here by individual symptoms and by symptom clusters or dimensions. To facilitate interpretation of the results in reference to the symptoms and dimensions, an explanation of each dimension and individual symptom is provided.

Somatization (SOM)

The Somatization dimension indicates distress from perceived body ailments. The symptoms are often found in functional disorders and have a high probability of being indicative of true physical disease.

Table II-3. Symptoms Comprising the Somatization Dimension

Faintness or dizziness
Pains in heart or chest
Pains in lower back
Nausea or upset stomach
Trouble getting your breath
Hot or cold spells
Numbness or tingling in parts of your body
Feeling weak in parts of your body

Cognitive Dyscontrol (COG)

The Cognitive Dyscontrol dimension focuses on cognitive functioning and reflects an individual's general cognitive performance ability. This dimension is newly added to this instrument and is important in assessing an individual's distress after a traumatic experience.

Table II-4. Symptoms Comprising the Cognitive Dyscontrol Dimension

Trouble remembering things
Having to think or do things carefully to get them right
Feeling confused
Trouble concentrating
Your mind going blank
Trouble finding words when you are speaking
Difficulty understanding things someone says to you
Difficulty thinking clearly

Interpersonal Sensitivity (INT)

The Interpersonal Sensitivity dimension focuses on feelings of being inferior or inadequate as a person or in relationship to others. This dimension is important for survivors since the traumatic experience seems to shake their perception of themselves and their ability to relate to others.

Table II-5. Symptoms Comprising the Interpersonal Sensitivity Dimension

Your feelings being easily hurt
Feeling shy with the opposite sex
Feeling others do not understand you or are unsympathetic
Feeling inferior to others
Being angry with yourself for not accomplishing more or being a better person
Feeling self-conscious with other people
Worry about being rejected

Obsessive-Compulsive (OC or OBSCOM)

The Obsessive-Compulsive dimension reflects symptoms of an unremitting and intrusive quality for the individual. Behaviors and manifestations that the individual feels must be done or can't be avoided are reflected here. Some of the symptoms are important indications of the severity of distress following a traumatic event, since the individual is flooded with images or thoughts that cannot be stopped.

Table II-6. Symptoms Comprising the Obsessive-Compulsive Dimension

Repeated images or thoughts that won't leave your mind
Worried about sloppiness or carelessness
Difficulty making decisions
Repeatedly doubting yourself
Having to check and double-check what you do
Having to repeat the same actions, such as counting or washing
Worries about germs or disease
Thinking about the same thing over and over again

Depression (DEP)

The symptoms on the Depression dimension reflect the cognitive, behavioral, and somatic qualities associated with clinical depression.

Table II-7. Symptoms Comprising the Depression Dimension

Feeling low in energy or slowed down
Thoughts of ending your life
Blaming yourself for things
Feeling lonely
Feeling no interest in things
Feeling hopeless about the future
Feelings of worthlessness

Anxiety (ANX)

The Anxiety dimension includes somatic as well as cognitive expressions of anxiety. General signs of nervousness and tension are included as are feelings of panic or terror.

Table II-8. Symptoms Comprising the Anxiety Dimension

Nervousness, shakiness, or trembling
Feeling suddenly scared for no reason
Feeling anxious or fearful
Feeling tense or keyed-up
Feelings of terror or panic
Being easily startled
The feeling that something bad is going to happen to you
Thoughts or ideas of a frightening nature

Hostility (HOS)

The Hostility dimension reflects the negative affect state of anger. The items reflect behaviors, thoughts, and feelings and are concerned with the range of this affect state from resentment to rage.

Table II-9. Symptoms Comprising the Hostility Dimension

Feeling easily annoyed or irritated
Temper outbursts that are difficult to control
Having urges to beat, injure, or harm someone
Feeling like breaking or smashing things
Getting into frequent arguments
Bouts of shouting or throwing things
Feeling angry
Feeling like you want to get back at someone or something

Phobic Anxiety (PHOB)

Phobic Anxiety is defined as a fear response to specific situations, individuals, or objects that is disproportionate to the stimulus; it is also associated with avoidance reactions or behaviors.

Table II-10. Symptoms Comprising the Phobic Anxiety Dimension

Feeling afraid in open spaces or on the street
Feeling afraid to go out of your home alone
Feeling afraid to travel on buses, subways, or trains
Feeling nervous when alone
Having to avoid certain things, places, or activities because they frighten you
Feeling you will faint in public
Being afraid of tunnels, bridges, or elevators

Paranoid Ideation (PAR)

The Paranoid Ideation dimension represents behaviors that are characterized by projective thought processes associated with suspiciousness, fear of loss of autonomy, and lack of trust in others.

Table II-11. Symptoms Comprising the Paranoid Ideation Dimension

Feeling others are to blame for your troubles
Feeling people cannot be trusted
The feeling that others are watching or talking about you
Having ideas or beliefs different from other people
Others not giving you proper credit for your achievements
Feeling that people will take advantage of you if you let them
People trying to blame you for things that are not your fault
Feeling that most people have hidden motives for their actions

Social Alienation (SOC)

The dimension of Social Alienation reflects behaviors and actions associated from an inability to feel interconnected to

others in the social sphere. The items represent withdrawing behaviors and existential longing for connectiveness.

Table II-12. Symptoms Comprising the Social Alienation Dimension

Spending too much time alone
Being uncomfortable in social situations
Having few close friends you can confide in
Having trouble making friends
Never feeling close to another person
Feeling you are different from other people
Wishing you were closer to your family
Wishing someone would care for you for the person you are

Configural Items (CONFIG)

The Configural Items do not represent a symptom dimension or cluster, but are associated with many of the dimensions included in this instrument. They are clinically important and contribute to the overall "global indices of distress." Some of the items are important for determining the presence of PTSD, such as flashbacks, feeling numb, or empty, and feeling guilty.

Table II-13. Configural Items

Poor appetite
Difficulty falling asleep
Awakening in the early morning
Difficulty with sexual functioning
Feeling that things are strange or unreal
Flashbacks of a very frightening or disturbing experience
Feeling emotionally numb or empty
Feeling guilty
Lack of sexual interest

The Global Indices of Distress

The three global measures for the DSI are:

1. Global Severity Index (GSI) -- the best single indicator of the individual's current level of distress.

2. Positive Symptom Distress Index (PSDI) -- measures the response style of the individual and is a measure of symptom intensity.

3. Positive Symptom Total (PST) -- is simply the number of symptoms the subject reports experiencing.

Reaction Index

The Reaction Index is a 20-item rating scale (5-point Likert scale). The items in this index are consistent with the clinical criteria for PTSD as determined by the DSM-III. The scale has been used to assess the presence of PTSD in normal persons who have been involved in trauma, such as airline crashes, combat, battering, personal injury, and natural disasters (Frederick, 1980). Clinical determinations of PTSD by psychiatrists and clinical psychologists have correlated highly with the assessment of PTSD obtained from administration of the scale. Formal reliability and validity measures have not yet been reported. However, a correlation coefficient of 0.87 has been demonstrated when comparing the Reaction Index with a MMPI scale that measures PTSD. This high correlation coefficient was determined with 50 survivors of various types of trauma who were given the MMPI and the Reaction Index (C. J. Frederick, personal communication).

The original instrument was recently used in a doctoral dissertation study of Vietnam veterans and was highly correlated with all current symptoms experienced by the veterans in the study. Soldiers who were wounded had higher psychiatric and physical symptoms as well as reported presence of PTSD. The Reaction Index total score correlated highly with levels of combat stress and the development of psychiatric symptoms

(Rosoff, 1984).

The Reaction Index was adapted for use with the police survivor population. A series of analyses on the altered instrument were conducted using the police survivor population in order to determine the internal consistency reliability (Cronbach's Alpha), as well as to determine the underlying factors that contributed to the scale. Internal consistency reliability was also ascertained for these underlying factors (see Appendix D).

Affect Balance Scale (ABS)

The Affect Balance Scale (Derogatis, 1975a) assesses mood by using 40 adjectives describing mood as items on a 5-point Likert scale. Norms are available on psychiatric inpatients, sexually dysfunctional patients, and normal nonpatients. Predictive validity has been demonstrated and a factor analysis has confirmed four negative affect/mood dimensions (depression, guilt, anxiety, and hostility), and two of the four positive affect/mood dimensions (vigor and affection; Derogatis, 1982). The other two positive dimensions (joy and contentment) were found to reflect a single entity. Over all, two distinct global dimensions were identified -- positive mood state and negative mood state. Other studies have shown this instrument to be highly sensitive to differences among anxiety states (Hoen-Saric, 1982). The abbreviations used for the dimensions are: depression, DEP; guilt, GLT; anxiety, ANX; hostility, HOS; joy, JOY; contentment, CONT; vigor, VIG; and affection, AFF.

Demographic Questionnaire

A demographic questionnaire was prepared to collect data on age, sex, ethnic origin, marital status, relationship type, and level of education of the respondent and the deceased officer. The respondent was also asked to give information concerning date and time of death, how notification was made, and satisfaction with treatment received from police personnel, community, and the media.

Field Test and Questionnaire Review Procedures

1. Field Test with Police Survivors

A field test was conducted with surviving family members of law enforcement officers whose deaths had occurred at least three years earlier and were not to be included in the final sample (7). These survivors were asked to fill in the entire questionnaire, including the research instruments, to determine readability, reaction to the questions, sensitivity of wording, level of emotional response evoked, and length of time to complete the survey. A discussion was held in which the survivors were encouraged to express their feelings about the survey and were asked to criticize all aspects of the questionnaire. Based on the responses received, the questionnaire was revised. Questions asking the survivor to describe the incident that caused the death of the officer were deleted. Having to write this was found to be emotionally difficult for three of the survivors. A revision of the Reaction Index was deemed necessary because the survivors could not answer questions as they were originally worded: reference was made to actual participation in the traumatic event instead of being a

secondary victim. The satisfaction questions were placed on a 5-point Likert scale because the original format was confusing to the survivors. The survivors had no difficulty with the DSI or the ABS. Other changes included addition of a "retired" category under employment. At the request of the survivors, a series of questions concerning effect of the death on children was included.

2. Field Test with Police Spouses

Police wives who were members of the National Ladies Auxilliary (8) reviewed the questionnaire to determine appropriateness of the content. The police wives were confused by questions on the Reaction Index that dealt with memory and concentration. The women were confused by the ordering of the questions, which placed these two similar constructs together. The order of questions in the Reaction Index was changed.

3. Review by Advisory Board

To determine the proper structure and form of the questions, the questionnaire was reviewed by professionals, including police psychologists (4), research psychologists (2), and criminal justice researchers from the National Institute of Justice (2). The format of the questionnaire was revised again based on their recommendations.

Data Collection

The instruments and the demographic questionnaire were distributed primarily by mail to the designated population. The procedures were:

First Mailing

1. The addresses, in the form of mailing labels, were provided by the PSOB to Concerns of Police Survivors.
2. The mailing labels provided by the Justice Department also included a code number, which is the code the Justice Department assigns to each case. The researcher identified the respondents only by number. Confidentiality of all information was maintained.
3. All survivors (spouses, parents, ex-spouses, and fiances) who had responded to the invitation to attend the National Seminar were mailed a survey and instructed to fill it in and bring it to the conference.
4. A stamped return envelope was enclosed for survivors who were not able to attend the seminar; their returns were sent directly to the researcher.
5. A letter explaining the purpose and use of the survey was attached.
6. The sensitive nature of the topic and the possible stressful nature of the answers were also discussed. Informed consent was asked for and obtained, and anyone not wishing to participate was asked to return the questionnaire. The researcher's telephone number was included, and respondents were directed to call if they experienced any difficulty in filling out the questionnaire or felt the need to speak to a trained mental health professional due to emotions that the questionnaire might have elicited.
7. Survivors attending the seminars who had not pre-registered or had not received a survey through the mail were

asked to fill out a questionnaire at the seminar. The questionnaires were collected at the seminar.

Second Mailing

1. One month after the first questionnaire was sent, a duplicate questionnaire was mailed to the research population.

2. Mailing labels were again supplied by the PSOB.

3. Questionnaires were received for a period of three months after the second mailing.

4. The data collection phase was closed at that point, and a few returns received after the deadline were not included in the spouse sample. However the significant other population was not closed, and additional respondents were included as they were located and at the 1986 seminar.

Data Collection Tabulation

1. A total of 337 names of officers killed in the line of duty were recorded in the PSOB office for the period from November 1982 to February 1985.

2. Of the total number, 260 (77%) had dependent spouses who could be included in the spouse research sample.

3. Of that total, 47 (18%) had relocated, and no forwarding addresses were available.

4. The return rate from the adjusted spouse population totaled 135 (62%). However, six respondents were divorced or never married to the officer and three spouses returned the questionnaire after the deadline for data collection had passed. The final number of spouses included in the analyses was 126. Analyses were completed on the 124 spouses and the 52 parents.

5. An additional 66 survivors who were parents and siblings returned completed surveys.

Individual Interviews with Survivors

1. A structured clinical interview schedule was developed based on group discussion with survivors at the 1984 Survivors Seminar. Three forms were developed, one for spouses, one for parents, and another for parents (copies are included in Appendix A).

2. Police psychologists were used to interview the spouses and parents who volunteered to be interviewed.

3. At registration for the seminars, survivors were asked whether they would like to volunteer. Only two survivors declined.

4. Twenty-two interviews were completed*. The average length of an interview was 2 hours.

*Twenty-five survivors volunteered to be interviewed, but time constraints did not permit three of the interviews to be completed.

PART III

NEEDS AND CONCERNS OF SURVIVORS

Part III focuses on the areas that the survivors identified as problematic. Information is also included on the survivors' satisfaction with assistance and services provided to them. The information presented was obtained through individual and group interviews, as well as the questionnaires. Some of the assumptions often made about the survivors are presented, along with rebuttals of this misinformation. Background information is provided on PTSD and how it relates to the psychological problems reported by the survivors.

What Assumptions Are Made About Survivors?

Many assumptions have been made about family members' responses to the unexpected and traumatic death of a loved one. Some of the assumptions are:

1. The police survivor is prepared for the death of a family member and therefore is less affected by the loss than other persons would be.
2. The reaction to a homicide is of greater intensity than the reaction to death by accident.
3. The unexpected and sudden death of a family member is not a stressor of enough magnitude to be classified as a trauma that will elicit symptoms of PTSD in the survivors.
4. Death of a family member can be resolved within a year without intervention.
5. Surviving family members experience fewer difficulties,

since the police agency responds supportively. The police department is like a family -- they take care of their own.

6. Survivors are well compensated for the death of the officer, since it was duty-related.

These assumptions often have been accepted as true. However, the real truth has not been available.

Why Is Information on PTSD Needed?

Dearth of Information on Traumatic Sudden Death

This study was undertaken because the issue of sudden death and its effect on the surviving family members has been overlooked in relation to the families of public safety officers as well as in civilian families who have experienced a sudden loss due to homicide or accident. Deaths due to homicides are perceived by society as more serious and threatening events than deaths due to traffic accidents (Michalowski, 1976). Since perceptions differ about the seriousness of the type of death, the public's reactions to these deaths also vary. An accidental death is perceived as less of a social problem, since it is held to be unavoidable or to have been caused by fate, while homicide is viewed as the result of deliberate human actions. Some police departments have special ceremonies or awards for the officer killed feloniously. The distinction between killed on duty or killed in the line of duty will cause very different actions to be taken. One death is seen by the department as heroic, and the individual is given a ceremonial burial with honors. In the other, accidental death, the individual is not seen as a hero -- he/she may even be seen as having done something wrong that lead to the

death.

It was previously thought that the surviving family members of a felonious death experience a more severe reaction than do the surviving family members of an accidental death. The results of this study indicate that this is not a valid assumption.

It has also been commonly assumed that grief reactions are "acute, time-limited phenomena" (Green, Lindy, & Grace, 1985, p. 406). Encouragement and even pressure are put upon the survivors to return to pretrauma behaviors and activities. For some this is an impossibility. Fortunately, awareness of these long-lasting effects of trauma is increasing, and researchers are beginning to examine them more closely.

The presence of symptoms after an extended grieving time is considered a source of concern. This concern is based on information about the duration and intensity of the grief response that often underestimates the distressing and disabling components of loss (Bowlby, 1980). That severely traumatic events occurring in adulthood might produce prolonged psychological consequences is a relatively recent conceptualization (Green, Lindy, & Grace, 1985). For survivors, the presence of grief and trauma-related symptoms is still seen as a sign of weakness, a failure to cope, inability to recovery from adversity, and a sign of "going crazy" (Hoey, 1984). However, new studies are beginning to suggest that the grief response after an accidental traumatic loss may lead to long-term emotional distress (Lehman & Wortman, submitted). It has been suggested that a traumatic loss leaves an "open wound" that will

never heal unless the proper treatment is applied. It has also been suggested that some life experiences are so stressful that they can produce a chronic or prolonged response in any individual.

The study reported here explored whether the "acute" response is "normal," and whether an unexpected death of an officer in the line of duty is of great enough intensity as a stressor to induce a chronic or intense stress reaction in normal individuals. Understanding the effect of traumatic loss, some possible risk factors, the symptoms most likely to be expressed, and the difficulties often experienced will make possible early intervention strategies that will blunt the long-term effects of such trauma.

Posttraumatic Stress Disorder and Sudden Death

While survivors may meet the criteria for many psychiatric disorders, the newly defined psychological disorder posttraumatic stress disorder (PTSD) can provide a more meaningful nosological classification for some survivors.

Posttraumatic stress disorder (DSM-III 308.30) is a syndrome that first appeared in the third edition of the APA's Diagnostic and Statistical Manual of Mental Disorders (1980). The DSM-III diagnostic criteria for this condition are listed in Table III-1 (see next page).

PTSD is usually considered to develop following a "psychologically traumatic event that is generally outside the range of usual human experience" (DSM-III p. 236). The diagnosis is suggested for persons who have been traumatized directly by a wide range of stressors. Simple bereavement is not included as

Table III-1. Diagnostic Criteria for Posttraumatic Stress Disorder

- A. Existence of a recognizable stressor that would evoke significant symptoms of distress in almost everyone.
- B. Reexperiencing of the trauma as evidenced by at least one of the following:
- (1) recurrent and intrusive recollections of the event
 - (2) recurrent dreams of the event
 - (3) sudden acting or feeling as if the traumatic event were reoccurring, because of an association with an environmental or ideational stimulus
- C. Numbing of responsiveness to or reduced involvement with the external world, beginning some time after the trauma, as shown by at least one of the following:
- (1) markedly diminished interest in one or more significant activities
 - (2) feeling of detachment or estrangement from others
 - (3) constricted affect
- D. At least two of the following symptoms that were not present before the trauma:
- (1) hyperalertness or exaggerated startle response
 - (2) sleep disturbance
 - (3) guilt about surviving when others have not, or about behavior required for survival
 - (4) memory impairment or trouble concentrating
 - (5) avoidance of activities that arouse recollection of the traumatic event
 - (6) intensification of symptoms by exposure to events that symbolize or resemble the traumatic event

Source: Diagnostic and Statistical Manual of Mental Disorders, 3rd edition, 1980, p. 238.

one of these stressors. The DSM-III diagnostic criteria also do not address the issue of the secondary victim: the person who is not directly involved in the precipitating incident but who is seriously affected because of the death or injury of a significant other. Much of the literature on PTSD focuses on combat neuroses (Grinker & Spiegel, 1945), post-Vietnam syndrome (Figley, 1978), disaster (Frederick, 1977, 1980; Lindy, Green, Grace, & Titchener, 1983; Logue, 1978; Taylor & Frazer, 1982), holocaust survivors (Eaton, Sigal, & Weinfeld, 1982; Lifton & Olson, 1976), and rape trauma (Burgess & Holstrum, 1979). Very little work has been done on the effect of a sudden, traumatic loss that uses posttraumatic stress reaction as an explanation for the problems experienced by survivors. Also, few studies of PTSD have considered this reaction in secondary victims (Bard, 1982; Rynearson, 1984).

Issues surrounding the diagnostic use of PTSD have become complicated by its strong association with war, holocaust survivors, and disasters -- traumatic events "generally outside the range of usual human experience" (DSM-III, 1980, p. 236). This investigation of PTSD in survivors of officers perishing by homicide and accident provides information unavailable from other sources. The presence or prevalence of this disorder following sudden, violent deaths has not been established empirically.

What Do The Survivors Report?

The following vignettes are based on individual clinical and group interviews conducted by police psychologists with the police survivors. Eight case studies are included here to

illustrate issues that are problematic for the survivors. The anecdotal data are presented to supplement the empirical data that are presented later (see Part IV).

A. Survivors report that the type of death seems to make a difference in the response they receive after the death. The spouses of officers killed accidentally did not differ significantly on any of the measures of psychological distress from the spouses of officers killed feloniously. Results of analyses of variance indicated no significant difference between the two groups of surviving spouses, and both groups had similar levels of distress on all the dimensions measured. The type of death, whether homicide or an accident, led to the same levels of distress in the surviving spouses (see Part IV).

However, survivors saw the deaths as being treated differently, with homicides receiving more attention or preferential treatment. Spouses in the accidental death group said:

Our loss is just as tragic but usually the deliberate murders of police officers get the attention. It's hard for us to tell our story -- others think our loss is not as bad.

We hear, "It was just an accident"; "He should have been more careful," and even sometimes they blame the officer involved. In my case, someone's car ran into my husband and killed him. He was on his way to an emergency call and a crash occurred. That individual sued the city and the city paid off to keep it out of court. How do you think that makes me feel?

My husband was killed directing traffic at an accident scene on the highway. The problem is officers are not seen as people with personal lives and families -- they're just thought of as part of the scenery.

In some police agencies, a distinction is made between line-of-duty death and death on duty. Homicide is considered line-of-duty death, while a traffic accident would be considered a death

on duty. A line-of-duty death receives special attention or special honors, such as the badge or star number being retired. Thus, although the empirical data indicate that the survivor is equally affected by any traumatic death (i.e., a homicide does not produce more serious reactions), the response made by the police agency can add considerable pain to an already traumatized family -- especially when the family expected a different type of treatment or the police department did not consider the effect their policy might have on the already tenuous condition of the family.

Case 1

An unmarried police officer was killed directing traffic. The major metropolitan police department for which he worked had a policy that made a distinction between death on duty or death in the line of duty. This officer was not considered as having died in the line of duty, so his picture was not placed in the headquarters hero case. This action caused his mother increased emotional suffering. She felt her son's memory was not being honored.

The department did provide assistance in applying for benefits, but whenever the liaison officer tried to present the papers to her, the mother could not emotionally contend with the paperwork. Her focus was entirely on honoring her son. Two years after her son's death, the mother was finally able to convince his department, with assistance from supporters, to have the hero honor bestowed. Only then was she able to begin the benefits paperwork.

The emotional trauma of the death had interfered with the mother's ability to work. She depleted all her sick leave and was demoted. The father was laid off from work and was so depressed he did not have the initiative to seek new employment. The benefit officer felt this trauma had been induced by the death and should be considered in determining if a dependent status could be authorized to make the parents eligible for the benefit. The parents would then be eligible for benefits denied to non-dependent parent survivors, since their income had been decreased by 50% (the issue of emotional trauma's decreasing the ability to work needs to be considered when determining survivors' dependency status for benefits). Other studies have reported similar occurrences.

Case 2

An officer was severely injured in a tragic training exercise. The spouse was notified by phone. Another police agency sent two officers to bring her to the hospital, but the two officers were not told why they were escorting the woman. Upon the wife's arrival at the hospital, no one in authority from the police agency was present. The officer died shortly after reaching the hospital, but his wife was left alone until other family members arrived. The officer's name and details of the incident were broadcast in the media before the rest of the officer's family was notified. No one from the police agency contacted her until 24 hours later.

The wife did receive immediate assistance from a private benevolent organization composed of local business people who

support families of slain public service officials. The spouse was not informed about assistance with burial and made her decision based on what she thought she could afford. The police agency did not consider the officer's death to be a line-of-duty death, and were embarrassed by it. The spouse was not allowed to talk to any of the officers involved in the accidental shooting in order to gain understanding of the incident. A grand jury investigation was scheduled but 9 months after the death it still had not met.

Some of the family's benefits were delayed because the police agency had given out misleading information about the case. Shortly after the death, the wife and her children began having serious emotional difficulties. Even though the department had a police psychologist on contract, it would not pay for counseling for the family. The department did assign the officer who had accidentally shot her husband to the wife for support. Unfortunately, neither had received any counseling and this proved to be another traumatic experience for both individuals. Through interventions of politicians, the benefit problem was resolved, but many months had elapsed and secondary traumas had been experienced.

B. Survivors report that treatment of significant others varies. If the officer is married, attention is given to the dependent survivors -- the spouse and children -- but the officer's parents and siblings may feel left out or poorly treated. If the officer is not married, parents and significant others, such as fiances, may be treated with respect since they

were important individuals in the officer's life.

Case 3

Two officers died in a traffic accident. The male officer, who was married, was the driver of the vehicle. The female officer, unmarried, was the passenger. The mother of the female officer felt that the treatment offered to her differed significantly from what was provided to the widow of the male officer. For example, her daughter's supervising officer never contacted her to offer condolences on her loss. A ceremony was held to honor the officers, but only the widow was presented with a plaque to honor her husband. The mother of the female police officer was introduced, and it was announced that her son had also died in the accident. The mother was extremely distressed, since it seemed to her that her daughter's death appeared less important. It was as if her daughter had never existed. The mother was so distressed by the death and these secondary traumas that she was unable to return to work. She is reduced to sobbing whenever her thoughts return to the topic of her daughter's death and the treatment she received from the police agency. Her loss and the subsequent inconsiderate treatment she received from her daughter's department were compounded when the mother discovered that although she was the daughter's only surviving relative, she was not eligible for compensation based on dependency status. This factor had never been explained. The mother stated, "It was as if she had never existed. I'm bitter, it seemed to me that my daughter did not seem to matter to the department. My daughter died just like the married, male officer.... [A] money value [can't be put] on the emotional support provided by a child to

his/her parents. No money can replace my daughter, but she died cheaply because I was ineligible for the federal benefits."

Case 4

The fiancée of an officer who was killed in a car accident while on duty received notification only because she was an ER nurse. A friend of the officer called because he knew she would be at work and he wanted her to know about the accident before the officer's body arrived at the hospital. This call was made unofficially. She was never informed by the department. The officer's family was considerate of her and gave her permission to plan the funeral, but no one from the police acknowledged her presence or her relationship to the officer. The officer's death caused her severe distress. She was unable to return to her job as a nurse and took an extended leave of absence. She suffered many somatic difficulties, including headaches, sleep disturbances, and feeling emotionally numb. These difficulties have continued for over 9 months. She cannot stop thinking about what happened and is constantly reviewing the events in her mind. She has been very depressed and has thought about suicide. She felt that her relationship to the officer as his fiancée caused considerable pain because no one knew how to respond to her. Most of the officer's friends stayed away because talking to her was too painful. The media (in talking about this she was again reduced to tears), printed a story about how things would have been different if she had been married. "It hurts when people say, 'Aren't you glad you weren't married? What if you had been married and were left with a baby? You're lucky this happened

when you were young, you will be over this quickly.' I continue to be treated as if I had no part in his life, the relationship we shared was not acknowledged as having any significance -- this is the most painful thing for me to bear . . . being treated like I didn't have any part in his life."

C. Survivors are traumatized by the unexpected death. The symptoms expressed by a majority of the survivors would classify them as having a posttraumatic stress response. The spouses report difficulties with recurrent dreams and images about the death or the deceased. In many instances these flashbacks or dreams are painful and cause the survivor continuing distress. Reminders of the officer, passing the scene of the death, or just seeing another police officer can trigger the recurrent images or produce physical manifestations. "Every time I see a police car, police officer or motorcycle officer, it is a constant reminder -- like an arrow in my heart."

Surviving spouses, parents, and siblings of police officers who die performing their duties are not more prepared for the death of a loved one because they were part of a law-enforcement family. Knowing that the job could be dangerous does not prepare an individual for the actual experience of having a loved one die. The family members were still not prepared for the emotional response to a traumatic death. Even under the best circumstances, the survivor experienced some of the symptoms of a stress reaction. The duration and intensity of this distress is still not known. Survivors who are still distressed weeks and months later are often seen as behaving abnormally or failing to cope properly. One survivor found that friends and family were

concerned that the outward manifestations of grief didn't diminish within a few weeks. The survivor reported that people actually "asked me why I was still crying three weeks after my spouse's death."

Case 5

A female police officer was working as an emergency medical technician (EMT) when an "officer down" call came in. She was the first to respond to the scene and discovered that the wounded officer was her husband, who was also a police officer but from a different department. He had been shot after making a routine traffic stop. The female officer administered first aid, trying to stem the flow of blood, and she rushed her husband to the hospital. He died in surgery. They had been married for only 6 months. The response and support she received from his department and the community were gratifying. The police chief came in person to the hospital to be with her and the governor attended the funeral. Her husband's police department provided assistance in filling in benefit applications. However, the hospital and funeral costs still remain unpaid (14 months later).

The widow's major difficulties were with her own department. Her severe emotional response to her husband's death hindered her ability to perform her job and she resigned under departmental pressure. However, she was hired by her husband's department and worked a desk job for almost 1 1/2 years until she was able to return to patrol work. She still experiences considerable distress. Her somatic problems consist of nausea, headaches, and difficulty sleeping. She still feels numb and sometimes thinks

her husband will reappear. She continues to experience visual images of the accident scene continue, and flashbacks as if the event is reoccurring. At these times she gets the physical sensation of stickiness -- blood on her hands. She has noticed a considerable change in her ability to remember things. Passing the scene of the accident still proves to be painful, as has been the anniversary of the death. She is now taking antidepressants and is receiving therapy.

Case 6

An officer was shot and killed, with his own gun, while trying to arrest a suspect. The spouse, who was also a police employee (support administrator), was notified 45 minutes later, when two uniformed officers came to her home. After a six-month leave of absence, she found her job continued to be too stressful, and she resigned after finding a less stressful position. Seventeen months after her husband's death she was still experiencing many symptoms of distress. She felt "emotionally paralyzed" for much of the time. She is easily startled and remains very fearful for her safety. Since she is afraid to be alone, she has had to have someone stay with her. She frequently dreams of her husband. Sometimes the dreams seem very real, as if the event is reoccurring. She had read the incident report, and she sees the events over and over in her mind. One reoccurring dream was of taking her husband "out of the coffin to get some sun, seeing him move, and calling to the funeral director to find out if this is normal." Often she finds she is thinking about his death instead of concentrating on other activities. She judges that she has not been functioning well

since her husband's death -- she remains disorganized and unable to remember things and has reduced her involvement in many activities because she has no interest or desire to engage in previously enjoyed activities.

The hospital personnel and police administration treated her with utmost respect. The police chief, chaplain, and police psychologist came to her home shortly after the incident to offer assistance and support, but she wished she could have been provided with longer-term counseling, especially by a specialist dealing with grief, and would have liked a formally assigned liaison from the department -- someone she could trust -- to provide advice, since she was physically and emotionally unable to make the required decisions.

D. How the survivor is notified, and how the survivor is treated by police personnel, other police officers, hospital personnel, the media, the criminal justice system, and friends have an effect on whether the survivors experience secondary injuries or traumas, exacerbating the pain.

Survivors report that the words or actions of others cause them considerable anguish. Statements in the newspaper can make it seem like the slain police officer, who is the victim, is being blamed. For example, implications are made that the police officer should have worn a bullet-proof vest, or the officer should have waited for the backup to arrive, or the officer should not have opened the door to the house ... and then the tragedy would never have happened. In some instances, the press may focus on the suspected offender, letting that individual

explain the circumstances surrounding the death of the officer. The press may cover the sensational components of the case and then not provide any closure. The families report feeling that, in some situations, no one is there to defend the dead officer.

In some instances survivors are over-protected. The survivors report not being able to see the officer shortly after death in the hospital. Persons wishing to spare the survivors the further distress of seeing a bruised, disfigured, or mutilated body do not allow them the opportunity to say goodbye. This can often lead survivors into difficulty in accepting that the officer is dead. In some instances the officer left for work looking clean and neat, and the next time the family saw him he was clean and neat in a casket.

Survivors are left wondering. "I continue to think the worst, the images in my mind are awful ... I can't stop thinking, How bad was it? ... I can't stop wondering ... about him." Sometimes the body is removed from the hospital to the morgue before the survivor has even been notified or has arrived at the hospital. "I was informed of the accident and death only after the scene had been cleaned of any traces of the accident and my husband's body sent to the morgue."

Survivors also begin to feel alienated from former police friends and from the police agency. Sometimes survivors feel that they are being avoided because the situation is too painful for all involved, or that they are being over-protected. They are now seen as being different from their friends -- and others do not know what is appropriate or not appropriate. Should they talk about the deceased, or will it cause the survivor pain to

talk about the death? The death changes social relationships.

The avoidance and withdrawal behaviors associated with PTSD are also reported by survivors. Many find they are unable to return to normal levels of activities. Their jobs are too stressful, they wish to relocate, and they even begin to avoid friends and family. Often the friends and family may be uncomfortable with the survivor. They do not know what to say or how to act, so they avoid the survivor and avoid talking about the deceased.

Lack of preparation can cause additional difficulties for the survivor. Disagreements about the type of funeral and burial, who is actually the beneficiary, and what the officer would have liked to have done with his personal belongings can lead to dissension and turmoil. Survivors report that when preparations had at least been discussed pre-trauma, and a will or at least some statement concerning the officer's wishes been drawn up, disputes and misunderstandings do not occur or become less disruptive to the surviving family members.

Case 7

An officer was shot nine times when he tried to stop a burglary. Sixteen months later his spouse remained extremely traumatized by his death and the subsequent events. In an effort to protect her, she was notified last, by her father, because everyone was concerned for her emotional welfare. She was also frustrated in her attempts to learn the details about the shooting. She was not allowed to see the body nor was she supplied with a coroner's report. No one from the department

would talk to her about about the death. She felt she was being avoided. She was very hurt by this lack of candor. She had little input into the arrangements for the funeral and had great difficulty obtaining her husband's personal belongings.

Sixteen months later, she was still unable to resume her job as a nurse or to complete the college program she had been attending. It took 3 months before she could believe her husband was dead and would not be returning. She still thinks she sees him in a crowd. She remains vulnerable and her feelings are easily hurt, especially when she feels people are avoiding her or will not talk about her husband or what has happened. A few months after the death, an officer, a colleague of her husband, came to her home to talk about the incident and attempted to rape her. He told her, "I thought I was doing you a favor." She began counseling shortly thereafter, and she wishes she had sought treatment earlier.

Case 8

An officer was struck by a car as he was making a routine traffic stop. He had been married only a few years, this being his second marriage.

Shortly after the accident, his wife was notified by phone that her husband had been injured. She was told to wait at her house; officers would bring her to the hospital. They arrived 45 minutes later and the trip to the hospital took an hour. At the hospital she was not allowed to see her husband. She was told he was still alive, in surgery, and had a good chance for survival. Shortly thereafter she was told he had died. The deputy chief came to see her at the hospital. She was satisfied with the

arrangements and treatment received from the police agency, but she attributes this to the fact that her brother was also on the force. Although the department had a handbook on assistance to families of deceased officers, the widow reported that what was printed in the handout was not followed in her situation. The department psychologist was never contacted nor did he ever respond to her. A psychologist from outside the department offered free assistance, but the department refused this without consulting her. She did not find out about the offer for some time. The counselor was told that the department would handle it, and it was not the time to contact her. The departmental chaplain did contact her and was helpful.

For the first six months the widow denied her husband was dead. She had not been given the opportunity to speak with him at the hospital before he died, although he was still alive and conscious. She never had the opportunity to be alone with him after he died. She remained emotionally numb, unable to grieve, and feeling a need to be strong so as not to upset others. Twenty-six months after the accident, she continued to have nightmares in which she dreams of her husband's decomposing body. She is easily startled and is afraid to be alone. She has difficulty controlling thoughts about the death and the problems she has experienced since the death. She has difficulty concentrating and has had troubles at work because her mind wanders. Shortly after the death she began to abuse alcohol and she has continued to do so. She has become alienated from the majority of the people in her support network, who have had

difficulty with her behavior and her personality changes.

Her other problems concerned insurance benefits, which were claimed by the officer's first wife. A number of legal suits were filed, and the widow found that because her husband had not properly executed a will, the beneficiary of his insurance was subject to legal dispute.

What is the Level of Satisfaction?

General Treatment Received

Over all, the spouses felt very satisfied with the treatment they were given by the police departments. They were satisfied with the funeral arrangements, their treatment by other officers, how notification was carried out, and for the most part with the benefits received. Occasionally, however, difficulties arose. For example, some departments lack a policy about compensation if the officer dies while on duty. The compensation and benefit regulations state that the officer must resign in order to receive certain monies. Survivors have had to hire lawyers to help them receive compensation, since the officer had never officially resigned. The survivors were pained at receiving letters that stated that the officer had never submitted the proper forms or a letter of resignation in order to qualify for compensation. In many instances, repeated calls were necessary to rectify the situation, and the experience was painful for an already traumatized survivor.

The survivors had mixed feelings about media coverage of the death. Insensitivity on the part of the press was most often mentioned. The press's drive to present a story, no matter what

the consequences are for the survivors, was often noted, although sometimes complimentary and supportive articles were written about the officer. Table III-2 summarizes the survivors' level of satisfaction with the police agency, fellow officers, manner of notification, funeral arrangements, community support, support from a fraternal or labor organization, and media coverage.

Benefit and Compensation Issues

The survivors are not prepared for the delays that occur in processing benefit and compensation requests. Survivors with particular problems may have to wait years for the legal hassels to be resolved. Some departments do not know about specific benefits that are available to the survivors. One survivor learned about the PSOB Federal Death Benefit from her insurance agent and had to convince her department to help her make the application to receive the benefit. Other survivors have to hire lawyers to help straighten out the compensation issues. Some survivors find that the departments are uninformmed about benefits. The survivor had to handle all the paperwork herself since the department did not know how to handle this matter.

Table III-2. Levels of Satisfaction (N = 126 Spouses), Expressed as Percent

Response of Police Agency	
Satisfied	73.4
Dissatisfied	15.3
Undecided	8.9
N/A	2.4
Response of Fellow Officers	
Satisfied	72.5
Dissatisfied	17.7
Undecided	8.9
N/A	.8
Manner of Notification*	
Satisfied	55.3
Dissatisfied	30.1
Undecided	11.4
N/A	3.3
Funeral Arrangements*	
Satisfied	89.5
Dissatisfied	8.0
Undecided	2.4
N/A	.0
Community Response*	
Satisfied	93.3
Dissatisfied	3.3
Undecided	3.3
N/A	.0
Response of Fraternal or Labor Org.	
Satisfied	75.8
Dissatisfied	6.7
Undecided	11.7
N/A	5.8
Media Coverage*	
Satisfied	55.0
Dissatisfied	22.6
Undecided	14.2
N/A	4.2

* Percent fails to equal 100% due to missing data.

Table III-3 provides data on the survivors' satisfaction with compensation and benefits.

Table III-3. Levels of Satisfaction with Benefits and Compensation (N = 113* Spouses)

Satisfaction	%
Benefits & Compensation Received	
Satisfied	66.6
Dissatisfied	22.0
Undecided	11.4
Assistance in Obtaining Benefits	
Satisfied	85.8
Dissatisfied	11.5
Undecided	2.7
Time Until Benefits Were Received	
Satisfied	30.9
Dissatisfied	52.3
Undecided	16.8

*Represents cases eliminated because of missing data.

Workman's compensation causes difficulties, and there are delays in payments for hospital and medical care. Although some costs may be covered by unions, contributions, special funds, or benefits, in many instances the family is ultimately responsible for the funeral bill.

Table III-4, which includes information drawn from the Departmental Survey, details the payment arrangements for hospital and funeral costs.

Table III-4. Who Pays for Funeral/Hospital Expenses (N = 188 Responding Police Agencies), Expressed as Percent

Hospital Expenses*

Police Agency	44.7
Family	10.6
Family & Police Agency	.5
Workmen's Compensation	22.9
Other Insurance Policy	13.3
Private Donations/Other	1.1
Government (City, State, etc.)	3.2

Funeral Expenses*

Police Agency	8.0
Family	67.0
Family & Police Agency	6.9
Workmen's Compensation	6.9
Other Insurance	3.7
Private Donations/Other	3.2
Government (City, State, etc.)	3.2

* Percent fails to equal 100% due to missing data.

Specific Issue of Medical and Health Benefits

The issue of medical and health benefits is often raised by the survivors. Survivors are often excluded from the department's group coverage within days of the officer's death. A letter informing them of this separation and loss of coverage is sent in the mail. The survivor, still in a state of shock, must now find health coverage for the family. The survivor reports "feeling punished because the officer died." Departments fail to realize that procedures that are appropriate for a planned termination from police service are not appropriate in the case of an unexpected, traumatic line of duty death.

Criminal Justice System

The survivors were less satisfied with the response of the judicial system than with almost any other area. They were most

often dissatisfied with the verdict or plea-bargaining arrangement in the trial of the officer's killer(s). They also reported not being given information concerning the trial. Table III-5 reports the responses made by the survivors on these two aspects of their experience with the criminal justice system.

Table III-5. Levels of Satisfaction with Criminal Justice System (N = 126 Spouses), Expressed as Percent

Criminal Justice System	
Satisfied	20.5
Dissatisfied	34.2
Undecided	6.0
N/A	39.3
Verdict/Sentencing	
Satisfied	30.2
Dissatisfied	21.6
Undecided	2.6
N/A	45.7

Psychological Counseling/ Support For Survivors

Another area that was reported lacking was psychological counseling for the family members. The survivors felt psychological counseling should be provided by the police psychologist, or the family should be given assistance in locating a suitable therapist. Payment for counseling was also at issue. Survivors felt that, if this service was needed as a result of the death, it should be paid for by the department, especially if the survivor had lost departmental health coverage. Survivors may not be ready for counseling when it is first offered; they may require time to consider the prospect. The offer should be made on a regular basis, letting the survivor feel free to contact the appropriate person at the appropriate

time. Some survivors had counseling offered to them, only to find that when they were ready, the offer for services was no longer available.

Another area frequently mentioned by the spouses was feeling abandoned by the police departments. The spouses wanted some type of formal and informal contact to continue. Most spouses report contact discontinued shortly after the funeral. Some departments have developed peer-support groups and traumatic response teams that provide crisis intervention and emotional support, beginning immediately after the death and continuing until the family is stabilized.

Summary

Misinformation and assumptions abound concerning the psychological, emotional, physical, and financial consequences of experiencing the traumatic death of a police officer.

Information reported by survivors has been presented to address the issues they identified as problematic. Part IV addresses some of these issues by examining the data to determine empirically the validity or lack of validity of the existing assumptions.

PART IV

PSYCHOLOGICAL REPERCUSSIONS: EMPIRICAL DATA

Part IV presents the empirical data obtained from statistical analyses of psychological instruments administered to the survivors. The instruments measured the presence of PTSD, levels of psychological distress, and positive and negative affect states. The data revealed the prevalence of the psychological disorders, the most frequently reported symptoms, and some factors that intensify the survivors' reactions to their loss. Emphasis has been placed on the spouses, but some data are presented on significant others.

In Part III, which discusses the problematic issues for the survivors, assumptions about the psychological responses of survivors of unexpected, traumatic death are explained based on information obtained from clinical interviews. In order to support or refute these assumptions and to determine the actual psychological processes, a series of statistical analyses was performed on the empirical data.

The topics addressed here have not been previously investigated using statistical means and valid psychological instruments. This is the first study to investigate the repercussions of accidental and felonious death for the surviving families of law-enforcement officers. The following questions will be answered based on the empirical data analyzed:

1. Do surviving spouses experience PTSD?
2. Do surviving spouses experience greater distress if the death was a homicide?

3. What types of psychological problems are experienced by the surviving spouses?
4. What differences exist between the spouses with PTSD and the spouses without PTSD?
5. What symptoms are most often experienced by the surviving spouses?
6. What are some of the risk factors for the surviving spouses?
7. What difficulties are experienced by significant others?

Do the Survivors Experience PTSD?

Prevalence of PTSD

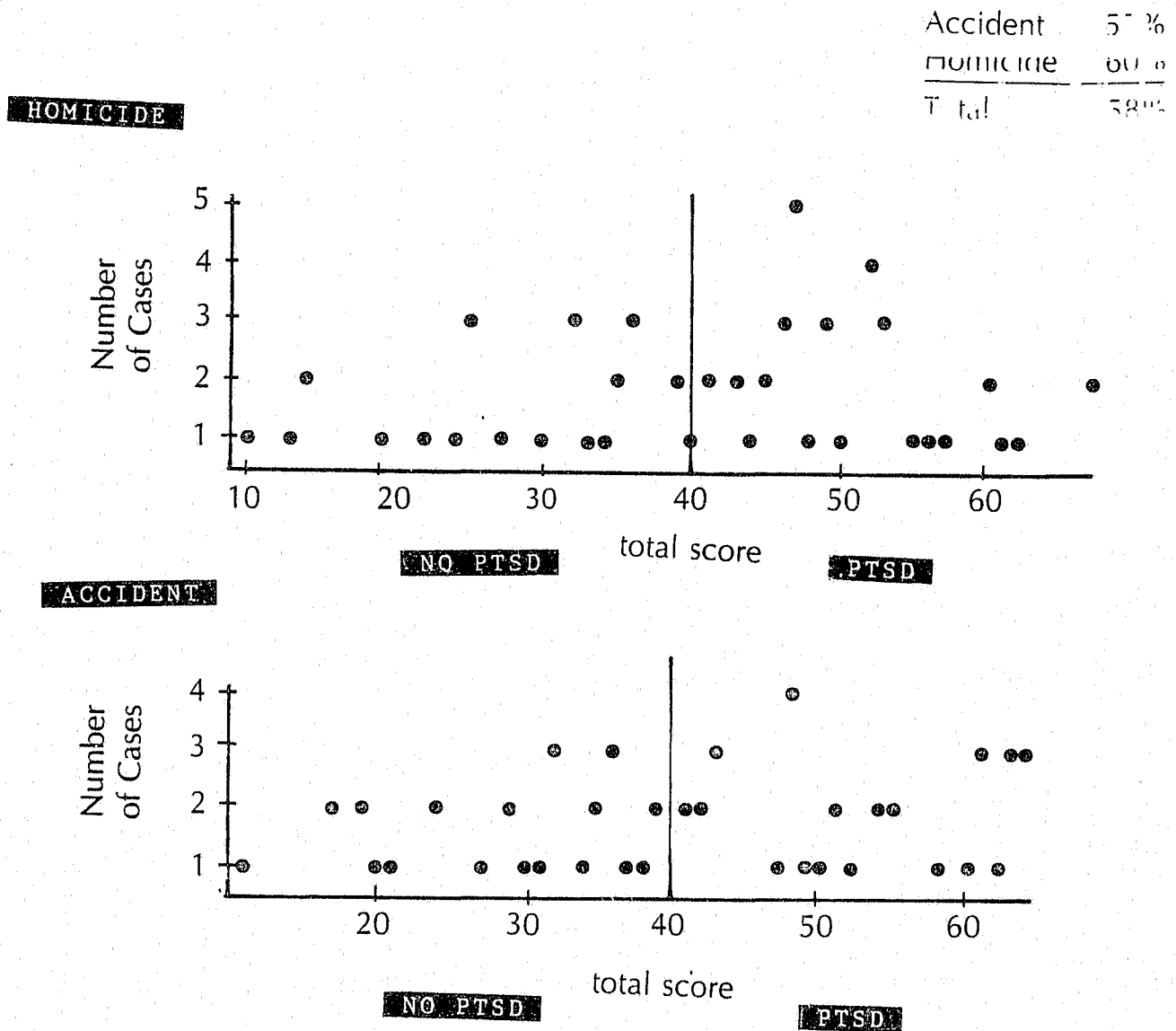
A majority of the spouses were found to have symptoms consistent with a diagnosis of PTSD. The prevalence of PTSD in the total population of surviving spouses was 59%. In the accidental death group, 55% of the spouses met the established criteria for PTSD, and 61% of the spouses from the homicide group met the criteria.

Thus, the results of this study indicate that more than half of the surviving spouses of police officers killed in the line of duty met the criteria established for PTSD. The death of a spouse after an accident or a homicide is not only a stressful life event, but also a severe traumatic experience. Traumatic loss is a stressor of enough magnitude to produce PTSD, and loss of a loved one to accidental or felonious death engenders behaviors and responses that are similar and consistent with those in other types of trauma.

Graph IV-1 displays the frequency of scores on the Reaction Index found in the spouse population. The distribution of the

scores in the accidental group and in the felonious group are presented. The criterion for PTSD has been determined for this study to be a score of 40 or greater on the Reaction Index (see Appendix D).

Graph IV-1. Frequency Distribution of Scores on the Reaction Index



Prevalence of PTSD in Traumatized Populations

Traumatized populations have been tested to determine the prevalence of PTSD, and it has been found to range from 26% to 66%, depending on the type of trauma experienced. The data for the comparisons performed in the study reported here were obtained in an independent study of 300 victims of trauma conducted using the Reaction Index (C. J. Frederick, personal communication). Table IV-1 lists the percentage of PTSD for the various types of trauma experienced.

Table IV-1. Observed Frequencies of PTSD

Trauma	N	Observed Frequency (%)
Prisoner of War	50	50
Physical Assault	50	36
Natural Disaster	100	26
Hostage	50	66
Rape	50	54
Total	300	

Thus the data in Table IV-1 indicate that the surviving spouses in our study exhibit symptoms of PTSD at a prevalence rate consistent with that in other traumatized populations.

Prevalence of PTSD in the Two Groups of Survivors

It has been suggested that the surviving spouses of officers killed feloniously would manifest a greater prevalence of PTSD than would be present in the spouses of officers killed accidentally. It was assumed that a felonious death would be a more traumatic experience for the spouse than an accidental death. Burgess (1975) had suggested that, after a death by homicide, family members would exhibit a more serious grief

reaction. Bard (1982) and Rynearson (1984) identified this reaction as PTSD. It has also been suggested that the psychological response to a death would be exacerbated if the death involved human-induced violence or brutality (Bowlby, 1980).

To test these suggestions on our group of police survivors, a Chi-square was computed to determine if a significant difference existed between the prevalence rate found for the homicide group (66%) and the prevalence rate found for the accidental death group (55%). The results of this analysis indicated no significant differences exist between the two groups.

The numbers of survivors in each category and the total percentages are shown in Table IV-2.

Table IV-2. Chi-square Analysis of the Prevalence of PTSD in Accidental Versus Felonious Death Survivors

Type of Death	No PTSD	PTSD	Total	Row Total %
Accidental	27	33	60	42.1
Felonious	24	37	61	57.9
Total	51	70	121	
Column Total (%)	49.6	50.4		

(DF = 1, N = 121) = .397.

The prevalence of PTSD in the two groups was similar whether the death was accidental or felonious.

Do Spouses Experience Greater Distress if the Death Was a Homicide?

The results of this study cast doubt on the assumption that loss due to homicide (loss that involves human-induced violence) produces a more intense grief reaction. No statistical differences were found on any of the psychological measures analyzed. The spouses in the accidental death group and the spouses in the homicidal death group did not differ on the presence of PTSD, levels of distress, or levels of negative/positive affect states. The results suggest that both accidental and felonious death of police officers killed in the line of duty produce similar levels of negative psychological symptoms for the surviving spouses. The high incidence of PTSD and psychopathology after an unexpected and traumatic death suggest that a loss of this type constitutes a high risk factor for the survivors. (See Tables IV-3 and IV-4 for the supporting data.)

What Type of Distress is Experienced?

Levels of Psychological Distress

Analyses of all the dimensions of the DSI indicate that surviving spouses experience more distress than is found in a normative population of non-patient women. (The DSI normative population consisted of 218 young women. The survivor data are compared to this normative sample.) The surviving spouses have the most difficulty with cognitive dyscontrol (difficulty concentrating, making decisions, feeling confused, or having your mind go blank), hostility, social alienation (feeling different

from others, feeling alone, being uncomfortable in social situations), and phobic anxiety (being afraid of people, places and things, being afraid to leave the house). The accidental group also had elevated distress in the area of paranoid ideation (feeling others could not be trusted, feeling vulnerable, etc.).

For both groups, only one dimension score reached a level that indicated a clinical level of distress -- in the area of phobic anxiety. Over all, the spouses experience the traumatic death as a threat. They lose the belief that the world is a safe place that operates with certain rules. The elevation in the area of phobic anxiety indicates that the surviving spouses are fearful about their ability to survive in an uncertain environment.

The spouses are distressed and are symptomatic in many areas. They are more stressed than the normative sample, but not at high enough levels to indicate clinical psychopathology.

The majority of spouses met the criteria for PTSD. The death of their spouses had a tremendous effect on their functioning in all areas of their lives. Cognitive difficulties impair their concentration and decision making, and these difficulties persist in varying degrees for many months. The survivors report feeling numb, empty, or dazed. "I was in a daze. Like someone hit me hard on the head. I didn't know what was going on." This feeling may also last for long periods of time. One survivor reports that it wasn't until 6 months later that she started to come out of this fog. She had not realized the extent of her dazed state until it began to dissipate.

Table IV-3 lists the mean scores and percentile ranks for

comparison of spouses on the DSI dimensions by type of death experienced. The percentile ranking presented in the tables indicates how the survivors compared to the normative population.

Table IV-3. Results of Analyses of Variance on DSI Comparing 121 Surviving Spouses on Type of Death

TYPE OF DEATH:	ACCIDENTAL		FELONIOUS		
	DSI DIM	(N=60)	% RANK	(N=61)	% RANK
	SOM	6.32	70	6.21	70
	COG	12.27	75	12.38	75
	INT	11.42	70	11.75	70
	DEP	13.54	73	13.82	73
	ANX	10.87	70	10.69	70
	HOS	9.07	70	9.61	70
	PHOB	5.80	91**	5.79	91**
	PAR	8.73	80*	8.28	80*
	OBCOM	10.63	75	10.36	70
	SOC	11.13	75	12.05	80*
	CONFIG	13.27	--	12.69	--
GLOBALS					
	GSI	1.27	80*	1.26	80*
	PST	53.28	70	52.64	70
	PSDI	1.97	70	1.99	70

* approaching clinical level of distress

** clinical level of distress

Positive and Negative Affect States

No statistically significant differences existed between the surviving spouses of accidental or felonious death on any of the dimensions of the ABS measuring negative and positive affect states. While it is often expected that a death of a loved one will produce negative affects, such as depression, guilt, hostility, and anxiety, the effect of loss on reducing positive affect is often overlooked. Results of the police survivor study show, as expected, an elevation in negative affect; however, the results also indicate that the surviving spouses had a noticeable reduction in their ability to feel the positive affects of joy, contentment, affection, and vigor. The spouses report that their positive feelings were greatly reduced after experiencing the unexpected death, and that positive feelings do not seem to return.

The spouses indicate that their trust in the world as an orderly place is destroyed. They do not seem to be able to look to the future with optimism. They no longer feel able to trust others and begin to withdraw. The survivors' capacity to experience a sense of well-being is lost. The unexpected loss, whether an accident or a homicide, leaves the survivor with grave doubts about the nature of the world. This is similar to the response of other victims of crime and survivors of disasters.

The loss of positive affect is an important issue that needs to be addressed for the survivors. This loss of positive feelings does not seem to abate and is seldom recognized as a problem in need of assistance. On occasion, the survivors will receive anti-depressants or anti-anxiety medications to reduce

the negative affect states, but they are still left bereft of positive feelings, and in the study reported here their sense of well-being, as measured by dimensions on the ABS (joy, contentment, affection, and vigor), remains well below that of the normative population.

Table IV-4 lists the mean scores, the F-ratio, and the percentile ranks in comparisons of the spouses on affect states by type of death experienced.

Table IV-4. Results of Analyses of Variance on ABS Comparing 121 Surviving Spouses on Type of Death

TYPE OF DEATH: DSI DIM	ACCIDENTAL		FELONIOUS	
	(N=60)	% RANK	(N=61)	% RANK
JOY	9.50	12	9.21	8
CON	9.65	14	9.38	7
VIG	10.08	18	9.07	7
AFF	10.80	12	10.03	7
ANX	10.31	91	10.13	84
DEP	9.17	93	9.30	95
GLT	6.47	80	5.97	75
HOS	9.01	84	9.51	93
TOTAL +	40.08	7	38.02	4
TOTAL -	34.97	88	34.90	88
ABI	.26	7	.10	4

What Differences Exist Between the Spouses With PTSD and the Spouses Without PTSD?

A large proportion of the surviving spouses developed symptoms consistent with a severe posttraumatic stress reaction. The spouses who had symptoms of PTSD were statistically different ($p < .001$) on all the measures of distress. The spouses with PTSD had levels of distress that were indicative of clinical levels of distress. The spouses in the PTSD group were in the

84th to 94 percentile on almost all of the dimensions of psychological distress. The overall scores that measure the intensity, number of symptoms, and the overall level of distress (global indices GSI, PST, PSDI) indicate that these spouses experience distress levels that may represent clinical levels of psychopathology. These spouses have great difficulty in many aspects of their psychological functioning and must be considered at risk. Table IV-5 lists the means, percentile ranks, F ratios, and levels of significance in comparisons of the spouses with PTSD and the spouses without PTSD (see next page).

Graph IV-2 illustrates this comparison. The spouses who have PTSD are significantly different from the non-PTSD group, are well above the norms, and have clinical levels of distress.

Graph IV-2. PTSD/No PTSD

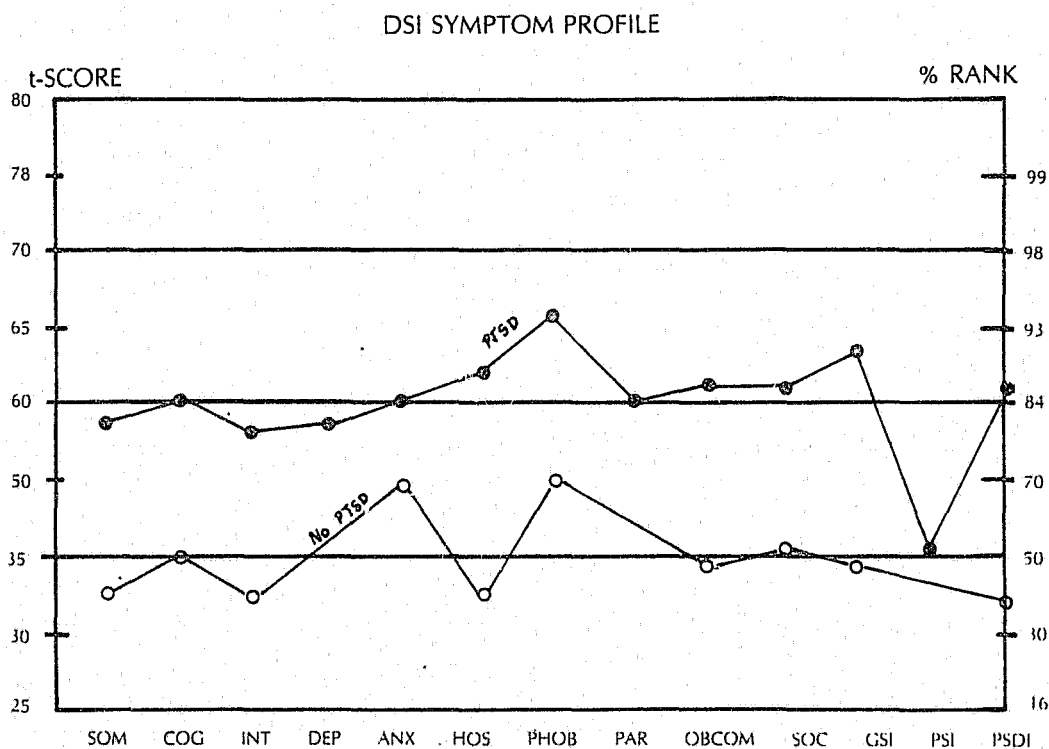


Table IV-5. Results of Analyses of Variance on DSI Comparing 121 Surviving Spouses' Presence or Absence of PTSD

DSI DIM	PTSD		NO PTSD		F-RATIO
	MEAN SCORES N=72	% RANK	MEAN SCORES N=54	% RANK	
SOM	9.01	82*	2.67	40	35.60 a
COG	16.36	84*	6.82	50	52.06 a
INT	15.31	80*	6.61	40	59.46 a
DEP	17.99	82*	7.76	70	43.22 a
ANX	15.18	84*	5.00	40	70.10 a
HOS	12.99	86*	4.45	55	60.50 a
PHOB	8.39	94**	2.08	70	35.79 a
PAR	11.25	84*	4.76	55	39.34 a
OBCOM	14.39	86*	5.24	40	39.08 a
SOC	15.22	86*	6.88	55	57.78 a
CONFIG	18.19	--	12.69	--	92.98 a
GLOBALS					
GSI	1.74	90**	.64	40	48.64 a
PST	64.67	86*	37.14	45	43.94 a
PSDI	2.33	84*	1.97	40	33.72 a

a sig at $p > .001$

* approaching clinical levels of distress

** clinical levels of distress

What Are the Symptoms Most Often Experienced by the Spouses?

The most obvious symptoms reported by the surviving spouses are related to depression and anxiety, which are commonly expected. However, the majority of symptoms indicate difficulty

arises in areas that the spouses may not realize are affected by the unexpected death, including cognitive functioning, interpersonal relations, social alienation, phobic reactions, and obsessive-compulsive behaviors. The survivor may not identify these symptoms as being part of a normal response to the traumatic death. She may interpret the symptoms as a failure to cope, a weakness, or as "going crazy."

The most prevalent symptoms experienced by the survivors are presented in two different ways, depending upon presence or absence of symptoms.

1. The conservative interpretation (CON) registers the presence of the symptom if the individual expresses at least having the symptom in moderate amounts. The individual had to indicate this by giving the symptom a rating of at least 2 or greater. If the individual reported none or only a small amount of the symptom, a rating of 0/1, it was interpreted as the absence of the symptom.
2. The literal interpretation (LIT) registers the presence of the symptom if the individual reports even a small amount of the symptom. If the individual rated the presence of the symptom as a 1, 2, 3, or 4, he/she was judged to have the symptom. If the individual rated the symptom with a 0, it indicated the symptom was not present. Table IV-6 (see next page) lists the symptoms using the two differing interpretations.

These symptoms and the frequency expressed indicate that spouses have similar experiences and difficulties following the traumatic death. The types of symptoms indicate that spouses suffered depression and anxiety. Furthermore, the majority of

Table IV-6. Most Prevalent Symptoms, Defined Literally and Conservatively, in Sample of 126 Spouses

SYMPTOM	DIMENSION	RANK CON	% CON	RANK LIT	% LIT
Feeling lonely	DEP	1	75.2	1	91.2
Feeling unhappy or sad	DEP	2	70.4	2	91.2
Feeling low in energy or slowed down	DEP	3	68.3	5	87.3
Feeling easily annoyed or irritated*	HOS	4	67.5	3	88.9
Feeling tense or keyed up	ANX	5	66.7	2	89.7
Easily hurt feelings	INT	6	64.3	4	88.1
Trouble concentrating*	COG	7	56.3	-	----
Repeated images that won't leave your mind*	OBS	8	53.9	12	76.6
Thinking about the same thing over and over*	OBS	9	52.8	-	----
Trouble remembering things*	COG	10	52.4	-	----
Feeling emotionally numb or empty*	COF	10	52.4	10	77.8
Feeling angry	HOS	11	51.6	6	83.8
Wishing others would care for the person you are	SOC	12	51.2	-	----
Difficulty falling asleep	COF	13	50.8	9	80.2
Feeling uncomfortable in social situations	SOC	13	50.8	7	82.5
Feeling people will take advantage of you	PAR	13	50.8	8	81.7
Difficulty making decisions*	OBS	16	47.6	11	77.0
Having to think carefully to get them right*	COG	17	46.8	11	77.0
Being angry at yourself for not accomplishing more	INT	14	49.6	11	77.0

*Symptom consistent with diagnosis of PTSD.

these symptoms are usually not addressed or treated. Cognitive difficulties, which interfere with their ability to function at home or at work, feeling alienated and different from others, and being fearful are all included in this area. Many of the symptoms are related to a posttraumatic stress reaction: recurring thoughts and images, feeling numb, and difficulty sleeping are symptoms of PTSD. A number of the symptoms have to do with feelings of hostility, which seems very common after a death. Many of the spouses were very disturbed by these feelings and symptoms. They failed to realize that the majority of survivors had similar reactions, and they often felt they were the only ones who had these symptoms, since they are not commonly discussed.

What Are Some Risk Factors?

Suddenness of Death

The suddenness of the death was thought to have a positive correlation with symptoms, i.e., the more sudden the death, the higher would be the levels of negative psychological symptoms exhibited by the spouses. (A death that occurred instantaneously would therefore produce the highest levels of negative psychological symptoms in the survivors.) However, previous research on the suddenness of death has produced contradictory results. Parkes (1970) found that a short final illness predicted a more difficult bereavement reaction than did a long final illness. However, Sanders (1979-1980) found no difference between the responses of the spouses to a chronic illness and the responses to a sudden death situation. However, in these studies the time frame was weeks, not hours. Lundin (1984) found that

two hours was a significant indicator of psychological distress exhibited by the surviving family members of accident victims.

Since the majority of the officers were killed instantly, it seemed worthwhile to further explore the suddenness factor by dividing the under two hour group into instant (0 hours elapsed) and sudden (1-2 hours elapsed). The third group comprised the remainder of the officers killed, as long as the death occurred within one month of the incident.

Both measures of depression, one a psychological construct and the other reflecting mood and affect, were found to be somewhat influenced by the suddenness of the death. The extended-death group of spouses, where the officer lived longer than 3 hours post injury, were found to be more depressed. This level was marginally significant at $p = .07$. (See Tables IV-7 and IV-8.)

Again, the loss of positive affect is the most noticeable difference among the groups. The extended group had the lowest mean scores on positive affect. This was statistically different from the other two groups of survivors ($p = .01$). The survivors who may have had some hope for the survival of their spouses or who had to watch them linger between life and death had lower overall levels of positive mood and affect.

The suddenness of the death does not appear to have to a great influence on the levels of distress experienced by the survivors. The survivors who had a loved one survive for a few hours to a few weeks appear more depressed than the survivors who experienced the death in under two hours. The differences among

Table IV-7. Results of Analyses of Variance on DSI Comparing 121 Surviving Spouses of Slain Police Officers on Effects of Suddenness of Death

SUDDENNESS							
DIS DIM	N=70 INSTANT	%RANK	N=32 SUDDEN	%RANK	N=19 EXTENDED	%RANK	F-RATIO
SOM	6.26	80*	5.41	60	7.50	60	
COG	11.77	75	12.55	75	14.28	82*	
INT	11.50	70	10.78	70	13.00	75	
DEP	13.40	75	12.00	70	17.06	84*	2.74 (p = .07)
ANX	10.94	75	9.59	70	11.78	80*	
HOS	9.50	78	8.00	75	11.11	82*	
PHOB	5.79	91*	4.66	86*	7.67	93**	
PAR	8.47	75	7.59	78	9.89	84*	
OBCOM	10.37	70	9.78	75	11.83	84*	
SOC	11.64	80*	10.72	75	12.83	--	
CONFIG	12.47	--	12.67	--	15.28	--	
GLOBALS							
PSI	1.25	75	1.16	75	1.48	84*	
PST	51.70	70	51.75	75	58.83	84*	
SDI	2.02	75	1.88	70	2.01	75	

* approaching clinical levels of distress

** clinical levels of distress

Table IV-8. Results of Analyses of Variance on ABS Comparing 121 Surviving Spouses of Slain Police Officers on Effects of Suddenness of Death

SUDDENNESS							
ABS	N=70 INSTANT	%RANK	N=32 SUDDEN	%RANK	N=19 EXTENDED	%RANK	F-RATIO
JOY	9.29	8	9.72	14	8.67	5	
CONT	9.39	14	9.75	16	9.28	14	
VIG	10.69	22	10.03	16	9.72	14	
AFF	9.66	5	9.53	5	9.00	4	
DEP	9.40	95	8.13	90	10.89	98	2.55 (p = .07)
ANX	10.71	89	9.44	76	9.78	82	
HOS	9.30	89	8.50	92	10.83	96	
GLT	6.07	79	5.75	76	7.83	89	
TOTAL +	39.30	7	39.03	7	36.83	4	5.96 (p = .01)
TOTAL -	35.49	90	31.81	82	39.33	93	
ABI	.19	7	.36	10	-.13	3	

these groups were not as great as would have been assumed from previous research. However, none of the other studies included homicides in their research sample.

Notification Procedures

How notification of the survivors was carried out appears to be an important factor that determines the level and intensity of distress reported by the spouses. The spouses who were not notified in person reported higher levels of distress. Some of the symptoms included: nervousness, uneasiness, difficulty sleeping, flashbacks, and difficulty making decisions. These symptoms are consistent with a diagnosis of PTSD. Spouses not notified in person were found to have significantly higher scores on the Reaction Index. Spouses not notified personally had a mean score of 45.72, compared to a mean score of 39.89 for the spouses notified in person. The difference between these scores was significant at $p = .03$. The spouses not notified in person had a more intense posttraumatic stress response.

These spouses also showed significantly greater differences on the dimensions of hostility and guilt and marginally more significant differences on many other indices of distress than were found in the spouses who had been notified in person.

The results of comparisons on the dimensions of the DSI and the ABS by method of notification are listed in Tables IV-9 and IV-10. Graph IV-3 illustrates the comparison of notification styles based on the dimensions of the DSI.

Standardized notification procedures and training of police personnel in notification procedures would save survivors further distress.

Table IV-9. Results of T-Tests on the DSI Comparing
123 Surviving Spouses of Slain Police Officers on
Notification Procedures

DIM	N=84		N=39		T	SIG LEVEL	
	MEAN SCORES	% RANK	MEAN SCORES	% RANK			
	NOTIFIED IN PERSON		NOT NOTIFIED PERSONALLY				
SOM	5.88	70	7.05	75			
COG	11.77	75	13.03	82*			
INT	10.98	55	12.90	75			
DEP	13.18	70	14.10	75			
ANX	10.04	70	12.41	80*			
HOS	8.33	75	11.74	84*	2.49	.01	
PHOB	5.04	86*	7.13	92**	1.65	.09	
PAR	7.77	75	10.00	82*	1.79	.07	
OBCOM	9.56	60	11.90	80*	1.70	.08	
SOC	10.96	75	13.26	82*	1.66	.09	
CONFIG	12.04	--	15.23	--	1.82	.06	
GLOBALS							
GSI	1.19	75	1.45	82*	1.69	.08	
PST	51.36	70	55.13	90*			
PSDI	1.92	70	2.14	82*	1.77	.07	

* approaching clinical levels of distress

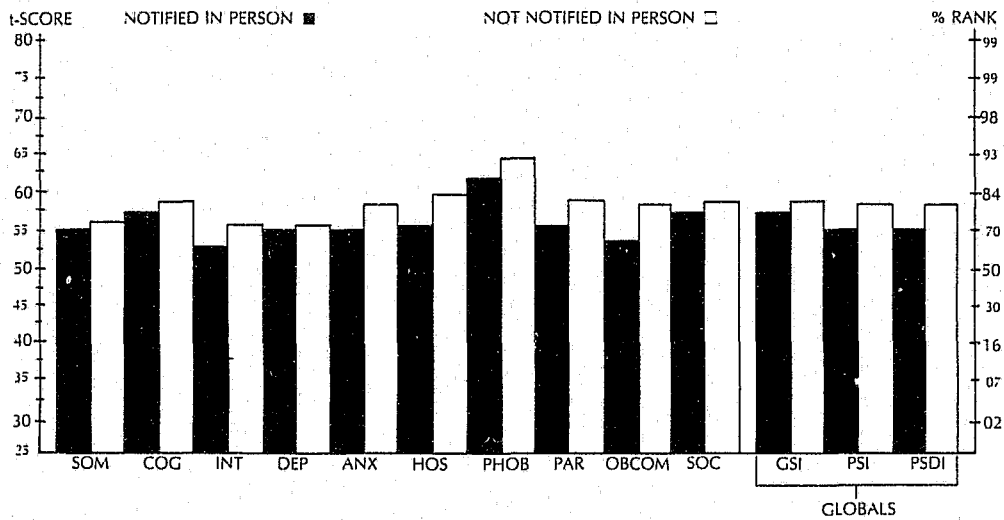
** clinical levels of distress

Note: N = 123 due to missing data on 3 cases.

Table IV-10. Results of T-Tests on the ABS Comparing
123 Surviving Spouses of Slain Police Officers on
Notification Procedures

ABS	N = 84		N = 39		T	SIG LEVEL	
	MEAN SCORES	% RANK	MEAN SCORES	% RANK			
	NOTIFIED IN PERSON		NOT NOTIFIED PERSONALLY				
JOY	9.52	16	9.56	7			
CONT	9.67	16	9.36	16			
AFF	10.49	12	10.13	7			
VIG	9.42	7	16.03	16			
DEP	8.90	93	9.77	96			
HOS	8.69	84	10.38	93	1.72	.08	
ANX	10.08	84	10.49	84			
GLT	5.77	78	7.36	86	2.17	.03	
TOTAL +	33.45	84	38.00	92	1.60	.10	
TOTAL -	39.33	6	39.15	6			
ABI	.29	8	.06	5			

Graph IV-3. Notification Procedures DSI Symptoms



Length of Marriage

Length of marriage seemed to be significant in determining which spouses will be more at risk for developing psychological and emotional difficulties. The fewer years married, and in many cases the younger the spouse, the more distress will be reported. The younger group reported more intense feelings of hostility and more feelings of alienation, and they were more fearful and seemed to have lost their ability to feel positive affects (joy, contentment, affection, vigor). This group is extremely vulnerable. They fear being taken advantage of, and in reality their vulnerability may make them especially susceptible to sexual seductions, hurtful sexual encounters, and difficulty in establishing relationships. This group needs self-help groups, survivor-to-survivor outreach programs, information, and counseling.

Tables IV-11 and IV-12 and Graph IV-4 illustrate the comparison between the spouses married 10 years or less and the spouses married 11 years or more on the dimensions of the DSI and ABS.

Table IV-11. Results of Analyses of Variance on DSI Comparing 126 Surviving Spouses on Effects of Length of Marriage

DSI DIM	N=61 MARRIED ≤ 10 YRS	% RANK	N=65 MARRIED ≥ 11 YRS	% RANK	F-RATIO	SIG LEV
SOM	6.41	70	6.15	70		
COG	12.30	75	12.18	75		
INT	12.44	70	10.83	55		
DEP	14.26	55	12.88	55		
ANX	11.10	70	10.58	70		
HOS	11.38	82*	7.46	70	11.30	.001
PHOB	6.15	91**	5.29	86*		
PAR	9.77	82*	7.38	55	4.85	.02
OBCOM	10.69	70	7.79	55		
SOC	13.07	82*	10.34	70	5.03	.02
CONFIG	13.74	--	12.14	--		
GLOBALS						
GSI	1.35	80*	1.18	75		
PST	55.84	82*	49.78	70	3.09	.07
PSDI	2.07	82*	1.91	70		

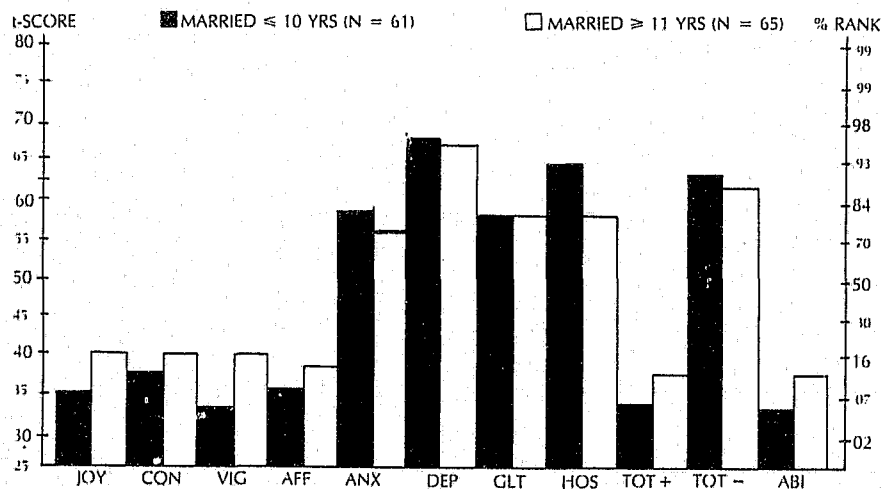
* approaching clinical levels of distress

** clinical levels of distress

Table IV-12. Results of Analyses of Variance on ABS Comparing 126 Surviving Spouses on Effects of Length of Marriage

	N=61 MARRIED ≤ 10 YRS	% RANK	N=65 MARRIED ≥ 11 YRS	% RANK	F-RATIO	SIG LEV
JOY	8.89	7	10.14	16		
CONT	8.87	10	10.26	16	3.78	.05
VIG	8.89	4	10.40	16	3.99	.04
AFF	9.75	7	11.08	12	2.94	.08
ANX	9.52	80	8.89	70		
DEP	10.46	96	10.01	96		
GLT	6.16	80	6.37	80		
HOS	10.23	93	8.23	80	5.08	.02
TOTAL +	36.72	5	41.92	10	3.70	.05
TOTAL -	36.38	93	33.51	86		
ABI	.02	4	.42	11	3.12	.07

Graph IV-4. Length of Marriage ABS Symptoms



Significant Others

Comparison Between Spouses and Significant Others

Spouses were statistically different from and more seriously distressed than the significant others (parents and siblings). Some of the differences reflect the loss of companionship, change in social status, and new relationship patterns that apply after loss of a spouse. Others are psychological and reflect the physical and emotional disruption that occur after the death of a significant other. The spouses reported higher levels of depression, including feeling hopeless about the future, feeling lonely, and feeling no interest in things. The spouses also reported more difficulty relating to their social network. They felt more alienated than the parents, and reported spending too much time alone and having no one close to confide in. The spouses also reported feeling more vulnerable and feeling others did not understand and were unsympathetic toward them. The death of an officer produces emotional difficulties for both the spouses and the parents, but the spouses have more intense responses caused by disruption in social support and social networks. The spouses report statistically more difficulty with a cluster of symptoms, including feeling guilty, feeling emotionally numb and empty, experiencing flashbacks, difficulty sleeping, and feeling things were strange or unreal. This finding supports their higher score on the Reaction Index, since these symptoms are consistent with symptoms of PTSD. Spouses continually report that they have experienced more symptoms than the parents. The overall best indication of psychological distress (score on the GSI) confirmed that the spouses reported a

more intense level of distress than the parents. Tables IV-13 and IV-14 compare spouses and significant others (parents and siblings) on the dimensions of the DSI and ABS.

Table IV-13. Results of T-Test Analyses Comparing Spouses and Significant Others on DSI

DIS DIM	SPOUSES		SIGNIFICANT OTHERS		T-STATISTIC	SIG LEV
	MEAN SCORE N=152 *	%RANK	MEAN SCORE N=66 **	%RANK		
SOM	6.75	73	6.94	73		
COG	12.88	82	10.68	73	1.80	.07
INT	12.07	70	8.24	50	3.61	.001
DEP	14.09	73	11.23	70	2.52	.01
ANX	11.27	80	9.41	70		
HOS	9.75	80	8.47	73		
PHOB	5.73	90	5.27	84		
PAR	8.47	73	6.50	70	2.05	.04
OBCOM	10.78	75	9.80	70		
SOC	11.92	80	9.05	70	2.75	.003
CONFIG	13.53	--	10.94	--	1.99	.05
GSI	1.31	90	1.08	73	1.98	.05
PSDI	2.03	75	1.90	70		
PSI	53.56	75	47.08	65	2.06	.04

* An additional 26 spouses returned questionnaires at the 1986 conference. They matched the research population, so they were included in some of the analyses and thus expanded the data base.
** Significant others are parents (N=52) and siblings (N=14).

Table IV-14. Results of T-Test Analyses Comparing Spouses and Significant Others on ABS

DIS DIM	SPOUSES		SIGNIFICANT OTHERS		T-STATISTIC	SIG LEV
	MEAN SCORE N=152	%RANK	MEAN SCORE N=66	%RANK		
JOY	9.35	8	9.75	16		
CON	9.39	7	10.05	16		
VIG	9.49	9	9.70	12		
AFF	10.28	7	11.70	16	2.59	.01
ANX	10.46	86	8.90	70	3.00	.003
DEP	9.49	95	8.52	88		
GLT	6.46	80	6.01	75		
HOS	9.18	84	8.60	82		
TOTAL +	38.66	4	41.16	8		
TOTAL -	35.00	88	32.03	82	1.71	.09
ABI	.15	6	.46	12	1.71	.09

Comparison of Parents and Spouses on Presence of PTSD

Parents did not show the clinical criteria of PTSD as frequently as the spouses. The mean score for the parents on the Reaction Index is below the criterion established for PTSD in this study (36.88), while the spouses' mean score did reach the criterion for PTSD (41.99). The difference between the two groups was significant (.02), indicating that a true difference did exist between the parents and the spouses on the presence of PTSD.

The differences between spouses and parents may be caused by the fact that the spouse population was almost entirely female, while the parent population included fathers and mothers. Norms on psychopathology are different for females and males. Females have scores that are consistently higher than those for males. More research is needed that includes more male spouses and fathers so that the determinations of the differences between the parents' response to tragic loss and the spouses' are more accurate. This would allow intervention strategies to be developed to meet the specific needs of parents, siblings, and spouses.

Age may also have been a factor in the differences, since the spouses were much younger than the parents. These findings are summarized in Table IV-15.

Table IV-15. Results of Analyses to Determine Presence of PTSD

T-TEST ANALYSIS COMPARING SPOUSES AND PARENTS ON THE REACTION INDEX

SPOUSES N=152	PARENTS N=52	T-STATISTIC	SIG LEVEL
41.99	36.88	2.24	.02

T-TEST ANALYSES COMPARING HOMICIDE PARENTS AND ACCIDENT PARENTS ON THE REACTION INDEX

PARENTS HOMICIDE N=36	PARENTS ACCIDENT N=15	T-STATISTIC	SIG LEVEL
40.67	28.67	2.79	.008

Effect of Type of Death on Parental Reaction

Significant differences were noted between the parents of officers killed accidentally and the parents of officers killed feloniously. Parents of officers killed feloniously had significantly higher scores on the PTSD scale. Their mean score indicated the presence of PTSD (40.67), while the score for the parents of officers killed accidentally (28.67) did not. The difference between the scores was highly significant (.008). See Table IV-15.

Significant differences in the positive and negative affect states of the parents have been found when comparing the type of death experienced. The parents of an officer who was killed feloniously were significantly more depressed ($p = .04$) and hostile ($p = .01$), registering an overall more negative affect state ($p = .04$), and a greater imbalance between their negative

and positive emotional states ($p = .04$) than were found in the group of parents who experienced an accidental death. The parents who experienced the accidental death had a marginally significant difference and slight elevation in only one area of positive affect (joy) over the parents of officers killed feloniously. Table IV-16 presents these data.

Table IV-16. Results of T-Test Analyses Comparing Homicide Parents With Accidental-Death Parents on Dimensions of the ABS

ABS	PARENTS HOMICIDE GRP N=32	% RANK	PARENTS ACCIDENT GRP N=13	% RANK	T-STATISTIC	SIG LEV
JOY	8.97	5	11.00	25	1.88	.06
CON	9.97	16	11.46	30		
VIG	9.00	5	10.69	18		
AFF	11.59	14	12.69	25		
ANX	8.66	65	7.31	55		
DEP	9.31	93	6.31	80	2.07	.04
GLT	6.31	75	4.46	60		
HOS	9.31	86	5.38	55	2.54	.01
TOTAL +	39.47	7	45.85	18		
TOTAL -	33.59	88	23.46	60	2.05	.04
ABI	.29	7	1.12	25	2.04	.04

The type of death did make a difference in response patterns reported by the surviving parents. Parents of the homicide victims were more traumatized (presence of PTSD) and had more hostile and depressed feelings. The balance between their negative and positive moods was significantly different and more

greatly affected by the unexpected loss of their adult child.

These results, while very interesting in light of the lack of difference found when measuring type of death for spouses, must be viewed tentatively, since the sample sizes are small and may not represent the parent population accurately. More research is necessary to determine what actual effects are present and to use this information to plan intervention strategies to assist these survivors.

Parental Satisfaction

Parents report less satisfaction with how they were notified of the death of their son or daughter -- often by phone -- and how they were treated by the police departments. Parents consistently reported that police departments did not equally acknowledge them as significant survivors. They felt the spouse and children deserved attention but that they needed to be consulted or at least recognized. For example, they were not given a plaque or any memento of the slain officer, they did not receive an escort, or they were not acknowledged at an awards ceremony. These incidents deeply hurt the parents.

Non-dependent parents report feeling that their child died cheaply, since they were ineligible to receive dependents' benefits. For some, the psychological effect of the death led to financial and family difficulties. Demotion, firing, and having to retire were reported by surviving parents.

Parents would also benefit from support groups, counseling, and more attention from police agencies at the time of the death. Changing benefit qualifications from a pure financial dependency

to recognizing the emotional qualities of the trauma and its devastating effect on some of the surviving parents is also necessary. The benefits can be paid to the officer's estate, so that if he/she was single they would go to the parents. The current distinction made in qualifying for benefits is recognized as an additional or secondary trauma.

Summary

The unexpected, accidental, or felonious death of a police officer in the line of duty has serious repercussions for the surviving family members. The following information is based on statistical analyses performed on the empirical data:

1. A majority of the surviving spouses experienced symptoms consistent with a diagnosis of PTSD. The type of death did not influence the prevalence rate of PTSD in the spouse sample.

2. The surviving spouses did not experience a greater level of psychological or emotional distress if the death was a homicide. No statistically significant differences were found on any of the indices measured.

3. The surviving spouses have been found to experience more distress than is found in a normative population. The spouses experienced the most difficulty with cognitive functioning, hostility, social alienation, and phobic anxiety. The spouses were found to have levels of distress that were approaching clinical distress and psychopathology. These levels of distress indicate that some type of therapeutic intervention is needed.

4. The surviving spouses with PTSD were found to experience elevated levels of distress on all dimensions of the DSI and the ABS. The spouses with PTSD had significantly greater levels of

distress on all measures ($p \geq .001$). The levels of distress experienced by the spouses who met the criteria of PTSD were indicative of psychopathology.

5. The symptoms most often expressed on the DSI were feeling lonely, feeling sad, and low energy. Many of the other most often reported symptoms were consistent with a diagnosis of PTSD, such as: recurring thoughts, thinking about the same thing over and over, trouble remembering things, and feeling emotionally numb and empty.

6. Three factors were analyzed to determine if they intensified the distress levels for the surviving spouses: the suddenness of the death, notification procedures, and number of years married. Suddenness of the death does not seem to be a significant factor. Only one dimension, level of depression, appears to be intensified by it, in that the survivors whose loved one did not die either instantly or within 2 hours appeared to be more depressed.

Spouses who were not notified in person had higher levels of distress on many of the dimensions measured. These spouses showed significantly intensified levels of hostility on the DSI (.01) and more intense feelings of guilt (.03) on the ABS. Many other dimensions were approaching significance, indicating that the manner of notification is an important factor. Further research is required to determine proper notification procedures, since the distress of the surviving family members is affected by how notification is accomplished.

Spouses married 10 years or less seem to be a population at

greater risk. The fewer years married, and in many cases the younger the spouse, the more distress reported. This group reported significantly greater levels of hostility (.001) and alienation (.02) and were more fearful of being taken advantage of, as well as feeling unable to trust others (.02).

7. Spouses were statistically different from and more seriously distressed than significant others. Some of the differences reflect the loss of companionship, change in social status, and the new relationship patterns that apply after the loss of a spouse but not after the loss of a child or sibling. A significant difference between scores used to indicate the presence of PTSD was found when comparing spouses to parents. The spouses had an overall higher score that is indicative of PTSD (41.99) while the parents' score did not reach the criterion established for PTSD (36.88). The difference between the scores was significant at a .02 level.

In comparisons of the parents of officers killed accidentally with the parents of officers killed feloniously, significant differences were noted (.008). Parents of officers killed feloniously had significantly higher scores on the PTSD scale (felonious = 40.67; accidental = 28.67), reflecting more trauma. The parents of the homicide victims were significantly more hostile (.01) and depressed (.04), and the balance between their negative and positive affect states was more greatly affected (.04) by the unexpected, felonious death of their adult child.

In light of these findings, assistance and services to aid the surviving family members of police officers who die performing their duties are required to alleviate the psychological and emotional distress of the survivors.

PART V

DEPARTMENTAL PROCEDURES AND POLICIES

The primary data source for this part of the study was a mailed questionnaire. The questionnaire was mailed to the Chief Executive Officer for each police agency or to the designated contact person in the department. The surveys focused on notification procedures, benefit and compensation information, services and programs for officers and their families, assistance provided to survivors, preparation and planning for line-of-duty deaths, and demographic information on the departments. Departments were asked to send copies of their formal policies or general orders that were pertinent to the survey. (Samples of the questionnaire and introductory letter are included in Appendix A.)

Section I -- Study Design: Methodology and Population Surveyed Population Selection

Departments that had submitted a claim for federal death benefits through the PSOB during 1983-1985 were included in the project. PSOB records were reviewed and the addresses and contact person at each department were obtained. To be included, a department had to have had at least one death during the designated time frame and had to have submitted a claim. The number of departments that met the criteria was 276. An additional 10 departments had been sent the survey as part of pretesting of the instrument. Their results did not differ significantly from the research population, so they were included in the final analyses. Therefore, the total research population

numbered 286.

Participation Rate/Demographic Information

The participation rate was 65%, with a total of 188 departments responding to the survey. This was a good response rate and reflects the interest and concern engendered by this topic. The responding departments are a cross-section of law-enforcement agencies across the country (see Table V-1). Surveys were returned from all regions of the US, including the territories. Responding agencies included federal, state, city, county, and sheriff departments. The agencies ranged in size from having 1 sworn officer to departments that had 26,000 officers. The sample was fairly evenly divided among small, medium, and large departments.

Police departments were also asked to indicate whether they had formal policies concerning line-of-duty deaths. The majority of the responding agencies did not have any. A majority of the agencies that had formal policies on line-of-duty deaths sent copies of those policies.

Types of Deaths Reported

The 188 participating departments reported a total of 298 line-of-duty deaths (accidental and felonious) occurring within the study's designated time frame. Firearms were responsible for the largest number of felonious line-of-duty deaths, while motor vehicle crashes where the officer was either the driver or passenger of the vehicle were the leading cause of accidental line-of-duty deaths. Non-line-of-duty deaths were also requested in two categories, suicide and illness. Departments reported a

Table V-1. Demographic Information on Responding Law-Enforcement Agencies

Region	%
Northeast	17.0
Southeast	30.3
Southwest	12.3
Midwest	20.2
Rocky Mountain	5.3
West	13.8
Territories	.5
Type of Agency	
Federal	0.5
City	32.9
County	14.9
State	14.4
Sheriff	16.5
Town/Borough	19.7
Other	1.1
Number of Sworn Officers*	
50 or less	31.9
50-99	11.5
100-499	23.0
500-999	17.1
1000 or greater	16.5
Agencies With Formal Policies on Line-of-Duty Deaths	
With policies (N = 61)	32.6
Without policies (N = 127)	67.4
Agencies Sending Policies	
Sent policies (N = 38)	60.2
Did not send policies (N = 23)	39.8

*N = 182 for this category, since 6 returns failed to include this information.

total of 248 deaths caused by heart attacks, strokes, cancer, liver disease, etc., and suicide. This information is reported in Table V-2.

Table V-2. Number of Reported Deaths

Line-of-Duty Deaths

Accidental Deaths

Outside of Vehicle	24
Inside of Vehicle	69
During Rescue Attempt	22
Accidental Shooting	11
Other (Helicopter crash, fall)	32

158

Felonious Deaths

Firearm.	120
Stabbing	4
Other	16

140

Not Line-of-Duty Death

Illness

Heart attack/Stroke	103
Cancer	53
Other	24

180

Suicide

68

Section II -- Study Results: Procedures, Services, and Policies

Notification Procedures

Notification of the death or injury of the officer is the first interaction between the department and the family of the officer. How and by whom notification is made has psychological implications for the survivors (see Parts III & IV). It is imperative that this task be accomplished quickly and carefully. According to survivors, difficulties arise if survivors are notified by phone or by the media, or if the persons notifying have had no preparation in handling such a delicate task. In many circumstances, speed is important and someone is dispatched to collect the spouse and transport her/him to the hospital. In some situations, everyone is informed except the survivors, who are the last to find out. Some agencies' policies specified the chain-of-command notification procedures but did not acknowledge the needs of the survivor in this matter.

Policy Concerning Notification

Statements mentioning notification were present in 50% of the policies received (19/38). Some dealt only with chain-of-command notification procedures, but the majority specified the need to notify the family quickly. A few departments designate by whom the notification will be made or have a specialized unit that will respond to a crisis or trauma. Departments are beginning to institute these units, but few have included family trauma as an area of utilization. One department had established a "Police Family Response Team" to deal with injury, death, or other traumas among police personnel and their families.

Some policy statements give the family priority in notification, while others list the family last or fail to mention notification procedures for the family at all. Some specific statements, such as "the officer's family must be given first consideration, especially concerning the notification," were present in the general orders materials received. Statements of this sort acknowledge the needs of the survivors and the response the departments will make in assisting the survivors.

Only a few departments had a policy on restricting or regulating the release of information to the media about the death or injury of an officer until at least the family had been notified. Few departments have policies that reflect how notification is actually made and what support the family may require (such as transportation to the hospital, child care, and social support, or assistance in locating neighbors, clergy, or physician) immediately after being informed of the death or injury of their loved one.

Who Notifies the Survivors

Who notifies the survivors varies from department to department. Where no set policy exists or where members have not been trained or designated, it appears that notification is most often made by the chief, chaplain, or supervising officer, alone or in combination. The response received on this question may represent the ideal situation and not actually reflect the notification procedures actually carried out during a crisis situation.

Responses to the questionnaire submitted to departments show that, according to the departments, no families were notified by

the media and very few were notified by telephone. The majority of departments do not have designated officers or teams for notification. Often, any available officer or a combination of officers (which may include the chief or chaplain, but more likely the supervising or commanding officer) does the notifying. The departments' response to this question is found in Table V-3.

Table V-3. Who Notifies the Survivors

Notifier	Percent of Agencies Responding (N = 182)*
Chief	16.5
Supervisor/Commanding Officer	34.6
Chaplain/Psychologist/Special Unit	8.2
Any combination of above	29.7
Any officer	9.3
Telephone/media	1.1
Family's predesignated officer	0.5

* This information was missing in 6 cases

Maintenance of Records

In order for notification to be made correctly, records of next of kin are required and should be kept up to date. No policy statements included information about recording names and addresses of relatives or about updating such records at designated intervals. The questionnaire revealed that records are kept concerning spouses, but information on parents and significant others is not often requested. Records are not consistently verified and kept current by the majority of police agencies. Table V-4 summarizes the information on departments' maintenance of records.

Table V-4. Maintenance of Information on Next of Kin

	Percent of Agencies Responding
Records Kept on Spouses	
Yes	78.4
No	21.6
Records Kept on Parents	
Yes	31.7
No	68.3
Update of Records -- Spouses	
Never	27.1
Upon Change of Duty	23.4
Periodically During Year	40.9
Other	8.6
Update of Records -- Parents	
Never	69.1
Upon Change of Duty	7.9
Periodically During Year	17.2
Other	5.8

Services/Programs Provided by Police Agencies

The potential for injury and death exists in law enforcement. This fact requires adjustment on the part of the officer and his/her family members. Because of the inherent stresses and strains of law enforcement and the fact that every year approximately 150 officers die while performing their duties and thousands are injured, some police agencies have instituted services or programs that aid in education about possible problems. A growing number of agencies, especially the larger ones, have recognized the value of providing support and educational programs for their officers. These services and programs can include stress reduction, family orientation, family ride-along programs, peer counseling, and psychological services.

The services or programs indirectly address the issues or problems of law enforcement. The program activities:

- 1) inform officers and families about possible problems associated with law enforcement (stress, alcoholism, divorce, injury, death)
- 2) inform officers and families about services available and how to obtain assistance
- 3) inform officers and families about benefits and compensation and how to acquire them if necessary
- 4) provide an opportunity to talk with other spouses, other officers, and survivors to learn from their experiences
- 5) provide an opportunity for every officer to prepare current records of next of kin, to designate what type of funeral he/she wants, to prepare his/her will, or to make other necessary plans and to have them on file.
- 6) provide professional and/or peer support personnel, such as a chaplain, psychologist, employee assistance person, or duty-related trauma or family support unit, that could offer immediate and continuing assistance to the officer and family in an emergency.

Some departments have begun to develop a structure that would assist the families if an officer dies during his/her career. Helping officers prepare a will or informing them of the necessity for such planning, keeping up-to-date records of next of kin, providing encouragement to update these records, and asking officers to indicate special circumstances or individuals to be included in the event of a crisis can save the family additional pain and trauma during the crisis, when the survivors are not prepared to make important decisions.

The development of family response teams, crisis intervention teams, duty-related trauma teams, and peer counseling units was noted in a small percentage of responding police agencies (see Table V-3). The purpose of these units is to assist officers

and their families when they are exposed to violent death, serious injury, or other crises. The units provide immediate and continuing emotional and moral support through personal contact and referral to professional counseling when needed.

A large percentage of the departments responded that they do provide explanation of benefits (health and death; see Table V-5). The departments were not questioned about how this was done and whether the officers actually understood or were really aware of the full importance of this information. Some departments indicated this was accomplished in a brief description or just by handing the officer a booklet to read. Very few departments fully explained all benefits, options, and compensation and their implications for the officer and family.

A few of the departments only focused on line-of-duty injuries. Their policy statements and benefit information did not even mention line-of-duty death. The possibility of dying in the line of duty was not even mentioned. The policies failed to include any information that would have made the officer or family aware of such topics as compensation and benefits that would be provided if death occurred or the procedures that would be required to receive these benefits.

The majority of the responding departments mentioned a psychological services unit, an employee assistance program, or at least access to a mental health professional as well as a police chaplain as a service they provide. Departments have begun to recognize the consequences of the stress of police work on the officer and family unit. However, very few police agencies have instituted family orientation sessions or programs.

Peer counseling and police family response teams are another means to ameliorate stress and provide support during a crisis or a tragedy. These services were infrequently reported in the questionnaire.

Table V-5 contains the information provided by the police departments about services or information they give their officers and their families.

Table V-5. Services or Information Provided to Police Families

Services	Percent of Departments Responding
Family Orientation	
Yes	29.3
No	70.8
Explanation of Health Benefits	
Yes	91.0
No	9.0
Explanation of Death Benefits	
Yes	88.8
No	11.2
Police Chaplain	
Yes	51.6
No	48.4
Will Preparation	
Yes	5.3
No	94.6
Stress Management	
Yes	43.6
No	56.4
Psychological Unit/EAP	
Yes	58.0
No	42.0
Peer Counseling/Police Family Response	
Yes	5.4
No	94.6

Type of Assistance Provided to Survivors

Departments provide different types of assistance to the surviving family members. Two sources of data are reported: 1) review of policy statements and 2) responses on questions in the survey.

Some departments see their responsibility as being narrowly defined. Other departments lack the resources or the manpower to provide the range of services provided in larger departments. Some departments, especially smaller ones, may not see the need to have any formal policy developed, since they rely on community support and assistance for helping the survivors.

The types of services mentioned in the policy and procedural statements concerning line-of-duty deaths were:

- Assistance with the media
- Assistance with funeral and burial
- Assistance with administrative matters relating to insurance and other paperwork for the officer's estate
- Providing transportation for survivors to hospital and to funeral
- Providing child care
- Intervention of the psychologist, chaplain, EAP, or support unit
- Immediate financial support for the survivors

Classification of Assistance

I. Task or action-oriented assistance

Assistance can be task- and action-oriented, such as making arrangements for the funeral and burial, transportation to the hospital and funeral, providing assistance with the media, providing immediate financial support, and assistance in obtaining benefits and compensation. The focus of this type of assistance is clearly defined and the time frame is limited. This type of assistance was most often reported in the submitted

policy statements and a majority of the responding departments indicated they provided assistance of this type to the survivors.

The submitted policy statements were reviewed for task or action-oriented assistance. The following section reviews the policies on funerals and benefits/compensation.

A. Assistance with funeral arrangements

The most commonly mentioned policy statements concern assistance to families for the funeral and burial. Policies concerning funerals and burials were the most often mentioned, with 53% of surveyed departments including this area (20/38). These policies were also the most detailed, reflecting considerable thought and care in preparation. The focus is on ceremonial uniform, flowers, honor guards, and the extensive arrangements necessary to the funeral and burial. The funeral is viewed by the survivors, departments, and the community as representing a coming together to honor the officer and a show of force and concern so that all members can carry on with their stated roles and responsibilities.

B. Assistance with benefits and compensation

Only 32% of the policy statements included benefits and compensation information (12/38). Specific policy statements concerning assistance with benefits and compensation, indicating who will assist the survivors in filing for and obtaining benefits, what type of assistance will be available, and in some instances what benefits are available, along with sample forms, checklists, and summary outlines of options presented to

survivors, have been prepared.

In a few instances, the information provided was not accurate -- especially concerning the federal death benefits and who was eligible for them. Most often the explanation concerning the eligibility did not include an explanation of dependent survivor status, which may produce misunderstandings in surviving parents of an unmarried officer. Some departments did not include information about the federal benefits, and survivors have reported having to find out this information on their own or having to hire a lawyer to solve their benefit and compensation problems.

The actual payment of the benefits and compensation to the survivors is another issue. In most instances the length of time until the survivor collects these monies is not known.

The types of compensation and the amounts available to survivors vary radically from one state to the next and from one jurisdiction to the next. The survivors may not be aware that they are responsible for the funeral expenses. In 67% of the responding departments, the family had to pay the bill for the funeral and burial. In some instances they received compensation for all or part of this expense from the city, state, insurance, private donations, or fraternal police agency. For the most part, the police agencies (44.7%) indicated that they took responsibility for paying the hospital expenses. Workmen's compensation and insurance covered these expenses also. However, 10.6% of the families had to pay these expenses. Some were told the expense would be paid by another agency, but the hospital was not informed who was responsible, so the family

continued to receive bills.

A major source of support for some police survivors are private organizations, such as HEROES Inc., 100's Clubs, Bluecoats, etc. These organizations contribute money to help survivors in many different ways. Sometimes money is made available immediately to the survivor to meet the financial needs of the family. In some instances major outstanding debts are paid for and college education funds are established. However, the majority of responding agencies (65.2%) responded that these organizations were not operating in their jurisdiction so their police survivors would not receive these types of benefits.

II. Emotional or broad-based assistance

Other types of support are less action-oriented and are concerned with the emotional and psychological welfare of the survivors. Policy statements reflect this by stressing the need to assist and support the survivors in any way possible. The time frame for support is open-ended and the focus is broad and all-encompassing, reflecting the significance and long-term nature of the trauma.

A. Assistance with the psychological consequences

Department policies give the least attention to immediate or long-term emotional or psychological assistance. Only 24% (9/38) of the policies mentioned some psychological, emotional, or spiritual response being made to the survivors. The policy and procedural statements dealt with immediate support by crisis or family response teams, department psychologists, employee assistance personnel, and chaplains.

Even departments with psychologists on staff responded that they rarely provided counseling for the family. It may be that the survivor does not want these services or does not ask for the assistance. It also may be that these services are not available or are not made available to the survivors. Providing immediate and long-term support to the surviving family members is the most overlooked of services provided to the survivor. In most instances the departments do perform concrete functions for the survivors, including funeral and assistance with benefits, but they rarely assist in the emotional and psychological consequences of the traumatic loss.

B. Open-ended or broad-based assistance

The unexpected and traumatic death of a loved one has been shown to have tremendous psychological and emotional consequences for the surviving family members (see Parts III & IV). The types of difficulties experienced by the family encompass all areas of functioning. Some departments have recognized that the survivors may need assistance, such as social support for an undefined period of time. Broad-based and open-ended support for the survivors was mentioned in only 38% (14) of the policy statements or general orders reviewed for this study. This type of support is reflected in the following policy statements:

It is the department's policy that every consideration be afforded the decedent's family and that the family realize the maximum amount of assistance and support from the department at this time.

Police personnel and the family support team or members should stay in periodic contact with the family in a spirit of fraternal charity.

III. Report of Services Provided to Survivors

Table V-6 indicates the type of assistance that the responding police agencies reported providing to the survivors. The information is summarized from the survey and highlights the availability of departmental services to survivors.

Table V-6. Assistance Provided to Survivors

	Percent of Departments Responding
Transportation to the Hospital	
Yes	92.0
No	8.0
Assistance with the Media	
Yes	92.0
No	8.0
Transportation to Funeral	
Yes	96.3
No	3.7
Assistance with Benefits	
Yes	97.3
No	2.7
Financial Counseling	
Yes	32.4
No	67.6
Access to Staff Psychologist	
Yes	31.4
No	68.6
Referral to Counselor	
Yes	43.3
No	56.7
Payment for Counseling	
Yes	18.8
No	80.2

Section III -- Departmental Outcomes: Emotional and Manpower

The death of an officer has also been shown to cause considerable stress in the police agency. The loss of a department member increases feelings of vulnerability as the other officers identify with the death and the pain of the survivors. Many agencies do not have an outlet for expression of these feelings, which are seen as signs of weakness -- not as normal human emotions. The loss of a fellow officer is thus translated into a loss of manpower. As the remaining officers struggle with their own, normal emotions and reassess their commitment to law enforcement, sick leave, early retirements, and transfers increase. "Officers question if the job is really worth such pain."

The emotional consequences of the death a fellow officer were judged to be severe in 50% of the responses on the departmental survey. While 20% of the responding departments indicated no significant emotional outcomes were noticed following the death, 80% indicated that emotional changes were noticeable among their officers. The changes included expression of grief, feelings of vulnerability, symptoms of trauma, and utilization of counseling services.

A majority (58%) of the responding departments indicated that manpower was not affected by the death of an officer. The remaining 42% of the departments reported either negative manpower impact, such as being short-staffed and experiencing early retirements, excessive use of sick leave, and changes in morale, or positive changes in manpower, such as overtime work to

capture the perpetrator, volunteering to assist the family, and increased departmental solidarity.

A majority of the departments (68%) indicated that no procedural or policy changes were made or deemed necessary after the death of an officer. However, the remaining 38% noted that changes had been made. These changes included revision of general orders, additional training in a particular area, retraining of officers, and organizational changes, such as transfers, changing shift plans, or adjustment of management techniques. A very small percent of the responding departments (2%) changed their policies for and responses to survivors. These departments found that the death of an officer warranted a review of how the department responded to the survivors, and they recognized the need to alter previous response patterns and to make preparations for future traumatic events.

Lawsuits

Twenty-one departments (11.2%) indicated that the survivor had filed a law suit concerning some aspect of the death. There are many areas that can become the issue of such litigation. Negligence in training, failure to update or make an officer current on procedures or equipment, inadequate supervision or management of an operation or a training exercise can provide the cause of a lawsuit. Inadequate equipment was challenged in one lawsuit, in which the bullet-proof vest was found to be ineffective. Other possible equipment problems could involve failure to maintain or update outmoded or worn articles or vehicles.

Conclusions

Topics such as notification procedures, benefit and compensation information, services and programs for officers and their families, assistance provided to survivors, and preparation and planning for line-of-duty deaths have been reviewed based on the responses of 188 police agencies to a mailed survey and on reviews made of formalized policy statements and procedures submitted by some of these agencies.

The majority of police agencies surveyed did not have formalized policies concerning line-of-duty deaths. The majority of departments that did have formal, written policies were concerned with chain of command for notification purposes and how to perform the ceremonial functions. The policy statements reflected an action-oriented, task-oriented, time-limited philosophy for the department's treatment of the survivors. The assistance provided was more often than not performed professionally, and the survivors were satisfied and appreciative of the assistance and support.

The majority of departments indicated that they provide concrete or action-oriented types of assistance to the survivors. Departments often do not consider the emotional or psychological area to be part of their responsibility. The departments are not callous, but probably they respond in an action-oriented and task-oriented manner because they view their response as being time-limited and believe their responsibility is fulfilled when benefits and compensation are obtained. This may reflect a general tendency to downplay the intense emotional response to

traumatic events. The primary foci still remain arranging the funeral and burial and helping the survivors collect benefits and compensation.

Preparation would help police departments respond in an organized and humane fashion, but being organized is not enough. Survivors and police personnel need to be aware that the death of a loved one, of a good friend, of a partner, or of a fellow officer is a stressor of the highest magnitude. Not discussing possible injury or death, not discussing possible plans of action, and not drafting responses do not mean death or serious injury will not happen, only that if tragedy occurs, the crisis management skills needed to lessen the traumatic results will not be readily available. Survivors suffer secondary traumas when police departments are not prepared; legal repercussions may be a new outcome that police agencies will have to face after the line-of-duty death or serious injury of an officer.

PART VI
RECOMMENDATIONS FOR POLICE DEPARTMENT POLICY AND
PROCEDURES

Police agencies sometimes have well-developed policies or procedures for making funeral arrangements and preparing for an officer's funeral or burial. Details concerning pallbearers, honor guards, and other ceremonial issues are usually very clearly outlined. The areas that are more difficult, less concrete, and less often addressed in police or procedural orders are the emotional, psychological, and social support requirements of the survivors. The following recommendations encompass this less tangible area.

The recommendations for policy and procedures given here will benefit both the survivors and the police departments. The topics covered are notification procedures, departmental preparation, psychological and support services, funeral arrangements, support and assistance after the funeral, assistance with the media, benefits, and criminal trials.

Some general considerations need to be noted first.

1. Police agencies have different resources available according to their size, location, and the type of community they serve.

2. Smaller organizations report that the loss of an officer has a more severe effect on the entire organization, since the

individual who died was well known to all members.

3. Not every agency has the resources to provide for all aspects in a line-of-duty death, so cooperation between large and small agencies (city and county, etc.) would help make expanded expertise or services available to survivors.

General Policy Statements

General policy statements set the tone for subsequent actions:

It is the Department's policy that every consideration be afforded the decedent's family and that the family realize the maximum amount of assistance or support (financial, information, social, emotional) from the department during this time.

The death of a Department member is a severe shock to loved ones which must not be intensified by the inconsiderate action of another person. In the event of the death of a department member, extreme care will be exercised to avoid increasing the grief and sorrow of the family.

Specific Policy/Procedural Statements

Notification

The single most important procedure following the death of an officer is direct and immediate contact with the next of kin.

1. Notification of the survivors must be prompt and appropriate, dignified, and understanding. Notification of the survivors should take priority. The survivors should not be the last to be informed.
2. Notification needs to be done in person, preferably by an individual known to the survivors. The police chaplain, police psychologist, or other trained officer can and should assist.

3. Information concerning the incident or death should not be released to the media until all survivors are notified. The survivor should not be further traumatized by learning of the death or injury through unofficial channels or the media. If a telephone call to the survivors is the only available means of notifying them, then the call should be made as sympathetically as possible and should be followed quickly by personal contact.

4. The individual making the notification should obtain from the personnel file or from the survivors the names and addresses of additional family members to be notified (if this information is not available from another source). If the chief survivor (e.g., spouse) wants to notify other family members, she/he should be assisted in doing so. If the survivor wants the designated officer to complete notification of the family, then this assistance should be provided.

a. Parents should be notified in person if they reside locally. If not, notification should be made by their local law-enforcement agency through a personal visit. Transportation to the airport or other assistance should also be offered to the parents.

b. The surviving spouse may require assistance in the form of suggestions from a mental health professional or clergy on how to properly inform the children of the death. Information about explanations of death that are appropriate for the developmental level of the child can spare the spouse further anxiety and guilt.

5. If an officer is seriously injured, the survivors (spouse, parent, or designated significant other) should be given

immediate and rapid transportation to the hospital.

6. The survivor should be given up-to-date, accurate information concerning the condition of the officer, the extent of the injuries, and the medical procedures required.

Officer Preparation for Possible Notification of Family

1. Every officer should complete a notification form, which should be updated or at least reviewed twice yearly. This form should include the following data:

- * Names, phone numbers, and addresses of individuals whom the officer wishes to assist other police officials in making notification and in coordinating events for the family (especially necessary after divorce or relocation).
- * Names, phone numbers, and addresses of all survivors who are to be notified. (The officer should designate who is considered a significant other, including spouse, parent, fiance, etc.)
- * Names and phone numbers of individuals who are available to assist in an emergency or crisis, such as clergy, friends, neighbors, or babysitters.
- * Review of all benefit forms, insurance forms, wills, etc., to verify that correct beneficiaries are listed and all documents are in order.
- * The type of funeral and burial the officer prefers.

Departmental Preparation

1. Small departments should have at least one individual, and larger departments a team, designated to assist in making notification and in providing support to the family members. This individual should have training or experience in how to make notification, and how to provide support to grief-stricken family members.

2. Someone in the department should be knowledgeable about compensation and benefit issues. The spouse or dependent family

members will require assistance in filling out forms and making application to the proper agencies. Such preparation avoids further trauma for the family members.

3. A Coordinating Officer should be designated. This individual could be assisted by a close personal friend of the family.

- * The Coordinating Officer should determine what assistance is required by the family and inform the survivors about what the department will provide.
- * The officer should determine if the spouse is in need of monetary assistance and locate funds if necessary.
- * The officer should assist the family in obtaining benefits and making sure difficulties are resolved for the family. Coordination with the personnel office should help survivors to receive assistance in handling all the financial and legal paperwork and obtaining the marriage, birth, and death certificates that are required in filing for benefits.
- * The Coordinating Officer should provide transportation for the family until after the funeral.
- * The Coordinating Officer should gather the property from the officer's locker or the death/injury scene and help the survivors obtain desired personal or official effects.
- * The Coordinating Officer should return all equipment to the department to ensure that the survivor receives all compensation.
- * The Coordinating Officer should contact the family from time to time over the first year to make sure they have received compensation and benefits and that hospital and funeral expenses were paid for by the proper agencies.

4. All recruits, spouses, and/or parents should attend an orientation or lecture on preparation for active duty.

- * At that time, health and death benefits should be explained, as well as departmental policies and services.
- * The recruits and family should be made aware of records for notification of next of kin and for listing beneficiaries and of updating procedures for these records. Wills, funeral planning, and other preparations should be indicated in the personnel folder.

- * Survivors should be allowed to address the group and to offer suggestions for making painful crises more manageable.
- * These family orientation sessions can provide other important information concerning the possible stresses and strains associated with shiftwork and police work in general. Officers and families can be made aware of available services.

5. The police department can include notification procedures as part of annual training programs. They should include information about the value of supportive interventions, reassurance, and appropriate words and actions; the expected grief and stress response of surviving family and friends; and procedures for obtaining the release of close friends in law enforcement from their duties so that they can join their fellow officers and the survivors.

Psychological Services Unit

1. If the department has a psychological services unit or the services of a mental health counselor, the survivors should be visited by the mental health professional as soon as possible.

2. The mental health counselor can assist with the notification or meet the family at the hospital to offer immediate support and acquaint them with services available to assist them.

- * The psychological services unit should provide immediate assistance similar to that for any other traumatic incident (e.g., crisis intervention, emotional preparation, introduction to survivors with similar experiences).
- * Counseling should be available to the family at all times. Symptoms may not develop for many months after a trauma, so contact should be maintained for an extended time.
- * Family members should be assisted in finding appropriate mental health counselors if they want a referral to someone outside the agency, in the community, or to a local support group for the bereaved.
- * Departments should provide free counseling to the survivors. The department could locate funding from

workmen's compensation or private benevolent organizations if they do not have the resources to pay for the survivors.

- * The mental health counselor can assist in the development of a support group, peer counseling group, or trauma intervention group or serve as a resource to such groups.

Traumatic Incident Committee/ Police Family Crisis Unit

1. The purpose of the police family crisis units, which are made up of volunteers, peer counselors, spouses, and survivors of traumatic events, is to provide direct and immediate contact with the next of kin after the incident and to provide ongoing support as long as required. This type of peer support has been shown to be of considerable value in mitigating serious stress reactions.
2. The unit should provide continuing moral support through personal contact and referral to professional counseling as needed.
3. The peer counselors or volunteers should receive training and or supervision from a mental health professional.

At the Hospital

1. Survivors should be given any possible opportunity to see the officer while he/she is still alive, even if the visit is very brief. The decision to visit should be made by the survivor in conjunction with medical advice.
2. The survivors should be allowed to see the body. If medical personnel feel this would be psychologically injurious, the survivors should be informed of their concerns and then allowed to make their own decision. The final decision should be the survivors'.
3. The survivor should not be left alone at the hospital. Police

personnel, preferably someone known to the survivor and someone in an authority or at least supervisory position, should be there to meet the survivors. Police survivors or police spouses can assist the newly bereaved family members. A coordinator or a PD representative should be assigned to assist with the decisions to be made and to carry out the survivors' wishes.

4. The department's trauma team, police psychologist, mental health counselor, survivor support group, or peer counselors should make immediate contact at the home or hospital. They should offer assistance, crisis intervention, or support. The survivor should be responded to as any other department personnel are after a traumatic incident. If possible, specially trained support personnel should be available to the survivors. Scheduled intervention should be made before and after the funeral. Contact and offers of counseling should continue on a regular basis.

Funeral

1. Family members must be allowed to plan the type of funeral they think the deceased would have wanted. If the officer had a predesignated plan, it should be followed.
2. Someone should be assigned to assist the family members in preparing for the funeral and burial.
3. Someone should assist the survivors in making sure the hospital bills and the funeral and burial expenses are paid for by the proper agency.
4. Family members should be given the escort of their choice, if possible.

Media

1. An officer or family member should be designated as spokesperson. This individual should have all pertinent information usually sought by the media. The spokesperson should intercede so that no further trauma is inflicted on the survivors.
2. Family wishes about the presence of the media at the funeral or burial service should be honored.
3. Family members sometimes wish to interact with the media, since they may think that the officer has received unfair treatment or the facts may have been distorted.

Benefits

1. Assistance should be provided to the dependent survivors in obtaining all compensation and benefits. The survivors should have assistance with all paperwork pertaining to payroll, insurance, health benefits, pensions, Social Security, private benefit organizations, federal and state death benefits, etc.
2. A summary sheet should be prepared that lists compensation that survivors are eligible to receive, the amount of the compensation, the name of the contact person, telephone numbers for information, the date when the benefit claim must be filed, the length of time the benefit is to continue, and any stipulations about receiving benefits.
 - * The survivors should be assisted or provided with financial counseling in deciding between benefit plans. The survivors should not be left to locate benefits or to contact agencies on their own.
 - * The family should be assisted with providing necessary proof and applications for claims and benefits.
 - * Personal visits should be made to the dependent survivors

to determine that compensation and benefits were received and whether the family is in need of further assistance.

- * The survivors should not be dropped from the department's health and hospital insurance coverage, which often occurs within days of the death, when the family is in no condition to locate other coverage. The survivors should be given the option of retaining the group coverage if they pay the premium cost. (Some departments already give this coverage to survivors.)
- * Advice and assistance with legal matters can be provided through the department's legal advisors.

After the Funeral

1. The psychological, emotional, physical, financial, and social needs of the survivors continue for a long time. They require assistance with many aspects of adjustment to their traumatic event.

- * The survivors should be given access to the coroner's report and the autopsy findings.
- * The survivors should be allowed to talk with other officers involved in the incident.
- * The survivors should be given any information concerning the incident that they request.
- * The officer's badge or star number should be retired. It is painful for survivors to see another officer with the same number that their deceased loved one had.
- * The procedures and actions being taken with regard to personal effects and equipment should be reviewed with the survivors. If equipment is to be returned to the police department, a list of items expected should be provided. A list of optional articles that the family may retain should also be provided. If personal effects are to be used as evidence, the survivors should be given information about their location and storage.
- * Personal effects should be returned quickly. The family's requests for articles from the uniform should be honored in a timely fashion.
- * Survivors must not be treated as if they have a communicable disease. Family members like to be invited to departmental gatherings and ceremonies.

- * Survivors often express regret about the loss of contact with the officer's colleagues, who could serve as role models for surviving children.
- * Survivors may be useful for training sessions about benefits, compensation, and orientation about the risks of law enforcement.

Support During Criminal Trials

1. Criminal investigations and trials are further trauma for the survivors.

- * The survivors should be informed of all aspects of the criminal investigation. They should be kept up to date concerning apprehension of the perpetrator(s).
- * The survivors should not be discouraged from attending the trial. If they would like to attend, support and assistance are important. This support can be in the form of transportation, the presence of friends and supporters, and information on the procedures and sentencing arrangements.
- * Like any other victims, the survivors should be informed of all aspects of the criminal justice procedures, such as delays, change of venue, and plea bargain arrangements. If a plea bargain is being discussed, the survivors should be informed directly.
- * The survivors should be given a transcript of the trial if they request it.
- * If the state has victim impact legislation, the survivors should be assisted in preparing a statement if they so desire.

2. Police survivors consider themselves a part of the criminal justice system. Their expectations concerning justice or receiving proper treatment make the lack of such treatment or the realities of the system even more painful and traumatic.

Conclusions

The death of an officer has been shown to be a traumatic incident that has enough magnitude to produce severe stress reactions in the family system and have negative repercussions

for the police work system as well. Departments need to be prepared to respond to this trauma. Too often, all concerned are faced with having to proceed without guidance of policy, and actions may be taken that are not in the best interest of the survivors, contributing to additional traumas. These secondary traumas are not inflicted because individuals or departments are callous or intend to cause pain, but simply because the individuals involved were just responding to an emotionally intense situation in the best way they knew how. Under these circumstances, preparation and planning, such as guidelines, general orders, policy statements, and trained personnel, such as trauma support teams, could help avoid additional distress for all involved.

PART VII

IMPLICATIONS AND SUGGESTIONS FOR FUTURE RESEARCH

Implications

The results of this study emphasize the need for carefully designed research that uses reliable instruments and that obtains a representative sample population in the study of traumatic death. Traumatic death, especially felonious death of a police officer, has received a great deal of attention but has not received a thorough examination that would support or dispel assumptions about the effects of traumatic deaths on the surviving family members, fellow police officers, and the police organization.

For Police Survivors

1. PTSD needs to be considered a possible diagnosis for some of the survivors of police officers killed in the line of duty, since a substantial proportion of the population met the established criteria for this disorder.

2. The type of traumatic death, whether an accident or a homicide, needs to be considered as a stressor that has enough potential magnitude to produce a traumatic stress reaction in the surviving family members.

3. The prevalence of PTSD identified in populations of victims of rape, natural disaster, and assault, and in prisoners of war, is consistent with the prevalence of this disorder identified in the surviving spouses of police officers. Further investigations are needed to determine if the type and duration

of the symptoms vary according to the trauma experienced. This information would have implications for the type of assistance given following traumatic deaths.

4. Deaths following an accident or a homicide need to be considered a traumatic type of bereavement that has a propensity for producing psychopathology in the surviving family members, since a substantial proportion of the spouses exhibited high levels of depression, anxiety, hostility, and guilt even two years after the death. The duration of symptoms after traumatic death is still a topic that has not been adequately investigated.

5. The surviving spouses who meet the criteria for PTSD also exhibit high levels of negative psychological symptoms. The scores exhibited on the DSI and ABS represent levels indicative of pathology. This suggests that a substantial number of the surviving spouses exhibit symptoms that also meet the clinical classification of adjustment disorder with depressed mood, adjustment disorder with anxious mood, and generalized anxiety disorder. The spouses who fall in this category must be considered to be at risk and are in need of immediate, direct, and supportive intervention.

6. Care needs to be taken after a traumatic death to ensure proper diagnosis of the surviving spouse, since a high proportion of spouses exhibit negative psychological symptoms concomitant with PTSD. This reaction may not represent failure of coping strategies or an inherent weakness, but might represent a normal reaction to the traumatic nature of the loss experienced. Further investigation of the bereavement process after traumatic loss is necessary to fully understand the normative response to

unexpected, traumatic death.

7. Although PTSD and/or psychopathology may be a normal response to traumatic death, spouses, parents, and siblings would benefit from counseling. Information delineating the types of symptoms and the intensity and possible duration of symptoms needs to be made available to spouses and those in the helping professions. A better understanding of trauma bereavement could help prevent spouses from feeling that their behaviors or reactions are aberrant. Some long-held assumptions about recovery after an accident or a homicide need to be reworked.

8. Notification, if not done personally or properly, can lead to further distress for the survivor. Too often, the person sent to notify the family of a death or serious injury has not been trained and is uncomfortable and unsure of what is expected.

For Police Departments

1. The traumatic, unexpected death of a police officer has repercussions for the police organization. The exploratory data indicated that morale and productivity are affected. The death of a fellow officer is the highest order stressor experienced by police personnel. Peer counseling, trauma debriefing, and trauma support teams may alleviate the negative psychological and work-related consequences after such a traumatic death occurs.

2. Formalized policies, procedures, and general orders are needed. Preparation for a possible crisis will allow the organization to function in a more beneficial manner during the actual situation.

3. The focus of the organization needs to be expanded from concrete or action-oriented assistance to encompass a more broad-based approach that takes into consideration the emotional and psychological effects the death has on the survivors. Departments with psychological services units need to make services available to surviving family members or at least help the family locate available services.

4. Traumatic death requires a more direct response on the part of departments to the physical and emotional needs -- both short-term and long-term -- of the survivors.

5. Survivors are beginning to file legal actions against police agencies in response to what they see as negligent practices or procedures as well as inadequate or ineffective equipment.

6. Development of training materials in these areas is needed.

Suggestions for Future Research

The results of this study, and the far-reaching implications for the survivors and police agencies, suggest the need for further research to investigate traumatic loss and its psychological effect on surviving family members and police departments.

For Surviving Family Members

1. Since records are available on over 1500 spouses of police officers killed in the line of duty since 1976, a retrospective study would be beneficial to determine the duration and intensity of symptoms and to fully understand the complex reaction to a traumatic death, especially the long-term

implications for the surviving family members.

2. A longitudinal study of spouses, parents, siblings, and especially children, is necessary to determine the consequences of such a loss over time. This type of study would document what can be considered the "normal response" to traumatic death.

3. Research is needed that studies the children of police officers to determine the psychological impact of traumatic loss on children at differing developmental stages. Information concerning these varying reactions would be beneficial in planning support and intervention strategies and is presently unavailable.

4. Since this is the first study of its kind, the psychological impact of traumatic loss needs to be investigated more thoroughly in the civilian population. A replication of the present study in civilian populations could study the traumatic bereavement reaction in a non-police population.

5. Future studies of police survivors should include a control group of police spouses who have not experienced a traumatic death.

6. Further research into PTSD in secondary victims of traumatic death is needed. Since this disorder is associated with war and major disasters involving primary victims, a comparison of the type, intensity, and duration of the symptoms would be beneficial in expanding our knowledge of this newly recognized disorder.

7. Further investigation into the secondary injuries that often follow a traumatic event would be an important outgrowth of

this study. These issues could include the effect of viewing the body, consequences associated with criminal trial procedures, impact of media, and the policies police administrations have developed to respond to line-of-duty deaths.

8. No data exist concerning the impact of varying intervention or support techniques or the lack of these services on the surviving spouses' ability to adapt to the consequences of traumatic death. A research study comparing crisis intervention techniques with other methods for treating PTSD would provide information about methods for assisting the surviving family members after an accidental or felonious death of a loved one.

9. Further research concerning notification is needed. Notification procedures need to be developed that are based on empirical data.

For Police Departments

1. Evaluation studies that would document the effectiveness of peer counseling, trauma debriefing, and police family trauma or support groups is necessary.

2. More detailed information is needed about the psychological, physical, and work-related consequences the death or serious injury of a fellow police officer has on police personnel. A study using similar instrumentation to that used in the Police Survivor study would determine the areas of functioning most affected by traumatic loss in the work force.

3. Development of informational packets, model policy statements and a model curriculum for training on these topics would make it easier for departments to begin to implement these recommendations.

Summary

The results of this study have implications for surviving spouses, police personnel, and mental health professionals. The results suggest that more than half of the spouses will meet the established criteria for PTSD after a death caused by an accident or a homicide. The spouses who meet the criteria for PTSD will also exhibit higher levels of negative psychological symptoms. These surviving spouses are in need of support and assistance. Deaths following an accident or a homicide need to be considered a traumatic type of bereavement that has a propensity for producing psychopathology in the surviving spouses, since a substantial proportion of the spouses exhibited high levels of depression, anxiety, hostility, and guilt even two years after the death. The duration of symptoms following traumatic death is still a topic that has not been fully investigated.

An intense, extended stress reaction may have nothing to do with inadequate or inappropriate coping strategies nor indicate a flaw in the individual personality structure. Traumatic stress reactions, including depression, anxiety, hostility, and guilt, may be the normative reaction to an unexpected death. Further investigation of the bereavement process following traumatic loss is necessary to fully understand the normative response to unexpected, traumatic death and to better understand the factors involved that may increase the risk factors for the bereaved spouses. Recovery from such trauma may be a very long, involved process quite different from the recovery process after a death due to a terminal illness or other deaths that are expected.

Family members and affected police personnel would probably benefit from direct and supportive counseling consistent with that given after other traumatic life events or incidents. Surviving family members and mental health professionals should be familiar with what to expect after a traumatic death. Information delineating the types of symptoms, their intensity, and the possible extended duration of symptoms should be provided. Facts need to replace long-held assumptions about the survivors' response to the death of a loved one after an accident or a homicide. Commonly exhibited symptoms of PTSD need to be described in detail. These symptoms include nightmares, being easily startled, feeling numb, feeling that things are unreal or the event never happened, reduced interest in activities and other people, feeling like the death could have been prevented, feeling guilty, memory and concentration difficulties, having intrusive, painful thoughts and memories of the incident or the deceased, feeling that more should have been done to prevent the death, increased feelings of hostility, avoiding activities that evoke recollections of the death, and a recurrence or intensification of distress if exposed to an incident or event that evokes a recollection of the death. Some or all of these symptoms may be present from the initial impact of the trauma or could present months or years later. A more complete understanding of the bereavement process after a traumatic death might prevent family members and fellow officers from believing that their behaviors or reactions are abnormal, based on long-held assumptions about the expected course of the recovery

process after an accident or a homicide.

The majority of police agencies surveyed did not have formalized policies for line-of-duty deaths. The majority of departments that did have formal, written policies were concerned with chain of command for notification purposes and how to perform the ceremonial functions. The policy statements reflected an action-oriented, task-oriented, time-limited philosophy for the department's treatment of the survivors.

The majority of departments indicated that they provide concrete or action-oriented types of assistance to the survivors. Departments often do not consider the emotional or psychological area to be part of their responsibility. The primary foci still remain arranging the funeral and burial and helping the survivors collect the benefits and compensation.

Preparation would help police departments respond in an organized and humane fashion, but being organized is not enough. Survivors and police personnel need to be aware that the death of a loved one, of a good friend, of a partner, or of a fellow officer is a stressor of the highest magnitude. Not discussing possible injury or death, not discussing possible plans of action, and not drafting responses do not mean death will not happen, they only mean that if it occurs, the crisis management skills needed to lessen the traumatic results will not be readily available. Survivors suffer secondary traumas when police departments are not prepared; legal repercussions may be a new outcome that police agencies will have to face after the line-of-duty death of an officer.

APPENDIX A

Survivor Cover Letter
Survivor Questionnaire
Structured Interview Schedules
 Spouse
 Parent
 Sibling
Departmental Cover Letter
Departmental Survey

Dear Police Survivor:

CONCERNS OF POLICE SURVIVORS (C.O.P.S.) is an organization that has been trying to develop ways to assist you and your families. The National Institute of Justice is supporting our projects and assisting us in gathering information to find out more about the problems of law enforcement families following the death of an officer. In addition, some of this information will be used by the project director as a doctoral dissertation from The Johns Hopkins University. General results of this study will be made available to all participants.

Your loss is a tragic one. Survivors of public safety officers have had little opportunity to discuss their needs and concerns. This questionnaire will ask about your difficulties and experiences, especially as you begin to rebuild and carry on with your life. We understand that answering questions about your loss, your emotional health and physical health, may be upsetting, especially after all you have experienced. However, this information can only come from you. That is why we are asking you to fill in this questionnaire.

Your participation in this study is voluntary. You do not have to fill in this questionnaire. If you feel you do not wish to participate, please send it back in the enclosed envelope.

ALL RESPONSES WILL BE KEPT CONFIDENTIAL. Only responses of the total group will be reported. No individual or their circumstances will be able to be identified in any reports that are written based on your responses. No one will know your personal identity. Since this project is being funded by the Justice Department, this information is protected by specific federal regulations that prevent its use for any other but the above-stated purposes.

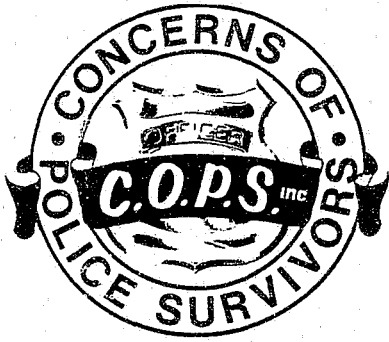
Below are telephone numbers where the project director can be reached if you have any questions or would like to speak to a project member for any reason.

The Federal Government is supporting this research to learn more about you and your experiences in the hope that this information may also be of some assistance to other law enforcement families who will have to face this ordeal in the future. Regulations require that you be fully informed about the purposes and the use of this information and that your welfare and all your rights be protected. If you are concerned about your participation in this project, please contact the project director or Dr. Milton Strauss of

The Johns Hopkins University, Director of the Ethical
Review Committee, at 301 338-7089.

WE HOPE YOU WILL CHOOSE TO PARTICIPATE.

Fran Stillman
C.O.P.S. Project Director
301 261-3020 (day)
301 849-2645 (evening)



**Concerns of
Police Survivors**
GENERAL QUESTIONNAIRE

PART I - Descriptive Information About You

DIRECTIONS: Please indicate the response that best describes YOU or YOUR CIRCUMSTANCES.

- 1-1. Age _____ yrs. old 1 : 7-8
- 1-2. Sex 1 : 9
A. male
B. female
- 1-3. Ethnic origin 1 : 10
A. Caucasian D. American Indian
B. Black E. Oriental
C. Hispanic F. Other
- 1-4. Marital status 1 : 11
A. single D. widowed
B. married E. separated
C. divorced F. common-law
- 1-5. Number and ages of children living with you 1 : 12-13
_____ (# of children) _____ (ages) 1 : 14-23
- 1-6. Highest level of education completed 1 : 24
A. high school D. graduate degree
B. associates degree E. other _____ (specify)
C. bachelors degree
- 1-7. Your relationship to the deceased officer 1 : 25
A. spouse D. sister
B. father E. brother
C. mother F. other _____ (specify)
- Answer 1-7a and 1-7b only if you are the spouse of a deceased officer,
otherwise proceed to 1-8.*
- 1-7a. Number of years married to the officer _____ 1 : 26-27
- 1-7b. Number of times married 1 : 28
A. 1
B. 2
C. 3
D. 4 or more
- 1-8. Present employment status 1 : 29
A. unemployed and not seeking employment
B. unemployed and seeking employment
C. employed, part time (less than 35 hours)
D. employed, full time (more that 35 hours)
E. retired
- Answer 1-8a if you are employed; otherwise proceed to 1-9.*
- 1-8a. Job title or occupation _____ 1 : 30-31
- 1-9. The importance of religion to your daily life 1 : 32
A. very important
B. moderately important
C. not important
- 1-10. The importance of religion in coping with your loss 1 : 33
A. very important
B. moderately important
C. not important

PART II - Descriptive Information About The Deceased

DIRECTIONS: Please indicate the response that best describes the deceased.

- 2-1. Age at time of death _____ I : 34-35
- 2-2. Sex I : 36
 A. male
 B. female
- 2-3. Ethnic origin I : 37
 A. Caucasian D. American Indian
 B. Black E. Oriental
 C. Hispanic F. Other
- 2-4. Highest level of education completed I : 38
 A. high school D. graduate degree
 B. associate of arts E. other _____ (specify)
 C. bachelors degree
- 2-5. Number of times married I : 39
 A. 0 D. 3
 B. 1 E. 4 or more
 C. 2
- 2-6. Number of years in law enforcement I : 40
 A. less than 1 year D. 9-12 years
 B. 1-4 years E. 13-15 years
 C. 5-8 years F. 16 or more
- 2-7. Rank at time of death _____ (specify) I : 41
- 2-8. Locale in which work was performed I : 42
 A. urban D. statewide/highways
 B. suburban E. other _____ (specify)
 C. rural
- 2-9. Membership in police fraternal/labor organization I : 43
 (such as FOP, PBA)
 A. yes
 B. no
- 2-9a. If yes, specify organization _____ I : 45
- 2-10. The death was ruled: I : 46-56
 A. accident
 B. homicide
 C. other _____ (specify)
- 2-11. DATE and TIME of the incident which led to the officer's death: I : 57-67
 Date: ___/___/___ Time: ___:___ am
 pm
- 2-12. DATE and TIME the officer died: I : 68-69
 Date: ___/___/___ Time: ___:___ am
 pm

2-13. Briefly describe how you were FIRST NOTIFIED of the incident/death. _____

1 : 70-72

2-14. Approximate time interval from the incident/death until you were FIRST NOTIFIED _____ (specify)

1 : 73-75

PART III - Friends and Relatives

DIRECTIONS: Please circle the number from 1 through 5 that describes your relationship with friends and relatives.

3-1. Before the officer's death, HOW OFTEN did you consider the relationship with the following to be an enjoyable one:

	/ Never /	Rarely /	Sometimes /	Often /	Always /	Not Applicable /	
police friends.....	1	2	3	4	5	n/a	2 : 6
non-police friends.....	1	2	3	4	5	n/a	2 : 7
co-workers.....	1	2	3	4	5	n/a	2 : 8
relatives.....	1	2	3	4	5	n/a	2 : 9
children.....	1	2	3	4	5	n/a	2 : 10
spouse/partner.....	1	2	3	4	5	n/a	2 : 11
in-laws.....	1	2	3	4	5	n/a	2 : 12
parents.....	1	2	3	4	5	n/a	2 : 13

3-2. Since the officer's death, TO WHAT EXTENT has the nature of the relationship changed:

	/ Much Less Enjoyable /	Slightly Less Enjoyable /	No Change /	Slightly More Enjoyable /	Much More Enjoyable /	Not Applicable /	
police friends.....	1	2	3	4	5	n/a	2 : 14
non-police friends.....	1	2	3	4	5	n/a	2 : 15
co-workers.....	1	2	3	4	5	n/a	2 : 16
relatives.....	1	2	3	4	5	n/a	2 : 17
children.....	1	2	3	4	5	n/a	2 : 18
spouse/partner.....	1	2	3	4	5	n/a	2 : 19
in-laws.....	1	2	3	4	5	n/a	2 : 20
parents.....	1	2	3	4	5	n/a	2 : 21

Answer questions 3-3 only if you have children living at home; otherwise, proceed to Part IV.

3-3 Since the death, HOW OFTEN have you experienced the following circumstances with your children:

	Never	Rarely	Sometimes	Often	Always	Not Applicable	
Children have started misbehaving more at school....	1	2	3	4	5	n/a	2 : 22
Children have started misbehaving more at home....	1	2	3	4	5	n/a	2 : 23
Children are now having difficulty with their school work.	1	2	3	4	5	n/a	2 : 24
Children are now getting poorer grades.....	1	2	3	4	5	n/a	2 : 25
Children are playing less with their friends.....	1	2	3	4	5	n/a	2 : 26
Children have started having nightmares or sleeping problems.....	1	2	3	4	5	n/a	2 : 27
Children have started complaining about stomach aches, headaches or other physical problems.....	1	2	3	4	5	n/a	2 : 28
Children have started worrying about your safety or well-being.....	1	2	3	4	5	n/a	2 : 29
Children have returned to early behaviors (thumbsucking, bed wetting, etc.).....	1	2	3	4	5	n/a	2 : 30
Difficulty arranging for child care/babysitting.....	1	2	3	4	5	n/a	2 : 31
Difficulty dealing with children's questions about the death.....	1	2	3	4	5	n/a	2 : 32
Difficulty disciplining the children.....	1	2	3	4	5	n/a	2 : 33
Worrying about the impact the death has on children's emotional well-being.....	1	2	3	4	5	n/a	2 : 34

PART IV - Your Reactions

DIRECTIONS: These questions relate to your reactions and experiences with the death of the officer. Circle the number that indicates HOW OFTEN you feel this way. PLEASE BE SURE TO ANSWER ALL QUESTIONS.

	None of the Time	Little of the Time	Some of the Time	Much of the Time	Most of the Time	
4-1. Experiencing such a death was so stressful that it would cause emotional problems in most people.....	0	1	2	3	4	2 : 35
4-2. I continue to feel guilty concerning how I reacted to the death.....	0	1	2	3	4	2 : 36
4-3. I re-experience disturbing scenes about the death either physically or emotionally.....	0	1	2	3	4	2 : 37
4-4. It is as easy for me to make decisions as it was before the death.....	0	1	2	3	4	2 : 38
4-5. When I think about the death, I feel distressed.....	0	1	2	3	4	2 : 39
4-6. Uncomfortable thoughts about the death seem to invade my mind in spite of efforts to keep them out.....	0	1	2	3	4	2 : 40
4-7. I express emotions and feelings as freely as I did before the death.....	0	1	2	3	4	2 : 41
4-8. Dreams about the death keep coming back.....	0	1	2	3	4	2 : 42

		None of the Time	Little of the Time	Some of the Time	Much of the Time	Most of the Time	
4-9.	I see or think of something that makes me feel as if the death is about to happen again.....	0	1	2	3	4	2 : 43
4-10.	I keep an interest in activities that are important before the death, such as sports (e.g. bowling, golf, going to football games, etc.) playing cards with a group, reading, going to the movies.....	0	1	2	3	4	2 : 44
4-11.	The death has left me feeling emotionally numb.....	0	1	2	3	4	2 : 45
4-12.	My concentration is as good as it was before this happened.....	0	1	2	3	4	2 : 46
4-13.	I am relaxed and without tension when I think of the death.....	0	1	2	3	4	2 : 47
4-14.	I am now more detached and less involved with other people than I was before the death.....	0	1	2	3	4	4 : 48
4-15.	I seem jumpy, edgy and more easily startled than before the death	0	1	2	3	4	2 : 49
4-16.	I sleep well.....	0	1	2	3	4	2 : 50
4-17.	I feel guilty that I did too little to prevent what happened.....	0	1	2	3	4	2 : 51
4-18.	I remember things as well as I did before this happened.....	0	1	2	3	4	2 : 52
4-19.	I tend to avoid the location where the incident or the death occurred.....	0	1	2	3	4	2 : 53
4-20.	When something reminds me of the death, feelings of distress occur.	0	1	2	3	4	2 : 54

DIRECTIONS: Answer Yes or No to the following:

4-21.	Did feelings of distress begin within 6 months of the death?	Yes_____	No_____	2 : 55
4-21a.	IF YES, did the last of these feelings disappear within 6 months following the death?	Yes_____	No_____	2 : 56
4-22.	Were any feelings of distress present for more than 6 months following the death?	Yes_____	No_____	2 : 57
4-23.	Have you noticed any distressing feelings that FIRST appeared 6 months after the death?	Yes_____	No_____	2 : 58
4-24.	Have you received any professional assistance since the death?	Yes_____	No_____	2 : 59
4-24a.	IF YES, circle the letters for all areas that apply: A. medical D. social welfare B. psychological E. financial C. pastoral (religious) F. victims assistance			2 : 60
4-25.	Has another family member received any professional assistance since the death?	Yes_____	No_____	2 : 61
4-25a.	IF YES, circle the letters for all areas that apply: A. medical D. social welfare B. psychological E. financial C. pastoral (religious) F. victims assistance			2 : 62

PART V - Physical and Emotional Impact

DSI*

3: 6-61

DIRECTIONS: Below is a list of problems that people sometimes have. Please read each one carefully and select one of the numbered items that best describes **HOW MUCH THAT PROBLEM HAS DISTRESSED OR BOTHERED YOU DURING THE PAST 7 DAYS INCLUDING TODAY.** Place the number you select to the right of the problem in the box. Do not skip any items.

EXAMPLE

DESCRIPTORS:

How much were you distressed by: 0 Not at all
 1 A little bit
 2 Moderately
 3 Quite a bit
 4 Extremely

Ex. Body Aches... Ex. 3

- 5-1. Feelings of faintness or dizziness.....
- 5-2. Trouble remembering things.....
- 5-3. Your feelings being easily hurt.....
- 5-4. Feeling low in energy or slowed down.....
- 5-5. Nervousness, shakiness, or trembling.....
- 5-6. Feeling easily annoyed or irritated.....
- 5-7. Feeling afraid in open spaces or on the streets.....
- 5-8. Feeling others are to blame for your troubles.....
- 5-9. Repeated images or thoughts that won't leave your mind.....
- 5-10. Spending too much time alone.....
- 5-11. Poor appetite.....
- 5-12. Pains in your heart or chest.....
- 5-13. Having to think or do things very carefully in order to get them right.....
- 5-14. Feeling shy or uneasy with the opposite sex...
- 5-15. Thoughts of ending your life.....
- 5-16. Feeling suddenly scared for no reason.....
- 5-17. Temper outbursts that are difficult to control.....
- 5-18. Feeling afraid to go out of your house...
- 5-19. Feeling most people cannot be trusted.....
- 5-20. Worried about sloppiness or carelessness.....
- 5-21. Being uncomfortable in social situations...
- 5-22. Difficulty falling asleep.....
- 5-23. Pains in your lower back.....
- 5-24. Feeling confused.....
- 5-25. Feeling others do not understand you or are unsympathetic.....
- 5-26. Blaming yourself for things.....

- 5-27. Feeling anxious or fearful.....
- 5-28. Having urges to beat, injure or harm someone.....
- 5-29. Feeling afraid to travel on buses, subways or trains.....
- 5-30. The feeling that others are watching or talking about you.....
- 5-31. Difficulty making decisions.....
- 5-32. Having few close friends you can confide in
- 5-33. Awakening in the early morning.....
- 5-34. Nausea or upset stomach.....
- 5-35. Trouble concentrating.....
- 5-36. Feeling people are unfriendly or dislike you
- 5-37. Feeling lonely.....
- 5-38. Feeling tense or keyed up.....
- 5-39. Feeling like breaking or smashing things.
- 5-40. Feeling nervous when you are alone.....
- 5-41. Having ideas or beliefs that are different from those of other people.....
- 5-42. Repeatedly doubting yourself.....
- 5-43. Having trouble making friends.....
- 5-44. Difficulties with sexual functioning.....
- 5-45. Trouble getting your breath.....
- 5-46. Your mind going blank.....
- 5-47. Feeling inferior to others.....
- 5-48. Feeling unhappy or sad.....
- 5-49. Spells of terror or panic.....
- 5-50. Getting into frequent arguments.....
- 5-51. Having to avoid certain things, places or activities because they frighten you.....
- 5-52. Others not giving you proper credit for your achievements.....
- 5-53. Having to check and double-check what you do.....
- 5-54. Never feeling close to another person...
- 5-55. Feeling that things are strange or unreal.
- 5-56. Hot or cold spells.....

*Copyright © 1982 Leonard R. Derogatis, Ph.D. (Form altered with permission)

EXAMPLE

DESCRIPTORS:

How much were you distressed by: 0 Not at all
 Answer 1 A little bit
 2 Moderately
 Ex. Body Aches...Ex. 3 Quite a bit
 4 Extremely

- 5-57. Trouble finding words when you are speaking
- 5-58. Being angry with yourself for not having accomplished more, or being a better person
- 5-59. Feeling no interest in things.....
- 5-60. Being easily startled.....
- 5-61. Bouts of shouting or throwing things....
- 5-62. Feeling uneasy in crowds, like when you are shopping or at the movies.....
- 5-63. Feeling that people will take advantage of you if you let them.....
- 5-64. Having to repeat the same actions such as counting or washing.....
- 5-65. Feeling you are different from other people
- 5-66. Flashbacks of very frightening or disturbing experiences.....
- 5-67. Numbness or tingling in parts of your body
- 5-68. Difficulty understanding things that are said to you.....
- 5-69. Feeling very self-conscious with other people
- 5-70. Feeling hopeless about the future.....

- 5-71. The feeling that something bad is going to happen to you.....
- 5-72. Feeling angry.....
- 5-73. Feeling that you will faint in public.....
- 5-74. People trying to blame you for things that are not your fault.....
- 5-75. Worries about germs or disease.....
- 5-76. Wishing you were closer to your family..
- 5-77. Feeling emotionally numb or empty.....
- 5-78. Feeling weak in parts of your body.....
- 5-79. Difficulty thinking clearly.....
- 5-80. Worry about being rejected by others....
- 5-81. Feelings of worthlessness.....
- 5-82. Thoughts or ideas of a frightening nature
- 5-83. Feeling like you want to get back at someone or something.....
- 5-84. Being afraid of tunnels, bridges or elevators
- 5-85. Feeling that most people have hidden motives for their actions.....
- 5-86. Thinking about the same thing over and over again.....
- 5-87. Wishing someone would care for you for the person you really are.....
- 5-88. Feelings of guilt.....
- 5-89. Loss of sexual interest.....

3 : 62-80

4 : 6-19

4 : 20-40

4 : 41-43

4 : 44-50

PART VI - Feelings

ABS*

DIRECTIONS: Below is a list of words that describes the way people sometimes feel. Please indicate the **DEGREE TO WHICH YOU HAVE FELT EACH EMOTION DURING THE LAST 7 DAYS.** Fill in one of the numbered spaces that best describes your experience. Mark only one space and do not skip any items.

	Never	Rarely	Sometimes	Frequently	Always
6-1. Nervous	0	1	2	3	4
6-2. Sad	0	1	2	3	4
6-3. Regretful	0	1	2	3	4
6-4. Irritable	0	1	2	3	4
6-5. Happy	0	1	2	3	4
6-6. Pleased	0	1	2	3	4
6-7. Excited	0	1	2	3	4
6-8. Passionate	0	1	2	3	4
6-9. Timid	0	1	2	3	4
6-10. Hopeless	0	1	2	3	4
6-11. Blameworthy	0	1	2	3	4
6-12. Resentful	0	1	2	3	4
6-13. Glad	0	1	2	3	4
6-14. Calm	0	1	2	3	4
6-15. Energetic	0	1	2	3	4
6-16. Loving	0	1	2	3	4
6-17. Tense	0	1	2	3	4
6-18. Worthless	0	1	2	3	4
6-19. Ashamed	0	1	2	3	4
6-20. Angry	0	1	2	3	4

	Never	Rarely	Sometimes	Frequently	Always
6-21. Cheerful	0	1	2	3	4
6-22. Satisfied	0	1	2	3	4
6-23. Active	0	1	2	3	4
6-24. Friendly	0	1	2	3	4
6-25. Anxious	0	1	2	3	4
6-26. Miserable	0	1	2	3	4
6-27. Guilty	0	1	2	3	4
6-28. Enraged	0	1	2	3	4
6-29. Delighted	0	1	2	3	4
6-30. Relaxed	0	1	2	3	4
6-31. Vigorous	0	1	2	3	4
6-32. Affectionate	0	1	2	3	4
6-33. Afraid	0	1	2	3	4
6-34. Unhappy	0	1	2	3	4
6-35. Remorseful	0	1	2	3	4
6-36. Bitter	0	1	2	3	4
6-37. Joyous	0	1	2	3	4
6-38. Contented	0	1	2	3	4
6-39. Lively	0	1	2	3	4
6-40. Warm	0	1	2	3	4

5 : 6

5 : 46

*Copyright © 1975 Leonard R. Derogatis, Ph.D. (Form altered with permission.)

Answer Part VII only if you were a dependent family member and were financially affected by the death; otherwise proceed to Part VIII.

PART VII - Financial Impact

DIRECTIONS: Please circle the numbers from 1-5 that describes your financial situation.

7-1. TO WHAT EXTENT DO YOU AGREE OR DISAGREE to those statements concerning benefits, compensation and finances:

	Strongly Disagree	Slightly Disagree	Neither	Slightly Agree	Strongly Agree	
The death has caused me financial difficulties.....	1	2	3	4	5	6 : 6
I have difficulty managing my finances.....	1	2	3	4	5	6 : 7
I am concerned about the future financial security of my family.	1	2	3	4	5	6 : 8
I am satisfied with the benefits/compensation received.....	1	2	3	4	5	6 : 9
I feel it took a long time to receive benefits/compensation.....	1	2	3	4	5	6 : 10
I feel I was fairly treated.....	1	2	3	4	5	6 : 11
I am satisfied with the way the benefits/compensation were divided among family members.....	1	2	3	4	5	6 : 12
The police agency assisted me in receiving benefits/compensation/pension.....	1	2	3	4	5	6 : 13
I had no difficulty obtaining the officer's last pay check as scheduled.....	1	2	3	4	5	6 : 14
I was fairly compensated for the officer's accrued sick leave.....	1	2	3	4	5	6 : 15
I was fairly compensated for the officer's accrued annual leave..	1	2	3	4	5	6 : 16
Financial counseling was made available.....	1	2	3	4	5	6 : 17
I was satisfied with the assistance received from private benefit organizations (e.g. Blue Coats, 100 Clubs, HEROES, Inc.).....	1	2	3	4	5	6 : 18
I was satisfied with the workman compensation's payment for some of the hospital/medical expenses.....	1	2	3	4	5	6 : 19
I had no difficulty receiving federal death benefits.....	1	2	3	4	5	6 : 20
I had no difficulty receiving state death benefits.....	1	2	3	4	5	6 : 20

PART VIII - Satisfaction With Events

DIRECTIONS: Please circle the number from 1 through 5 that indicates your level of satisfaction.

8-1 TO WHAT EXTENT WERE YOU SATISFIED with the treatment or response you received from:

	Very Dissatisfied	Dissatisfied	Undecided	Satisfied	Very Satisfied	Not Applicable	
police agency.....	1	2	3	4	5	n/a	6 : 22
other officers.....	1	2	3	4	5	n/a	6 : 23
manner of notification.....	1	2	3	4	5	n/a	6 : 24
funeral arrangements.....	1	2	3	4	5	n/a	6 : 25
community response.....	1	2	3	4	5	n/a	6 : 26
police fraternal/labor organizations.....	1	2	3	4	5	n/a	6 : 27
trial proceedings.....	1	2	3	4	5	n/a	6 : 28
verdict/outcome of trial.....	1	2	3	4	5	n/a	6 : 29
media coverage.....	1	2	3	4	5	n/a	6 : 30

Police Survivor Interview: SPOUSE

female___ male___

1. Background Information

- 1a. Number of years married? _____
- 1b. Number of times married? _____ (spouse)
_____ (officer)
- 1c. Children (sex and ages) _____

- 1d. Do the children reside with you? _____ If no, With whom
do they reside? _____
- 1e. Your age _____
- 1f. How long has it been since your spouse died?

2. Employment

- 2a. Are you presently employed? _____
If yes, job title or occupation. _____
Full or part time? _____
- 2b. Were you employed before the officer died?
- 2c. What effect did the death of the officer have on
your ability to do your job?

3. Relationships

How has the death affected your relationship to other family members, friends, in-laws, your children? [Probe for how things were before and what changes occurred. How helpful, how supportive, conflicts, problems, etc.]

- 3a. With your parents?
- 3b. With your in-laws?
- 3c. With your children?

3d. With friends/other relatives?

3e. How have members of the police department stayed in contact with you?

3f. Are you satisfied with the type and amount of interaction?

3g.

4. Health and Emotional Status

4a. How have you been feeling in the past week? [Probe for physical symptoms. Let them name some and then ask for the following. They should respond yes or no.]

faintness or dizziness_____; heart or chest pains_____; pains in lower back_____; nausea or upset stomach_____; trouble getting your breath_____; hot or cold spells _____; numbness or tingling in parts of body_____; feeling weak in parts of your body_____; difficulty falling asleep_____; awakening early in the morning _____; poor appetite_____.

4b. Did you experience any of these symptoms or any other physical symptoms right after the officer died? If yes, Which symptoms?

faintness or dizziness_____; heart or chest pains_____; pains in lower back_____; nausea or upset stomach_____; trouble getting your breath_____; hot or cold spells _____; numbness or tingling in parts of body_____; feeling weak in parts of your body_____; difficulty falling asleep_____; awakening early in the morning _____; poor appetite_____.

Other Symptoms

4c. For how long a period of time did you have difficulties (days, weeks, months, years)?

4d. Beginning after the death, did you experience feeling any of the following? [Do they still experience any of these symptoms? Find out which symptoms lasted only 6 months and which ones occurred later or lasted longer than 6 months. For some of these symptoms, encourage the respondent to give an example of what they experienced, when they experienced it, how it was for them.]

Feeling emotionally numb or empty?

Feeling things were strange and unreal?

Feeling easily startled?

Feeling things were happening in slow motion?

Feeling you should have died also?

Feeling you should have tried to prevent the death?

Feeling all of a sudden like the incident was happening all over again?

Thinking you saw, heard, or talked to the deceased?

Feeling his/her presence with you?

Feeling uninterested in other people or things?

Feeling no one else understood what was going on?

Feeling angry or resentful at the deceased?

How are you sleeping now? Do you still have nightmares or dreams about the death or the deceased? [Would they be willing to share one of these dreams?]

Have you visited the grave? How often?

Do you avoid people or places that remind you of the death? Do you ever pass the scene of the incident? Is that still difficult? If yes, How?

Are you engaged in the same type and number of activities as before the death of your spouse?

Is there any difference in your ability to remember things?

Can you concentrate on your work and activities?

5. Death and Notification

5a. Would you tell me about the incident which led to the officer's death (including date and time and whether felonious or accidental)?

5b. How long did it take to notify you? How and by whom were you notified?

5c. How and by whom were other family members told?

5d. Did you get an opportunity to speak to or see the officer before he died? If yes, Was this helpful or more painful?

5e. How were you treated by the police administration, other officers, hospital personnel, clergy?

5f. Were your wishes followed in making funeral arrangements?

5g. Were you satisfied with the arrangements and funeral?

5h. How could the police administration have handled this procedure which would have made it better for you and your family?

6. Compensation and Benefits

6a. Did you have any difficulty obtaining benefits? If yes, Explain.

6b. Did you have any difficulty getting funeral and or hospital bills paid? [Probe -- adequate insurance, workman's compensation, etc.?)

6c. Did you receive any help in filling out the proper forms or in contacting the proper people to accomplish this? Was this done for you? What difficulties did you face?

6d. By whom were you compensated (local, state, federal, private insurance, private benefit organizations)?

6e. How were you treated by these agencies and (be specific) organizations?

6f. Were you prepared to handle your finances? Were your papers in order? Are you having any problems managing your finances? Is anyone helping you?

6g. What could have been done differently to make it better for you in the area of benefits/compensation and in dealing with all these organizations and agencies?

7. Criminal Justice System

7a. If this was felonious -- did they arrest the perpetrator? How did you feel about this?

7b. Was there or will there be a trial?

7c. Did you receive any support during the trial? From whom?

7d. Were you kept informed of the situation? By whom?

7e. How were you affected by the trial (emotionally, physically)?

7f. What was the verdict? How did you feel about this?

7g. Do you feel like a victim? _____ If yes, by whom have you been victimized?

7h. Did you feel justice was done? Explain.

7i. Has there been any contact between you and the person involved in the officer's death? Explain.

7j. What could have been done differently in relationship to the criminal justice system to make it better for you?

8. Media

8a. How did you feel you were treated by the media?

8b. Were they sensitive to the needs and concerns of your family?

8c. Did anything they did, said, or printed about you, your family, the officer, or the incident upset you?

9. Services and Programs for Survivors

9a. What should be made available to help police survivors (support groups, financial counseling, victims assistance services, etc.)?

Survivor Interview: PARENT

mother _____ father_____

1. Background information

- 1a. Your age_____
- 1b. Number and ages of other children_____
- 1c. Number of years married_____
- 1d. Did the death of the officer have any affect on your marital relationship?_____ If yes, explain.

2. Employment

- 2a. Are you presently employed?_____
- If yes, job title or occupation._____
- Full or part time?_____
- If retired, former occupation_____
- 2b. Were you employed before the officer died?
- 2c. What effect did the death of the officer have on your ability to do your job?

3. Relationships

How has the death affected your relationship to other family members, friends, daughter- or son-in-law, your other children, your grandchildren? [Probe for how things were before and what changes occurred. How helpful, how supportive, conflicts, problems, etc.]

3a. With your daughter- or son-in-law?

3b. With your grandchildren?

3c. With your other children?

3d. With friends/other relatives?

3e. How have members of the police department stayed in contact with you?

3f. Are you satisfied with the type and amount of interaction?

4. Health and Emotional Status

4a. How have you been feeling in the past week? [Probe for physical symptoms. Let them name some and then ask for the following. They should respond yes or no.]

faintness or dizziness_____; heart or chest pains_____; pains in lower back_____;
nausea or upset stomach_____; trouble getting your breath_____; hot or cold spells _____; numbness or tingling in parts of body_____; feeling weak in parts of your body_____; difficulty falling asleep_____;
awakening early in the morning _____; poor appetite_____.

4b. Did you experience any of these symptoms or any other physical symptoms right after the officer died? If yes, Which symptoms?

faintness or dizziness_____; heart or chest pains_____; pains in lower back_____;
nausea or upset stomach_____; trouble getting your breath_____; hot or cold spells _____; numbness or tingling in parts of body_____; feeling weak in parts of your

body_____; difficulty falling asleep_____;
awakening early in the morning _____; poor
appetite_____.

Other Symptoms

4c. For how long a period of time did you have
difficulties (days, weeks, months, years)?

4d. Beginning after the death, did you experience feeling any
of the following? [Do they still experience any of
these symptoms? Find out which symptoms lasted only 6
months and which ones occurred later or lasted longer
than 6 months. For some of these symptoms, encourage
the respondent to give an example of what they
experienced, when they experienced it, how it was for
them.]

Feeling emotionally numb or empty?

Feeling things were strange and unreal?

Feeling easily startled?

Feeling things were happening in slow motion?

Feeling you should have died also?

Feeling you should have tried to prevent the death?

Feeling all of a sudden like the incident was happening all over
again?

Feeling his/her presence with you?

Thinking you saw, heard, or talked to the deceased?

Feeling uninterested in other people or things?

Feeling no one else understood what was going on?

Feeling angry or resentful at the deceased?

How are you sleeping now? Do you still have nightmares or dreams about the death or the deceased? [Would they be willing to share one of these dreams?]

Have you visited the grave? How often?

Do you avoid people or places that remind you of the death?

Do you ever pass the scene of the incident? Is that still difficult? If yes, How?

Are you engaged in the same type and number of activities as before this happened?

Is there any difference now in your ability to remember things?

Can you concentrate on your work and activities as well as before?

5. Death and Notification

5a. Would you tell me about the incident which led to the officer's death? [MAKE SURE TO INCLUDE DATE AND IF POSSIBLE TIME OF DEATH AND IF FELONIOUS OR ACCIDENTAL]

5b. How long did it take to notify you? How and by whom were you notified?

5c. How and by whom were other family members told?

5d. Did you get an opportunity to speak to or see the officer before he died? If yes, Was this helpful or more painful?

5e. How were you treated by the police administration, other officers, hospital personnel, clergy?

5f. Were your wishes followed in making funeral arrangements?

5g. Were you satisfied with the arrangements and funeral?

5h. How could the police administration have handled this procedure which would have made it better for you as the parent of the officer?

6. Compensation and Benefits

6a. Were you eligible for any benefits or compensation?
[If yes, explain.]

[IF YES, ask 6b & 6c; then proceed to question 7.
IF NO, skip to 6d.]

6b. By whom were you compensated (local, state, federal, private insurance, private benefit organizations)?

6c. Were you satisfied with treatment by these agencies and with benefits received?

Ask the following only if answered no to 6a

6d. Did you feel you as the parents should be eligible for compensation or benefits? If yes, explain.

6e. Were you consulted in how the benefits and compensation would be distributed?

6f. Do you feel your daughter- or son-in-law should consult you in how the benefits and compensation are spent?

6g. How do you feel your daughter-in-law or son-in-law is managing the finances?

7. Criminal Justice System

7a. If this was felonious -- did they arrest the perpetrator? How did you feel about this?

7b. Was there or will there be a trial?

7c. Did you receive any support during the trial? From whom?

7d. Were you kept informed of the situation? By whom?

- 7e. How were you affected by the trial (emotionally, physically)?
- 7f. What was the verdict? How did you feel about this?
- 7g. Do you feel like a victim? _____ If yes, by whom have you been victimized?
- 7h. Did you feel justice was done? Explain.
- 7i. Has there been any contact between you and the person involved in the officer's death? Explain.
- 7j. What could have been done differently in relationship to the criminal justice system to make it better for you?

8. Media

- 8a. How did you feel you were treated by the media?
- 8b. Were they sensitive to the needs and concerns of your family?

8c. Did anything they did, said, or printed about you, your family, the officer, or the incident upset you?

9. Services and Programs for Survivors

9a. What should be made available to help police survivors, especially the parents (support groups, counseling, victims assistance services, etc.)?

9b. What are the special needs and concerns of the parents?

Survivor Interview: SIBLING

sister_____ brother_____

1. Background information

- 1a. Your age_____
- 1b. Ages and sexes of other siblings _____
_____ (by birth order)
- 1c. Describe your relationship with your brother/sister.
(How often did you see them, how close was the relationship,
etc).

2. Employment

- 2a. Are you presently employed?_____
- If yes, job title or occupation. _____
- Full or part time? _____
- If retired, former occupation? _____
- 2b. Were you employed before the officer died?

- 2c. What effect did the death of the officer have on
your ability to do your job?

3. Relationships

How has the death affected your relationship to other family members (your sister/brother-in-law, your nieces/nephews, your parents)? [Probe for how things were before and what changes occurred. How helpful, how supportive, conflicts, problems, etc.]

- 3a. With your parents?

- 3b. With your brother/sister-in-law?

3c. With your nieces/nephews?

3d. With friends/other relatives?

3e. How have members of the police department stayed in contact with you?

3f. Are you satisfied with the type and amount of interaction?

4. Health and Emotional Status

4a. How have you been feeling in the past week? [Probe for physical symptoms. Let them name some and then ask for the following. (They should respond yes or no.)]

faintness or dizziness _____; heart or chest pains _____; pains in lower back _____; nausea or upset stomach _____; trouble getting your breath _____; hot or cold spells _____; numbness or tingling in parts of body _____; feeling weak in parts of your body _____; difficulty falling asleep _____; awakening early in the morning _____; poor appetite _____.

4b. Did you experience any of these symptoms or any other physical symptoms right after the officer died? If yes, which symptoms?

faintness or dizziness _____; heart or chest pains _____; pains in lower back _____; nausea or upset stomach _____; trouble getting your breath _____; hot or cold spells _____; numbness or tingling in parts of body _____; feeling weak in parts of your body _____; difficulty falling asleep _____; awakening early in the morning _____; poor appetite _____.

Other Symptoms

4c. For how long a period of time did you have difficulties (days, weeks, months, years)?

4d. Beginning after the death, did you experience feeling any of the following? [Do they still experience any of these symptoms? Find out which symptoms lasted only 6 months and which ones occurred later or lasted longer than 6 months. For some of these symptoms, encourage the respondent to give an example of what they experienced, when they experienced it, how it was for them.]

Feeling emotionally numb or empty?

Feeling things were strange and unreal?

Feeling easily startled?

Feeling things were happening in slow motion?

Feeling you should have died also?

Feeling you should have tried to prevent the death?

Feeling all of a sudden like the incident was happening all over again?

Thinking you saw, heard, or talked to the deceased?

Feeling his/her presence with you?

Feeling uninterested in other people or things?

Feeling no one else understood what was going on?

Feeling angry or resentful at the deceased?

How are you sleeping now? Do you still have nightmares or dreams about the death or the deceased? [Would they be willing to share one of these dreams?]

Have you visited the grave? How often?

Do you avoid people or places that remind you of the death? Do you ever pass the scene of the incident? Is that still difficult? If yes, how?

Are you engaged in the same type and number of activities as before this happened?

Is there any difference in your ability to remember things?

Can you concentrate on your work and activities as well as before?

5. Death and Notification

5a. Would you tell me about the incident which led to the officer's death? [MUST GET date and time and whether felonious or accidental]

5b. How long did it take to notify you? How and by whom were you notified?

5c. How and by whom were other family members told?

5d. Did you get an opportunity to speak to or see the officer before he died? If yes, Was this helpful or more painful?

5e. How were you treated by the police administration, other officers, hospital personnel, clergy?

5f. Were your wishes followed in making funeral arrangements?

5g. Were you satisfied with the arrangements and funeral?

5h. How could the police administration have handled this procedure which would have made it better for you as the relative of the officer?

6. Changes

6a. Since the officer died, how has your role in the family changed?

6b. Have you had to assume new tasks or obligations toward parents, brother/sister-in-law, nieces/nephews?

6c. How have you been affected by this loss?

6d. Do you feel other family members/friends are sensitive toward your loss?

7. Criminal Justice System

7a. If this was felonious -- did they arrest the perpetrator? How did you feel about this?

7b. Was there or will there be a trial?

7c. Did you receive any support during the trial?
From whom?

7d. Were you kept informed of the situation? By whom?

7e. How were you affected by the trial (emotionally, physically)?

7f. What was the verdict? (How did you feel about this?)

7g. Do you feel like a victim? _____ If yes, by whom have you been victimized?

7h. Did you feel justice was done? Explain.

7i. Has there been any contact between you and the person involved in the officer's death? Explain.

7j. What could have been done differently in relationship to the criminal justice system to make it better for you?

8. Media

8a. How did you feel you were treated by the media?

8b. Were they sensitive to the needs and concerns of your family?

8c. Did anything they did, said, or printed about you, your family, the officer, or the incident upset you?

9. Services and Programs for Survivors

9a. What should be made available to help police survivors?
[support groups, counseling, victims assistance services, etc.]

9b. What are the special needs and concerns of the sisters and brothers of slain police officers?



U.S. Department of Justice

Bureau of Justice Assistance

November 6, 1985

Washington, D.C. 20531

Dear Commanding Officer:

This past year, we provided a \$50,000.00 benefit to the widows and children of 144 law enforcement officers killed in the line of duty. We trust this financial assistance helped relieve the economic pressures these tragedies cause. But we must do more, and we need your help.

We ask your participation in a project which will benefit law enforcement officers and their families. Let me explain.

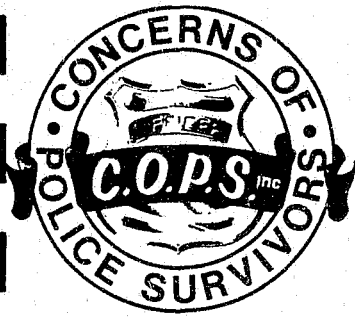
Concerns of Police Survivors (COPS) is a nonprofit organization whose purpose is to assist surviving family members of law enforcement officers killed in the line of duty. With assistance from the Justice Department's National Institute of Justice, COPS is requesting information on how law enforcement agencies prepare for, and respond to, line of duty deaths. This information is essential to development of model policies and procedures to assist both police departments and survivors of officers killed in the line of duty.

Again, we ask your help. It is critical. Please take a few minutes to complete the enclosed questionnaire. A self-addressed envelope is enclosed to facilitate your response.

Thanks for your assistance in this matter of mutual interest and responsibility.

Sincerely,

William F. Powers
Director
Public Safety Officers Benefits
Program



Concerns Of Police Survivors

EXECUTIVE OFFICE: 16921 CROOM ROAD, BRANDYWINE, MARYLAND 20613

(301) 888-2264

November 1, 1985

Dear Commanding Officer:

Concerns of Police Survivors, Inc., is asking for your assistance in obtaining information concerning your departmental procedures and policies pertaining to line-of-duty police death. COPS has received a grant from the National Institute of Justice to conduct this project with law enforcement agencies across the country. The data collected will be used to develop model programs and policies which will assist surviving family members and police agencies in dealing with these tragic deaths.

Departmental responses will be kept confidential. Only group level data will be reported so that individual departments will not be identifiable. A report of the findings will be made available.

The questionnaire will take twenty minutes to complete and can be returned in the enclosed, self-addressed envelope. Since this is a national project, we would appreciate having the questionnaire completed by December 15, 1985.

Unfortunately, law enforcement officers continue to die performing their duties. It is the hope of COPS, with your input, to address the aftermath of line-of-duty deaths and begin developing ways to assist and support all who are effected.

If you have any questions or would like to speak with someone connected with this project, please feel free to call the number printed above.

C.O.P.S. DEPARTMENTAL QUESTIONNAIRE

Department/Agency _____

Number of Sworn Officers _____

1. Indicate the number of officers within your department who have died while on active duty from January 1, 1983, to the present. _____

a. How many of the above were as a result of:

Accidental death:

_____ Outside vehicle: directing traffic, assisting motorist, etc.

_____ Inside vehicle: passenger or driver of vehicle.

_____ Drowning, rescue attempt, asphyxiation, etc.

_____ Training: accidental shooting, fall, etc.

_____ Other (Specify) _____

Felonious death:

_____ Firearms

_____ Stabbing

_____ Other (Specify) _____

Illness:

_____ Heart attack/stroke

_____ Cancer

_____ Other (Specify) _____

2. Indicate the number of officers, if any, who have committed suicide from January 1, 1983 to present. _____

a. How many involved:

_____ On-duty officers

_____ Off-duty officers

_____ Retired officers

3. What are the procedures for notifying significant family members of an accident or death?

4. Does the department maintain up-to-date records on addresses and/or phone numbers of:

Spouses? _____ No _____ Yes Parents? _____ No _____ Yes

a. If yes, are the records verified at regular intervals?

Spouses: _____ No _____ Yes Parents: _____ No _____ Yes

b. If yes, how often?

Spouses: _____ Parents: _____

5. Does your department offer officers and/or their families the following: Indicate by using a check (✓).

- _____ Family Orientation
- _____ Explanation of health insurance and health benefits
- _____ Explanation of death insurance and death benefits for surviving families
- _____ Police chaplaincy program
- _____ Will preparation
- _____ Stress management
- _____ Psychological services unit/employee assistance programs
- _____ Retirement planning
- _____ Other (Specify) _____

Questions 6-14 pertain to Line-of-Duty Deaths

6. What is the date of the department's most recent **line-of-duty death**? _____

7. How was your department affected?

Emotional impact: _____

Manpower: _____

Changes in procedure: _____

8. When **line-of-duty death** occurs:

	Police Agency	Family	Social/Labor Police Org.	Other (Specify)
a. Who is responsible for hospital expenses?				
b. Who makes the funeral arrangements?				
c. Who is responsible for funeral expenses?				

9. Indicate, by using a check (✓), which services listed below are provided by your department to survivors and family members:

- _____ Escort to hospital
- _____ Assistance with media
- _____ Escort for funeral and burial
- _____ Assistance with compensation forms and procedures
- _____ Financial counseling
- _____ Access to staff police psychologist
- _____ Referral to local psychologist or mental health counselor
- _____ Payment for counseling

10. Indicate, by using a check (✓), the compensation and benefit funds available to survivors. If yes, indicate the lapse of time before the survivor receives the benefit.

No	Yes		Time Lapse (If not known, use "?")
		Payment for accrued vacation	_____
		Payment for accrued sick leave	_____
		Pension	_____
		Departmental Insurance Policy	_____
		Workmen's Compensation	_____
		State Compensation	_____
		Federal Compensation	_____
		Private benefit funds (HEROES, Blue Coats, Backstoppers, etc.)	_____
		Other: _____	_____

11. In the case of death as a result of felonious assault, are special services or support provided to survivors during investigations, trials, appeals, and parole hearings? (Describe) _____

12. Does the department maintain contact with surviving family members after the funeral? If so, please describe briefly.

Formal contact: _____

Indicate length of time formal contact would continue: _____

Informal contact: _____

13. Are surviving family members allowed to keep issued departmental equipment (badge, parts of uniform, etc.)? Which items? _____

14. If there are no surviving dependents (spouse/children), are the surviving parents afforded the same services/recognition from the department? _____ No _____ Yes

15. Have any law suits been filed by a surviving family against the police department concerning line-of-duty deaths? _____ No _____ Yes

Please include with this questionnaire any general orders, written directives or policies of your department concerning line-of-duty disabling accidents and/or death of officers. We would also appreciate your including the name, address, and phone number of a contact person in your agency.

Contact: _____

Department: _____

Address: _____

Phone: _____

- We do not have formalized policies.
- YES, we are interested in receiving a copy of the survey results.

APPENDIX B

Material prepared by Suzanne Sawyer*

*Executive Director, C.O.P.S.
National President, Ladies Auxiliary
Fraternal Order of Police

16921 Croom Road
Brandywine, MD 20613

National Police Week, 1985
National Police Survivors' Seminar, 1985
National Police Week, 1986
National Police Survivors' Seminar, 1986
History of the National Police Survivors' Seminar
and Concerns of Police Survivors, Inc.
Constitution and By-Laws of Concerns of Police
Survivors, Inc.
Organization Handbook
Concerns of Police Survivors, Inc., Newsletter

National Police Week

1985

Concerns of Police Survivors, Inc.
invites you to attend
a two-day
"National Police Survivors' Seminar"
to be held on
Monday and Tuesday
May 13 and 14, 1985
9:00 A.M. to 4:00 P.M.
at
The Hyatt Regency Hotel
Capitol Hill
Washington, D.C.

The Grand Lodge Ladies Auxiliary
of the Fraternal Order of Police and
Law Enforcement Officers Nationwide
request the honor of your presence at
The Fourth Annual National
Peace Officers' Memorial Day Service
in honor of Law Enforcement Officers who made
the supreme sacrifice in 1984
to be held on
Wednesday, May 15, 1985
at 12:00 Noon
The Senate Park
(adjacent to the United States Capitol)
New Jersey and Constitution Avenues, N.W.
Washington, D.C.

R.S.V.P. - (301) 888-2264
or write: National Police Week
16921 Groom Road
Brandywine, Maryland 20618

In 1984, 156 law enforcement officers made the supreme sacrifice to the law enforcement profession and the Nation. We thank the surviving families of these brave, fallen officers for making the trip to Washington, D.C., to make Police Week 1985 activities memorable ones for us all. The information the survivors have given to the Concerns of Police Survivors organization regarding the grieving process, their emotional well-being, and their concern for the future police survivors is invaluable. We hope the police survivors leave Washington knowing their input is appreciated, their newly-formed friendships with other survivors will prove to be deep and lasting, and that Concerns of Police Survivors is here to assist them in any way possible.

Special thanks to Assistant Attorney General Lois Haight Herrington and the National Institute of Justice for making the National Police Survivors' Seminar possible by funding the Concerns of Police Survivors program.

We appreciate our speakers taking time out of their busy schedules to share their experiences, information, and expertise with the survivors attending the Seminar and the interest the police psychologists have shown for the survivors' problems and the need to address these problems.

We applaud the Fraternal Order of Police and its Ladies Auxiliary for including the police survivors in their planned Police Week activities.

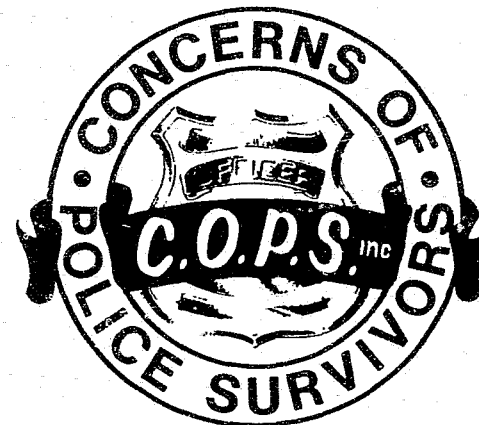
But the people responsible for the success of this Seminar and other Police Week activities are the police survivors themselves who traveled from all across the Nation to attend. It was our pleasure to present this Seminar for our Nation's police survivors.

Suzie Sawyer, Executive Director
Fran Stillman, Programs Director
Tita Moore, Administrative Assistant

Executive Office:

16921 Croom Road • Brandywine, MD 20613 • (301) 888-2264

*National
Police Survivors'
Seminar*



Monday and Tuesday

May 13 and 14, 1985

9:00 A.M. - 4:00 P.M.

**The Hyatt Regency Hotel
Capitol Hill, Washington, D.C.**

Sponsored by
Concerns of Police Survivors, Inc.

A PROJECT FUNDED BY . . .



THE NATIONAL INSTITUTE OF JUSTICE

*National Police
Survivors' Seminar*

The Hyatt Regency Hotel
Capitol Hill, Washington, D.C.

Program

MONDAY, MAY 13, 1985

YORKTOWN ROOM

- 9:00 AM Opening Ceremony and Welcome
- 9:15 AM **JAMES K. STEWART**, Director, National Institute
of Justice
- 9:30 AM **The Survivors' Perspective**
Mrs. Vivian Eney Norman White
Robert Phillips John Tomlinson
George Helmondollar
- 10:15 AM **BREAK**
- 10:30 AM **Survivors' Support Groups and Their Accomplishments**
Chicago Police Department Gold Star Families
Seattle's C.O.P.S.
- 11:15 AM **Financial Counseling**, Nick Genua,
HEROES, INC.
- 11:30 AM **Seminar Announcements and Updates**

REGENCY ROOM A

- 12:00 NOON **LUNCHEON WITH LOIS HAIGHT HERRINGTON**
Assistant Attorney General for Office of Justice Programs

HALL OF BATTLES

- Group Discussions**
Survivors will address the issues of:
- 1:30 PM "Police Survivors as Silent Victims"
- 2:15 PM "Remaining a Part of the Police Family"
- 3:00 PM **BREAK**
- 3:15 PM "The Criminal Justice System, The Media,
and The Police Survivor"
- 4:00 PM **COPS Questionnaire**

TUESDAY, MAY 14, 1985

COLUMBIA ROOM

- 9:00 AM **Tuesday Announcements and Updates**
- 9:10 AM **The Media's Coverage of Police Death**
Mike Buchanan, Police Reporter,
Channel 9, D.C.
Mike Folks, Police Reporter,
The Journal Newspapers
Sandy Gregg, Reporter,
The Washington Post
Joe Johns, Police Reporter,
Channel 4, D.C.
- 10:15 AM **BREAK**
- 10:30 AM **The Criminal Justice System and Police Death**
Arlene Violet, Rhode Island
Attorney General
Arthur Marshall, States Attorney,
Prince George's County, MD
Roberta Roper, Co-founder of the
Stephanie Roper Committee
Lynn BeBeau, President, Concerns of
Police Survivors, Inc.
- 12:00 NOON **LUNCHEON WITH MARLENE YOUNG**,
Executive Director,
National Organization for Victim Assistance
- 1:30 PM "Post Traumatic Stress Syndrome"
Dr. Calvin Fredericks
- "Children and Grief"
Janice Krupnick, MSW
- 2:15 PM "The National Law Enforcement Heroes Memorial"
Congressman Mario Biaggi, NY
- 2:30 PM **BREAK**
- 2:45 PM **COPS BUSINESS**

National Police Week

1986

*The Grand Lodge Ladies Auxiliary
of the Fraternal Order of Police and
Law Enforcement Officers Nationwide
request the honor of your presence at
The Fifth Annual National
Peace Officers' Memorial Day Service
in honor of Law Enforcement Officers who made
the supreme sacrifice in 1985
to be held on
Thursday, May 15, 1986
at 12:00 Noon
The Senate Park
(adjacent to the United States Capitol)
New Jersey and Constitution Avenues, N.W.
Washington, D.C.*

*R.S.V.P. - (301) 888-2264
or write: National Police Week
16921 Groom Road
Brandywine, Maryland 20618*

*Concerns of Police Survivors, Inc.
invites you to attend
a two-day
"National Police Survivors' Seminar"
to be held on
Friday and Saturday
May 16 and 17, 1985
9:00 A.M. to 4:00 P.M.
at
The Greenbelt Hilton Hotel
Greenbelt, Maryland
Washington, D.C.*

In 1985, 154 law enforcement officers made the supreme sacrifice to the law enforcement profession and the Nation. During National Police Week 1986, nearly 70 of the surviving families were represented at the National Peace Officers' Memorial Day Service and the National Survivors' Seminar...proof of the need for our Nation to recognize the human sacrifice that was so unselfishly given and the surviving families left behind.

A special thank you must be given to the police departments that extended the VIP treatment to our survivors when arriving at Baltimore-Washington Airport. Officers of the Anne Arundel County Police Department, Baltimore County Police Department, Maryland National Capitol Park and Planning Police Department, Maryland State Police, Montgomery County Police Department, Prince George's County Police Department, and the United States Park Police made all our survivors feel welcomed and once again a part of the police community. A thank you to Lt. Donald Downs, Prince George's County Police, for coordinating the entire arrival and departure effort.

For your information, the break-out session grief counselors were volunteers from the AARP, Social Outreach/Widowed Persons Services, a non-profit organization with 177 programs functioning nationwide. The police psychologists and facilitators also volunteered their time and we appreciate their continuing support.

The National Police Survivors' Seminar attendance in 1986 was overwhelming. THERE WERE 300 POLICE SURVIVORS TAKING PART IN NATIONAL POLICE WEEK 1986 ACTIVITIES! Those committed to see the COPS organization succeed have seen this attendance as our mandate. We now know there is a definite need to bring these police survivors together on a yearly basis so they can share their grief and heal through that sharing. The police survivors of America will make this program succeed!

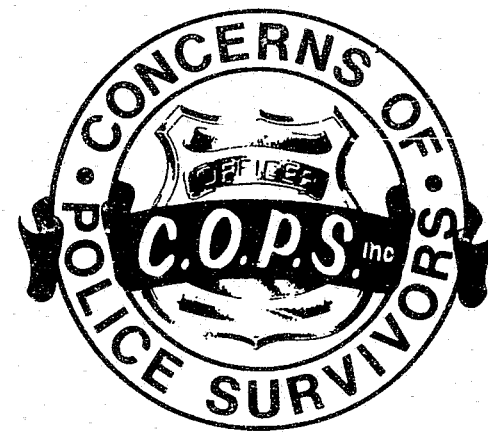
Special thanks to Assistant Attorney General Lois Haight Herrington and the National Institute of Justice for the 1985 grant which, to this day, is allowing the COPS organization to function. We thank NIJ for the reallocation of funds to provide the majority of funding for the Seminar. They have recognized the need to provide this service to our police survivors.

The police survivors express their appreciation to the Fraternal Order of Police and its Ladies Auxiliary for including the surviving families in their planned Police Week activities. The National Peace Officers' Memorial Service is indeed a moving, national tribute to law enforcement's heroes and their surviving families.

*Concerns of Police Survivors, Inc., is a non-profit, tax-exempt organization.
Contributions to this organization are tax-deductible.*

Executive Office:
16921 Croom Road • Brandywine, MD 20613 • (301) 888-2264


National Police Survivors' Seminar



Friday and Saturday
May 16 and 17, 1986
9:00 A.M. - 4:00 P.M.

The Greenbelt Hilton Hotel
Greenbelt, Maryland

Sponsored by
Concerns of Police Survivors, Inc.

A PROJECT FUNDED BY...  THE NATIONAL INSTITUTE OF JUSTICE

*National Police
Survivors' Seminar*

The Greenbelt Hilton Hotel
Greenbelt, Maryland

Program

FRIDAY, MAY 16, 1986

GRAND BALL ROOM SALONS A & B

- 9:00 AM Opening Ceremony and Welcome
- 9:30 AM **JAMES K. STEWART**, Director, National Institute of Justice
- 10:00 AM **Dr. Marlene A. Young**, Executive Director, National Organization for Victim Assistance
- 10:30 AM **Fran Stillman**, COPS Program Director
- 10:45 AM **Phyllis Carpenter**, Police Survivor and Grief Counselor
- 11:30 AM **BREAK**
- 12:00 NOON **LUNCHEON WITH WILLIAM H. OLTMANN**
Chief of Staff and Executive Assistant to the Assistant Attorney General
- 1:15 PM **First Seminar Break-Out Session**
Group will be divided into widows/widowers through accidental or felonious death, surviving parents, surviving siblings, and significant others. Further discussion on the grief process.
- 2:45 PM **Second Seminar Break-Out Session**
Group will stay in their divided segments and now talk about issues they feel need to be addressed with their law enforcement agencies, death benefits, upcoming trials, future problems, and issues the COPS organization can address.
- Room assignments for the P.M. Segments:**
Chesapeake Room: Widows from Felonious Action
Patuxent Room: Widows from Accidental Action
Nanticoke Room: Surviving Parents
Potomac Room: Surviving Siblings and Significant Others

SATURDAY, MAY 17, 1986

Morning group discussions. *Survivors choose which segment they wish to attend.*

- 9:00 AM **CHESAPEAKE ROOM**
- 10:15 AM "Good Grief" - Helping children and adolescents deal with death and dying. Presenter is Dr. Sandra Fox, Ph.D, ACSW, Director of the Good Grief Program at Judge Baker Guidance Center, Boston, MA.

PATUXENT ROOM

"The Grief Process" - Presented by Phyllis Carpenter, police survivor and Executive Director of the Mesa County Mental Health Association, CO. Further explanation of the grief process and counseling for survivors having difficulty coping with daily problems.

NANTICOKE ROOM

"The Judicial Maze" - Presented by Eileen McGrath, Director of Victim Assistance, Alexandria Commonwealth Attorney's Office; Theresa Maybury, parent of a murdered child and victim assistance volunteer. For the police survivors still facing trials. Also recommended for surviving parents.

POTOMAC ROOM

"The Needs of Police Survivors" - An explanation of the psychological and departmental surveys conducted by Concerns of Police Survivors. Presented by Fran Stillman, Program Director, COPS.

10:30 AM
11:45 AM

CHESAPEAKE ROOM

"Good Grief" - Helping children and adolescents deal with death and dying. Presenter is Dr. Sandra Fox, Director of the Good Grief Program at Judge Baker Guidance Center, Boston, MA. A repeat segment.

PATUXENT ROOM

"Starting Over" - Addressing changing family relationships, dating, and sex and relationships. Presented by Adele Rice Nudel, Director of Widowed Persons Service, Sinai Hospital, Baltimore, MD. Geared for widows 45 years of age and under.

NANTICOKE ROOM

"Starting a COPS Chapter" - Presented by Sgt. Bruce Kelderhouse, Phoenix Police Department, facilitator for the Phoenix Regional COPS Chapter, Phoenix, AZ.

POTOMAC ROOM

"Active Listening" - Presented by Phyllis Carpenter, police survivor and grief counselor. Geared for survivors who are interested in serving on the COPS Board and those who may want to serve on COPS national network of "listeners".

12:00 NOON

LUNCHEON WITH MRS. SARAH BRADY

Wife of White House Press Secretary James Brady, and a member of the Board of Handgun Control, Inc.

1:15 PM

BREAK

1:45 PM

Plenary Session to conduct Concerns of Police Survivors organizational business; election of officers, etc.

3:00 PM

The Honorable Michael C. Turpen, Attorney General
State of Oklahoma

4:00 PM

CLOSE of National Police Survivors' Seminar

HISTORY OF THE NATIONAL POLICE SURVIVORS' SEMINAR
AND CONCERNS OF POLICE SURVIVORS, INC.

On May 14, 1982, ten families of police officers to be honored at the Second National Peace Officers' Memorial Day Service, scheduled for the following day, showed up in Washington, D.C., and the planners of the Memorial Service had no idea what to do with them. When in doubt, take them out. As the surviving families and the Memorial Service planners sat down at a table in a local lounge, it quickly became apparent that the surviving families felt the strong need to talk. Within minutes, the Memorial Service planners faded into the background and watched as the emotions of the young widows and other surviving family members got into a deep discussion of DEATH. Each survivor reacted differently; one was angry, excited, banging her fist on the table as she told about her husband's death and trial and her personal feelings about the outcome; another sat back listening and silently weeping; a third shook her head in agreement, acknowledging that she, too, had been left with the same feelings about the death and trial that followed.

As the drinks continued to be served, the discussion grew more intense. They talked about their inner-most feelings, their fears for their children, the loss of contact with the department, the problems they had with the media always telling the accused's side of the story, the trial and sentence, the deterioration of their relationship with their in-laws, the fear of the future. The Memorial Service planners now found themselves to be "outsiders"--never having experienced the nightmare of having

their law enforcement officer killed in the line of duty. Finally, one of the widows asked if perhaps next year there could be a Seminar planned in conjunction with the Memorial Service. "You've seen how quickly we got into the discussion. And you have no idea how good it feels to know that these other widows are feeling the same things I'm feeling," said widow Lynn Bolton. "We need a chance to talk. And if we're coming to Washington for the Memorial Service, why can't we have a Seminar at the same time?"

Following the Memorial Service held the next day, we could see the survivors not wanting to leave their new-found, totally understanding friends. Their friendships were instantaneous and deep. They had shared their inner-most feelings with one another and were now determined that this same sense of sharing their grief be accomplished if a seminar was held the following year. In talking with Lynn Bolton throughout the year, the idea of organizing a police survivors group developed. Lynn continued to state that police survivors have their own unique problems and needs---not the same problems and needs as spouses of living police officers. The groundwork and formation of the organization was handled by Suzie Sawyer, who was also the Memorial Service coordinator since the Service's inception. With very little background to go on for planning the First Police Survivors' Seminar, Suzie Sawyer approached Dr. Harvey Goldstein, Psychological Services Director, Prince George's County Police

Department, Maryland, about the issues the survivors themselves stated need to be addressed in their requested Seminar. Dr. Goldstein agreed to open of the Seminar with a talk addressing the issue of grief and then he and his colleagues would break down the survivors into various segments (widows, surviving parents, surviving siblings) for an open discussion of the issues of death notification, the media and sensationalism, the follow-up contact with the department following the death, and the criminal justice system. Lois Haight Herrington, Assistant Attorney General, was to be the keynote speaker at the luncheon, followed by Roberta Roper, victims' advocate; and Mr. Steve Gordon, prosecuting attorney for the District of Columbia. The Seminar was being financed by the Fraternal Order of Police and hosted by their Ladies Auxiliary.

As responses to the National Peace Officers' Memorial Day Service and Police Survivors' Seminar began to come in, it was proof that there was definitely a need for the police survivors to get together. Of 165 officers killed in 1983, 55 surviving families attended the Memorial Service and Seminar which were both hosted by the Fraternal Order of Police Ladies Auxiliary and financed by the Fraternal Order of Police.

The Seminar proved to be quite successful, as survivors exchanged names, addresses, phone numbers and vowed to keep in touch. But the crowning event to the entire Seminar was for unanimous vote by the 110 police survivors in attendance to

organize Concerns of Police Survivors, Inc., which had already been organized on paper but needed the vote of the survivors to officially exist. Thus, on May 14, 1984, COPS became a reality-- it became the national support group for the police survivors of America past, present, and to come. Lynn Bolton, Eau Claire, WS, was elected COPS first president. Having acquired a new strength from the Seminar, the survivors left Washington, D.C. knowing that there was much work to be done with the law enforcement agencies and organizations, and with the police survivors themselves. The only criticism heard at this First Seminar was that it wasn't long enough. Perhaps next year, the survivors said, a two-day Seminar would be more beneficial.

The next year was spent seeking funding for Concerns of Police Survivors through the Department of Justice. After spending many hours of relaying information to Fran Stillman, author of the grant, Suzie Sawyer and the police survivors were elated to find out that the National Institute of Justice would be funding the program. Spending nearly that entire year on re-writing the proposal, the grant was finally approved March 25, 1985, just in time to finance the two-day Second National Police Survivors' Seminar, although planning had begun several months earlier. (Expenses of printing the invitation to "National Police Week 1985" and mailing were split 50-50 by COPS and the FOP. Copy attached.) A panel set-up was used the second year addressing "The Survivors' Perspective", "Survivor Support Groups and their Accomplishments", "The Media's Coverage of Police Death", and "The Criminal Justice System and Police Death".

Speakers included Lois Haight Herrington, Assistant Attorney General, James K. Stewart, Director of the National Institute of Justice, Marlene Young, Executive Director of the National Organization for Victim Assistance, Dr. Calvin Fredericks, an authority on Post Traumatic Stress Syndrome, and Janice Krupnick, on children and grief. (Copy of program attached.) Feedback from some of the survivors led us to believe that we were still not addressing the issue of starting over and deteriorating relationships with other officers, the department, and how the survivors could be of more help to one another.

Attendance at the second Seminar was approximately 125 police survivors. The increase was somewhat less than hoped for but it was still an increase---and survivors from the previous year were returning---a sign that perhaps we did something right. Yolanda Cline, Albuquerque, NM, was elected President of COPS.

Well, the Third National Police Survivors' Seminar is just recent history. (Expenses of printing invitations and mailing were once again split by COPS and the FOP.) And we are still reeling in amazement over the success of the activity. We had 285 police survivors in Washington, D.C., for the Police Week activities! Many of them were from years past. That increase in interest can be credited to the work of COPS President Yolanda Cline, who took on the job of writing personal letters to all the police surviving families she found out about. Of the 154 law enforcement families that lost an officer in 1985, 70 families were in attendance for either the Memorial Service and/or the Police Survivors' Seminar. The National Institute of

police surviving families she found out about. Of the 154 law enforcement families that lost an officer in 1985, 70 families were in attendance for either the Memorial Service and/or the Police Survivors' Seminar. The National Institute of Justice financed the majority of expense of this Seminar through a reallocation of funds from the 1985 COPS grant.

Perhaps the 1986 Seminar has been the best yet. We had a grief counselor, herself a police survivor, address the gathering; we had another grief counselor address the issue of starting over; we offered our first training session in active listening. The COPS staff feels very sure that we have fine-tuned the program to be what the survivors are needing. We have been extremely successful in helping them cope. Best put by a police survivor herself, "The first year I came (to the Police Week activities which include the Memorial Service and Police Survivors' Seminar) for John (her husband killed in the line of duty in 1983), the second year I came for me, this year, the third year, I came to help the other survivors. I have survived it all. But the people I've met throughout this ordeal have certainly eased the way." Donna Lamonoca Stocker, Belvidere, NJ, now hopes to carry on the good works of her predecessors as she now assumes the position of COPS President.

(Information provided by Suzie Sawyer, Executive Director)

June 1, 1986

CONSTITUTION AND BY-LAWS
OF
CONCERNS OF POLICE SURVIVORS, INC.

C O N S T I T U T I O N

PREAMBLE

To minister to the needs of families who have suffered the loss of a law enforcement officer in the line of duty (as reported by the Federal Bureau of Investigation [FBI] and/or the Public Safety Officers' Benefits Program [PSOB], of the Department of Justice). To extend a helping hand to stabilize their emotional, financial, and legal well being. To let them know that others suffering the same loss can be of service to them during their periods of helplessness. To focus in on problems of the law enforcement profession which directly or indirectly may lead to the loss of an officer's life.

ARTICLE I

NAME OF ORGANIZATION

Section 1. This organization shall be known as Concerns of Police Survivors (COPS), Inc. COPS was incorporated in the State of Maryland on April 9, 1984.

ARTICLE II

PURPOSE OF ORGANIZATION

Section 1. Concerns of Police Survivors (COPS) shall address the emotional, psychological, financial, and legal problems that arise from the loss of a loved one to the law enforcement profession. The family of any officer dying in the line of duty in the United States and its Territories may use the services of COPS. Surviving families will direct their attention to the problems that effect existing officers, their families, and their law enforcement agency.

Section 2. It shall be the aim of this organization to minister to the needs of police survivors in securing financial counselling, offering support during troubled times, and focusing in on the problems that effect the police community and police survivor.

ARTICLE III

MEMBERSHIP

Section 1. Any family member (wife, husband, son, daughter, parents, and siblings) of any law enforcement officer dying in the line of duty is eligible to use the services provided by COPS. COPS also recognizes "significant others" as a category of survivorship.

Section 2. Services provided by COPS shall be provided free of charge to police survivors in need of particular services. (Should the need arise for registration fees to be charged for National Conferences, the decision shall be made by the Board of Directors as to the amount to be charged.)

Section 3. Police survivors may use whatever services COPS has available to them until the survivor feels his/her need has been fulfilled.

ARTICLE IV

OFFICERS

Section 1. The officers of COPS shall consist of a National President, a Past President, a Trustee-at-Large, six regional trustees, a representative of the Grand Lodge Ladies Auxiliary of the Fraternal Order of Police (the catalyst in forming this organization). An Executive Director will be appointed but will serve as a non-voting officer of the organization.

Section 2. Trustees shall be elected to represent specific geographical areas designated at the time of their election. One Trustee-at-Large will be elected by the survivors attending the yearly Conference. This Trustee-at-Large will replace the President should the President be unable to fulfill the term of office.

Section 3. The immediate Past-President of COPS shall serve as an ex-officio, non-voting member of the Executive Board.

Section 4. Terms of elected officers shall be from yearly Conference to yearly Conference (one-year term).

Section 5. By virtue of being the only nationwide organization of law enforcement spouses ministering to the needs of police families, the Grand Lodge Ladies Auxiliary of the Fraternal Order of Police shall be granted a voting seat on the Board of COPS. COPS also recognizes the Auxiliary for its role as catalyst in the formation of this nationwide organization of police survivors.

Section 6. The Trustee-at-Large will handle the duties of Chaplain of the organization.

Section 6. The Executive Board, therefore, shall consist of the National President, Past President, a Trustee-At-Large, and six Trustees and a representative of the FOP Ladies Auxiliary. The Executive Director of COPS shall be a non-voting member of the Board.

ARTICLE V

ELIGIBILITY OF OFFICE

Section 1. The President, Trustee-At-Large, and the six elected Trustees shall be police survivors.

Section 2. The Trustee from the Ladies Auxiliary, FOP, shall be appointed by the National President of the Auxiliary.

Section 3. The Executive Director shall be hired as an employee and should be knowledgeable of the wants, needs, problems, and emotions of police life. Any additional employees of COPS shall be hired by the Executive Director and shall meet the criteria set forth by the Executive Director.

ARTICLE VI

DUTIES OF THE OFFICERS

President:

Section 1. The National President shall be chief executive officer of this organization. He/she shall preside at Conferences and/or meetings of COPS members thereof and at meetings of the Executive Board.

- a. ex-officio member of any/all committees.
- b. appoint the majority of any committee or committees to inquire into any affair or matter concerning or effecting the organization.
- c. call special meetings of the Executive Board when deemed necessary or upon petition of a majority of the Executive Board.
- d. submit a full and complete report in writing of official business transacted subsequent to the last meetings of the Board, together with such recommendations as may be advisable.
- e. convey to successor all unfinished business of the organization and all organization property in his/her possession.

Trustee-at-Large:

Section 1. Shall fill the position of President should the elected President be unable to fulfill the one-year term of office.

Section 2. Shall serve as Chaplain of the organization.

Section 3. Shall be responsible for overseeing the other Trustees.

Section 4. Shall appoint the minority of all committees.

Trustees:

Section 1. Shall be responsible for collection and dissemination of information relative to COPS in their particular area.

Section 2. Shall see that a yearly audit of books is conducted by a certified public accountant.

Auxiliary Representative:

Section 1. Shall be responsible for collecting and disseminating information through the national network of ladies auxiliaries and Fraternal Order of Police organizations, and offer assistance in organizational matters.

Executive Director:

Section 1. The Executive Director shall be responsible for administering all aspects of services provided to membership of COPS. He/she shall serve as recording secretary at all meetings of COPS. He/she shall be responsible for the every day business of the organization and shall put into effect all orders and resolutions of the Executive Board.

a. shall be an employee of the organization.

b. shall have custody of the books, records, documents, and office paraphernalia and equipment, under the general authority and orders of the National President and the Board of Trustees.

c. Shall serve as an official spokesperson of the organization.

d. Shall take and transcribe minutes of all Conference and Executive Board Meetings submitting same to National President for addition or correction and issue copies of these minutes to the Executive Board.

e. Shall safely keep the Constitution and By-Laws of this organization and keep records of official amendments.

f. Shall furnish a surety bond for the faithful performance of duty in such amount as shall be specified by the Executive Board.

g. Shall deliver all organization possessions to his/her successor.

h. Shall write grants to secure funding from Federal agencies and private industry organizations for the meeting of COPS' goals.

i. Shall act as official spokesperson for organization when National President is not available.

j. Shall work with Congress, Federal agencies, and various levels of government in behalf of COPS membership.

k. Shall furnish copies of all quarterly financial reports and progress reports to the National President and Executive Board.

l. Shall be responsible for submitting paperwork required by funding agencies, taxing organizations, etc.

m. Shall perform whatever other functions are required to assist the organization in achieving its goals.

ARTICLE VII
AMENDMENTS

Section 1. Any amendments to the COPS Constitution and By-Laws may be proposed and voted upon at a meeting of a quorum of the COPS Board of Directors. Upon adoption by a two-thirds vote of the Board of Directors, the proposed amendments shall become a part of this Constitution and By-Laws.

B Y - L A W S

ARTICLE I
MEMBERSHIP

Section 1. All police survivors, as outlined in the Preamble and further stated in Article III, Section 1 of the Constitution, will be considered members of Concerns of Police Survivors, Inc.

ARTICLE II
COMMITTEES

Section 1. Standing Committees shall be appointed in the proper manner and with the approval of the Executive Board at the final meeting of Conference. Special Committees, between Conference, may be appointed with the approval of the Executive Board. These committees to serve until the end of the next Conference, at which time they shall terminate.

Section 2. No committee shall keep monies of the organization. All committees receiving monies belonging to the organization shall immediately forward such monies to the Executive Director.

Section 3. When requested to do so, Committee Chairmen shall make a written report to be sent to the Executive Board, plus an inventory of all organization property in their possession.

ARTICLE III

REPORTS

Section 1. Reports of the Executive Board and Chairmen of all Standing Committees shall be submitted in writing to the Executive Director thirty days prior to the opening of Conference.

The Executive Director shall prepare said reports in printed form and furnish one copy to each attendee at Conference. Copies should be available for those survivors requesting copies.

ARTICLE IV

NOMINATION AND ELECTION OF OFFICERS

Section 1. Anyone wishing to be nominated for any one of the eight elected offices (National President, Trustee-at-Large, and 6 Trustees) must be present to be nominated.

Section 2. The President shall be elected by the entire Conference gathering holding credentials as police survivors.

Section 3. The Trustees shall be elected by police survivors representing that particular geographic region within the United States. United States Territories will be included in the zone closest to their location. The Trustee-at-Large will be elected by the entire Conference gathering holding credentials as police survivors.

Section 4. The honorary trustee position shall be filled by the Grand Lodge Ladies Auxiliary President's appointee.

Section 5. Each Trustee shall have an alternate elected at Conference should the Trustee not be able to fulfill the term of office. Should an opening on the Board of Trustees develop, the National President, with the approval of the Executive Board, shall have the right to appoint someone from the respective area to that position.

ARTICLE V

FISCAL YEAR

Section 1. The fiscal year of the Concerns of Police Survivors organization shall be from April 1 to March 31, inclusive of each year.

Revised and accepted by membership, May 14, 1985, Washington, DC.
Revised and accepted by membership, May 16, 1986, Greenbelt, MD.
Revised and accepted by Board of Directors, May 17, 1986, Greenbelt, MD.

ORGANIZATION HANDBOOK

Chapter Guidelines & Policies

The objectives and purposes of Concerns of Police Survivors, Inc. (COPS) shall be to aid the surviving family members of law enforcement officers killed either accidentally or feloniously in the line of duty, to call national attention to the yearly loss of police life, and to increase public awareness of the problems these surviving family members must face because of their loss to the law enforcement profession.

1. It is the policy of Concerns of Police Survivors (COPS Central Office) to charter only one chapter in each county or parish.

a. Individuals desiring to establish a chapter of COPS may do so by submitting to Central Office a letter of intent, names and resumes of principal organizers, and a list of problems that will be addressed by this local chapter.

b. Prior to chartering as a COPS chapter, the applicant group consisting of five persons who were either spouses, parents, siblings, children or "significant others" (fiances, extremely close friends) of law enforcement officers who died in the line of duty (as listed in either the FBI Uniform Crime Report on Police Death or the Public Safety Officers' Benefits Program Report of Police Death) shall :

1. Elect officers;
2. Adopt COPS' Articles of Incorporation, Constitution and Bylaws and policies;
3. Send names and addresses of five police survivors who are willing to support the local chapter and its efforts;
4. Agree to the general supervision and control of the national Board of Directors as expressed in the Constitution and Bylaws and such policies as the Board may, from time to time, adopt;
5. Secure a fidelity bonding for the officers of the local chapter.

c. Surviving family members may not serve as president of a chapter until their criminal court cases have been resolved (to mean "after sentencing" or "dismissal") or at least one year has elapsed since the crime against their law enforcement officer was committed.

d. The local chapter shall designate their own set-up for officers of their organization. However, officers may not serve more than two consecutive terms in the same office.

e. The local chapter shall make provision for termination of membership for failure of any member to adhere to the Constitution and By-Laws or policies of the organization.

f. Immediate family members (spouse, parent, child and sibling) may not serve together as officers during the same term of office.

g. Immediate family members (spouse, parent, child, and sibling) of paid staff may not serve as officers of a chapter.

h. Individuals who may have a conflict of interest (i.e., legislators, other elected political figures or those campaigning for elected office, and personal injury attorneys even though they may be police survivors) may not serve as officers of a chapter; they may, however, serve as advisors.

i. Chapter officers should appoint a non-voting advisory board and/or committees in specified areas to provide consultation and advice to the officers and chapter members, and to carry on the work of the chapter.

j. Chapters shall provide the Central Office with copies of their financial reports, minutes of their meetings, and document activities concerning the goals of their chapter. These requirements are necessary to meet Internal Revenue Service regulations.

k. A chapter's failure to adhere to its agreement with the COPS Central Office is grounds for suspension and termination of its status as a chapter of COPS.

1. Information regarding a chapter's failure to adhere to the Constitution and By-Laws and policies of COPS will be investigated by at least two individuals appointed for that purpose by the National President. Evidence which confirms a chapter's failure to adhere to its agreement with COPS and action taken will be presented to the Board of Directors of the national organization for their decision.

l. It is strongly suggested that COPS chapters organized in large city areas should include the surrounding counties and/or areas or that chapters cover entire state jurisdictions. The problems of police survivors in the large city will be extremely similar to the police survivors of the surrounding counties.

m. Chapters are required to maintain a permanent record of chapter meetings, officers' meetings, committee meetings and other records necessary to accurately document activities of the chapter. Information from these records must be submitted to the COPS Central Office as required and be open to inspection on the written demand of any member, at any reasonable time during usual business hours.

n. Chapters may not sell, relinquish or otherwise distribute the chapter's mailing list in part or in whole. Nor may the national list of chapters be distributed without permission from the Central Office.

o. All printed material of COPS chapters must conform with COPS policy before such material is printed and used.

p. COPS chapters are to be named for the county/area/state in which they are located. Chapters shall not be named for specific officers killed since survivors of other officers will be joining the group.

q. The COPS National Office will make information/assistance available to interested parties in foreign countries but those organizations must meet the laws and regulations of their own governments. COPS will not have any overseeing responsibilities with these international organizations.

1. Any international chapters may participate in all COPS national activities including conferences, training programs, and presentations at that chapter's own expense.

2. COPS chapters shall develop their own guidelines concerning membership. However, an organization will be chartered at the request of five police survivors. Since there is no national dues to be paid by the police survivors, local chapters may devise their own membership fee requirements, if any.

a. Affiliate memberships should be encouraged and police personnel, business people, and interested citizens should be encouraged to assist with our COPS efforts. However, officers of each chapter shall be elected from those who qualify as "police

survivors". Affiliate members shall not have a vote or hold office.

b. Names, addresses and other required information about chapter members and donors are to be submitted to the Central Office at least quarterly to help maintain nationwide records for the benefit of COPS as a whole.

3. Should chapters deem it necessary to hire staff, guidelines similar to those of the Central Office shall be adopted. The chapter shall be responsible for all salary, benefits, etc., and the Central Office shall not be responsible for meeting financial obligations not met by the local chapter.

4. The COPS chapter's sole purpose for existence is: (a) to aid the surviving family members of law enforcement officers who died in the line of duty; (b) to increase public awareness of the yearly loss of police life; (c) to increase awareness of law enforcement agencies of the specific needs of police survivors; (d) and to educate existing law enforcement officers concerning the needs of police survivors and the benefits available to their families should they be called upon to make the supreme sacrifice.

a. The chapter's energies and resources shall be focused on programmatic issues, following organizational policies and procedures established by the corporation's Board of Director.

b. Chapters will be encouraged to develop annual recommendations for national objectives, programs or services. These recommendations will be presented annually to the National Board of Directors.

c. Chapters will be invited annually to submit proposals to Central Office for implementing innovative pilot programs (including budgets, proposed outcome measures, etc.,). After review, one or more chapter proposals will be presented to the Board of Directors for possible funding of the chapter's new programs.

d. COPS will initiate contact with individual police survivors telling of the services available to them through the organization. Chapters are expected to provide the following:

1. Peer support, on request, to survivors by phone, mail, and in person.

2. Bereavement and growth groups where survivors can gather with other survivors to offer and receive emotional support. Chapters should avoid the appearance of conflict of

interest providing survivors with information on appropriate local professional associations or the local mental health associations/personnel. Chapters should not refer victims to specific counsellors but should make survivors aware of legal and psychological services in the area.

3. Adjudication advocacy to inform and assist the survivor through the judicial process.

4. Information on appropriate services which exist in the community. Chapters should avoid the appearance of conflict of interest by providing survivors with information on the local Bar Association or attorney referral association. Chapters shall not refer survivors to specific attorneys.

e. Prior to COPS representatives wearing COPS identifying labels in the courthouse, they should check with the local court administrator for local practices. No COPS buttons or other identifying labels are permitted under any circumstances during a jury trial.

f. Chapters are not to write letters to a judge during a trial before conviction or acquittal. After conviction or acquittal, and prior to sentencing, letters may be sent to the local district attorney, the judge, probation officers, or all three where local law permits.

g. Chapters, or representatives of COPS, will not endorse or oppose, on behalf of COPS, any elected official or a person campaigning for elected office.

h. Chapters, or representatives of COPS, may not endorse products, although the chapter name may be placed on items sold for fund raising purposes provided that prior approval has been secured from Central Office.

i. No substantial part of the activities of the chapters shall consist of the publication or dissemination of materials with the purpose of attempting to influence legislation.

5. Financial and operating reports on chapter activities shall be made in writing each quarter of the calendar year to the Board of Directors. Financial reports are to be submitted in a format approved and provided by the Board of Directors for use in preparing corporate reports, tax returns, full accounting of funds, and meeting audit requirements.

a. Two signatures are suggested on all chapter checks; however, all checks in excess of \$250 written on a chapter's bank

account must be signed by the treasurer and one other authorized officer. Any other transfer of monies, of whatever kind, shall require the signature or authorization of the treasurer and another authorized officer.

b. COPS fiscal year is June 1 to May 31 inclusive.

c. Chapters may not request short-term emergency loans or loans of any kind from the Central Office.

5. COPS chapters may raise monies in their jurisdiction territories and the Central Office will direct their fund-raising activities to Federal government grants, major national corporations, and national foundations. COPS chapters should keep the Central Office apprised of the organizations they are approaching for financial support.

7. When three or more chapters have organized in a state, a State chapter of COPS can be established. However, State chapters may organize if services are determined to be available on a Statewide basis rather than initially planned at the local level. The same restrictions for membership of a State organization apply as those restrictions stated in local membership (see item 1b). State organizations must also meet the same organizational requirements of local chapters.

a. State chapters shall appoint a legislative liaison to serve as a spokesperson who shall represent COPS on statewide legislative issues.

b. State chapters will meet at such time and place as may be agreed to by a majority of the chapter representatives.

1. Minutes of each meeting shall be kept and each member shall receive a copy of the meeting minutes as soon as possible after each meeting.

2. Each chapter representative shall receive written notice of a State meeting at least ten days in advance. If notice is not given, the meeting shall not be considered duly constituted and any action shall be null and void. This provision may be waived by a majority vote of all chapter representatives.

3. A quorum consists of a simple majority of the chapter representatives. A quorum must be present for the conduct of business. Chapter representatives may assign their vote to another chapter representative by written proxy, although proxies shall have effect for one meeting only.

4. The State chapter may, by majority vote, expel a chapter representative if that person is disruptive and detrimental to the purposes of the committee. The State shall inform the chapter's officers in writing of the reasons for expulsion of the member and instruct the chapter to elect another representative to the State chapter.

c. State committees shall adopt an annual platform of actions, informatics activities, or reforms to be advocated by all members/chapters in the state. Such reforms may be in reference to:

1. Law enforcement agencies in the State;

2. The criminal justice system of the State,

3. Any agency, organization, rule or regulation having a statewide impact on the death benefits available to the surviving family, the handling of police death, and community reaction to the police death.

4. Education of law enforcement officers, their families, the department concerning the handling of police death, family notification, education of yearly loss of life.

5. Any increase in death benefits health benefits, psychological assistance that may assist the law enforcement officer's surviving family.

c. State chapters shall be responsible for networking with other COPS organizations in their state.

d. State chapters shall offer assistance and guidance to local chapters wishing to organize.

e. All state chapters shall make no policy which violates policy of the National Board of Directors.

6. Any policy matter not covered by these guidelines shall be brought to the attention of the National Board of Directors at their annual meeting for discussion, adoption or rejection, and possible inclusion in this booklet.

APPENDIX C

Literature Review
Bibliography

APPENDIX C

REVIEW OF THE LITERATURE

Introduction

Recently, interest in the effects of death sustained within the family system has grown (Rinear, 1984; Rubin, 1982; Sanders, 1979-1980; Vollman, Ganzert, Picher, & Williams, 1971). The recent focus has been on bereavement after the loss of a child, but the majority of past research has focused on the loss of a spouse (Ball, 1976-1977; Clayton & Darvish, 1979; Lopata, 1979; Maddison & Viola, 1968; Parkes, 1970; Sanders, 1979-1980; Vanchon et al., 1982a; Yamamoto, Okonogi, Iwasaki, & Yoshimura, 1969). Nevertheless, information is still lacking about the effect of loss, especially the reactions after an unexpected, sudden, or violent death. Unfortunately, in the present social environment, deaths due to accident and homicide have been increasing. Few studies have investigated the process of bereavement after homicide or accidental death. The majority of the data contained in the literature is descriptive and anecdotal. The dimensions involved in these losses, such as violence and trauma, need to be investigated using proper measurement techniques and research design.

Special Issues in Law-Enforcement Deaths

In law enforcement, the nature and requirements of the job make sudden death a distinct possibility. The major causes of death of police officers are accidents caused by traffic mishaps and gunshot wounds from a felonious assault (Schmidt, 1984;

Uniform Crime Reports, 1984).

Although one law-enforcement officer dies approximately every other day in the United States, no empirical studies exist on the impact of a sudden loss on the psychological functioning of the surviving family members. In fact, even in the civilian population, few studies investigate sudden death caused by accidents or homicide. Only recently has research been completed that investigates the effect on the surviving family member of a sudden, unexpected death attributed to accident (Shanfield, Benjamin, & Swain, 1984; Lehman & Wortman, submitted) or homicide (Rinear, 1984). A few studies have classified the symptoms shown by survivors not only as a grief response, but as a traumatic stress response (Bard, Arnone, & Nemiroff, 1984; Rynearson, 1984).

Focus of the Literature Review

The review of literature included here addresses: (1) theoretical perspectives on bereavement; (2) sudden, unexpected death and its relationship to the intensity and duration of bereavement reactions; (3) posttraumatic stress disorder as a diagnosis for surviving spouses of victims of sudden, unexpected deaths; (4) accidental death and felonious death as precursors to posttraumatic stress reactions; (5) psychological sequelae of line-of-duty death in the military and in law enforcement.

Theoretical Perspective

The Normal Process of Bereavement

The foundation for the psychological theory of grief was laid by Freud, who described the gradual process of bereavement

in Mourning and Melancholia (1917/1957). Freud believed that the bereavement process consisted of a detachment from the deceased and a reattachment to another "love object." This process was accompanied by intense emotions and behavioral manifestations. The period of time required for the process to occur was relatively short, ranging from weeks to one or two years (Clayton & Darvish, 1979; Lindemann, 1944; Marris, 1958). Intervention was seen as being unnecessary and potentially harmful. If left to its natural course, mourning would cease after a lapse of time (Freud, 1917/1957).

Bornstein, Clayton, Halikas, Maurice, & Robins (1973) and Clayton & Darvish (1979) studied normal bereavement in spouses. The duration of symptoms was determined to be relatively short, since the majority of widows in these studies suffered from depression and were improved in a matter of months (based on interviews). Improvement did not involve intervention (Clayton & Darvish, 1979). The majority of these studies only focused on deaths following illnesses. None investigated bereavement after homicide. Therefore, what is considered normal bereavement is for the most part based on expected deaths after sudden or chronic illness.

The Disease Model of Bereavement

Engel (1961) described the grief process using a disease model. He viewed loss as a wound. The pattern of symptoms that occurs -- the process of shock and disbelief, awareness of the loss, and restitution and recovery -- is similar to the psychological response to trauma. Bowlby (1980) developed a

model of mourning based on his own investigations with bereaved spouses and children. His view of adult bereavement contains four stages: (1) the phase of numbing, (2) the phase of yearning and searching, (3) the phase of disorganization and despair, and (4) the phase of reorganization. Bowlby (1980) also mentions additional factors that could impede the mourning process, including: (1) the sudden or untimely nature of the death, (2) the mode of death, especially if mutilation or distortion of the body occurred, and (3) the manner in which the notification was carried out, especially if by a stranger. However, since few studies have investigated bereavement after homicides or accidents, it is unclear whether the processes delineated by Bowlby and Engel hold true for survivors of unexpected, traumatic deaths. It is also unclear what is the duration of time until recovery or if recovery actually ever occurs.

Death as a Stressful Life Event

The death of a close family member can be considered a crisis situation (Horowitz, 1979a; Williams, Lee, & Polak, 1976; Rubin, 1982). When the magnitude of this stressor is assessed, it is classified at the highest value level of the Holmes & Rahe (1967) life events scales, while Paykel et al. (1969) rated death of a child first, death of a spouse second, and death of a close family member (parent or sibling) fourth in his impact of life events scale. Cobb & Lindemann (1943), Horowitz (1979a), Krystal (1978), Lindemann (1944), and Rubin (1982) expanded the perspective of viewing interpersonal loss as a traumatic, stressful life event. This perspective on bereavement is well

summarized in Rubin's account:

[Such loss is] a life crisis of great magnitude that forces change on the bereaved. As a consequence of loss, the bereaved undergoes a significant emotional behavioral upheaval. Personality patterns are susceptible to structural change, growth, or damage, as they would in any crisis state. As a result of loss, either transient or permanent change may occur (Rubin, 1982, p. 276).

Freud (1920) described traumatization as a sudden overload of the individual's psychic energies and not as a weakness of the nervous system. He found that posttraumatic reactions had common factors, including intrusive states that oscillated with denial and avoidance behaviors. Others (Horowitz et al., 1981; Horowitz, Wilner, Kaltreider, & Alvarez, 1980) have investigated traumatic life events, including death of a family member and the formation of posttraumatic stress disorder. They focused on denial-avoidance behaviors and intrusive thoughts and dreams. Very recently, van der Kolk, Greenberg, Boyd, & Krystal (1985) have investigated the physiological responses associated with trauma and posttraumatic stress disorders and compared them to the psychological symptoms of traumatic stress disorders.

The Suddenness of Death as a Factor in Bereavement

Studies have suggested that the suddenness of a trauma may also intensify the psychological stress reaction, since the ego is unprepared for the attack (Titchener & Kapp, 1976; Lifton & Olson, 1976; Lindemann, 1944; Horowitz, 1979b).

Suddenness of death has been suggested as a factor that contributes to difficulties in bereavement. The reactions to a sudden death have been associated with an increase in mortality rates among widows (Parkes, 1970). Studies have documented the

consequences of experiencing the death of a spouse, parent, or child (Glick, Weiss, & Parkes, 1974; Horowitz et al., 1981; Lehrman, 1956; Lundin, 1984; Rees and Lutkins, 1967; Sanders, 1979-1980; Singh & Raphael, 1981).

For example, Lundin (1984) found relatives who experienced a sudden death "were subject to increased psychiatric morbidity, and constituted a high risk group" (p. 86). He also found that the relatives of the accident victims showed higher rates of psychiatric morbidity than did the illness or control group. Although a control group was included for comparison, his total sample size, 32 (accidental death group = 17; illness group = 11; and infant death = 4), makes generalizability of these results questionable.

Researchers continue to differ about the effect of sudden loss on the intensity or duration of the grief reaction. Most contend that sudden, unexpected death has been indicated as a precursor for high levels of distress and poor outcomes of bereavement (Carey, 1977; Glick, Weiss, & Parkes, 1974; Lehrman, 1956; Lindemann, 1944; Parkes, 1975; Maddison & Viola, 1968; Vanchon et al., 1982a).

Lindemann (1944) interviewed 101 family members of victims killed suddenly and tragically in the Cocoanut Grove fire as well as a few survivors of soldiers killed in combat. He determined that the following 'syndrome' was common to the survivors: (1) feeling empty, (2) feeling weak or exhausted, (3) preoccupation with the image of the deceased, (4) feeling things were unreal, (5) emotional distancing from others, (6) feelings of guilt,

irritability, and hostility, (6) somatic complaints and, for some, difficulty sleeping. His conclusions were that, for most of the survivors, the bereavement reaction would resolve in a short period of time (four to six weeks), if proper intervention was forthcoming. This conclusion is now considered too optimistic (Lehman & Wortman, submitted).

Lindemann did acknowledge that a small percentage of his patients had an "acute or morbid grief response" that seemed to be an exaggerated grief response. The symptoms of the acute response included: suicidal thoughts, hyperactivity, and loss of interest in activities or relationships (1944, p. 144). Some of the patients in this group were surviving family members of military officers who had died in World War II. Lindemann (1944) suggested that the suddenness of death was a contributing factor in a prolonged or intensified bereavement reaction.

Glick, Weiss, & Parkes (1974), Parkes (1975), Maddison & Walker (1967), and Vanchon et al. (1982b) contend that unexpected death, especially sudden death, portends an intensified and/or prolonged bereavement period. Vanchon et al. (1982a), for example, determined in a study of 162 widows that "short final illness of the husband was also associated with high distress at 2 years, perhaps suggesting that the absence of opportunity for anticipatory grieving may lengthen the course of grief resolution" (p. 1001).

Parkes & Weiss (1983) suggest that such a loss, "injures functioning so severely that uncomplicated recovery can no longer be expected" (p. 94). For example, in the Harvard Study (Parkes, 1975), spouses were divided into a short preparation group

(terminal illness with less than two weeks to prepare) and a longer preparation group (more than two weeks to prepare). A year after their loss, the short preparation group had higher levels of depression and anxiety when interviewed. Only 13% of the short preparation group had what was termed "a good outcome rating," compared with a 59% good outcome rating in the long preparation group. This difference was significant at the $p = 0.0001$ level. Two to four years after the loss, those with little preparation still demonstrated significantly more distress and 72% were judged by the interviewers as moderately to severely anxious [in comparison, only 32% of the long preparation group had a similar rating (Parkes & Weiss, 1983)]. Although this study had a small sample population and relied solely on clinical interviews to determine functioning, the results seem to suggest that sudden loss can have severe and long-lasting ramifications for bereaved spouses.

In a study of 80 widows followed for a nine-month period, Ball (1976-1977) found that the widows who had experienced the sudden death of their spouse manifested a more intense grief reaction than was seen in widows who had anticipated the death. Glick, Weiss, & Parkes (1974) found that the anticipation of death did not reduce the intensity of the reaction. However, there was a positive correlation between advance warning and eventual satisfactory adjustment. Recovery was enhanced after deaths that were expected and less sudden.

Sanders (1979-1980), however, has found no significant difference between family members who had a relative die of a

chronic illness and those whose family member died suddenly. This study used the MMPI and a grief experience inventory as measurement instruments (p. 312). Sanders' research included bereavement following the death of a spouse, child, and parent, a scope that may have influenced the results. Homicides do not seem to have been included. The data were collected within a period of two months after the death, which may account for the lack of differences between the groups. The average age of the spouses in the younger group was nearly fifty years old.

It is difficult to compare results across studies, due to terminological and methodological differences. For example, what is meant by suddenness of death differs: Parkes (1975) used death within two weeks; Sanders (1979-1980), one week; Clayton & Darvish (1979), four days; Lundin (1984), two hours. Many of the studies did not consider the type or cause of death as a variable that needed to be controlled for in the study or failed to discuss it in the methodology section. Some studies included cancer, heart disease, and alcoholism in the same sample (Carey, 1977; Vanchon et al., 1982b), while others also included accidental deaths, suicides, and sudden infant death syndrome (Sanders, 1979-1980; Lundin, 1984).

Most of the studies did not use reliable or valid psychological instruments to measure the survivors' responses, but relied on differing interview techniques to gather their data (Bard, 1982; Bowman, 1980; Clayton & Darvish, 1979). Sample sizes have been small, and for the most part homicides have not been included in the research populations.

Summary

The results of the studies remain inconclusive. While suddenness of death has been suggested as a major factor in predicting bereavement difficulties, the majority of studies have only focused on deaths following sudden or chronic illnesses. Only a few studies have compared sudden death from accidents or disease with deaths from chronic illness. The results of these studies are also contradictory. Small sample sizes, methodological problems, and varying operational definitions of suddenness have contributed to the uncertainty surrounding this issue.

Pathologic Grief

Many labels or informal diagnoses have been given to a grief response that is considered atypical: pathologic grief (Shand, 1914), chronic grief (Anderson, 1949), morbid or acute grief (Lindemann, 1944), and pathological mourning and grief (Bowlby, 1980; Brown & Stoudemire, 1983).

It has been suggested that atypical grief responses have a predictable symptomatology (Volkart, 1975). In the different descriptions of these grief responses, the following symptoms were most often reported: depression, anxiety, emotional anesthesia (alexithymia), diminished responsiveness to the outside world, memory difficulties, recurrent and intrusive images, recurrent nightmares, exaggerated startle response, hypervigilance, guilt feelings, self-reproach, and feeling like more should have been done to prevent the tragedy. These symptoms are almost identical to those listed in the DSM-III diagnosis of posttraumatic stress disorder (Table 1).

Summary

Studies have yet to determine the symptoms of atypical reactions to bereavement. The reactions may represent a typical type of bereavement following a traumatic, violent, unexpected death, which would be different from the bereavement that follows an expected death due to chronic illness or natural causes. Most of the studies on bereavement have not focused on or included survivors of traumatic deaths in their research population. Thus the description of what is considered a "normal bereavement reaction" to a death may not actually represent the phenomenon experienced by the survivors of brutal, unexpected homicide or a horrendous, unexpected accident. What has been labeled as an atypical or pathologic grief reaction may have this label because studies have not investigated the typical reaction to a traumatic, unexpected death of a loved one.

Posttraumatic Stress Disorder

The Diagnostic and Statistical Manual of Mental Disorders (DSM-III, 1980) has included posttraumatic stress disorder as a new diagnostic classification. This is not a new clinical syndrome; however, it happens to be a formalized version of a group of symptoms previously classified under other categories. The symptoms include: gross stress reactions (DSM-I, 1952) and anxiety neurosis or transient situational disturbance (DSM-II, 1968), and have included less formal diagnoses, such as combat neurosis (Grinker & Spiegel, 1945; Kardiner, 1941), rape-trauma syndrome (Burgess & Holstrom, 1979), and post-Vietnam syndrome (Figley, 1978; Yager, Laufer, & Gallops, 1984).

The symptoms of posttraumatic stress disorder (PTSD) have been documented not only in the extensive literature concerning combat (see National Library of Medicine Literature Search No. 84-13), but also in natural disasters -- floods and storms (Logue 1978; Melick, Logue, & Frederick, 1982); accidental disasters -- airplane crashes, fires, and explosions (Frederick, 1980; Lindy, Green, Grace, & Titchener, 1983; Wilkinson, 1983); manmade disasters -- hostage-taking, bombings, and terrorism (Bastiaans, 1982); and holocaust (Eaton, Sigal, & Weinfeld, 1982; Ettinger, 1971).

The syndrome of PTSD follows exposure to severe traumatic events. The symptoms associated with exposure to trauma were first delineated in discussing emotional difficulties seen in combat soldiers (Grinker & Spiegel, 1945; Kardiner, 1941; Kardiner & Spiegel, 1947). The behaviors noted in soldiers after traumatic combat experiences were: fixation on the trauma, intrusive recollections, reduced level of interaction and functioning, hyperstartle responses, aggressive behavior, nightmares and sleep disturbances, and anxiety and depression.

Titchener & Kapp (1976) studied the psychological status of survivors of a natural disaster, the Buffalo Creek Dam disaster. A survivor syndrome was identified that seemed to have drastic, long-term effects on the personalities and life styles of the survivors.

Horowitz, Wilner, Kaltreider, & Alvarez (1980) undertook a clinical investigation of the signs and symptoms of posttraumatic stress disorder. The subjects of their study had definable psychological difficulties arising from a variety of stressful

life events. The authors noted that the sample was biased, since it contained only those motivated to seek help for their emotional problems. The stressful life events included death of a family member as well as bodily injury or loss owing to accident or violence. Since it was not the focus of the study, no mention was made of the precipitating cause of death and no attempt was made to discern differences among the subjects due to precipitating stress event (death due to homicide, accident, or illness).

The results, obtained using a variety of psychological instruments (e.g., SCL-90) and clinical interviews, documented the most frequently reported symptoms in a traumatic stress reaction to be intrusive thoughts and feelings that repeated certain aspects of the stressful event. These symptoms were reported by 75% of the sample. Other symptoms that occurred consistently were periods of feeling numb and avoidance behaviors. The avoidance symptoms develop as a means of controlling the painful intrusive thoughts and feelings. The authors did not seem to feel that sex, age, or personality type "exerted strong effects on the quality or intensity of responses" (Horowitz, Wilner, Kaltreider, & Alvarez, 1980, p. 91). The subjects' behaviors were not judged to represent unique responses but were simply seen to be responses that are more intense and frequent following serious life events. The subjects in the study underwent treatment in order to reduce their intense and painful behaviors.

Frederick (1985) has compared the traumatic responses to

various types of traumatic life events, including violence, hostage-taking, and natural disasters. He has found that the symptoms exhibited by the victims of crime were similar to those found in the victims of other types of trauma. It has also been suggested that that the relatives of victims of violence or murder may become secondary victims, feeling guilty and displaying similar symptoms (Frederick, 1980).

Summary

Posttraumatic stress disorder can occur in any individual after a serious traumatic event. The focus of research involving PTSD has dealt primarily with prisoners of war, Vietnam veterans, victims of physical assault, victims of natural disaster, holocaust survivors, and victims of rape.

Accidental Death Literature

Death due to an accident, especially motor vehicle crashes, represents the largest single cause of traumatic death among the civilian population in the United States (Baker, O'Neill, & Karpf, 1984). Approximately half of law-enforcement line of duty deaths in 1983 and 1984 were caused by accidents (Uniform Crime Reports, 1984). In 1984, 75 officers were killed accidentally; in 1983, 72 officers died accidentally. From 1976 to 1983, one-third of the population of 1365 officers who died in the line of duty lost their lives because of vehicle-related accidents (Schmidt, 1984). Little empirical research exists that examines the effect of vehicular accidents, either in the law-enforcement population or in the civilian population.

Shanfield & Swain (1984), in a study of parental bereavement after the loss of adult children in traffic accidents, found that

the parents continued to grieve intensely despite months and years having lapsed since the death. Higher than expected levels of psychiatric symptoms, as measured on psychologically reliable and valid instruments, indicated that depression and physical symptoms abounded. Differences in bereavement reactions were found between the different types of motor vehicle accident; however, due to small sample size, these results would need to be replicated before they can be substantiated. Shanfield, Benjamin, & Swain (1984) compared bereavement reactions to an accident to reactions in parents after the death of an adult child from cancer. Few of the bereaved parents of cancer victims demonstrated psychiatric symptoms higher than would be found in a normative population of nonpatients. The residual grief reaction was seen as minimal, with 70.8% reporting thoughts of the child, even years later, as the most troublesome reaction. Again, the small sample size makes the results somewhat tentative.

A very recent study has explored the long-term effects of losing a spouse or child in a motor vehicle crash (Lehman & Wortman, submitted). The study used reliable and valid psychological instruments and matched control and sample groups of both parents and spouses. The total number of respondents in the study was 106, including 39 individuals who had lost a spouse in a motor vehicle crash 4-7 years earlier and 39 matched controls. Also included were 41 parents who had lost a child in an accident and 41 matched controls.

The respondents who had lost a spouse were statistically different from the control group. The survivors reported higher

References

- Aleksandrowicz, D. R. (1982). Interminable mourning as a family process. In C. D. Spielberger, I. G. Sarason, & N. A. Milgram (Eds.), Stress & anxiety, Vol. 8 (pp. 235-241). Washington, DC: Hemisphere Publishing Corporation.
- Amir, Y., & Sharon, I. (1982). Factors in the adjustment of war widows in Israel. In C. D. Spielberger, I. G. Sarason, and N. A. Milgram (Eds.), Stress & anxiety, Vol. 8 (pp. 225-234). Washington, DC: Hemisphere Publishing Corporation.
- Anderson, C. (1949). Aspects of pathological grief & mourning. International Journal of Psychoanalysis, 30, 48-55.
- Baker, S. P., O'Neill, B., & Karpf, R. S. (1984). The injury fact book. Lexington, MA: Lexington Books.
- Ball, J. F. (1976-1977). Widow's grief: the impact of age and mode of death. Omega, 7, 303-333.
- Bard, M. (1982). The impact of homicide on surviving relatives. Final Report. (Grant No. ROIMH31685.) Rockville, MD: National Institute of Mental Health.
- Bard, M., Arnone, H., & Nemiroff, D. (1984). The impact of social context on the stress experienced by homicide survivors. Rockville, MD: National Institute of Mental Health.
- Bastiaans, J. (1982). Consequences of modern terrorism.

- In L. Goldberger & S. Breznitz (Eds.), Handbook of stress: theoretical and clinical aspects (pp. 644-645). New York: The Free Press.
- Bornstein, P. E., Clayton, P. J., Halikas, J. A., Maurice, W. L., & Robins, E. (1973). The depression of widowhood after thirteen months. British Journal of Psychiatry, 122, 561-566.
- Bowlby, J. (1980). Attachment & loss: Vol. 3. Loss: sadness and depression. London: Hogarth Press.
- Bowman, N. J. (1980). Differential reactions to dissimilar types of death: specifically the homicide/murder. Unpublished doctoral dissertation. United States International University.
- Brown, J. T., & Stoudemire, A. (1983). Normal & pathological grief. JAMA, 250(3), 378-382.
- Burgess, A. W. (1975). Family reaction to homicide. American Journal of Orthopsychiatry, 45(3), 391-398.
- Burgess, A. W., & Holstrum, L. L. (1979). Rape: crisis and recovery. Bowie, MD: Robert J. Brady Company.
- Campbell, D. T., & Stanley, J. C. (1963). Experimental and quasi-experimental designs for research. Chicago: Rand-McNally College Publishing Company.
- Carey, R. (1977). The widowed: a year later. Journal of Consulting Psychology, 24(2), 125-131.
- Clayton, P. J., & Darvish, H. S. (1979). Course of depressive

- symptoms following the stress of bereavement. In J. E. Barrett et al. (Eds.), Stress and mental disorder. New York: Raven Press.
- Clayton, P. J., Halikas, J. A., & Maurice, W. L. (1972). The depression of widowhood. American Journal of Psychiatry, 120, 71-78.
- Cobb, S., & Lindemann, E. (1943). Neuropsychiatric observations. Annals of Surgery, 117, 814-824.
- Cohen, J. (1977). Statistical power analysis for the behavioral sciences (rev. ed.). New York: Academic Press.
- Conser, J. A. (1980). Literary review of the police subculture: Its characteristics, impact and policy implications. Police Studies, 2(4) Winter, 46-54.
- Danto, B. L. (1975). Bereavement and the widows of slain police officers. In Schoenberg et al. (Eds.), Bereavement: its psychological aspects (pp. 150-163). New York: Columbia University Press.
- Derogatis, L. R. (1975a). The affects balance scale. Baltimore: Clinical Psychometric Research.
- Derogatis, L. R. (1975b). The SCL-90-R. Baltimore: Clinical Psychometric Research.
- Derogatis, L. R. (1977). SCL-90-R administration, scoring, and procedures manual. Vol. 1. Baltimore: Clinical Psychometric Research.
- Derogatis, L. R. (1982). Self-report measures of

stress. In L. Golberger & S. Breznitz (Eds.),
Handbook of stress: theoretical and clinical
aspects (pp. 270-294). New York: The Free Press.

Diagnostic and Statistical Manual of Mental Disorders
(1st ed.). (1952). Washington, DC: American
Psychological Association.

Diagnostic and Statistical Manual of Mental Disorders
(2nd ed.). (1968). Washington, DC: American
Psychological Association.

① Diagnostic and Statistical Manual of Mental Disorders
(3rd ed.). (1980). Washington, DC: American
Psychiatric Association.

Eaton, W. W., Sigal, J. J., & Weinfeld, M. (1982).
Impairment in holocaust survivors after 33 years:
data from an unbiased community sample. American
Journal of Psychiatry, 139(6), 773-777.

Eisenberg, T. (1975). Job stress and the police
officer: Identifying stress reduction techniques.
In W. H. Kroes & J. J. Hurrell (Eds.), Job stress &
the police officer: identifying stress reduction
techniques. Proceedings of Symposium. Washington,
DC: U.S. Government Printing Office.

Engel, G. L. (1961). Is grief a disease? A challenge
for medical research. Psychosomatic Medicine, 23,
18-22.

Ettinger, L. (1971). Organic & psychosomatic after-

- effects of concentration camp imprisonment.
International Psychiatry Clinics, 8, 205-215.
- Figley, C. R. (Ed.) (1978). Stress disorders among Vietnam veterans. New York: Brunner/Mazel.
- Fowler, F. J. (1984). Survey research methods. Beverly Hills, CA: Sage Publications.
- Frederick, C. J. (1977). Crisis intervention & emergency mental health. In W. E. Johnson (Ed.), Health in action. New York: Holt.
- Frederick, C. J. (1980). Effects of natural vs. human induced violence upon victims. Evaluation & Change. 71-75.
- Frederick, C. J. (1985). Selected foci in the spectrum of post-traumatic stress disorder. In J. Laube & S. Murphy (Eds.), Perspectives on disaster recovery (pp. 110-130). Norwalk, CT: Appleton-Century-Crofts.
- Freud, S. (1920). Beyond the pleasure principle. In J. Strachey (Ed. and Trans.), The standard edition of the complete psychological works of Sigmund Freud (Vol. 18). London: Hogarth Press.
- Freud, S. (1957). Mourning and melancholia. In J. Strachey (Ed. and Trans.), The standard edition of the complete psychological works of Sigmund Freud (Vol. 14, pp. 243-258). London: Hogarth Press. (Original work published 1917)

Gay, L. R. (1981). Educational research: competencies for analysis & application (2nd ed.). Columbus, OH: Charles E. Merrill Publishing Company.

Gay, M. (1982). The adjustment of parents to wartime bereavement. In C. D. Spielberger & I. G. Sarason (Eds.), Stress & anxiety, Vol. 8 (pp. 243-247). New York: Hemisphere Publishing Corporation.

Glick, I. D., Weiss, R. S., & Parkes, C. M. (1974). The first year of bereavement. New York: Wiley Interscience.

Goldsmith, J., & Goldsmith, S. (Eds.). (1974). The police community. Pacific Palisades, CA: Palisades Pub.

3
Green, B. L., Lindy, J. D., & Grace, M. C. (1985). Posttraumatic stress disorder: towards DSM-IV. The Journal of Nervous and Mental Disease, 173(7), 406-411.

Grinker, R. R., & Spiegel, J. P. (1945). Men under stress. Philadelphia: Blakiston.

Hoehn-Saric, R. (1983). Effects of THIP on chronic anxiety. Psychopharmacology, 80, 338-341.

2
Hoey, L. M. G. (1984). Study of the phenomenological experience of the survivor-victims of homicide. Unpublished doctoral dissertation, United States International University, San Diego.

Holmes, T. H., & Rahe, R. H. (1967). The social

- readjustment scale. Journal of Psychosomatic Research, 11, 213-218.
- Horowitz, M. J. (1979a). Depressive disorders in response to loss. In I. G. Sarason & C. D. Spielberger (Eds.), Stress & anxiety, Vol. 6. New York: John Wiley & Sons.
- Horowitz, M. J. (1979b). Psychological response to serious life events. In V. Hamilton & D. M. Warburton (Eds.), Human stress & cognition: an information process approach (pp. 235-263). New York: John Wiley & Sons.
- Horowitz, M. J., Krupnick, J., Kaltreider, W., Wilmer, W., Leong, A., & Marmer C. (1981). Initial psychological response to parental death. Archives of General Psychiatry, 38, 316-323.
- Horowitz, M. J., Wilner, W., Kaltreider, W., & Alvarez, W. (1980). Signs & symptoms of post-traumatic stress & adjustment disorders. Archives of General Psychiatry 37, 85-92.
- Kardiner, A. (1941). The traumatic neuroses of war. Washington, DC: National Research Council.
- Kardiner, A., & Spiegel, H. (1947). War stress and neurotic illness. New York: Hoeber.
- Kirschner, E. (1982). Data on bereavement and rehabilitation of war widows. In C. D. Spielberger & I. G. Sarason (Eds.), Stress & anxiety, Vol. 8

(pp. 219-224). New York: Hemisphere Publishing Corporation.

Kroes, W. H., Margolis, B. L., & Hurrell, J. J., Jr. (1974). Job stress in policemen. Journal of Police Science & Administration, 2(2), 145-155.

Krystal, H. (1978). Trauma & affects. The psychoanalytic study of the child, Vol. 3 (pp. 81-116). New Haven: Yale University Press.

4
Lehman, D. R., & Wortman, C. B. (1985). Long-term effects of losing a spouse or child in a motor vehicle crash. Manuscript submitted for publication.

Lehrman, S. R. (1956). Reactions to untimely death. Psychiatric Quarterly, 30(4), 564-578.

Levinson, P. (1972). On sudden death. Psychiatry, 35, 160-173.

Lifton, R. J., & Olson, E. (1976). The human meaning of total disaster: The Buffalo Creek experience. Psychiatry 39, 1-18.

Lindemann, E. (1944). Symptomatology and management of acute grief. American Journal of Psychiatry, 101(2), 141-148.

Lindy, J., Green, B., Grace, M., & Titchener, J. (1983). Psychotherapy with survivors of the Beverly Hills Supper Club fire. American Journal of Psychotherapy, 37(4), 593-611.

- Logue, J. N. (1978). Long term effects of a major natural disaster: the Hurricane Agnes flood in the Wyoming Valley of Pennsylvania, June 1972. Dissertation, Division of Epidemiology, Columbia University School of Public Health, New York.
- Lopata, H. Z. (1979). Women as widows. New York: Elsevier North Holland, Inc.
- Lundin, T. (1984). Morbidity following sudden & unexpected bereavement. British Journal of Psychiatry, 144, 84-88.
- Maddison, D., & Viola, A. (1968). The health of widows following bereavement. American Journal of Psychiatry, 12, 297-306.
- Maddison, D. C., & Walker, W. L. (1967). Factors affecting the outcome of conjugal bereavement. British Journal of Psychiatry, 113, 1057-1067.
- Manning, P. (1979). Policework: the social organization of policing. Cambridge, MA: The MIT Press.
- Marris, P. (1958). Widows and their families. London: Routledge & Kegan Paul.
- Melick, M. E., Logue, J. N., & Frederick, C. J. (1982). Stress & disaster. In L. Golberger & S. Breznitz (Eds.), Handbook of stress: theoretical & clinical aspects (pp. 613-630). New York: The Free Press.
- (S) Michalowski, R. J. (1976). The social meanings of

- violent death. Omega, 7(1), 81-98.
- Milgram, N. A. (1982). War related stress in Israeli children and youth. In L. Golberger & S. Breznitz (Eds.), Handbook of stress: theoretical & clinical aspects (pp. 656-676). New York: The Free Press.
- National Library of Medicine, Literature Search, No. 84-13. Post-traumatic stress disorder, January 1982 - June 1984.
- Niederhoffer, A., & Niederhoffer, E. (1978). The police family: from station house to ranch house. Lexington, MA: D.C. Heath & Co.
- Nixon, J., & Pearn, J. (1977). Emotional sequelae of parents and siblings following the drowning or near drowning of a child. Australian and New Zealand Journal of Psychiatry, 11, 265-268.
- Parkes, C. M. (1970). The first year of bereavement: a longitudinal study of the reaction of London widows to the death of their husbands. Psychiatry, 33(4), 444-467.
- Parkes, C. M. (1975). Unexpected and untimely bereavement: A statistical study of young Boston widows and widowers. In B. Schoenberg et al. (Eds.), Bereavement: its psychological aspects. New York: Columbia University Press.
- Parkes, C. M., & Weiss, R. S. (1983). Recovery after bereavement. New York: Basic Books.

- Paykel, E. S., Myers, J. K., Dienes, M. N., & Klerman, G. L. (1969). Life events and depression: a controlled study. Archives of General Psychiatry, 21, 753-760.
- Rees, W. D., & Lutkins, S. G. (1967). Mortality of bereavement. British Medical Journal, 4, 13-16.
- Rinear, E. E. (1985). Study of parental response to child murder. Unpublished doctoral dissertation, Temple University, Philadelphia.
- Robins, L. N., Helzer, J. E., Weissman, M. M., et al. (1984). Lifetime prevalence of specific psychiatric disorders in three sites. Archives of General Psychiatry, 41, 949-958.
- Rosoff, E. (1984). Variation in response to high stress in humans: An exploration among Vietnam veterans of some antecedent variables. Unpublished doctoral dissertation, California School of Professional Psychology, Los Angeles.
- Rubin, S. (1982). Persisting effects of loss: A model of mourning. In C. D. Spielberger & I. G. Sarason (Eds.), Stress & anxiety. New York: Hemisphere Publishing Corporation.
- Rynearson, E. K. (1984). Bereavement after homicide. The American Journal of Psychiatry, 141(11), 1452-1454.
- Sanders, C. M. (1979-1980). A comparison of adult bereavement in the death of a spouse, child and

- parent. Omega, 10(4), 303-323.
- Schmidt, A. (1984). Deaths in the line of duty.
Unpublished report. National Institute of Justice.
- Shand, A. F. (1914). The foundations of character.
London: Macmillan Co.
- Shanfield, S. B., Benjamin, G. A. H., & Swain, B. J.
(1984). Parents reaction to the death of an adult
child from cancer. The American Journal of
Psychiatry, 141(9), 1092-1094.
- Shanfield, S. B., & Swain B. J. (1984). Death of adult
children in traffic accidents. The Journal of
Nervous and Mental Disease, 172(9), 533-538.
- Singh, B., & Raphael, B. (1981). Postdisaster morbidity
of the bereaved: A possible role for preventive
psychiatry? The Journal of Nervous Disease, 169(4),
203-212.
- Stroebe, M., Stroebe, W., Gergen, K. J., & Gergen, M.
(1982). The broken heart: reality or myth? Omega,
12(2), 87-104.
- Taylor, A. J. W., & Frazer, A. G. (1982). The stress of
post-disaster body handling and victim
identification work. Journal of Human Stress, 8, 4-
12.
- Titchener, J. L., & Kapp, F. T. (1976). Family and
character change at Buffalo Creek. American Journal
of Psychiatry, 133(3), 295-299.

Uniform Crime Reports. (1983, 1984). U. S. Department of Justice - F. B. I.

Vanchon, M. L. S., Rodgers, J., Lyall, W. A., Lancee, W. J., Sheldon, A. R., & Freeman, S. J. J. (1982a). Predictors and correlates of adaption to conjugal bereavement. American Journal of Psychiatry, 139(8), 998-1002.

Vanchon, M. L. S., Sheldon, A. R., Lancee, W. J., Lyall, W. A., Rodgers, J., & Freeman, S. J. J. (1982b). Correlates of enduring distress patterns following bereavement: social network, life situation and personality. Psychological Medicine, 12, 783-788.

van der Kolk, B., Greenberg, M., Boyd, H., & Krystal, J. (1985). Inescapable shock, neurotransmitters and the addiction to trauma: Toward a psychobiology of post-traumatic stress. Biological Psychiatry, 20, 314-325.

Volkan, V. D. (1975). Re-grief therapy. In B. Schoenberg et al. (Eds.), Bereavement: its psychosocial aspects. New York: Columbia University Press.

Vollman, R. R., Ganzert, A., Ficher, L., & Williams, W. V. (1971). The reaction of family systems to sudden and unexpected death. Omega, 2, 101-106.

Weisman, A. D. (1973). Coping with untimely death.

Psychiatry, 36, 366-378.

Wilkinson, C. B. (1983). Aftermath of a disaster: the collapse of the Hyatt Regency Hotel skywalk.

American Journal of Psychiatry, 140, 1134-1139.

Williams, W. V., Lee, J., & Polak, P. R. (1976). Crisis intervention: effects of crisis intervention on family survivors of sudden death situations.

Community Mental Health Journal, 12(2), 128-136.

Yager, T., Laufer, R., & Gallops, S. M. (1984). Some problems associated with war experience in men of the Vietnam generation. Archives of General

Psychiatry, 41, 327-333.

Yamamoto, J., Okonogi, K., Iwasaki, T., & Yoshimura, S. (1969). Mourning in Japan. American Journal of

Psychiatry, 125(12), 1660-1665.

levels of depression on the depression instruments and judged their lives more negatively than the control group did. People who had lost spouses reported significantly more psychiatric symptoms on the SCL-90 than did the matched controls. Only one scale on the SCL-90 reached significance when comparing parents who lost a child with the matched controls. Both parents and spouses, even seven years after the death, still reported unwanted memories intruding in their thoughts (57% of bereaved spouses; 74% of bereaved parents). Both parents and spouses reported that thoughts or mental pictures of the deceased intruded in their thoughts (90% of spouses; 98% of parents). None of the respondents were able to block these intrusive and painful thoughts. Forty-five percent of the spouses and 51% of the parents continue to have flashbacks in which they relive the events of the accident. Spouses (51%) and parents (66%) reported wishing that they had done something different so their loved one would still be alive. Spouses (38%) and parents (36%) both reported that sometimes they felt that the death was not real and that they would wake up and it would have been a dream. Some even imagined that their spouse or child would return.

Summary

Deaths in a motor vehicle accident have been shown to produce intense symptoms in spouses and parents of the victims even seven years after the accident. While the sample populations studied were small, the use of control groups made comparisons with nonbereaved populations possible. However, comparison between surviving family members of homicides and survivors of other traumatic deaths still has not been done.

Homicide Death Literature

Homicide is considered the tenth leading cause of death in the United States (Uniform Crime Reports, 1983), yet few studies have investigated the impact of this type of loss on surviving parents or spouses. Very few empirical studies exist that have used a rigorous research design and have examined bereavement after homicide. Even these studies suffer from use of invalid psychometric instruments and small sample populations, and are anecdotal or descriptive. Very few studies try to classify the symptoms using rigorous statistical processes and well-validated psychological measurements.

In 1984, 72 sworn law-enforcement officers died due to homicide in the United States. In 1983, 80 officers died feloniously (Uniform Crime Reports, 1984). Many data exist on how these officers died, but almost no data exist concerning the psychological impact of such a loss on the family and the other police officers. No studies have focused on spousal reactions to the murder of a husband or wife.

Parental Reactions to Homicide

Burgess (1975) describes the existence of a homicide-trauma syndrome that is a reaction to the suddenness of the loss and to the fact that a loved one was murdered. However, Burgess provides little information about methodological issues: unstructured interviews were conducted on only nine individuals.

Hoey (1984) expresses the opinion that the sudden, felonious death of a loved one can be viewed as a disaster. In a descriptive study involving a series of unstructured interviews

with 11 survivors of homicide victims. Hoey found some themes running through the interviews: denial, shock, an extended mourning period, and a desire to discuss the death.

Bowman (1980) also attempted to study the reactions of family members to the murder of a loved one (including her own child's murder). She observed that the level of anger differentiated the homicide bereavement process from that experienced by other survivors. Again, the generalizability of these results is questionable. The data were based on semi-structured interviews with eight family members of homicide victims. Bowman encouraged the interviewees to describe their experiences and then organized the material thematically. The interviews were neither structured nor clinical in design, nor were valid measurements used to assess the survivors' functioning. However, Bowman's studies delineated the intense grief reaction and the long duration of the symptoms. Despite the severe limitations of her study, Bowman described a bereavement response after homicide that included a period of intense rage and guilt, shock, numbness, grief, and fear.

Another investigator (Rinear, 1984) studied parental response to child murder. The study population was drawn from a national support group network located throughout the United States. The large sample size (N = 250) and the use of valid and reliable instruments (Texas Grief Inventory and the Life Events Index) differentiate this study from the others discussed. The respondents were bereaved from under a year to over five years. The researcher found that the scores on the grief inventory were similar across the time frame but no clear indication was given

about how these time-related data were obtained. The symptoms reported by more than 50% of the respondents were: feeling numb or stunned (reported right after murder through first two years following the murder), dreams and nightmares about the death (reported right after the death through the first year afterward), sleep disturbances (reported from right after the murder through one year afterward), and intrusive thoughts (reported within one to two years of the murder).

Summary

A few studies have investigated parental reaction to child murder. For the most part, these studies have been descriptive and have given the impression, since no comparison groups were used, that bereavement after homicide presents a unique situation. An exception is the study by Rinear (1985) that used valid measures of psychological distress and grief and a large population. No studies focused solely on the reaction of spouses to a homicide.

Homicidal Bereavement Related to PTSD

Two studies exist that suggest that the bereavement response to homicide can be designated as PTSD (Bard, 1982; Rynearson, 1984).

Bard's exploratory study sought to compare surviving relatives of homicide victims with surviving family members of motor vehicle fatalities and suicides. Less than 10% of the identified sample population agreed to participate. The total sample was 40 persons (1982, p. 3). The study was anecdotal and descriptive in design, and no psychological measures were used to

assess the impact of the loss on the survivors.

The conclusions put forth by Bard's study are very tentative, owing to its methodological flaws. However, as an exploratory study, it does provide information about a neglected topic. The results seem to indicate that the survivors of victims of homicides and victims of accidents may display symptoms of PTSD during the first year after the loss. These two groups were superficially different from the relatives of suicide victims. No substantiating data exist to verify these findings. Another exploratory and descriptive study was undertaken by Rynearson (1984) using a small sample (15 subjects) who had experienced the homicide of a relative. All of the subjects previously had experienced the non-homicide death of another family member. After conducting psychiatric interviews with all subjects, Rynearson diagnosed their reactions as posttraumatic stress disorder. This diagnosis would thus lead to a therapeutic intervention that was supportive and focused. The author felt that treatment of this problem should differ from treatment of psychopathology.

Summary

Only two exploratory studies have suggested that the surviving family members of homicide victims display symptoms consistent with PTSD.

Military and Law-Enforcement Bereavement

Military Deaths

The only literature that can be compared with law-enforcement line-of-duty death comes from the military experience -- studies of the effect of the loss of the soldier in wartime on family

members (Amir & Sharon, 1982; Aleksandrowicz, 1982; Gay, 1982; Milgram, 1982).

Israel provides the most in-depth research concerning war and bereavement. Kirschner (1982) conducted a study of widows of the Six Day War and widows of the Yom Kippur War. The sample consisted of 92 widows. The widows of both wars reported high frequencies of mental and physical distress. They reported high frequencies of headaches, sleep disturbances, depression, and general weakness, even eight years after the death. However, they were able to continue with their responsibilities and professions. A large percentage (70%) reported difficulty accepting the reality of the death. It is also of interest to note that even though the husbands were soldiers fighting in a war, the death was still seen as unexpected and sudden: "In the case of war widows the news always came as a shock even though half of the widows reported that they had discussed with their husband the possibility of his being killed before he left for the front" (1982, p. 220).

Although the widows reported considerable physical and psychological distress in their private lives (Amir & Sharon, 1982; Kirschner, 1982), bereaved parents (Gay, 1982) reported the most intense suffering, even three years after the death of the son in war. Aleksandrowicz (1982) reported on case studies of abnormal or pathologic mourning in the families of Israeli soldiers. The families studied could not complete the process of mourning and failed to begin healing after the death of their son. Lindemann (1944) also included a few cases of relatives

suffering pathologic grief responses after the loss of a soldier in war.

Summary. Studies demonstrate that the spouses and parents of soldiers killed in war continue to have symptoms of psychological and physical distress even eight years after the death. Widows were not prepared for the death and suffered intense distress, even though they had discussed the possibility of death with their spouses and they knew of the dangers associated with war.

Police line-of-duty death

The death of police officers in the line of duty can be compared to soldiers dying in war, but some differences do exist that may create difficulties for the police widows. The death usually occurs in close proximity to the home and the survivor may have to pass by the scene of the death. No foreign enemy exists, and the murderer may have been a member of the community. The media coverage of the death is extensive, since it is a singular event, while a soldier's death may not become such a focal point during a war. The police survivor also has to face the investigation and the trial of the killer.

Only a small pilot study focused on police officers killed suddenly in the line of duty. Danto (1975) interviewed ten widows of police officers from Detroit and determined that their bereavement reactions were similar to those of other widows. All the widows reported psychological and physical symptoms of distress. Danto reported that symptoms abated in a relatively short period of time: sleep disturbances in 6 months, crying spells in 6 months, reduced interest in activities in 3-6 months, feelings of hostility in 1 month, and suicidal fantasies in 1

month.

It has been said that while death is an absolute, "a differential personal significance is attached to the willful acts of felons" thus the social response to death varies according to the perceptions of individuals and to the symbolic representation for society (Michalowski, 1976, p. 87).

Thus, the death of a police officer, especially the murder of a police officer, may represent more than the tragic loss of an individual. This may explain why a police department's response to the families of slain officers often varies according to the type of death experienced. The homicide is seen as the more tragic. It may also explain the lack of research interest in the psychological response of the survivors of police officers killed in the line of duty. This point of view has been summarized by Manning:

The loss of a police life can be seen as an indication of the vulnerability of the society, of the weakness of the sacred moral binding of the society, and of the reduced capacity to deter such acts. If the protectors of a social order are themselves vulnerable, if even such sacred symbols as the flag (worn on the vehicle, on police identification tags, as tie clips, lapel pins, decal, and bumper stickers) and the city's seal; secular symbols of power, such as guns, truncheons, and handcuffs; and symbols of technology and science, such as radios, computers, electronic watches, and bullet-proof vests cannot protect the protectors, then doubts are raised about the protective power of the symbols and the order they represent (Manning, 1979, p. 7).

Summary

The Need for Further Research

Few studies have investigated the process of bereavement after homicide or accidental death, although accidents and

homicides constitute the majority of sudden, unexpected deaths experienced in our society. The dimensions involved in these losses, such as violence and trauma, need to be investigated using proper measurement techniques and research design.

While suddenness of death has been suggested as a major factor in predicting bereavement difficulties, the majority of studies have focused on deaths following sudden or chronic illnesses. Only a few studies have compared sudden death from accidents or disease with deaths from chronic illness. The results of these studies are also contradictory. Small sample sizes, methodological problems, and varying operational definitions of suddenness have contributed to the uncertainty surrounding this issue. The suddenness of the deaths is a factor that contributes to an intense and extended bereavement reaction in survivors of victims of homicide and accident victims, and its full effects need to be investigated.

Studies have yet to determine what constitutes a typical response to traumatic bereavement. Most of the studies on bereavement have not focused on or included survivors of traumatic deaths in their research population. Thus the description of what is considered a "normal bereavement reaction" to a death may not actually represent the phenomenon experienced by the survivors of brutal, unexpected homicide or a horrendous, unexpected accident. What has been labeled as an atypical or pathologic grief reaction may have this label because studies have not investigated the typical reaction to a traumatic, unexpected death of a loved one.

Posttraumatic stress disorder can occur in any individual

after a serious traumatic event. The focus of research on PTSD has dealt primarily with prisoners of war, Vietnam veterans, victims of physical assault, victims of natural disaster, holocaust survivors, and victims of rape. Studies have yet to determine if survivors of accident and homicide victims meet the criteria of PTSD. The prevalence of this disorder after accidental or felonious death also has not been established.

Only a few studies have investigated parental reaction to child murder. For the most part, these studies have been descriptive and have given the impression, since no comparison groups were used, that bereavement after homicide presents a unique situation. No studies have focused on the reaction of spouses to a homicide. Only two exploratory studies have suggested that the surviving family members of homicide victims display symptoms consistent with PTSD.

Deaths in a motor vehicle accident have been shown to produce intense symptoms in spouses and parents of the victims, even seven years after the accident. While the sample populations were small, the use of control groups made comparisons with non-bereaved populations possible. However, comparison with surviving family members of homicides or other traumatic deaths still has not been made.

Deaths of police officers in the line of duty have some similarities to the line-of-duty deaths of military personnel, but extra difficulties may arise for the survivors of police officers, since the deaths occur close to home. The assumption that survivors of slain police officers and military personnel

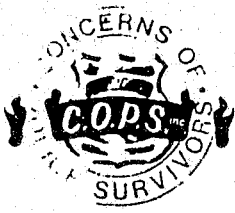
are more prepared for death of a loved one because they were well aware of the dangers associated with their occupation and thus not as affected by these deaths has never been proved to be a fact. This perception may be related to society's need to see police officers and soldiers as invincible and ready to protect us at all costs.

Conclusion

The review of research has addressed the following areas:

- (1) theoretical perspectives on bereavement
- (2) sudden, unexpected death and its relationship to the intensity and duration of bereavement reactions
- (3) posttraumatic stress disorder as a diagnosis for surviving spouses of victims of sudden, unexpected deaths
- (4) accidental death and felonious death as precursors of posttraumatic stress reactions
- (5) psychological impact of line-of-duty death in law enforcement and in the military.

The results of this literature review justify the study described here, which was designed to explore the effects of sudden death, accidental or felonious, on survivors and to determine whether the response of family members is consistent with posttraumatic stress disorder. These areas have, until now, received minimal research attention.



Concerns of Police Survivors, Inc.

16921 Croom Road • Brandywine, Maryland 20613

Reaching Out To Help America's Police Survivors

COPS BOARD COMPRISED OF "GOOD MIXTURE" — Police survivors nationwide have elected great people to their National Board and these representatives offer a "good mixture" of survivors. The elected Board includes four widows, one parent, and one sister of fallen officers. Another Board seat is held by a representative of the Grand Lodge Ladies Auxiliary of the Fraternal Order of Police, the moving force behind the police survivor movement. Three of these Board members lost their law enforcement officer through felonious action and three lost their officer through an accidental injury. One Board member, John Tomlinson, is himself a 30-year veteran of law enforcement.

Interests of the Board members also vary. Tomlinson is interested in working to make death benefits available to "first survivors" of the independent police officer who dies in the line of duty and whose family is often exempt from receiving any state or federal death benefit. The mothers of children on the Board are concerned with the educational benefits being available not only to their children but to them, too. And the younger widows without children and widows whose children have left home are concerned about their aloneness.

Concerns of Police Survivors proudly brings you biographical information on the leaders chosen by the police survivors themselves to direct the COPS effort for 1985/86.

VOL. 1, NO. 1

COPS NEWSLETTER

DECEMBER 1985

Yolanda Cline - President



Yolanda Cline was elected President of COPS on May 14, 1985. Events of the night of February 24, 1983, made Yolanda a Police Survivor. Her husband, Jerry, an Albuquerque, New Mexico, Police Of-

ficer, responded to a "man with a gun" call and was shot by a drifting felon from Texas. Jerry's killer now sits on death row.

Yolanda was in Washington, D.C. on May 14, 1984, when COPS was organized at the First National Police Survivors' Seminar. She feels a strong need to help others cope with their sense of loss, grief, worry and fear. Before Jerry's death, Yolanda taught freshman social studies at Menaul High School in Albuquerque. The Cline family, Mendi (14), Cindy (10), and G.T. (3), now enjoy their mom's job as house-mother. They know she is putting in a lot of time toward the COPS effort and are proud of their mother's accomplishments.

In addition to keeping in constant touch with police survivors nationwide, Yolanda is gathering information on the educational benefits available to police survivors across the Nation. Her goal is to have legislation introduced that will grant New Mexico's surviving police children and spouse a college education at state expense.

Yolanda has assisted with presentations on the COPS program at the National Sheriffs' Association Conference, the International Conference of Police Chaplains, and the National Organization for Victim Assistance. Her presentations have focused in on the police survivor's perspective which only the police survivor can tell.

Yolanda Cline, President
Concerns of Police Survivors
1208 Arizona, NE
Albuquerque, NM 87110
(505)-266-1063

Cheryl Reimann - Trustee-At-Large



Cheryl Reimann, 33, of North Chicago, Illinois, is now serving as Trustee-at-large. She became a police survivor on January 6, 1984, when her husband, Robert Curt Reimann, Jr., was hit by a semi-truck as he

and other police officers were making a felony stop on an expressway. The original call, a reported home invasion, was later found to be a prank by a college student.

Cheryl and Bob were college sweethearts, graduating the same day in 1974 from Southern Illinois University, Carbondale. Bob was a 9-year veteran of the Highland Park Police Department and played semi-pro baseball. Cheryl is a newspaper reporter in the suburbs of Northbrook, Glenview and Deerfield. She formerly worked as a substitute high school teacher.

Cheryl hopes to work on the publicity aspect of the COPS program using her background in journalism. Cheryl has no children and knows first-hand the problems other childless widows are having in coping with the special needs of this segment of police survivor. She looks forward to giving her insight into the COPS program from the public relations standpoint.

Mrs. Cheryl Reimann, Trustee-at-Large
3369 Beacon #10
North Chicago, IL 60064
(312)-473-0831

John Tomlinson - Eastern Trustee

John Tomlinson lost his police officer daughter, Doreen A. Tomlinson, on June 26, 1984, six days after a traffic accident left her totally dependent on life-support equipment. John is a Commander on the Pawtucket, RI, Police Department where his daughter also served as a patrol officer.

Born and raised in Pawtucket, John and his wife of 31 years, Alice, raised 6 children. During his 30 years of police service to the Pawtucket Police Department, John rose through the ranks and earned a BA from Salve Regina College, Newport, RI, in administration of justice.

Since the loss of his daughter, John has worked for passage of a death benefits bill for survivors of Rhode Island law enforcement officers killed in the line of duty which makes a one time \$10,000 payment available to the 'first survivor.' The uniqueness of this bill allows for a single officer's 'first survivor', whether it be a parent, sibling or a grandparent, to receive this benefit. John Tomlinson's efforts in behalf of passage of the legislation are especially commendable since the Tomlinson family did not receive this benefit. This legislation passed during Rhode Island's last legislative assembly.

Ironically, John's youngest son will graduate from the Pawtucket Police Academy on December 6, 1985, two years and one day following his sister Doreen's graduation.

Mr. John Tomlinson, Eastern Trustee
98 Whittier Lane
Pawtucket, RI 02861
(401)-726-1583

Laura Miller - Central Trustee

Laura Miller became a police survivor on December 13, 1983, when her husband, Officer Phillip A. Miller, was killed feloniously in the line of duty while responding to a burglar-alarm call at a Kansas City, MO, high school. A first degree murder sentence with two consecutive life terms was given to Miller's killer, and Laura has survived the death, trial, and daily coping problems thanks to her three-year-old daughter, Christine. Studying for her degree in business administration, Laura feels the need to give back to the police survivors some of the strength and understanding she received while attending the First and Second National Police Survivors' Seminars in Washington,

See MILLER, Pg. 2

MILLER, From Pg. 1

D.C. 'I still have my days that get me down, but I'm not going to let them count me out.' Laura feels she has much to contribute to the COPS effort. She feels the trusteeship set up on the Board should even extend to the state level so that survivors of each state can set up their own support network. She has met with police departments and police organizations in her state trying to further the understanding of all about the special needs of police survivors.

Mrs. Laura Miller, Central Trustee
5918 Woodside
Kansas City, MO 64133
(816)-353-4856

Maggie Smith-Harvey Mountain Trustee

Maggie Smith-Harvey of Phoenix, Arizona, became a police survivor on September 17, 1984, when her brother, Daniel Smith, an Essex County Police officer, in Newark, New Jersey, was killed in a felonious action. Maggie's family has just lived through a three week trial which saw the sentence of 'life plus 22 years with no probation and no parole' handed down to her brother's killer. Law enforcement has always been a part of Maggie's life; her father, too, died in the line of duty of a heart attack during the riots in Newark, New Jersey, in 1968. Having lost so much to law enforcement, Maggie still wants to contribute her part to the cause. She is training to be a dispatcher with the Arizona Department of Public Safety and looks forward to making herself available to the survivors of the Mountain Time Zone and any other sibling survivors that may need to talk.

The Mountain Time Zone that is Maggie's responsibility also has the State of Texas included since the number of deaths in Texas is so large and the mountain states are so few. Texas survivors should feel free to contact Maggie.

Mrs. Maggie Smith-Harvey,
Mountain Trustee
802 E. Country Gables Drive
Phoenix, AZ 85022
(602)-863-4849

Trish Stimson - Pacific Trustee



Trish Stimson will serve as the Pacific Time Zone Trustee. She lives in the Alaskan bush village of Cordova and enjoys seeing the bear, mountain goats, and eagles from her front porch. Her son Shawn, 21, is serving in

the U.S. Navy with the Seabees.

During a search and rescue mission in January 1983, John Stimson, a First Sergeant with the Alaska State Troopers, Division of Fish and Wildlife Protection, and a helicopter pilot crashed. Having survived the crash, both men faced spending the entire night without hope of being rescued themselves. During the night, John gave up his own survival gear to save the life of the pilot. Trish is active in the local historical society, attends college, serves as an advisor to the community school board, teaches belly dancing, loves fishing, traveling, reading and painting. She feels her experience as President of the local Arts Council will help her make decisions that will be important to getting the COPS organization on firm ground, since sound organizational skills are necessary to make necessary management decisions. Trish also feels she can relate to the police widow whose children have gone off on their own... she knows firsthand how lonely their lives can seem. But Trish has found much comfort in her social activities and traveling and the police survivor friends she has made during her two visits to the National Police Week activities in Washington, D.C.

Mrs. Trish Stimson, Pacific Trustee
Box 218
Cordova, AK 99574
(907) 424-3244

Trudy Chapman - Auxiliary Trustee

Trudy Chapman, Immediate Past President of the Fraternal Order of Police Ladies Auxiliary, serves as a Trustee on the COPS Board. During Trudy's term as Auxiliary National President, the FOP Ladies Auxiliary focused its attention on the number of police deaths and the lack of public awareness of law enforcement's losses. Through the efforts of the Ladies Auxiliary, a National Peace Officers' Memorial Day Service is held yearly on May 15th on the U.S. Capitol grounds in Washington, D.C., and the COPS program was born. COPS has granted this Trustee's seat to the FOP Ladies Auxiliary in recognition of the work done in behalf of police officers and police survivors.

Trudy's husband, Bill, will retire from the Phoenix, AZ, Police Department at the end of 1985; but Trudy still vividly remembers her close call with becoming a police survivor when Bill was shot effecting an arrest. Luckily Bill was not seriously injured but Trudy is thankful that he will have the opportunity to retire after 30-plus years in law enforcement. With her background in the functioning of national organizations, Trudy hopes to contribute much in the way of management, organization, and implementation of the COPS program. We hope other police spouse organizations will free to contact Trudy with their inquiries into the COPS program.

Trudy Chapman, Auxiliary Trustee
4101 W. Yorkshire Drive
Glendale, AZ 85306
(602)-434-5170

President's Message

by Yolanda Cline



The past six months have been busy ones for me. I've traveled to Dallas, Memphis, and Hawaii to address national organizations spreading the word about the works of COPS. I've made many valuable contacts and have been amazed that these people do, indeed, fail to recognize police officers and their surviving families as victims. I've seen police officers squirm while talking with 'a widow'. And I'm afraid that in many cases it is true... we are the bad reminder of the ultimate law enforcement may require of its officers. I've talked with religious people who see it so vitally important to address the spiritual needs of convicts, yet they fail to see the need to be available to the widows. And I've heard many refer to me as the 'rich widow'. True, I may have more money at hand than I did when Jerry was living, but I'd gladly give it up just to have him back. These are issues we must make people understand.

Thanks to the National Institute of Justice of the Justice Department, COPS is functioning under a Federal grant which will allow us to address issues and work to correct the wrongs that have been done to our police survivors nationwide. It is heartening to see our government officials recognize that we are people who have lost much and that our loss should be acknowledged by the entire Nation. We must specifically single out the following people and extend our heartfelt thanks: Mrs. Lois Haight Herrington, Assistant Attorney General; Mr. James Stewart, Director, NIJ; Ann Schmidt, the COPS grant monitor; and Mr. Gil Kerlikowske, who served as the COPS grant monitor during his fellowship tenure at NIJ. Without the support of these government officials, COPS would not be researching our emotions, researching the departments nationwide to see how they handle police death, allowing us to provide services to police survivors as more and more join our ranks, or spreading the word on how best to handle our police survivors.

In the months and years ahead, I see Concerns of Police Survivors doing great

See *PRESIDENT*, Pg. 3

things. There will be model death notifications devised so that no police spouse will ever be told that devastating information through a phone call. No surviving spouse will ever have to on their own investigate the death benefits available to their family. And no police survivor will ever want for a college education and worry about having the funds available to achieve that personal goal.

Police survivors, police organizations, and law enforcement agencies are being made aware of the needs and concerns of their police survivors. But our work isn't done; and we need your help. Get involved in your own area. Ask your department if you can be part of their next orientation program for new recruits and their families. Make suggestions on how to be better prepared to handle the loss of police life. With the holiday season fast upon us and the spirit of giving being felt by all, all of us should commit ourselves to making things better for the police survivors that are to come. We can truly make things easier for them by reaching out to them and letting them know we do understand. We have, unfortunately, earned the title 'Police Survivor'.

Executive Director Reports

by Suzie Sawyer

At the suggestions of the COPS President, I would like to introduce myself to most of you for the first time. I am the wife of a Pringe George's County, MD, officer who is alive and well and still policing. As a member of a police wives' group that recognized the need to pay tribute on a yearly basis to the officers who laid down their lives for the citizens of our County, we became involved in promoting Police Week. But we realized that even this on the local level wasn't enough. This realization took place nearly 20 years after the signing by John F. Kennedy of the Presidential Proclamation setting aside the week holding May 15 as National Police Week. And after 20 years it still seemed nobody had ever heard of National Police Week. After being elected to a national office with the Fraternal Order of Police Ladies Auxiliary, we set about devising a national program that would not only improve the image of law enforcement officers and honor those officers who gave the ultimate sacrifice: but it also made law enforcement nationwide aware of our Ladies Auxiliary.

The most challenging idea was to sponsor a National Peace Officers' Memorial Day Service each year. It wasn't an easy task to undertake and there seemed to be barriers every step of the way. The first Memorial Service was held May 15, 1982, with only 125 attendees. . . .not a good turnout, but we'd proven to ourselves that it could be done. The following year we were able to make contact with the families through their police departments and on May 15, 1983, we

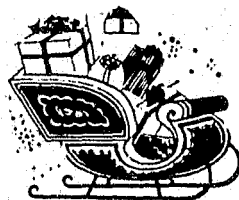
found 600 people in Senate Park for the ceremony and 10 surviving families were represented. We were encouraged by the growth; but in talking with the surviving families, they wanted more. 'It would be great to have a planned program for the families. We could do so much for each other even if we just talked.' Their wish was our command and on May 14, 1984, the first National Police Survivors' Seminar was held in conjunction with the Memorial Service held the following day. We found 115 police survivors calling for formation of their own organization to address their special needs and concerns. A unanimous vote was taken at the Seminar and brought about the birth of Concerns of Police Survivors, Inc. Serving as coordinator for both the Seminar and Memorial Service won me the title of Executive Director of COPS, as the survivors granted me the privilege of serving in their behalf. The Memorial Service that year, by the way, had over 2,000 attendees.

The year 1985 brought great promise for the COPS organization. Federal funding was secured from the National Institute of Justice and COPS was on its way to making great strides in behalf of the police survivors. The second Police Survivors' Seminar was sponsored by COPS in 1985 and the Memorial Service found over 3,300 people attending in Senate Park. Over 125 police survivors attended the Seminar and Memorial Service, representing 1/3 of the families nationwide who had lost an officer to the law enforcement profession.

Once again in 1986 I will serve as Memorial Service coordinator and that activity will be held on Thursday, May 15. I will also plan the Police Survivors' Seminar. The Seminar will be held May 16 and 17 at the Greenbelt Hilton, Greenbelt, Maryland, 15 miles outside the Nation's Capitol. Additional information on the 1986 Police Week activities appears elsewhere in this newsletter. This will be the first time the Memorial Service will be held before the Seminar and a new focus will develop for the seminar. Rather than talking about past history and the death, the Seminar will focus on the future and the problems it will bring.

If you are a 1985 police survivor, I hope I will have the opportunity to meet you in Washington during Police Week 1986 so that you can see firsthand what COPS is doing to make life for the police survivors of America a little easier. If you are a police survivor from previous years, we'd love to have you back. You can also be a comfort to 1985's survivors.

I hope this bit of background on me has helped you understand why I'm working for COPS and why your concerns have become my concerns. It gives me a great sense of accomplishment to have organized the seminars and COPS organization itself for YOU—the police survivor.



From the Program Director

by Fran Stillman

During this past year we have asked you to fill in questionnaires, to talk to us about your needs and concerns, and to send us information concerning the death of your loved one. We have asked you to tell us about your emotional and physical health following your loss. We have asked and you have willingly responded. We thank you for your effort and the time you have given.

We realize for you who are newly bereaved, and even for the many of you who lost loved ones years ago, that thinking about the events brought back feelings and memories that were painful. Some survivors felt comfort in realizing that others felt and responded the same way. They also came to realize that they are not alone.

The response to our questionnaire was excellent. The information from this questionnaire has been entered into a computer; and when we have the final results, you will receive copies of the report. We will also be available to answer any of your questions.

At this point, only very preliminary results have been correlated. One bit of information, however, needs to be talked about since the holidays are approaching. The holidays are a time of joy, warmth and peace, when families get together. For many, unfortunately, this will be the first holiday since the death of their loved one. Holidays and other family events, such as birthdays and anniversaries are good times that we associate with good feelings; however, we may not realize that these are the times when we experience the void left by the loss of loved ones the most. Sometimes we think we are prepared but, the intensity of the feelings may surprise us, making us feel we are not responding appropriately. We may try so hard to make these important occasions turn out right, only to be startled by these unexpected, but so very normal, feelings.

The COPS research is beginning to show us that a sudden and unexpected loss not only brings on negative feelings like depression and anxiety that may slow us down and make it difficult to do things, but seems to take away many positive feelings as well. Even after time passes and the depression and sad feelings lessen, the positive feelings such as joy, contentment and satisfaction with things, seem harder to get back.

You need to be aware that holidays may bring back very strong negative feelings, and you may also feel less satisfaction with the way things turn out. *Your responses and feelings are normal.*

Here are some things you can do to help yourself during these times:

1. Do not be hard on yourself if you cannot do things like you've done in previous years. Shopping, making decisions and planning all take energy which may be in short supply.



Honoring Those Who Give So Much

Pictured above are families affected by a bizarre courtroom action which took the life of Deputy William A. Wilkerson in Florida in 1984. Shown are: (first row) Mrs. Dalton, Bailiff Harry Dalton, Mrs. Gloria Wilkerson, and Corrections Officer Mark Baker; (second row) son of Bailiff Dalton, FOP 93 Lodge President Gary Lockwood, daughter of Deputy Wilkerson, parents of Officer Baker, and Gary Boudron of the Florida FOP. The photo was taken at an awards ceremony sponsored by Florida FOP Lodge 93 recognizing the human sacrifice of Wilkerson and the heroics of Dalton and Baker. It was also the first time the families were united since the incident. The incident resulted in disabling handicaps to Bailiff Dalton and Officer Baker as well as the death of Deputy Wilkerson.

DIRECTOR, From Pg.3

2. If you are feeling low, be honest and don't feel you must hide your feelings from the children or others. Feelings are normal and as long as you explain them to the children in a reassuring manner, for example: 'I feel sad because I miss Daddy', or 'I will be okay in a little while', it will be beneficial to you and your children.

3. If things are really getting to you and you feel very depressed or anxious, you need to find someone to talk to. Another survivor, a friend, your clergy, or a counselor can help you understand and cope with your feelings.

4. Do not be embarrassed to tell others what you need. People often do not know how to respond to someone who has lost a loved one, especially suddenly and unexpected as in your situation. Don't expect them to know what you need or that you would like help this holiday season. . . . *tell them.*

5. Don't cut yourself off from friends and family. Try to be involved with church, school or other social events. The contact and support from others will help you during these holidays. If you want to contact us at COPS, for any reason, please do. We are here to help.

6. Don't pretend things aren't different. **THEY ARE DIFFERENT.** You may want to consider starting a new family tradition or custom to replace the old.

Solving Our Nagging Problem

How can we make personal contact with our survivors?

One of the most nagging problems COPS has to contend with is the securing of home addresses of our police survivors. Federal regulations prohibit government agencies from releasing home addresses of these police survivors, but it is one of our biggest problems to overcome. Information sent to law enforcement agencies sometimes never finds its way to the officer's surviving family. ***We Need Home Addresses if Our Program is Going to Succeed!***

We have accepted the policy that no addresses or phone numbers will be given to ANYONE without the consent of the survivor involved. Congressional offices have called COPS looking for addresses and we have refused to give that information until we have approved it with the survivor. We will not break this rule and respect the privacy of all our survivors.

You will see addresses of the COPS Board in print in this newsletter. Those addresses are given only with the Trustees approval and is one of the necessities of them accepting their position. They must be willing to serve as 'spokespersons' in their areas and must be easily accessible to the police survivors in their time zones.

If you know of another police survivor (and it doesn't matter when they lost their officer), please ask them to send their name, address, phone number, and circumstance of death into the COPS office.

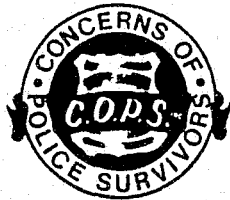
Police Week 1986 Plans Announced

Dates have been set for the National Police Week activities being planned in the National Capitol Area. Police survivors will be encouraged to arrive at Baltimore-Washington Airport on Wednesday, May 14, and will be met by officers in dress uniform for escort to the Greenbelt Hilton Hotel, Greenbelt, Maryland. A wine and cheese reception will be held the evening of May 14th for people in town for the Police Week activities. The National Peace Officers' Memorial Day Service will be held on Thursday, May 15, and participants will be asked to take part in coordination efforts during the morning hours of May 15. A police motorcade will escort police survivors into Washington, D.C., to Senate Park where the Memorial Service will be held. A light lunch will be served to Memorial Service participants and they will be encouraged to visit with the Congressional leaders during the afternoon of May 15th.

The National Police Survivors' Seminar will be held Friday and Saturday, May 16 and 17 and will focus on 'the future'. Grief counsellors, victim advocates, and government officials will focus in on the problems the police survivors will face in their attempt to lead as normal a life as possible following their loss.

Information on the National Police Week activities will be sent to the police survivors shortly after the first of the year and then to

survivors from other years shortly thereafter. Should you have any questions about these activities, please feel free to call the COPS office at (301) 888-2264. Don't hesitate to leave a message on the recorder. Since meetings are now being planned to coordinate the 1986 Police Week activities, we may be unavailable to take your call at the time - however, we will get back to you as soon as possible.



Interest Expressed in C.O.P.S. Chapters

Letters of intent to organize COPS chapters have been received at the national office and guidelines are now being developed which will allow COPS chapters to address special local problems, needs, and concerns and still fall within the organizational structure of the national organization. Efforts to organize the chapters are being seen in California, Puerto Rico, Washington State, and Texas.

In Washington State, Linda Raburn (w/84), Stacie Davis Roberts (w/84), and Patti Nollmeyer (w/85) are the nucleus of an effort to address their State's statutes regarding treatment and sentencing of the mentally ill. Their goal is for the legislature to recognize a 'guilty by reason of insanity' plea and verdict.

Ken and Marianne Wrede, (p/83), of Anaheim, California, are organizing a chapter of COPS in southern California with the encouragement and support of the COPS national office and local law enforcement. The Wredes invite police survivors residing in Southern California to join this chapter. For further information please call the Wredes at 714-998-1724 or write them at 288 S. Leandro Street, Anaheim, CA, 92807.

Thus far in 1985, Puerto Rico has lost 13 officers in the line of duty. Digna de Perez, (w/83), has organized the police survivors from 1983 through 1985 and they are now working with their police department on matters that concern all law enforcement officers of their island. Digna is working with the national office to organize the legal paperwork that must be filed and providing input to the proposed guidelines that will govern these COPS chapter organizations.

Survivors in Texas have also express-

ed an interest in organizing a COPS chapter and know there is a definite need for such an organization in their State. Texas has, unfortunately, ranked near the top in number of police deaths during the past several years.

The COPS national office would like to express its appreciation to the national office of Mothers Against Drunk Drivers (MADD) for providing information on the operation of their chapter organizations. The guidelines for COPS chapters is still in draft form but will be completed soon so that our chapter organizations may begin functioning for the good of our police survivors in their respective areas.

Police Survivor Educational Benefits Legislation

Efforts have begun in Kentucky, Virginia, and New Mexico to institute educational benefits to police survivors. The Kentucky State Fraternal Order of Police is proposing legislation in their Commonwealth which will provide the surviving children and spouses of police officers killed in the line of duty a tuition-free education at any State college in Kentucky.

In Virginia the Silver Star Foundation will soon be soliciting from the general public to provide scholarship grants to the surviving children of firefighters and police officers dying in the line of duty. The Board of Trustees of this Foundation is now devising guidelines which will oversee the administration of these educational funds.

Yolanda Cline, (w/83), and COPS President, is gathering samples of legislation from states that already provide educational benefits to police survivors in her home state of New Mexico. Yolanda hopes to have this legislation introduced for consideration in 1986, and to encourage more police survivors to pursue this matter in their own states.



In Memory of National Law Enforcement Officers' Monument

A bill passed by Congress in October 1984 allows for the organization of a non-profit corporation to build a physical monument honoring law enforcement officers who have given the supreme sacrifice. Congressman Mario Biaggi (NY) and Senator Claiborne Pell (RI) spearheaded the movement for passage of this bill in their respective chamber of Congress. The bill allows a four-year period for the corporation to raise monies, devise plans, and construct a monument within the confines of the National Capitol Area. Just last month, the tax-exempt status of this organization was granted by the IRS and organized action on this project will begin soon.

Concerns of Police Survivors was represented at the initial meeting held in December of 1984 by then-President Lynne BeBeau, who let the police organizations in attendance know that the police survivors of America planned to take an active part in the planning and staging of the overall effort.

We will keep you informed on this project as plans progress.

Request for Information

Linda Raburn, (w/84), is asking other police survivors to check their state statutes regarding the "guilty by reason of insanity" plea and verdict. The police survivors of Washington State are looking for input from statutes already on the books in other states that deal with this matter so that they may draft proposed legislation for Washington which addresses this matter.

Send copies of existing legislation to:

Mrs. Linda Raburn
Box 5614
Kent, WA 98064



For Your Reading....

Trish Stimson, (w/83), heartily recommends the book *The Widow's Guide to Life How to Adjust/How to Grow* by Ida Fisher and Byron Lane. She said, "I've read and re-read it many times since John's death. It covers such diverse topics as money and investing, legal affairs and insurance, grief and mourning, and a great second part on beginning a new life, which includes how to start establishing a new identity, aloneness versus loneliness, goal setting, men and sex, career planning, new vistas, recreation and travel."

This book is published by Prentice-Hall, Inc. and costs \$6.95.

A Few Notes To Our Readers...

While reading the newsletter, you will see abbreviations after survivors' names. The first character is a letter; it signifies widow/widower (w), parent (p), sibling (s), child (c). Following the slash (/) are two numbers which represent the year their officer was killed.

Any addresses or phone numbers printed in this newsletter have been cleared for printing and release by the police survivor. *We would encourage our readers to be very selective about releasing this information to anyone who is not law enforcement related.*

Do You Want To REACH OUT?!

We are soliciting articles for future publications of the *COPS Newsletter*. Any law enforcement agency, organization, police survivor or law enforcement officer is encouraged to submit articles to the:

COPS Office
16921 Croom Road
Brandywine, MD 20613

OR for further information, call:
(301) 888-2264

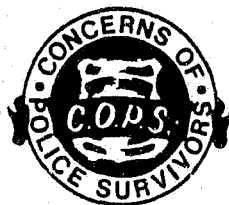
The Executive Board
and Staff of
Concerns of Police
Survivors Wishes a
Happy Holiday
Season
To All!!

Concerns of Police Survivors, Inc. is a non-profit, tax-exempt organization, functioning through a grant from the National Institute of Justice.

© 1985 The *COPS Newsletter* is a bi-monthly publication distributed free to approximately 1,000 readers.

All content in each issue of the *COPS Newsletter* is copyrighted and no part of the publication may be reproduced in any form or by any means without written permission from the publisher or author.

The *COPS Newsletter* is an independent publication which does not represent or receive endorsement from or sponsored by - any police department, police organization or social association.



Concerns of Police Survivors, Inc.

16921 Croom Road
Brandywine, Maryland 20613

APPENDIX D

Technical Data

APPENDIX D
TECHNICAL DATA

Data Analyses and Research Design

The study reported here was a comparison study that employed a retrospective pretest design, in which the information asked for deals with recalling events of the past and assessing reaction to these events as well as responding with information from the present. The method of distribution primarily involved a mailed survey, employing standard mail survey procedures and techniques. Individual, in-depth, clinical interviews were conducted with 22 surviving family members. Small group discussions were also held with parents, siblings, and spouses.

The tests of significance used in this study were Chi-square analyses, T-tests, and analyses of variance.

Instrumentation

1. DSI -- Reliability Study

In order to determine if the DSI retained the reliability of the SCL-90-R, a study of the internal consistency reliability of this instrument was conducted with the sample of police survivors. The results are listed in Table D-1.

The results of these analyses indicate that the dimensions of the DSI retain high levels of internal consistency reliability and that the newly designated dimensions of social alienation and cognitive dyscontrol are consistent with the dimensions retained from the SCL-90-R.

Table D-1. Internal Consistency (Cronbach's Alphas)
Coefficients for the DSI Based upon 168
Survivors of Police Officers Killed in the
Line of Duty

Dimension	Coefficient
Somatization	.86
Cognitive dyscontrol	.93
Interpersonal sensitivity	.86
Depression	.88
Anxiety	.92
Hostility	.88
Phobic anxiety	.89
Paranoid ideation	.82
Obsessive compulsive	.85
Social alienation	.83

2. Internal Consistency Reliability for the Reaction Index

A measure of internal consistency reliability (Cronbach's Alpha) was performed on the revised Reaction Index using the data from the police survivor population. The results seem to indicate a reasonably high level of internal consistency in the revised version of the Reaction Index used in the present study. The results of this analysis are listed in Table D-2.

Table D-2. Consistency (Cronbach's Alpha) Coefficient for
the Revised Reaction Index Based upon 150
Survivors of Police Officers Killed in the
Line of Duty

Dimension	Coefficient
Reaction Index (Total)	.9071

The internal consistency reliability coefficient (Cronbach's Alpha) for the revised Reaction Index was found to be at a reasonably high level (Table D-2). It was also judged worthwhile to explore the dimensionality of the Reaction Index through factor analysis.

Principal Component Analysis

Clinical interviews and research on PTSD suggest that several components underlie this disorder (Frederick, 1985; Horowitz, Wilner, Kaltreider, & Alvarez, 1982; van der Kolk, 1985). For example, after a trauma, survivors report difficulty controlling painful thoughts and memories. The intrusive thoughts or dreams may be related to the individual's inability to separate from the traumatic event. Researchers also describe behavioral symptoms that survivors frequently experience after a traumatic event, including feeling numb, being jumpy, and being more easily startled. The individual also experiences cognitive difficulties, including reduced memory and concentration and loss of interest in activities and relationships. Guilt has been identified as a major symptom among survivors of traumatic events.

Principal component analysis with rotation to a normalized varimax criterion identified the presence of four distinct factors. Factor 1 had substantial loadings and 6 items; factor 2 had substantial loadings and 6 items; and factor 3 had substantial loadings and 5 items. The final factor had only 2 items. The results of this analysis are listed in Table D-3.

Table D-3. Normalized Varimax Loadings for Four Factors Generated from a Principal Components Analysis of 20 Items on the Revised Reaction Index

Item	1 Fixation on Trauma	2 Behavioral Manifestations	3 Psychological Disruption	4 Guilt
1.	.61	-	-	-
2.	-	-	-	.84
4.	-	.37	.68	-
5.	.87	-	-	-
6.	.72	-	-	-
7.	-	.37	.47	-
8.	.36	.72	-	-
9.	-	.64	-	-
10.	-	-	.61	-
11.	.43	.56	-	-
12.	-	-	.76	-
13.	.70	-	.39	-
14.	-	.65	-	-
15.	-	.61	-	-
16.	.44	.44	-	-
17.	-	.37	.47	.69
18.	-	-	.77	-
19.	-	-	-	-
20.	.78	-	-	-
Eigenvalue	7.07	2.02	1.14	1.11
% Variance	35.3	10.1	5.7	5.6

Identification of Factors

The results support the existence of at least four of the underlying constructs of PTSD that have been determined by researchers. This indicates that the Reaction Index captures at least some of the underlying constructs that have been demonstrated as consistent with this disorder. After reviewing the items designated for each factor, the underlying construct of the factor was determined. These newly designated factors were: 1) fixation on trauma, which included intrusive and recurring thoughts, distress, and re-experiencing the event emotionally and physically; 2) behavioral manifestations, which included feeling numb, being easily startled, and having nightmares; 3) psychological disruption, which included items on memory and concentration difficulties and ability to make decisions and maintain interaction level; and 4) guilt, which included expressions of self-blame and remorse.

Internal Consistency Reliability for the Newly Designated Factors

Internal consistency reliability coefficients (Cronbach's Alphas) for the underlying four factors on the Reaction Index were established using the data obtained from the police survivor population. Results are listed in Table D-4.

Table D-4. Internal Consistency (Cronbach's Alphas) Coefficients for the Revised Reaction Index Scales Based upon 150 Survivors of Police Officers Killed in the Line of Duty

Dimension	Coefficient
Fixation on trauma	.88
Behavioral manifestations	.81
Psychological disruption	.78
Guilt	.57

The results of these analyses indicate that three of the factors (fixation on trauma, behavioral manifestations, and psychological disruption) have reasonably high Cronbach Alpha coefficients, indicating a good level of internal consistency. The fourth factor, guilt, consisting of only two items, did not reach an adequate level of internal consistency.

Reaction Index Criterion

A series of analyses were performed on the criterion score on the Reaction Index that was used to determine the presence or absence of PTSD. A score of 40 or greater was used to designate PTSD. To achieve a score of 40, the respondent must have expressed at least a rating of 3 (on a 5-point Likert scale) -- having the symptom most of the time -- to be counted as having the symptom. The respondent had to achieve this level of distress on all the symptoms addressed by the DSM-III criteria for PTSD.

The analyses were performed to determine if spouses who met this criterion were significantly different on dimensions of the DSI and ABS than spouses who did not meet this criterion (i.e., who scored 39 or less on the Reaction Index). These analyses would determine if the two populations, those with a score of 40 and above and those with a score of 39 and below, were statistically different on all the outcome measures of distress. The respondents were found to be statistically significantly different on all measures of the DSI and ABS at $p > .001$. Table IV-5 lists the results of these analyses for the DSI dimensions.