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Line-of-Duty Deaths: Survivor and Departmental Responses

ACQUISITIONS

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Introduction

Officer Brummett was performing a routine traffic stop when a passing car struck and killed him. For the first 6 months after the incident, his widow*

refused to accept the fact that her husband had died. After 6 months, she accepted his death but felt emotionally numb and unable to grieve. She said she needed to be "strong" so she would not upset others.

her loss. Plagued by nightmares of her husband, she had trouble controlling her thoughts about his death and her consequent problems. She could not concentrate at work and began to drink heavily. She felt alienated from most of her friends and family.

More than 2 years after the accident, Mrs. Brummett remained distressed by

*Not his real name.

From the Director

The National Institute of Justice is proud of its efforts in "protecting the protectors"—reducing the risks police officers face on the job. The most dramatic example is the Institute's role in developing lightweight police body armor, which has been credited with saving the lives of more than 700 police officers nationwide.

But despite these and other efforts, far too many police officers still are killed in carrying out their sworn duty to protect citizens from criminal attack. Line-of-duty deaths, whether felonious or accidental, are a sad and frequent reminder of the danger inherent in police work. While the loss to the department and the community is serious, each police death leaves family, friends, and coworkers with the emotional trauma of a devastating loss.

There is a bond joining those in the "police family" that is formed by the shared experiences they have faced. A police death hits hard within that family, as others are reminded of their own vulnerability.

Many mistakenly believe that the spouses, children, and parents who survive police deaths are somehow more prepared for their losses than are other people. But knowing that the job can be dangerous does not prepare an individual for the actual experience of losing a loved one. Police survivors often endure prolonged psychological stress because they do not seek help. They are hurt by the misconception that, because they are part of the police community, they should somehow be stronger emotionally and better prepared for such a tragedy.

To learn more about the problems faced by survivors of police deaths, and how police departments can help, the National Institute of Justice sponsored this study by Concerns of Police Survivors. The findings presented in this *Research in Brief* clearly show the magnitude of distress survivors face.

Too often, when police survivors do seek help, it isn't available. As this *Research in Brief* indicates, police departments can do much more to help survivors cope with their loss. Many departments have no formal procedures for completing required paperwork and

assisting family members with funeral plans and requests for benefits. Most departments do not consider the emotional and psychological needs of survivors to be a part of their responsibility.

When police departments establish systematic policies for dealing with a departmental death, they are better able to respond to the needs of survivors. Effective procedures allow a police department to respond in a prompt, organized manner and remain sensitive to the profound human emotions they must confront. The immediate and continuing response of police departments when an officer is killed has a definite impact on the well being of survivors.

Departments with no formalized policies can learn from those that have developed clear and caring procedures for dealing with line-of-duty deaths. The information from this study can help departments begin to meet this great unfulfilled need.

James K. Stewart
Director
National Institute of Justice

To some, Mrs. Brummett's reaction to her husband's death may seem extreme. It is not. In fact, it is typical of the intense, long-lasting reactions experienced by the majority of adult police "survivors"—that is, the spouses, parents, siblings, friends, and coworkers of police officers killed in the course of their work. (While children also are survivors, their reactions were not studied in the research on which this report is based.)

Reactions of police survivors are often so profound as to be diagnosed as *Post-Traumatic Stress Disorder* (PTSD), a psychological disorder associated with traumatic events that are generally outside the range of usual human experience.¹ Common PTSD symptoms include recurring recollections of the traumatic event, feelings of detachment or estrangement from others, hyperalertness, sleep disturbances, guilt about surviving, memory impairment, and difficulty with concentrating.

Many people and police departments are unaware of the devastating impact of an officer's death on survivors. Many mistakenly believe that police survivors are somehow more prepared for their losses than civilian survivors.

In fact, surviving family members of public safety officers may be more at risk than other survivors after their loss. Relatives of slain police officers often endure psychological distress for long periods of time and do not seek help or discuss their problems because they feel embarrassed or wish to avoid seeming weak.² They may refuse existing community services because they believe that only other members of the "police culture" can understand their problems.

A survivor's level of distress is affected by the police department's response to the tragedy. Elements of the department's response that should be considered include:

- The way survivors are notified of the death.
- The emotional support provided by the department.

- The information the department gives concerning insurance and benefits.

How these elements are handled has an influence on whether or not the survivor will develop a clinical psychological disorder such as PTSD.

However, most police departments lack formal policies for handling the aftermath when an officer is killed on duty. Some departments have provided policies concerning only felonious on-duty deaths, thus excluding accidental deaths. Others deal only with such tangible issues as notification procedures and funeral arrangements but neglect important intangibles such as counseling and emotional support.

To learn more about the impact of a law enforcement officer's death on adult survivors and on the steps a police department can take to help survivors, the National Institute of Justice sponsored a study on the psychological, emotional, financial, and practical problems faced by survivors of police deaths.

The study was conducted by Concerns of Police Survivors (COPS), a non-profit organization that offers emotional and moral support to spouses, parents, children, siblings, other family members, and others who are affected by police line-of-duty deaths. The study examined the reactions of 126 survivors to their losses and the ways that 188 police departments responded to their problems.

This report discusses the study findings and provides recommendations that will assist police departments in developing workable, sensitive policies that help bereaved spouses and families.

Methodology of the study

Data for this project were gathered from two main sources:

- Surviving adult family members of police officers killed in the line of duty; and
- Police departments that had lost an officer feloniously or accidentally.

The sample of spouses and of police departments for this research was drawn primarily from the U.S. Department of Justice, Public Safety Officer Benefits Office data base. The Office, which provides financial benefits to eligible survivors, maintains records on officers killed in the line of duty whose departments file an application for the death benefit.

Most of the spouses included in the study were survivors of officers who died between November 1982 and February 1986 and whose applications for benefits had been received by the Office. Police departments surveyed were those that had submitted a claim for Federal death benefits through the Office between 1983 and 1985.

Participating survivors responded to a questionnaire; some also participated in personal interviews. Police departments responded to a mailed questionnaire. Responding departments, located throughout the Nation, ranged in size from less than 10 sworn officers to more than 5,000 and represented Federal, State, and local jurisdictions.

Impact of the loss on survivors

This study found that when police officers die in action, surviving spouses, parents, and siblings are not more prepared for the death just because they are 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.

According to the COPS study, the following are common police survivors' reactions to their loss:

- Having difficulty concentrating and making decisions, feeling confused, having one's mind go blank.
- Feeling hostile.
- Feeling different from others, feeling alone, being uncomfortable in social situations.
- Fearing people, places, and things, and being anxious of one's ability to survive.
- Reexperiencing the traumatic incident through flashbacks, dreams, or thoughts.

Points of view or opinions expressed in this publication are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.

- Feeling emotionally numb, having less interest in previously enjoyed activities, or being unable to return to prior employment.
- Having less ability to express positive and negative emotions.
- Having difficulty falling asleep or remaining asleep.
- Feeling guilty about the way one acted toward the deceased or as if one could have prevented the death.

These reactions are indicated by specific symptoms. Table 1 presents the most prevalent and acute symptoms identified by survivors as occurring at levels that clinically indicate serious distress.

The study also found that 59 percent of the surviving spouses of police officers killed in the line of duty met the criteria for having PTSD. This psychological disorder is common among victims of physical assault, rape, and natural disasters, prisoners of war, and persons taken hostage.

Factors that were found to intensify distress reactions among spouses include the way they are notified of the death and the length of time they had been married. Spouses who are not notified in person experience additional trauma, as evidenced by increased levels of hostility and guilt. Younger women, especially if married for 10 years or less, were found to have a more severe reaction to the death of a spouse than older women married for a longer period of time.

Duration of distress

It has commonly been assumed that survivor grief reactions are "acute, time-limited phenomena."³ Survivors are often encouraged and even pressured to return to pretrauma behaviors and activities. For some, this is an impossibility. For others, it is possible only after an extended period of healing.

This study confirmed recent research that indicates that the grief response after an accidental traumatic loss may lead to *long-term* emotional distress.⁴

Survivors were found to have clinical levels of psychopathology in a number

Table 1.

Most prevalent and acute symptoms identified by survivors.*

Symptom	Percent reporting
Feeling lonely	75.2
Feeling unhappy or sad	70.4
Feeling low in energy or slowed down	68.3
Feeling easily annoyed or irritated	67.5
Feeling tense or keyed up	66.7
Easily hurt feelings	64.3
Trouble concentrating	56.3
Repeated images that won't leave your mind	53.9
Thinking about the same thing repeatedly	52.8
Trouble remembering things	52.4
Feeling emotionally numb or empty	52.4
Feeling angry	51.6
Wishing others would care for you	51.2
Difficulty falling asleep	50.8
Feeling uncomfortable in social situations	50.8
Feeling people will take advantage of you	50.8
Difficulty making decisions	47.6
Having to think carefully to make the correct decisions	46.8
Being angry at yourself for not accomplishing more	49.6

*Symptom levels were established through the Derogatis Symptom Inventory (DSI). Copyright 1982. Leonard R. Derogatis, Ph.D.

of areas and evidence of PTSD even 2 years after the traumatic death occurred.

The assumption that time heals all wounds is not valid in the case of police survivors since people who hold this assumption may be deterred

from providing the support and intervention that survivors need to recover emotionally and psychologically from a personal crisis and to return to a pretrauma level of functioning.

Felonious versus accidental death

Responding police departments reported a total of 298 line-of-duty deaths during the time period studied. Of these, 158 resulted from accidental causes and 140 from felonious causes.

Deaths due to homicide traditionally have been perceived by society as more serious and threatening events than deaths due to accidents.⁵ Thus, it was believed that surviving family members of an officer who died feloniously experienced a more severe reaction than survivors of one killed accidentally.

This study indicates this assumption is not valid for surviving spouses. Spouses of officers killed accidentally and spouses of homicide victims experience the same level of distress.

Significant differences were noted, however, between parents of officers killed accidentally and parents of officers killed feloniously. The latter were found to be more traumatized, hostile, and depressed after the death.

Survivors reported that the type of death makes a difference in the response they receive from the police department, with homicides receiving more or preferential attention than accidents. The difference in police department response can add considerable pain to an already traumatized family—especially when the family expected a different type of treatment.

In addition, if the suspect accused of killing the officer is apprehended, the survivors may experience additional trauma as a result of the trial.

Benefits and compensation

Ninety-one percent of the police departments surveyed reported that they provide explanations of their health benefits to officers and 89

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percent said they provide explanations of death benefits. However, the departments were not questioned about how the explanations were carried out and whether the officers actually understood or were aware of the importance of the information. Some departments indicated this instruction was accomplished in a brief description, or by handing officers a booklet to read. Very few departments fully explain all benefits, options, and compensation and their implications for the officer and family.

Survivors may be excluded from the police department's group medical coverage within days of the officer's death. In such cases, a letter informing survivors of this separation is sent in the mail, forcing the survivor—still in a state of shock—to find health coverage for the family. In such cases, departments seem to fail to differentiate between a planned termination from police service and an unexpected line-of-duty death.

While survivors generally reported satisfaction with the treatment they received from police departments, they did report certain specific problems regarding compensation and benefits. Most survivors are not prepared for the delays that occur in processing benefit and compensation requests. Some survivors found that departments are uninformed about benefits.

Psychological counseling

Of the police departments surveyed, 58 percent have a psychological unit but only 31 percent offer access to a staff psychologist. Only 5.4 percent of the departments offer peer counseling and police-family response services; 43 percent make counseling referrals; and 19 percent pay for outside counseling.

Survivors reported a lack of psychological counseling for family members. In addition, most believed that if such services were needed as a result of the death, the police department should pay for them.

Survivors also reported they felt abandoned by the police departments. The spouses wanted some type of

formal and informal contact to continue. Most reported that contact ended soon after the funeral.

Police department policies

In addition to its impact on the family, the death of an officer can be a tremendous shock for members of the police department. For smaller departments that lack financial and personnel resources, the loss of an officer creates significant disruption. And, for police officers in departments of all sizes, the death of an officer can be a demoralizing reminder of their own vulnerability.

Yet 67 percent of departments surveyed lack formal policies concerning the death of an officer. Often no one is designated or prepared to deal with the legal and financial paperwork and to assist the surviving family members in planning for the funeral, with requesting benefits, or in preparing for the emotional and financial strain that may accompany the death.

In addition, most existing policies reflect an action-oriented, task-oriented, time-limited philosophy toward survivors. Most departments tend not to consider the emotional or psychological needs of survivors to be part of their responsibility.

Notification. Notification practices varied greatly among departments. Of the policy statements submitted to COPS (60 percent of the departments with formal policies submitted them), 50 percent dealt with notification. Some dealt only with chain-of-command notification procedures, but most specified the need to notify the family quickly.

Most departments do not have designated officers or teams for notification. Often any available officer or a group of officers is asked to notify survivors.

Maintenance of records. Accurate records of next of kin are essential to notification procedures. Yet records—in cases where they *are* kept—are not

consistently verified and updated by most police agencies.

While almost 80 percent of the police agencies surveyed keep records on spouses, more than two-thirds lack records on parents of officers. Some 40 percent of the agencies update spouses' records periodically, about 27 percent never do, and another 23 percent do so only on change of duty. Agencies that maintain records on parents of officers update them infrequently.

Action-oriented assistance. Funeral and burial procedures appeared in 53 percent of the policies COPS received; information on amount of compensation varied greatly among departments. In 67 percent of the departments surveyed, the family pays for funeral and burial expenses.

Information and emotional services provided. Of the departments surveyed, 5.3 percent provide information on will preparation; 44 percent offer instruction on stress management; 92 percent provide transportation to the hospital after the incident; 92 percent provide assistance with the media; 97 percent provide assistance with benefits; and 32 percent provide financial counseling.

Policy suggestions for police departments

The results of this study suggest that more than half of the surviving spouses of police officers killed in the line of duty may need support and assistance from the police department. 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 anticipated event.

Police departments can help family members, as well as their own officers, to cope with the loss of an officer by establishing and implementing both general and specific policies on how to proceed in the event of a death. By designing clearcut policies concerning notification procedures, psychological services, emotional

support, and benefits and compensation for survivors, police departments will be better prepared to respond to survivors in an organized and humane fashion.

However, 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 coworker, is a stressor of the highest magnitude. Avoiding discussion of the possibility of injury or death, of possible plans of action, and of prescribing policies protects no one from death. But it means that if death does occur, the crisis management skills needed to help survivors will not have been planned and thus will not be readily available.

Notes

1. *Diagnostic and Statistical Manual of Mental Disorders* (3rd edition). 1980. Washington, D.C.: American Psychiatric Association.
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4. Lehman, D.R., and C.B. Wortman. *Long-term effects of losing a spouse or child in a motor vehicle crash*. Manuscript submitted for publication.
5. Michalowski, R.J. "The social meanings of violent death." *Omega*, 7(1). 1976.

If you would like to learn more about Concerns of Police Survivors (COPS), contact Suzanne Sawyer, Executive Director, COPS, 16921 Croom Road, Brandywine, MD 20613. Telephone: 301-888-2264.

Other products of this grant, including the Final Report (NCJ 102835) and the Executive Summary (NCJ 102836), are available from the National Institute of Justice/National Criminal Justice Reference Service, P.O. Box 6000, Rockville, MD 20850. Telephone: 800-851-3420; 301-251-5500 from Alaska, Maryland, and Metropolitan Washington, D.C.