

Copy!

Dr. Frances Stillman

Dept of Medical Psychology

Johns Hopkins Univ. Hospital

600 Wolfe St., Baltimore, Md. 21205

(301) 955-8701

LINE-OF-DUTY DEATH: POSTTRAUMATIC STRESS REACTION IN SURVIVORS

AND DEPARTMENTAL POLICIES

1986

Introduction

Every year, public safety officers are killed in the line of duty. Most die by gunshots or in vehicle-related incidents. Officers are killed 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. 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 sudden, traumatic, and often brutal loss of a loved one, and the continuing consequences, both psychological and emotional, do not abate for the survivors.

This study was undertaken because the issue of traumatic, unexpected death and its long-term effects on the survivors has not been adequately addressed for the families of public safety officers as well as for civilian families who have experienced such a loss due to homicide or accident.

While communities often respond with support after the death of one of their own officers, in general, the large number of police deaths in the US, as compared to other Western nations, has never been questioned, and the psychological, emotional,

Grant # 85-15-CX-0012 NJJ

103740

physical, and financial repercussions have never been addressed. The public may be saddened by the individual death of an officer, but the continued high death rate for police officers is considered the responsibility of the police and not the community or nation as a whole.

Assumptions

Few research studies have investigated traumatic loss, but there are many commonly held assumptions about the response of police family members to the unexpected and traumatic death of an officer. Because of the lack of empirical data on police survivors, police personnel, police psychologists, and the general public may not realize that these assumptions are not based on reality. Some of the assumptions are:

1. The police survivor is prepared for the death of a family member and therefore less affected by such a loss.
2. The unexpected and sudden death of a family member is not a stressor of enough magnitude to qualify as a trauma that will elicit symptoms of PTSD in the survivors.
3. The reaction to a homicide is of greater intensity than the reaction to an accident.
4. Grief over the 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 in supportively. The police department is like a family -- they take care of their own.

Consequences of Traumatic Death for Law-Enforcement Survivors

The assumption that the surviving family members 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, is not valid. The results of this study, which are based on statistical analyses of valid psychological measures and structured clinical interviews, indicate that more than half of the population of surviving spouses of police officers killed in the line of duty met the criteria established for PTSD. This disorder is manifested in the survivor population in frequency levels consistent with levels found in victims of physical assaults, in prisoners of war, in victims of natural disasters, in persons taken hostage, and in rape victims.

Many of the symptoms reported by the police survivors were consistent with a diagnosis of PTSD. The symptoms were:

1. Reexperiencing the traumatic incident through flashbacks, dreams, or thoughts.
2. Emotional numbness, reduced interest in previously enjoyed activities or inability to return to prior employment.
3. Feelings of detachment, estrangement, and alienation from others.
4. Reduced capacity to express positive and negative emotions.
5. Experiencing cognitive, emotional, and other psychological difficulties, such as:
 - (a) being easily startled or frightened by such things as loud noises
 - (b) difficulty falling asleep or staying asleep
 - (c) guilt about the way they acted toward the deceased, not having stopped the deceased or prevented the death.
 - (d) impairment in memory and difficulty concentrating
 - (e) loss of self-esteem, and feeling vulnerable and lonely

Survivors who were found to have PTSD also experienced psychological difficulties that were far more severe and statistically different from those of the survivors who did not have PTSD. The survivors with PTSD were more depressed and anxious, had more difficulty relating to others, felt alienated from their social network and significant others, had difficulty concentrating and remembering things, and had considerably increased feelings of hostility. These survivors had significantly higher levels of distress that could classify them in the clinical range of severity necessitating intervention or treatment. The area of psychological functioning that was the most severely affected was an increase in behaviors related to phobic anxiety. These behaviors include being afraid to go out of the house alone, feeling nervous when alone, and having to avoid certain activities, places, or people because they are frightening. The traumatic and unexpected nature of the deaths creates an additional dimension to the grief process for the surviving family members. The survivor no longer can view the world as a structured, orderly place, but begins to be unable to trust and experiences intense feelings of vulnerability.

The survivors not only show an increase in negative affect states, such as anxiety, depression, guilt, and hostility, they no longer are able to feel positive affect states, such as joy, vigor, contentment, and affection. While the negative mood and dysphoric state eventually diminish, the positive affect states do not return, leaving the survivor with a lowered capacity to feel positive moods or to have a positive attitude toward the

future. The survivors often blame themselves for their failure to feel positive emotions and the traumatic stress reaction may precipitate a posttraumatic decline that will affect the individual's coping abilities, relationship style, cognitive and psychological processes, and ability to work.

Type of Death

It was previously thought that the surviving family members of a felonious death experienced a more severe reaction than was experienced by the surviving family members of an accidental death. The results of this study indicate that this is not a valid assumption for the surviving spouses. The surviving spouses of officers killed by felonious action had responses on all the psychological measures that were almost identical to the surviving spouses of officers who died in accidents.

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. Police departments may make a distinction between killed on duty or killed in the line of duty that causes 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. The other death is viewed as an unavoidable accident. The individual is not seen as a hero but may even be seen as having made a mistake that contributed to the death. The reaction of the public and the police agency may differ according to the type of death, but the surviving spouses had statistically similar psychological and emotional responses.

Additional Factors

Notification procedures and length of time married were found to be factors that significantly influenced distress levels for the surviving spouses. Younger females, especially if married for fewer than 10 years, were found by this study to have a more severe reaction to the death of a spouse than is found in older females married longer than 11 years. Not being notified in person also contributes to additional trauma, as evidenced by increased levels of hostility and guilt in those not notified in person.

Parents of slain police had psychological and emotional responses that differed from the spouses' as well as differing according to the type of death experienced. Over all, parents manifested lower scores on all the psychological measures than did spouses, indicating a less severe psychological response, but they had statistically significant differences when the type of death was considered. The parents of officers killed feloniously had scores that were significantly different from those of the parents of officers killed accidentally.

Parents of officers killed feloniously reported higher levels of distress on several psychological measures. The parents of the officers killed feloniously had significant differences in the overall area of negative mood. Parents of the homicide victims were more traumatized (met the established criteria for PTSD) and were significantly more distressed in the areas of depression and hostility.

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 would not be given a plaque or any memento of the slain officer, they would not receive an escort, or they would not be acknowledged at an awards ceremony. These incidents deeply hurt the parents.

Duration of Distress

It has also been commonly assumed that grief reactions are "acute, time-limited phenomena." Encouragement and even pressure are put on 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 turning toward examining them more closely.

The survivors in this study were found to have clinical levels of psychopathology in a number of areas and evidence of PTSD even two years post-trauma. The high percentage of survivors who experienced symptoms consistent with a diagnosis of PTSD indicates that intervention and supportive services are needed to assist survivors. The assumption that time heals all wounds is not valid and is especially harmful to those survivors who develop a stress reaction, since it cannot be assumed that individuals will recover emotionally and psychologically to a pretrauma level without support or intervention.

The Impact of Police Culture

Surviving family members of public safety officers may be more at risk after suffering their loss. Relatives of slain police officers often endured psychological distress for long periods of time without seeking help or discussing their feelings with anyone because they felt embarrassed to admit their vulnerability and often felt that they were the only ones who were experiencing such difficulties. They were distressed and confused by their own reactions to the traumatic death of their loved one. Experiencing symptoms indicated weakness or "that they were going crazy." Since the majority of survivors did not know what the psychological, emotional, social and physical repercussions of traumatic death were, they were often overwhelmed by the intensity of their feelings. This lack of information or preparation added additional anguish because the survivors began to interpret their behaviors and reactions as abnormal.

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. Mental health professionals often lack the understanding of the police culture that is necessary to address the special problems of police families. This lack of understanding, combined with the cautious attitudes that exist inside the police culture, contributes to the problems experienced by the surviving spouses of slain police officers. Compounding these difficulties is the general lack of knowledge concerning the psychological impact of traumatic death on the family and organizational systems.

The Police Agency's Response to the Death

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. Comprehensive information about how police agencies respond to the survivors has not previously been available until this study. For departments, the death of an officer is a tremendous shock. For smaller departments, which do not have financial resources and extensive manpower, the loss of an officer creates disruption. A department that never experienced the accidental or felonious death of an officer might not have standardized procedures, formalized policies or anyone prepared to deal with the legal and financial paperwork and to assist the surviving family members in planning for the funeral, requesting benefits, and preparing for the emotional and financial needs of the family.

The results of a survey of 188 police agencies indicated that the focus is most often on concrete action. Some police departments have developed structures and systems to aid the family in dealing with the details associated with funerals and benefits, insurance or other legalities. However, the majority do not have any policies or general orders on this topic nor have they developed any contingency plans to handle such a crisis.

Difficulties often arise in emotional and psychological areas, which are the least concrete, such as providing social support, trauma debriefing, and counseling to emotionally distressed and traumatized family members or fellow officers.

These areas are most often avoided or not addressed. These areas are not avoided because police agencies or individuals intentionally seek to harm surviving family members. The organization often wishes to project an image of being in control and invulnerable to the emotional consequences of traumatic events. The needs of the individuals, family or police personnel may be viewed as being in conflict with the organization's need to maintain authority. A small number of police organizations that have implemented policies and practices that address these issues have begun to see positive results.

What Needs to be Done

The traumatic death of an officer has serious repercussions for the family, for fellow officers, and for the police organization. The results of this study indicate that traumatic death can produce a severe stress response and associated emotional and psychological difficulties for the survivors and fellow police officers. The intensity and duration of the response need to be addressed and support services must be developed to assist survivors and police personnel. Services can include psychological units, traumatic response teams, survivor support groups, and referral services for counseling.

The majority of police agencies did not have a formal policy for dealing with the traumatic death of an officer. The majority of departments that did have formal, written policies were concerned with the chain of command for notification purposes and how to perform the ceremonial functions related to the funeral.

While no one wants an officer to die performing his/her

duties, the fact remains that deaths and serious injury do occur. Departments need to be prepared to respond to these traumas. While the likelihood is that a death will not occur, if it does happen, too often all concerned are faced with having to proceed without guidance of policy. In these situations, actions may be taken that are not in the best interest of the survivors and fellow police personnel. Guidelines, preparation, and planning on issues related to death and injury are necessary, pretrauma. Training and education of specific personnel in areas related to notification procedure and response to trauma would contribute to more efficient and emotionally helpful behaviors during a crisis. Survivors, police personnel, and police organizations would benefit directly and indirectly from attention to these issues. Adoption of general policy statements, such as the one presented below, may serve as the beginning in addressing the felonious and accidental deaths of police officers.

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.