

## **The Case for Further Research into the Mental and Psychological Effects of Long-Term Exposure to Traumatic and Violent Events for Law Enforcement Officers**

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### **Abstract**

*Police officers are exposed to more violent or traumatic events or images than most people will encounter in a lifetime. Researchers have shown that treatment for mental health issues are avoided by police officers due to lack of trust toward police administrators and believe they will be subject to administrative leave, desk duty, have their service weapon taken away, or passed over for promotions. The cognitive theory suggests that individuals who maintain negative or traumatic information in long-term memory are vulnerable to mental illness, a decrease in empathy, unstable emotional and behavioral responses, interpersonal problems, and an increase in aggressive behaviors. This paper provides an argument in support of the need for a continued examination of the relationship between police officers' frequent exposure to violence, traumatic events and images and its effect on the long-term mental health issues and significant decreases in cognitive empathy or human compassion within police officers.*

**Keywords:** traumatic, violence, compassion, brutality, empathy, PTSD, suicide, behavior

### **Introduction**

An individual's decision to become a police officer is often motivated by an empathetic concern, diversity of job tasks, and a desire to protect and serve people in need (Roufa, 2014). However, Cunha (2014) suggests some individuals accept the law enforcement job because of the need for a job that does not require a college education and has "good" pay and benefits. Nevertheless, police officers accept the occupation with an understanding that a strong possibility of being killed exists. From February 1998 to July 2014, the City of Norfolk had six police officers killed in the line of duty, suggesting an estimated one officer killed every 32 months (First Author's personal account, July 1, 2014). According to the Bureau of Justice Statistics (2013), approximately 1,300 police officers in the United States have been killed since 2002. By August 14, 2014 in the United States, 65 police officers had been killed (62 men and 3 women) in which May of that same year yielded the most deaths in the line of duty with 18 police officers killed (Officer down Memorial Page, 2014). According to the National Law Enforcement Officers Memorial (2013), one police officer is killed in the line of duty somewhere in the United States every 57 hours.

The long-term psychological and physiological effects of the frequent exposure to trauma and violence are not understood when accepting the job as a police officer. Research indicates that exposure to traumatic events is frequently linked to poor psychological outcomes (Boals, Riggs, & Kraha, 2013).

As a result, police officers often begin their careers unprepared for dealing with the possible consequences to their mental and physical well-being because of frequent contact with victims of trauma. According to the National Law Enforcement Officers Memorial (2013), there are over 900,000 sworn law enforcement officers in the United States and approximately 108,000 or 12% are female. Traditionally, police careers were primarily men; however, in the past 35 years, women have proven themselves able to meet the demanding and physical challenges of a law enforcement career (Santos, Leather, Dunn, & Zarola, 2009; Seklecki & Paynich, 2007).

Police officers often display a lack of human compassion (T. Whitehurst, personal communication, July 12, 2011). For example, an incident occurred during a police officer's shift, which questioned his level of human compassion. The police officer in question is also the first author of this article. During the first author's 24th year as a police officer, he and his partner went to investigate the "possible" assault of a 46-year-old male. Upon arriving, the police officers determined that the male was not assaulted; instead, it was determined by the paramedics that he was having difficulty breathing, which resulted in his collapse in the street. The male wanted to go to the hospital; however, he was not cooperating with the paramedics. Due to the male's erratic behavior, the police officer was requested to ride in the ambulance. On the way to the hospital, the male stopped breathing in the middle of a conversation about football. The police officer assisted with CPR until the ambulance arrived at the hospital; however, the male died within 10 minutes. The cause of death was a heart attack.

Approximately 20 minutes later, the police officer and his partner were seated and eating dinner without conversation, concern, or thought for the loss of the person whose life they tried to save. The police officer told his wife about the incident, and she expressed concern about the lack of human compassion that the police officers expressed towards the grieving family and the eagerness to eat after failing to save another human's life. The police officer's wife asked, "How can the two of you eat after that man died?" and the police officer replied, "After years of seeing death and violence, you become unemotional and hardened towards grief" (T. Whitehurst & T. A. Warren, personal communication, July 12, 2011). Police officers are responsible for the preservation of social order, saving lives, and the enforcement of the laws in society (Alemika, 2009). During the tenure of a police officer's career, he or she will be exposed to more violent or traumatic events or images than most citizens will encounter in a lifetime (Anderson & Lo, 2011). Traumatic events may consist of the death of a fellow officer, stabbing or shooting incidents, investigating traffic accidents involving injury, viewing murder or suicide victims, violent sexual or physical assault, abuse or death of children, or having to inform family members about the death of a loved one. Psychological disturbances because of exposure to violent or traumatic events and images have been a topic of discussion in the mental health industry for over 100 years (Aker, Onen, & Karakiliç, 2007).

### ***Background***

The frequent exposure to trauma or violent events is detrimental to the mental and physical health of police officers (Huddleston, Stephens, & Paton, 2007). Since the 9/11 terrorist attacks, there has been an increase in research involving secondary trauma (Tyson, 2007). The physical and emotional effect of long-lasting secondhand exposure to traumatic events on helping professionals is a continuing focus of research (Harr & Moore, 2011). Nationally, statistics from year 2013 suggest that approximately 126-150 police officers commit suicide each year (Clark & O'Hara, 2013) due to second hand exposure to traumatic events. In addition, according to Clark and O'Hara (2013), most police departments reported police officers' suicides were related to personal difficulties or family problems. The harmful consequence of continuous exposure to violence decreases empathy but increases aggressive behaviors and aggressive thoughts in police officers (Bartholow, Sestir, & Davis, 2005). The use of excessive force (i.e. physical use of force, firearm-related, taser-related, use of police dogs, and chemical weapons) are the leading complaints for police misconduct (Packman, 2011). The 2010 National Police Misconduct Statistics and Reporting indicated that approximately 6,613 law enforcement officers were involved in allegations of misconduct in which 1,575 or 23.8% of the police officers complaints were use of excessive force, 4.7% domestic violence, assaults at 4.5%, animal cruelty at 1.1%, and murder at 0.5% (Packman, 2011).

These statistics revealed that police brutality ranked among the highest complaints for police officers. Furthermore, a leading emotional cause of violent behavior is an individual's inability to process anger and aggression effectively (Chereji, Pinteau, & David, 2012). It is reasonable to conclude that all police officers will interact with at least one police officer involved in alleged police brutality complaints. The police "code of silence" and not wanting to be seen as weak conceals police officers' mental health problems (T. A. Warren, personal account, June 1, 2012).

For example, it was discovered that officers drink alcohol together for building “loyal” relationships and reinforcing their police culture values (Davey, Obst, & Sheehan, 2001). The “police culture” and “code of silence” makes it difficult for police officers to admit that they have an alcohol or substance abuse problem. Researchers have indicated that statistical data is hard to find because police officers do their “suffering” in silence or associate with other police officers who enable the behavior (Violanti, Slaven, Charles, Burchfiel, Andrew, & Homish, 2011). Therefore, it is somewhat difficult for someone not within the police circle/culture to gain access to protected and accurate information. Police officers believe if mental health issues are exposed, he or she may be subjected to administrative leave, desk duty, service weapon taken away, passed up for promotions, and be the gossip or discussion topic among coworkers (Caruso, 2013). Research by Hanafi, Bahora, Demir, and Compton (2008) suggests that greater recognition and understanding of mental illness will reduce stereotyping and shame towards police officers who seek mental health treatment.

Further research in this area is important because it will help police officers perform their job better by providing techniques that minimizing stress and will put more emphasis on the need for periodical mental health assessments for police officers (Gillet, Huart, Colombat, & Fouquereau, 2013). This is a significant social change because personal experience suggests police administrators of various police departments may advocate mental health services (T. A. Warren, personal account, May15, 2014). However, the street-level supervisors of police departments are probably the least trained in facilitating or influencing a police officer to seek mental health services (Berg, Hem, Lau, & Ekeberg, 2006). As a result, new leadership is influenced by the organizational culture of not promoting mental health treatment among police officers (Murphy, 2008). Furthermore, it was discovered that for police officers, there is a barrier to seeking mental health treatment because of the lack of trust toward police administrators and job security (T. A. Warren, personal account, May15, 2014). This barrier, which police officers refer to as the “Code of Silence,” is endorsed by police officers and their family members (i.e., not to exclude close friends) (T. A. Warren, personal account, May15, 2014). It was discovered that police officers do not report other police officers’ personal problems because of a fear of revenge or being “black-balled” by other police officers (Edwards, 2006). As a result, mental health workers and police department administrators are concerned for police officers who continue to work and not report overwhelming psychological distressing symptoms (T. A. Warren, personal account, February 1, 2015).

Research by Hanafi, Bahora, Demir, and Compton (2008) suggests that greater recognition and understanding of mental illness will reduce stereotyping and shame towards police officers who seek mental health treatment. It is vital that shame is not overlooked because research suggests that it can cause distress and withdrawals and that shame increases aggression, irritation, and other externalized maladaptive behaviors in police officers (cited in Hanson, 2003). This paper hopes to change the thought process of police officers and other readers by exposing the danger of internalizing psychological distressing symptoms.

### ***Rationale and Literature Support***

There is a lack of available empirical information or case studies on how frequent exposure to traumatic or violent events affects police officers’ cognitive empathy or human compassion (T. A. Warren, personal account, September 1, 2012). According to Baron-Cohen and Wheelwright (2004) and Baron-Cohen (2011), having empathy is important because it allows individuals to understand the objectives of others and to experience an emotion triggered by another person’s emotion. It was also reported by Pangaro (2010) that police officers must seek human compassion to help them not just live through difficult situations but to endure difficult situations over the long-term. Cognitive theories emphasize that empathy involves understanding others’ feelings (Kohler, 1929 cited in Baron-Cohen & Wheelwright, 2004).

However, a more important question is, how can a person understand or think about the feelings of others when his or her personal emotional status is stressed? Cognitive theories of psychology focus on the internal states, such as motivation, problem solving, decision-making, and thinking. To be more specific, cognitive psychology engages how the brain processes information (Groome, 1999) to manage the various situations of a person’s reality (Prochaska & Norcross, 1999). Research by Groome (1999) also revealed that the brain processes information obtained from the memory of an individual’s knowledge and experiences. This paper adds credibility to Beck’s (1976) suggestion that frequent storing of traumatic memories and thoughts will affect a person’s emotional and behavioral response to various situations. Police officers typically deny or minimize the emotional impact of traumatic or violent events, which may cause them to develop over controlled hostility or aggressive behaviors (Murphy, Taft, & Eckhardt, 2007).

Research supports the cognitive theory in its suggestion that individuals who maintain negative or traumatic information or structures in long-term memory are vulnerable to mental illness, interpersonal problems, and impaired social relationships (Brewin, 1996; Hedtke, Ruggiero, Fitzgerald, Zinzow, & Saunders, 2008; Nietlisbach & Maercker, 2009). Additionally, the frequent exposure to violence and traumatic events increases the risk of police officers developing psychological and physiological symptoms (Lauvrud, Nonstad, & Palmstierna, 2009; Chopko, 2010). These officers may experience psychological and physiological symptoms related to post-traumatic stress disorder (PTSD), depression, anxiety, substance abuse, suicide, and hypertension or other medical issues, in addition to employment and marital problems (i.e. relational issues) and citizens' complaints about harassment and use of excessive force. The new knowledge presented by this paper will aid in facilitating and formulating an interpretation of how a police officer's cognitive empathy is affected by the frequent exposure to violence. This could result in police officers externalizing behaviors, such as physical aggression (i.e. police brutality or family violence), substance abuse, and/or suicide (Van der Velden, Kleber, Grievink, & Yzermans, 2010).

### ***Significance***

Police work is ranked among the top 20 occupations (out of 130) related to increased health problems (Sijaric-Voloder & Capin, 2008). During a police officer's career, he or she will be exposed to trauma or violence in which the distress will diminish over time or evolve into a wide range of psychological difficulties (Chongruksa, Parinyapol, Sawatsri, & Pansomboon, 2012). In the City of Norfolk, police officers respond to approximately 100-120 violent or trauma related calls per day (P. Carter, personal communication, June 9, 2014). In 2014, the city of Norfolk, Virginia (total of 786 police officers) had approximately 450-500 uniformed police officers and approximately 286-331 plain clothes police officers assigned to other investigative and administrative units (P. Dixon, personal communication, August 16, 2014). It is reasonable to conclude that a police officer has a 1.37% likelihood of responding as a primary officer, backup officer, or "simply being curious" to a violent or traumatic scene per shift. Every officer will face some exposure to violence and traumatic events; however, the frequency of exposure will vary. For example, during the first author of this article's 25 year police career, the City of Norfolk had an excess of 25,000 reported violent crimes (murder/manslaughter, rape, aggravated assault, and robbery) (T. A. Warren, personal account, January 15, 2013). This is significant because while performing police duties in the patrol division and investigative division, it is reasonable to conclude an officer's average exposure to violent or traumatic events estimated range is from three to seven per week (T. A. Warren, personal account, December 1, 2012).

Research by Berg, Hem, Lau, and Ekeberg (2006) suggested that police officers are trained problem solvers who have to control their emotions when exposed to traumatic or violent events. Therefore, when police officers have personal problems, it requires a shift of the thought process from problem solver to problem "haver". In addition, Berg et al. (2006)'s research reflected that police officers will not seek mental health treatment but instead will try to fix their own problem. Wester and Lyubelsky (2005) suggested that police officers are less likely than most occupations to be forthcoming with internalized thoughts of distressing psychological issues during therapy sessions. Research dating back to the Vietnam era (1955 to approximately 1975) indicated that there are negative psychological consequences from frequent exposure to traumatic or violent events (Laufer, Gallops, & Frey-Wouters, 1984).

Birrell and Freyd (2006) suggest that psychological symptoms promoted by exposure to traumatic or violent situations are insomnia, anxiety, irritability, reduction in empathy, feeling constantly on guard, anger issues, and/or unpleasant memories. Research and experience suggest that observing a person or people suffering is stressful (Hanson, 2003). Police officers are more likely to become victims of work-related psychological trauma resulting from exposure to traumatic or violent events or images (Huddleston, Stephens, & Paton, 2007). The effect of traumatic events can be disruptive and distressing to police officers, last a long time after involvement with the victim, and possibly lead to poor emotional and psychological health over time (Huggard & Dixon, 2011). Huddleston, Stephens, and Paton's (2007) research provides support towards understanding the effects of exposure to trauma. Madden, Duchon, Madden, and Ashmos-Plowman (2012) conducted research that supports the effects of violence on human compassion.

The research of Aker, Onen, and Karakiliç (2007); McMahon, Felix, Halpert, and Petropoulos (2009); and Violanti et al., (2011) supports the article's premise of the need for continued research in the area of the effect of long-term exposure to violence.

Anderson and Lo (2011) used data from the Baltimore Police Stress and Domestic Violence study to examine how exposure to stressful events on the job affects police officers. Neff's (2003) research provided information about the development and validation of the scale to measure compassion towards others. The new knowledge presented in this article and the research of others will aid in providing police officers with knowledge on the long-term effect of frequent exposure to traumatic and violent events. In addition, the new knowledge from this article will aid in supporting the importance of professional training for law enforcement and mental health professionals with regard to violence and traumatic stress. Additionally, this can lead to the future development of intervention programs that teach police officers about cognitive empathy and the importance of cultural sensitivity. It is hoped that these programs will lead to positive social change within the police community by providing support to officers who are frequently exposed to violent or traumatic events while working.

### ***Assumptions***

For this paper, several assumptions were made due to the fact that police officers and the police culture, by nature, are somewhat resistant to outsiders. The intention of this paper is to formulate an interpretation of how a police officer's internalization and externalization of psychological distress affects his or her cognitive empathy or human compassion. Assumptions of this article included the following:

1. The code of silence would be strongly supported by the majority of police officers.
2. Police officers would willingly participate in psychological research that would be beneficial for active and retired police officers.
3. Voluntary participation can lead to a reasonable assumption that aggressive individuals or individuals with mental health issues would be less inclined to be helpful or cooperate in the study.
4. Due to skepticism of anonymous assessments with identity questions, police officers will be disinclined to answer assessment questions that ask about gender, race, and rank.
5. The different levels of leadership within the police department would support the research in an effort to identify mental health problems among police officers.
6. Police officers would provide honest and unbiased information on the assessments with willingness to admit minor faults or weaknesses.

### ***Summary***

Although the data and new knowledge from this paper will not protect police officers from the frequent exposure to human tragedy and other social problems; however, the data and new knowledge will provide positive social change by providing additional information to police departments and mental health workers. Police departments will be able to use the information to improve policies and procedures referencing sick leave, mental health leave, alcohol and substance abuse, problem solving, conflict resolution, stress management, and gender and racial equality. Furthermore, mental health workers can use the information to assist with determining the potential causes of police officers developing domineering, restrictive, and rigid behaviors when involved in family issues (i.e., domestic violence) and personal mental health issues (i.e., depression, anger, alcohol abuse, PTSD, hypochondriac tendencies).

The new knowledge from this paper will also benefit police officers and their families because it will provide them with insight on the psychological and physiological effects of police officers who internalize distressing symptoms. After 25 years of working as a police officer and police investigator, the first author's experience suggests police officers are targeted with psychological stress from all sides: the public, undesirable work schedules, the inherent dangers of the job, the court system, the media, the police administration, and the negative effects of the police occupation on the family. The paper aims to help identify relevant interventions for reducing mental-health problems, refining stress-reducing efforts, and promoting effective coping in police officers (Van der Velden, Kleber, Grievink, & Yzermans, 2010). Furthermore, it is anticipated the new knowledge in this paper will lead to future research within the criminal justice, political science, occupational health, and psychology disciplines. The first author of this article has extensive active participation experience in law enforcement, military (i.e. U. S. Marine Corps and Navy), and now in clinical psychology. The first author's experience in the police culture was most advantageous for collecting research data and engaging police officers for the completion of this paper. Furthermore, from the first author's perspective of over 30 years of combined experience, this research is needed because it will add to the important growing body of research in an effort to shed more light on the effects of violence and trauma on police officers.

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