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THE PSYCHOLOGICAL WELL-BEING OF POLICE

OFFICERS AND THIER PARTNERS:

IS THERE A RELATIONSHIP?

by

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Abstract

The aim of this study was to assess the psychological well-being of operational police officers and how their psychological status may impact upon their partners. Thirty six male police officers and their spouses were assessed using the General Health Questionnaire (GHQ) and the PTSD Checklist (PCL-C). A control group (n = 31) were drawn from local industry. It was hypothesised that there was relationship between the psychological well-being of police officers and that of their partners. It was also hypothesised that the severity of psychopathology would be elevated among police officers and their spouses compared to the control group of industrial employees and their spouses. Partial confirmation for the first hypothesis and strong support for the second hypothesis was found. This study indicates that whereas vicarious traumatisation may be one stressor that can contribute to spousal psychopathology, stress more generally may have a great impact on police and their families than previously thought. The results are discussed in relation to the psychophysiological fitness of police and the general wellbeing of their partners.

This paper can be found on the authors' web site: www.heas.com.au. In addition, the complete statistical analysis and results can be found. Authors may be contacted via email: heas01@ozemail.com.au.

Introduction

Research and discussion in relation to police stress has been commonplace now for several decades. Chilvers (1996) found, in respect of NSW Police that the general health of police was poorer compared with the general population. For instance, using the General Health Questionnaire (GHQ), he reported that the scores of police were double when compared with those of the normative (average) group of Australians. Further, that their level of health was inversely related to the number of years of Force. While these results were not surprising, they give rise to the rather obvious question, i.e., what is the psychological impact of police stress on those around them, especially their families?

Paton and Smith (1999) have suggested that because police organisations are highly cohesive communities consequently the impact of a traumatic event can spread out to affect individuals on the basis of their physical and psychological association. This has been referred to as the “ripple effect” and this including the families of police may affect several groups. Ryan (1997) agrees and suggests that violent crime, pain and suffering, as well as man’s inhumanity to man, all impose a great deal of stress on police; firstly as a primary victim and on family members as secondary victims. He adds that secondary victims will often continue to suffer without assistance. In NSW this has been especially true and the reasons for this will be discussed later.

Police and their families live and operate within a culture to themselves brought about by unique factors of police work and community attitudes. To a certain extent police are alienated from the general community. Police officers tend to socialise more with each other than general (non-police) civilian community. The same can be said for their spouses who often form social circles in and around other police families. Thus the need for support and assistance becomes critical and necessarily should be provided by the police agency not just for police, but families as well. In this section the impact of policing on families will be further examined.

Niederhoffer (1977) reported that three-quarters of police officer’s wives believe that police work was more important to their spouses than were their homes and families. Depue (1981) also suggested that police work could dominate family life even when the officer is off duty. Alexander et al. (1996, p.8) say; “Shiftwork and the incestuous and cohesive effect of the police culture may also conspire to confine police families to a narrow range of relationships which rarely extends beyond police colleagues”. In addition, Bonifacio (1993) in the USA and Evans and Coman (1993) in separate studies reported that police prefer to keep things to themselves and are reluctant to share their on the job experiences with their families. Alexander et al (1996) suggests this non-communicative style may seem to have some benefit, perhaps though it can be part of a strategy of denial, or it may be a strategy drawn upon to protect their families from vicarious stress. Elliot, Bingham, Nielsen, and Warner (1986) found that marital satisfaction among police and their spouses was related to levels of intimacy. What is interesting with such a finding, but not expanded upon by the authors, is that some of the symptoms of psychological conditions, such as PTSD and depression, are isolation, withdrawal, lowered libido, anger, etc. All of which of course can negatively impact on a couple’s level of intimacy. Elliot et al (1986) these factors can in turn lead to marital dissatisfaction and ultimately dysfunction.

Alexander and Walker (1996) studied 400 spouses of police officers and found that police work has an adverse impact on them particularly in terms of the spouse's social life. The main causes they found were long hours, shift work and cancelled leave. This again provides two competing ideas, the first is that there are stressors on the family which can cause disruption and discord, stressors that are inherent in living with a police officer, i.e. shiftwork, interrupted leave, police culture, etc. In that way, simply being a police officer's spouse may adversely impact on the relationship, but this may not necessarily cause the spouse to suffer significant psychopathology.

Research to date has been general rather than specific. For instance, in talking about "Stress in Police Families", Epstein (1986, cited in Smith, 1986, p.14) says; "The myth has been maintained of these strong silent benevolent policeman with his loyal, self sacrificing wife behind him, giving him support and caring for the children alone while her man supports our community. As with many myths, the reality is quite different – we think. But we don't know; there is no data on the effect of stress on police families, there are no strategies developed. There are no plans. We just don't know". Epstein (1986, cited in Smith, 1986, p.14) goes on to say about families who have been disintegrated as having two things in common, "*They have been families of policemen and they have been damaged by work related stress*".

One area of theoretical consideration in this regard has been the study of "*secondary traumatisation*". Figley (1982) has suggested that close family members who come in contact with a traumatised person may experience considerable emotional upset. In time they may become indirect victims and suffer secondary traumatisation. Figley and Kleber (1995) suggested that secondary traumatic stress is an important frontier for scholars concerned with accurately accounting for the long-term affects of traumatic events. Police spouses would seem to be particularly vulnerable to secondary traumatisation. This model however needs to be extended to further incorporate stress more generally or more precisely other types of pathology as well, e.g. anxiety, depression, insomnia, etc. Barling (1992) points out that work exerts an indirect effect on the family. Barling (1992) reviews the notion of "*spillover*", pointing out that the actual spillover hypothesis is an insufficient explanation to address the relationship between work and family. Thus it is proposed that there is a complex interaction that occurs in familial relationships, not simply explained by one theoretical construct such as, secondary traumatisation, spillover etc.

Stress does impact on police families and Epstein (1986) says it occurs according to the degree of exposure to stress, constitutional makeup and the availability of a support system. It is mooted that these three factors of personality, exposure and support systems, are seen in more recent times as part of what constitutes *resilience*, a critical factor according to Dunning (1994) in police "survival". Violanti and Paton (1999) describe the action of policing as "civilian combat". The idea of police work as like a "war" has been popularised by the media. In examining this connection between police stress and their partners, some direction is provided by research investigating the impact of war veteran stress and families. Recent research conducted by Westerink and Giarratano (1999) is particularly helpful. In their study they examined the impact of posttraumatic stress disorder on partners and children of Australian Vietnam Veterans. In their study one principal tool of measurement was the General Health Questionnaire (GHQ). The results they gained clearly established veterans' wives were significantly more likely to suffer depression, anxiety, and social

withdrawal, as well as somatic complaints than the general population. Thus the accepted anecdotal evidence of spousal distress among police and the useful work by Westerink et al (1999) provides the rationale for this study.

Aims and Hypotheses

The primary aim of the present study is to assess the impact of the psychological status of NSW operational police officers upon that of their spouses. It is firstly hypothesised there is a positive correlation between the psychological well-being of police officers and that of their spouses. Secondly, it is hypothesised that the severity of the psychopathology is significantly higher among police officers and their spouses compared to a control group.

Method

Participants

Thirty six married male operational police officers from the Northern Region of NSW Police Force (this represents a return rate of 24%) and their respective spouses were recruited for the experimental group in this study. This in fact represents more than 10% of those officers eligible to participate in the study. The age of participants was between 28 and 55. For the purpose of this study male police officers were only examined as they represent 80% of all operational police officers. Further, addressing the issues related to female serving officers and their spouses, while necessary, is beyond the limitations of this study.

A control comparison group was sought through personal communications from various organisations including a harbour industry, the Hunter Port Corporation and two local coal mining companies. Volunteers were sought from these organisations as they were work irregular working hours similar to those of operational police officers. The control group comprised of 31 male employees and their respective female spouses, aged between 30 and 55.

Materials

The General Health Questionnaire (GHQ) 28-question version (Goldberg, 1978) is a well established measure of psychological distress and has been recommended for use in measuring occupationally generated distress. High scores are indicative of poor psychological well being, with a threshold score of two or more indicating significant psychological disturbance.

The Post Traumatic Stress Disorder (PTSD) Checklist (PCL-C) 17-item version (Hudnall-Stamm, 1996) measures the severity of PTSD symptomatology in the general community.

Procedure

All volunteers were given the test inventory with a covering explanatory letter. Responses of participants and their spouses were *sealed* in individually stamped and addressed envelopes.

Results

Table 1: GHQ Scores of Experimental and Control groups

Control Group		GHQ Police Group		Norms
<i>Worker</i>	<i>Partner</i>	<i>Police</i>	<i>Partner</i>	<i>Australia</i>
2.2	3.8	6.6	6.7	1.47

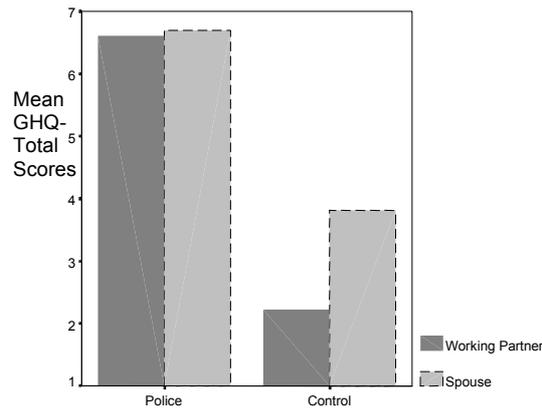


Figure 2. Mean total GHQ scores by occupation and spouse/husband.

Table 2: PCL Scores of Experimental and Control groups

Control Group		PCL Police Group	
<i>Worker</i>	<i>Partner</i>	<i>Police</i>	<i>Partner</i>
9.8	12.7	23.9	20.5

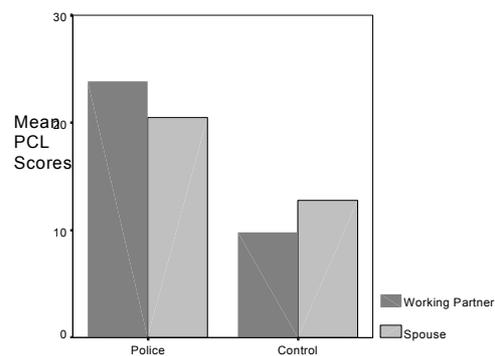


Figure 1. Mean PCL scores by occupation and spouse/husband

[Note a full statistical analysis is available on request. In this conference paper the data has been only included in descriptive statistical form to allow ease of access by delegates].

Summary of Major Results:

- ♦ Police GHQ scores are significantly higher than control group on three factors, somatic complaint, anxiety- insomnia and social withdrawal, but not in terms of severe depression.
- ♦ Police partners GHQ scores are not significantly different from their police partners, but significantly different from control group partners, mainly by virtue of the contribution of anxiety – insomnia.
- ♦ PCL scores indicate a clear significant difference between police and control group subjects.
- ♦ While police partners and police, PCL scores are correlated, significant negative differences are not noted between police partners and control group partners.

Discussion

Whereas there were methodological issues, in relation to this study, these are dealt with in the more extensive paper, rather than here. Those difficulties were not sufficient to disregard the findings of this study and the important implications they have.

Prior to May 2001 there was no formal and independent Employee Assistance Program (EAP) for NSW Police or their families. While this has since changed, the findings of this study show that there is an obvious need for an EAP that includes assistance for family members. In addition, there is a need for the provision of health education programs, especially preventative strategies not just for police, but spouses as well. This is recommended as a critical initiative, to this Conference, especially if spouses are to be recognised as the secondary victims of police stress. There is no evidence from this study that spouses are only subject to vicarious traumatisation. The first purpose of this study was to answer the more general question of whether police officers are more likely to suffer from psychopathology than others. Then, secondly whether their ill health leads to poorer health outcomes for their family, in particular the partners of police. Based on the results of this study both questions were clearly answered in the affirmative.

The similarity between some of the spouses' results of this study and that of spouses' of war veterans who participated in the Westerink et al (1999) study is obvious. While Westerink et al (1999) did not actually measure the psychopathology of veterans, it is accepted that most the subjects' husband veterans may have been previously diagnosed with PTSD. Given the spousal scores indicated earlier it is assumed that the scores of veterans in relation to general health and posttraumatic stress would at least be similar to or worse when compared to their partners. Such a comparison between veterans of war and police veterans is of significant interest and concern. While the participants in this study were all currently fully operational police officers, their scores in some cases were similar to veterans who have been deemed totally incapacitated. This finding has an obvious political and operational concern.

This study did not seek to identify the specific causes of police officer stress. While it may be true that their PTSD scores may be significant, so too were the often-found co-morbid conditions of anxiety, depression and withdrawal identified. It may be that PTSD, is more likely to occur for those who work in a dysfunctional organisation. For

instance, two regularly cited pillars of trauma, are ‘injustice’ and ‘vulnerability’, both of these could be more adversely experienced in a dysfunctional organisation. To explain, if an officer is involved in a critical incident and is ignored by the organisation in terms of offering them counselling or debriefing (irrelevant of the question of efficacy of such treatments). It could then follow that their sense of isolation and the impact of being poorly valued, only adds to their stress. In such circumstances, the onset of some post trauma sequelae would appear to be more likely, than say compared to a different organisation where systems are in place to support and assist the officer recover.

As indicated earlier, the control group subjects (males) were chosen from three organisations that had been experiencing substantial organisational changes. Thus the question of poor morale, vulnerability, certainty about the future etc, to some extent may be seen as a counterbalance in the control group, against the same type of negative culture currently said to be existing within the NSW Police Force.

The evidence from this study, as it relates to police stress, may nonetheless be best explained by more operational concerns. In relation to this, Figley (1999) suggests that the cause of this type of distress, as evidenced by levels of anxiety and depression, are not just simply from single events of trauma, but an accumulation of events, both traumatic and otherwise. All of which leads to, what Figley (1999) refers to as “compassion fatigue”. It is most likely this fatigue or general distress (as measured by the GHQ) along with traumatisation (as measured by the PCL) are one of the principal causes of the psychopathology of the police in this study.

In relation to spouses, the evidence from this study leads to a view that spouses may experience vicarious traumatisation. Further, it seems that spouses respond to their partners’ distress by becoming more anxious themselves. This was identified as being principally, by way of the development of somatic conditions, anxiety and insomnia and social withdrawal. These symptoms may well be exacerbated by the often-found circumstance where police families socialise together. On the one hand while support is important, sharing negative attitudes and anxieties may only maintain poor mental health.

Application in Relation to Current Practice

As indicated earlier there, is a real need for the NSW Police Force and no doubt other agencies, to better address the needs of families. Additionally, the fitness for duty of the operational police officers remains a major concern. The NSW Police Force may also need to address the continuing existence of a culture of secrecy in relation to stress, perhaps in much the same way that it has with regard to corruption. To coin a Police Force phrase it should strive to become a “stress resistant” organisation. This is not to suggest that policing can be stress free, quite the contrary, it is knowing that the very nature of policing is stressful that should dictate a more pre-emptive approach to mental health. Regular assessments and clinical evaluations, especially fitness for duty reports, all seem reasonable strategies. Importantly, if stress was so evident with regard to those who serve in general duties policing, then what of those who serve in far more evocative areas of work, e.g. Child Mistreatment Units, Forensic Units, Crash Investigation Units, etc. In all of this of course there are some significant

implications, especially in relation to a range of legal issues, not the least of which is a duty of care.

Earlier, the notion of secondary traumatisation was introduced. It is evident from the findings of this study that the theory of secondary traumatisation alone cannot entirely account for the results of this study. For instance, how is psychopathology that may not only be related to trauma (e.g. anxiety, insomnia, social withdrawal and somatic complaint) communicated other than by secondary traumatisation? This needs further research. Again, how does the poor and interrupted sleep patterns of one person impact on the other? How does the altered mood and psychological demeanour of the serving officer, affect the spouse and their relationship? It is suggested that there is a complex interaction between the poor psychological well-being of the family as a whole. Further, any adverse impact on the police officer's family may in turn cause a further weakening in the resilience and thus, increased vulnerability to trauma for the serving officer. In this way there is not just a unidimensional direction from officer to spouse, but most likely one of circularity. It is clear in this respect that further research is needed.

Future Research

As indicated above, further research could evaluate the relevant contribution that administration stressors have, say against operational stressors. Further, does one compound the other? The adverse affect of police stress on their partners has been identified by the results of this study, which now takes what was anecdotal evidence into the domain of empirical proof. If this study highlights the affect on police spouses, then what of the children? For instance, children of Vietnam veterans have higher rates of crime, suicide, drug taking and higher levels of psychopathology than the general population (Westerink et al 1999). As such it may well follow that the developmental outcomes for children of police may be similar and this is certainly a question that needs research.

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