

FACTORS RELATED TO POST-TRAUMATIC STRESS
DISORDER AMONG POLICE OFFICERS

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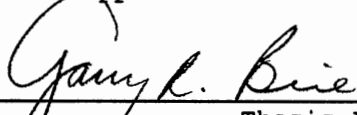
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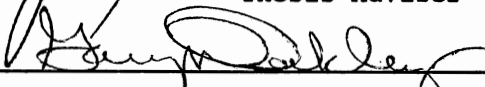
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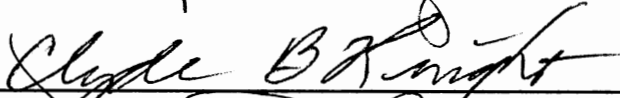
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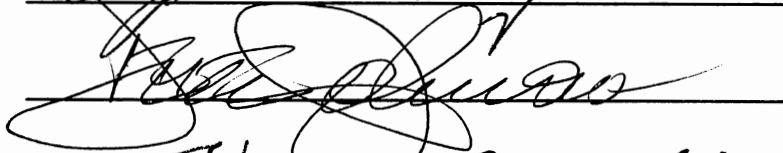
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CHAPTER I

INTRODUCTION

The job of the law enforcement officer often involves high speed vehicle chases, firearm shootings, the investigation of severe injury and fatality accidents, intervention in domestic violence, investigation of child abuse cases, and investigation of homicides. Even routine patrol and traffic stops can turn into life-threatening situations. The job of the policeman requires the officer to work under tremendous stress:

Even if police officers do not work under a heavier stress load than individuals in some other occupations, they work under a different set of stressors, uncommon to most employees. Much of police work involves waiting for something to happen. Boredom may be replaced by tension because one never knows what the next call might be. Police officers are often confronted with an apathetic, if not hostile, public; media coverage is often negative; and, they are exposed to violent individuals who do not behave according to the usual moral or social rules (Boyle, 1987).

That job related stress creates additional social and physical complications for many police officers including divorce, alcohol-chemical substance abuse, heart disease, ulcers, and even suicide (Reintzill, 1990). Studies reveal that many police officers involved in shooting incidents display symptoms of post-traumatic stress disorder (Nielsen, 1986). Post-traumatic stress disorder causes many of the health problems that have been described.

Statement of the Problem

Post-traumatic stress disorder can result from catastrophic events such as war or police shooting incidents, but it is not limited to war or shootings (Forman & Havas, 1990). It can be caused by any catastrophic event such as traffic accidents or other accidents that result in severe injury or death to any member of society. It can be caused by someone committing a violent crime against the police officer or someone else. It could be caused by working with the dead or injured of any catastrophe. Some of the symptoms of post-traumatic stress disorder were described by Forman and Havas in the Journal of Public Health Reports:

Post-traumatic stress disorder is characterized by symptoms such as intrusive recollections of the catastrophic events, flashbacks, hyper-startle response, numbing of emotional responsiveness, sleep disorders including nightmares, and memory problems. Feelings of rage and depression may also be associated with this disorder. People may isolate themselves to avoid stimuli that may symbolize the catastrophic event. There can be a lowering of affect and a reduction of involvement in the external world (March-April, 1990, p. 174).

Those reactions can cause social alienation, alcohol and drug abuse, poor eating and sleeping habits, or other medical complications according to Forman and Havas (1990).

There has been considerable research done on post-traumatic stress disorder in Vietnam veterans by the Veterans Administration. There have also been studies on police officers involved in shooting incidents, or deadly force situations, but it does not appear that very much has been done on officers exposed to other catastrophic events. The problem is that there is no way to prevent

post-traumatic stress disorder among law enforcement officers because there is a lack of empirical data about those in the law enforcement profession who are susceptible to that disorder.

Purpose of the Study

The purpose of the research was to collect data about characteristics that may reveal which police officers may have post-traumatic stress disorder without being involved in a deadly force incident. The information would allow police counselors to identify police officers who may be susceptible to post-traumatic stress disorder and to develop intervention programs to avoid such disorders.

The study sought to answer the following questions:

1. Does the size of the department have an affect on susceptibility to post-traumatic stress disorder?
2. Does the population of the area being served make a difference on susceptibility to post-traumatic stress disorder?
3. Does the age of the officer become a factor in post-traumatic stress disorder?
4. Does marital status make a difference in susceptibility to post-traumatic stress disorder?
5. Does having children make the officer more likely to have post-traumatic stress disorder?
6. Does viewing the victim of a violent death have more of an effect depending on whether it was an adult, teenager, or child?

7. Does viewing the victim of a serious injury that results in the death of an adult, teenager, or child make a difference?

Background and Value of the Study

Considerable research has been done on post-traumatic stress disorder in veterans of the armed services, and, more recently, on police officers. The research on police officers deals mainly with officers involved in shooting incidents, but there has not been much research done on routine police work and post-traumatic stress disorder.

It is the intent of the current study to determine if post-traumatic stress disorder systems are present in police officers who have not been involved in a deadly force situation.

Assumptions

Two assumptions were basic to the conduct of the study:

1. Respondents would answer sensitive questions truthfully.
2. The questionnaire was constructed in a manner which would facilitate collection of desired information in a non-threatening way.

Limitations

The study was conducted with the following constraints:

1. The geographic area of the study was limited to Missouri, Arkansas, Oklahoma, and Kansas.
2. Traumatic stress outside the police job could affect how the police officer answered the questionnaire.

3. The study considered only active police officers currently employed in law enforcement.

Definition of Terms

The following definitions apply throughout the study:

Bailiwick - one's special province or domain (Black's Law Dictionary, 1983).

Catastrophe - As used in this study is a sudden calamity or great disaster.

Child Abuse - According to the 29th Judicial District, Jasper County, Missouri, is any physical injury, sexual abuse, or emotional abuse inflicted on a child other than by accidental means by those responsible for his care, custody, and control.

Depression - A loss of interest or pleasure in all, or almost all, usual activities and pastimes (Veterans Administration, 1992).

Domestic Violence - refers to violence in the family.

DSM - The Diagnostic and Statistical Manual of Mental Disorders (1980).

Flashback - As used in this study is the reliving of a catastrophic event in an individual's mind so that it cannot be distinguished from reality. The flashback may last a few seconds or it may last for several minutes.

Hyper-startle Response - A very quick response to a sudden unexpected noise or sound in which the reaction is exaggerated (Veterans Administration, 1992).

Numbing of Emotional Responsiveness - A diminished responsiveness to the external world (Diagnostic and Statistical Manual of Mental Disorders, 1980).

Police Officer - for the purpose of this study is a legal title used in the police occupation to recognize persons who have legal authority to make arrests and includes, but is not limited to, the terms police officer, sheriff and deputy sheriff, marshal and deputy marshal, constable and deputy constable, highway patrol and state trooper, law enforcement officers, and others.

Post-traumatic Stress Disorder: A condition characterized by symptoms such as intrusive recollections of the catastrophic events, flashbacks, hyper-startle response, numbing of emotional responsiveness and sleep disorders including nightmares, and memory problems. Feelings of rage and depression may also be associated with this disorder. With the disorder, subjects may abuse themselves through poor eating and sleeping habits, social alienation, or alcohol and drug abuse (Diagnostic And Statistical Manual Of Mental Disorders, 1980).

Rage - Becoming furiously angry, losing the ability to stay in control, and becoming violent (Merriam-Webster Dictionary, 1971).

Social Alienation - Avoiding contact with other people outside the job or work place (Veterans Administration, 1992).

Violent Individual - A person who makes a violent attack marked by, or due to, strong mental excitement. The attack is characterized by physical force, especially by extreme and sudden or by unjust or improper force (Black's Law Dictionary, 1983).

Organization of the Study

Chapter I introduces the study, presenting the problem, purpose, background, assumptions, limitations, and definitions of terms. Chapter II includes a review of related literature concerning research done on Vietnam veterans, police officers involved in shootings, and victims of violent crimes who suffer from post-traumatic stress disorder. Chapter III reports the procedures utilized in this study, including research design, description of the population surveyed, instrumentation, and data analysis. Findings of the study are presented in Chapter IV. A summary of the study is presented in Chapter V, along with conclusions and recommendations for further research.

CHAPTER II

REVIEW OF RELATED LITERATURE

Post-traumatic stress disorder is a description that has only been used since the Vietnam War, according to Scott (1990). The Vietnam War produced large numbers of veterans with severe problems in adjusting to civilian life after returning from Vietnam. The problem of post-traumatic stress disorder has been recognized for a much longer time, but was referred to by different names or was not properly diagnosed, according to Scott (1990).

In World War I, many of the troops who suffered problems on the battlefield were considered to have shell shock, and many considered them to be weaklings. That was best described by Scott (1990) when he wrote:

During the First World War, British military physicians used the term 'shell shock' to denote the dazed, disoriented state many soldiers experienced during combat or shortly thereafter, and attributed the condition to unseen physiological damage caused by exploding artillery shells. However, physicians noted similar symptoms among soldiers who had not been subjected to artillery barrages. Many military leaders and physicians contended that shell shock was a variety of cowardice or malingering and, further, believed that those who "cracked" on the battlefield were weaklings (p. 296).

Major Thomas Salmon was appointed the senior psychiatric consultant for American forces when the United States entered the war. He implemented a program that assigned a psychiatrist to each division. The treatment consisted of removing the men from the line

who were suffering from shell shock, giving them several days of comfort and relaxation with the idea of returning them to the line. According to Scott (1990), the program was successful and 65 percent of those treated returned to the line.

The idea that soldiers, who suffered from war neurosis, were weaklings continued among military commanders. When World War II occurred, there was an effort to weed out the undesirable, and the military screened out the marginally adjusted men who were drafted. That did not solve the problem of war neurosis, but a new word was coined, according to Scott (1990):

Draft boards in the United States declared more than 1 million men psychologically unfit to fight. Subsequent U.S. psychiatric casualties in Europe, about 102 per 1,000 troops, prompted a fresh round of speculation. Medical personnel noted that psychiatric casualties had passed screening standards, and some were seasoned troops who previously had fought bravely. Medical personnel, and the troops themselves, commonly called the condition 'combat fatigue.' Some military men saw it simply as cowardice. In the effort to prevent war neurosis by culling out the unfit, the Salmon program for treating psychiatric casualties had been forgotten. In 1944, the military re-instituted the Salmon program. As in the First World War, the program significantly reduced the loss of combat troops to psychiatric breakdown (pp. 296-297).

When the Korean War started, a large psychiatric facility was set up in Japan. That psychiatric facility was a result of the experiences with combat fatigue in World War II. Initially, about 50 per 1,000 troops became psychiatric casualties according to Scott (1990):

To reduce this figure, Albert Glass, a consultant to the Surgeon General who had served as a psychiatrist in the Second World War, persuaded the military to reintroduce the Salmon program by setting up psychiatric centers within each division in Korea. As a result, Bourne showed, official rates of psychiatric casualties declined to about 30 per 1,000 troops (p. 297).

When the Vietnam War started, the military lost no time. They designed a program that provided each battalion with medical personnel trained to treat psychiatric disorders, and assigned a psychiatrist and staff to each infantry and marine division, according to Scott (1990). They were able to treat psychiatric disorders close to the front with the intention of returning the soldiers back to combat. This program seemed to be successful. According to Scott (1990), "The rate of breakdown was about five per 1,000 troops between 1965 and 1967. Military psychiatry appeared to have licked the problem."

To put the psychiatric disorders in proper perspective one needs to consult the reports of the American Psychiatric Association. They set the standards for psychiatric diagnosis in the United States and published the Diagnostic and Statistical Manual of Mental Disorders (1980).

In 1952, the APA published the first edition of its Physicians Desk Reference for Psychiatrists, DSM-I. In DSM-I war neurosis was described as a temporary condition produced by extreme environmental stress. In the year the United States sent troops to Vietnam, 1965, the APA had begun to work on the second edition of the Diagnostic and Statistical Manual (DSM-II, 1968). In the DSM-II, one of the disorders that is dropped out is Gross Stress Reaction, so there is no specific listing for a psychiatric disorder produced by combat.

In 1973 a group was formed calling itself the National Veteran's Resource Project (NVRP). The group was made up of Vietnam veterans, psychiatrists, chaplains, and central office Veteran's Administration

people. They formed a working group to collect case histories on Vietnam veterans to present to the APA. The APA was in the process of writing the DSM-III. According to Scott (1990):

The working group continued to collect and enrich the case histories of Vietnam veterans until they had data on more than 700 subjects. In a position paper written by Shatan, Haley, and Smith, the Group presented their specific recommendation and coding for DSM-III. They called for an entry labelled 'catastrophic stress disorder' (CSD), and provided for acute (ACSD), chronic (CCSD), and delayed (DCSD) manifestations. They argued that the only significant predisposition for catastrophic stress disorders was the traumatic event itself, and stated that the symptoms, course, and treatment differed by the cause and onset to the disorder. The paper also included a section on a subcategory of the catastrophic stress disorder, social catastrophe type---post-combat reaction (PCSR). In May 1977, they held a panel discussion at the APA annual meeting in Toronto to make the proposal public (p. 307).

On March 5, 1978, after the working group presented their findings and the diagnosis, the label of post-traumatic stress disorder was added to the DSM-III (1980).

Much of the research on post-traumatic stress disorder has focused on the effects of combat, but large numbers of veterans suffer from post-traumatic stress disorder who were not in combat roles according to Scott (1990). The Vietnam War was different from the wars the United States had fought in the past. Many of the veterans suffering from post-traumatic stress disorder did not serve as combat soldiers, and the rate of post-traumatic stress disorder was much higher for Vietnam than it was for past wars. According to Forman and Havas (1990):

The Vietnam War immersed large numbers of American youth in the death experience. Adding to the immersion in death were other concomitant factors contributing to PTSD that were somewhat different from other wars of this century. The young age of the combatants, the nature of their rotations through tours of duty, the difficulty in recognizing

the enemy, the guerilla nature of the war, and the difficulty in understanding the mission of the military forces all contributed to the psychiatric problems of Vietnam veterans. Additionally, the return home to a community which often treated the veteran with indifference or even open hostility contributed to lingering problems that the veteran had to deal with after discharge from military service (pp. 172-173).

The research done by Forman and Havas indicated that approximately 50 percent of Vietnam veterans had one or more symptoms of post-traumatic stress disorder.

The negative experience the Vietnam veteran received from society and friends when they returned home could have contributed to the post-traumatic stress disorder. According to Stretch and Maloney (1985)

PTSD symptomatology was most prevalent among Vietnam veterans who experienced negative and often hostile reactions from friends, relatives and society at large upon return to the United States. Vietnam veterans who served in the late stages of the war had significantly higher levels of PTSD than did veterans who served in the early part of the war. This finding may be due to problems with morale, antiwar sentiment at home, drug abuse, and a sharply increased neuropsychiatric casualty rate that followed the Tet Offensive of 1968 (p. 704).

The public became more aware of the problems of post-traumatic stress disorder because of the research done concerning the Vietnam veteran. Post-traumatic stress disorder has already been recognized in veterans of the Persian Gulf War according to Newsweek (May 1991).

Post-Traumatic Stress and the Police Officer

The problems of post-traumatic stress disorder have, in recent years, also been identified in victims of violent crimes. That has been possible because of the research into the condition done by the

Veterans Administration and others. That would not have been possible without post-traumatic stress disorder being placed in the DMS-III.

The research on victims of crimes has focused on violent offenses. That can be divided into the different areas of violent crimes that have received the most attention.

Murder is the most serious of all crimes. According to Rinear (1985):

Murder remains the leading cause of death for black males between the ages of 15 and 44, and for black females between the ages of 15 and 24. Murder also constitutes the second leading cause of death for white males, and the third leading cause of death for white females, in the 15-24 year old age group. Of the fifteen leading causes of death cited by the U.S. Department of Health and Human Services, Bureau of Health Statistics (1980) for blacks and whites, males and females, between ages of 5 and 44; homicide ranks consistently among the upper third in cause of death (p. 3).

The victim's surviving family members or close friends are at risk in developing post-traumatic stress disorder. In a study conducted by Rinear (1985), it was found that surviving parents of child homicide victims experience symptoms of chronic post-traumatic stress disorder.

Rape, or sexual assault, is probably the most studied violent crime. Rape is considered the most traumatic of all assaults, but post-traumatic stress disorder was not considered in rape victims until the diagnosis was published in the DMS-III. According to Resick (1990):

In their clinical follow-up of a random population survey, Kilpatrick, et al. (1987) found that 16% of 81 victims of one completed rape and 20% of two completed rapes currently met the diagnostic criteria for PTSD.

These figures compared with 3.4% of female victims of crimes other than rape. Almost 60% of the rape victims met the criteria for having had PTSD at some time in their lives, compared with less than 15% of nonrape victims (p. 75).

Most of the research on rape since 1980 has focused on the trauma causing post-traumatic stress disorder. That is also the case in robbery and other non-sexual assault crimes. Rothbaum (1988) conducted research on both sexual assault and on non-sexual assault and found that:

Assault victims exhibit a variety of emotional responses after the trauma including fear, depression, social and sexual impairment. Common reactions also include nightmares, sleep difficulties, flashbacks, hypervigilance, and avoidance of situations associated with the assault. These reactions typically meet DSM-III-R criteria for post-traumatic stress disorder (p. 3).

In addition, Rothbaum (1988) found that 46 percent of rape victims had post-traumatic stress disorder and 16 percent of the non-sexual assault victims had post-traumatic stress disorder.

Violent crimes may produce persistent stress-related problems for many victims. Kilpatrick (1986) believed that:

The development of post-traumatic stress disorder (PTSD) could be predicted on the basis of the victim's demographic characteristics, objective indicators of the crime's dangerousness, the victims's cognitive appraisal of the crime's dangerousness, the type of crime experienced, and the cumulative impact of crimes occurring throughout the victim's lifetime (abstract).

Post-Traumatic Stress Disorder and Victims

There is also evidence that a person who is exposed to a very terrifying event may suffer from post-traumatic stress disorder. This can be a manmade disaster or one caused by the forces of nature.

Wolfe, Keane, Lyons, and Gerardi (1987) found that:

In addition to evidence for the adverse effects of criminal acts on subsequent mental health, there is also information indicating that other stressors contribute to the development of symptoms of PTSD. Davidson and Baum (1986) assessed the impact of the Three Mile Island nuclear accident on individuals living near the plant. They compared individuals living close by (within five miles) or far from (greater than 80 miles) the reactor plant and found that subjects living close to the area experienced significantly more symptoms of both chronic stress and PTSD (p. 27).

Jaret (1991) documented post-traumatic stress disorder in survivors of plane crashes and natural disasters. Jaret found that:

Now there's evidence that PTSD may be one of the most common psychological disorders known, afflicting nearly one in every ten Americans. And women are particularly susceptible.

Almost any kind of severe, violent event--from being seriously injured or assaulted to witnessing a terrible car accident--can lead to the disorder. And it can happen to almost anyone (p. 46).

In recent years researchers have turned their attention to emergency service workers. They are finding that rescue workers are in the high risk area for developing post-traumatic stress disorder. The rescue workers themselves become hidden victims, psychological casualties of traumatic events. According to the New York Times Health (1992):

The conventional wisdom has been that people who routinely encounter horrible events in the course of their work have somehow learned to endure the emotional turmoil that so often affects the victims they rescue. But today such suffering is recognized as an occupational hazard for police officers, firefighters, rescue workers, ambulance teams and other people whose jobs regularly put them in the midst of tragedies and traumas. As a result, there are now nation wide efforts to provide psychological help for them (p. c12).

In the early 1980's there was doubt as to whether emergency service workers needed any help at all. The public believed that they were professionals--they see it all the time. The New York Times (January 15, 1992) stated that there was, then, a tendency for public safety workers to suffer in silence, but that 70 percent had symptoms of post-traumatic stress disorder in the course of their work. That public attitude existed because most did not know what the police job consisted of. Fowler (1986) also identified some of the demands of the law enforcement officer's job.

Baihr, Furcorn and Froemel (1968) analyzed the complex demands of the law enforcement officer's job and attitudes and reported their findings as a list of essential behavioral requirements. On the basis of extensive field observation, they concluded that a policeman must:

1. Endure long periods of monotony in routine patrol, yet react quickly (almost instantaneously) and effectively to problem situations observed on the street or to orders issued by the radio dispatcher (in much the same way that a combat pilot must react to interception or a target of opportunity).
2. Exhibit initiative, problem-solving capacity, effective judgment, and imagination in coping with the numerous complex situations he is called upon to face, e.g., a family disturbance, a potential suicide, a robbery in progress, an accident, or a disaster. Police officers, themselves, clearly recognize this requirement and refer to it as 'showing street sense.'
3. Make prompt and effective decisions, sometimes in life and death situations, and be able to size up a situation quickly and take appropriate action.
4. Endure verbal and physical abuse from citizens and offenders (as when placing a person under arrest or facing day-in and day-out race prejudice), while using only necessary force in the performance of his function.

5. Be capable of restoring equilibrium to social groups, e.g., restoring order in a family fight, in a disagreement between neighbors, or in a clash between rival youth groups.
6. Tolerate stress in a multitude of forms, such as meeting the violent behavior of a mob, arousing people in a burning building, coping with the pressures of a high-speed chase or a weapon being fired at him, or dealing with a woman bearing a child.
7. Exhibit personal courage in the face of dangerous situations which may result in serious injury or death.
8. Maintain a balanced perspective in the face of constant exposure to the worst side of human nature.
9. Exhibit a high level of personal integrity and ethical conduct, e.g., refrain from accepting bribes or 'favors,' provide impartial law enforcement, etc. (pp. 335-336).

Those responsibilities are the same whether the bailiwick is a village, high tech urban area, or a ghetto area. Those responsibilities create a great deal of stress for the officer.

Police officers are expected to hold up under circumstances that the average citizen will never come in contact with. Police officers not only have to cope with the stress of violent crimes but with other stressors that occur on the job. According to Martin, McKean and Veltkamp (1986):

It has been reported that 29 percent of police officers experience above average or high amounts of stress. Described symptoms of stress have included increased rates of heart disease, stomach disorders, divorce, suicide (Blackmore 1978). Reported stresses include problems with co-workers, home life, job favoritism, intervention in crisis, attitude of the public, lack of court support, interference from local politicians (Lister 1982), a threatened sense of professionalism (Kroes, Margolis, and Hurrell 1974; Terry 1981), danger, occupational isolation (Skolnick and Blum 1972), and being targeted by public hostility (Hageman, 1978; Symonds, 1970; p. 98).

It is little wonder that police officers rank number one in suicide of all the helping professions (Brinegar, 1986). According to Brinegar:

Each year more officers take their own lives than lose them in the line of duty. In a profession that is high in divorce, heart disease, and alcoholism, law enforcement officers are scrambling to find ways to cope with the high-stress level of their profession (p. xvii).

The Chief of Police of Cleveland, Ohio, Rudolph (1989) best described the effects of stress in the law enforcement field when he discussed his academy class:

At the end of any career, the attained goal of retirement should be naturally acquired by years of service and enjoyed in good health. This is not always true of police work. To date, of my original academy class, 14 officers (37 percent) have left the service. Two are deceased, 10 left with disability pensions (most of which were attributed to heart disease, hypertension or back dysfunction), one resigned and one was dismissed. From personal knowledge, nine (24 percent) of my class also have or have had alcohol dependency problems and a disproportionate number have experienced marital problems, including divorce (p. 21).

Most of the research in the past has focused on the stress of police shootings. The stress of the actual shooting is not the only stress the officer encounters. The details of the shooting must be given to investigators and shooting boards. In addition, the officer goes through the stress of suspension while the investigation of the shooting is completed. The officer also has to live with the stress of the news stories over and over. That was best described by Nielsen (1986) when he wrote:

A somewhat more extended impact phase is frequently found in the stressful event of a police shooting. In such situations the officer may remain involved in recounting the details of the shooting to a number of investigators and boards, be suspended from duty for a period of days,

and even be subjected to repetitive intrusions into his private life by news media and/or attorneys. In this type of situation the impact phase may easily be extended for a period of a week or longer. During the impact phase the officer will typically go about his duties and functions in a somewhat stunned and bewildered fashion, with a narrowing of his field of attention, isolation of his emotions, and a kind of automatic behavior pattern (p. 369).

The effects on officers involved in a shooting incident can be long lasting. The officer who experiences being shot or seeing another officer being shot loses the feeling of invincibility.

According to Solomon and Horn (1986):

Officers who are shot or observe other officers get shot often lose their sense of invincibility and their belief that 'it only happens to the other guy.' Family members may logically experience greater anxiety about the officer's personal safety on the job. Even officers not physically wounded during the shooting commonly perceive their job as being more dangerous, subsequent to the incident. Startle responses to innocuous sounds or sights may occur for some time after a shooting incident. In our conceptualization, feelings of fear and/or coming to grips with one's vulnerability are the major dimensions that determine the severity of heightened sense of danger (p. 383).

After experiencing a psychological trauma, such as a police shooting, officers will experience an emotional shock wave. The officer response may be quite similar to that experienced by individuals who are war veterans. The process is referred to as a transition according to More and Unsinger (1987), and there are three phases which the individual goes through.

According to those authors the first phase experienced by individuals involved in high trauma events is that of shock and disbelief. There is a strong tendency to refuse to believe what is happening. Apparently, the disbelief process stems partly from fear or an emotional foreboding of going through the trauma again.

The second phase an individual will experience is called denial or minimization. That is a process in which an individual attempts to minimize or deny that such an occurrence is happening. For the most part, police officers involved in an on-the-job shooting stay in the stage for a very short period of time. The setting, even though brief, appears to be enough to allow the officer to begin processing the fact that such an event did occur. Officers who are involved in accidental shootings are the ones who may be prone to stay in this phase or come back to it at a later time. It is during that time that the so-called bargaining phase might occur. That experience was described by officers as a fleeting thought or fantasy in which they regretted having had to make the decision to fire their weapon. That could be the fleeting stage officers go through as they begin thinking of departmental reprisal, the paperwork involved, or, in an emotional sense, beginning to justify their actions to themselves.

The third phase individuals will experience following a highly traumatic event is that of depression. It is almost as though there is an emotional letdown after the shooting investigation is completed. Until that time, most officers remain in relatively normal spirits and are not consciously aware of the multitude of unacceptable feelings they might potentially experience. It has been reported to me by officers involved in shootings that their department and their peers both seemed to forget about the shooting in a very short period of time. Obviously, other officers were not as traumatized by the experience and tend to focus on other "interesting" events. Thus, officers experience an emotional

letdown. It is at that time that they may also feel anger and/or guilt.

Police officers are, supposedly, very well trained to cope with dangerous situations in which the use of firearms may be necessary, but the training in most states concerns when deadly force may and may not be used. They are also trained to use the firearms accurately to reduce the risk to the general public. But little training concerns what to expect after the officer has used deadly force according to Coleman (1992). When police officers are selected for the job, certain traits are looked for: one of these traits is "a sense of being in control, a command presence." A shooting strips away that protective sense of invulnerability. "It leaves you shaken," according to Coleman (1992). In large cities, programs have been set up to help the officer overcome the physiological problems that will occur, but smaller cities and counties do not have these programs. The cost of the programs are too great for smaller agencies.

Saathoff and Buckman (1990) believe programs need to be established, possibly with state aid, in order to assist the smaller departments who do not have the funds to create the opportunity for the officer to seek help. In the State of Virginia, the opportunity is available. According to Saathoff and Buckman (1990):

Virginia state law mandates psychiatric evaluation for all state police officers who either request evaluation through departmental channels or are referred by their supervisors. The evaluations are carried out by the University of Virginia Department of Behavioral Medicine and Psychiatry (p. 430).

Baruth (1986) believes that without programs to assist officers following shooting incidents or other extremely traumatic incidents, many fine officers will be lost. Most will quit the police job, and many others will become dependent on alcohol and be forced to leave the job. As stated by Baruth (1986):

Although statistics are not concise, it has been reported that 80% of officers involved in shootings leave their departments. The Dallas and Kansas City Departments have stated that 50% of their officers leave. This is difficult for one to understand because, if an officer does the job he is trained to do, he later does not receive the necessary support needed to continue in that position. Again, the 'macho' image may be present in other officers by saying that it was just part of the job and 'you should be able to deal with it yourself' (p. 307).

Post traumatic stress disorder is starting to receive more attention and more publicity according to Fiscus (1991):

Recent episodes of popular television shows such as Top Cops and Rescue 9-1-1 Emergency have addressed the problem of PTSD in law enforcement. In the situations that have been portrayed, the officers affected by PTSD are above average in their duty performance and have considerable time on the force. Although these simulations are dramatized, the influence of the illness is real and has changed the lives of the officers featured (p. 63).

What do we do with those officers? Some are made to retire before their time. Many are made to retire medically losing their medical insurance which they need in order to be treated for post-traumatic stress disorder. In many cases, they are not protected under their state worker's compensation laws. According to Mann and Neece (1990), those that would fall under Worker's Compensation laws would come under Mental injuries. For purposes of

worker's compensation, mental injuries can be classified into three categories (Larson, 1986):

(1) Mental-Physical: A mental stimulus causes a physical injury. The stress of being in an automobile accident was linked to a Colorado police officer having a heart attack.

(2) Physical-mental: A physical trauma causes a mental injury.

(3) Mental-mental: A mental stimulus causes a 'nervous' injury or emotional problem. An employee who tried to rescue another employee whose hand was severed by a machine press later suffered loss of sleep and developed PTSD symptoms in reaction to their accident. It is this category of injury or disability under which most cases of law enforcement related PTSD cases are likely to fit (p. 451).

Fiscus (1991) believes we should not retire most of those officers. In many cases, those are some of the best officers the department had before they developed post-traumatic stress disorder. Departments need to look at the problem and develop ways to cope with it. According to Fiscus (1991):

Every department, no matter what size, must address the problem of post-traumatic stress disorder and how it concerns their particular operation. Attitudes are the hardest to change, but are the least expensive and most effective. An officer that is suffering from this illness is not faking it or trying to 'get out on a medical.' In fact retiring the officer is what psychologists do not recommend. The sooner the injured person returns to a normal routine the better. In an ideal situation, the PTSD sufferer should be back on light duty in a couple of weeks. The officer that suffers from Post-traumatic stress disorder has learned through therapy to be in tune to possible problems that peers may be ignoring (p. 64).

Some police departments have developed programs to deal with post-traumatic stress disorder following a shooting. In Dallas, Texas, the police psychologist invited officers who had been involved in shootings to meet in an emotional trauma group. The purpose of

that group was to formulate departmental policy which would serve to reduce post-shooting trauma. That policy was based on what the officers felt was necessary following a shooting (See Appendix A).

In Dallas, Texas, the Police psychologist also found that they were only halfway to solving the problem. It was found that all officers in the department needed to be exposed to the policy before a shooting occurred in order to help reduce the trauma at the time of the shooting.

Police shootings are a major source of post-traumatic stress disorder, but there are several other serious traumatic incidents that officers deal with that require some form of treatment to deal with post-traumatic stress disorder. An example of this was described by Fiscus (1991):

Deputy sheriff Stratemeyer was just beginning the night shift when a frantic dispatcher buzzed his desk with word of a possible suicide attempt. The victim was a 17-year-old girl.

While trying not to envision what he might encounter at the scene, Stratemeyer concentrated on what could have driven this young person to such an extreme. He was first on the scene and he knew that if CPR were needed, it would be up to him. Stratemeyer was not prepared for the scene before him when he reached the girl's bedroom. In the center of the room, on the floor, a distraught father was pleading with his critically injured daughter. Although she was beyond listening, he begged her to keep breathing as he rocked and cradled her limp form. The bedroom was spattered with his daughter's blood.

When the officer tried to remove the girl from her father's embrace, he resisted, holding her tighter to his chest. Stratemeyer then performed an act that would haunt him forever--he physically wrenched the girl from her father's grasp. Immediately the officer executed CPR and while he was performing this life saving technique, the ambulance arrived. Tears pooled in his eyes as he watched the bleeding teenager being rushed away to the nearby hospital (pp. 63-64).

According to Fiscus (1991) the officer developed post-traumatic stress disorder, received treatment, and was later forced to take a medical retirement.

Summary of Review of Literature

The review of the literature determined several things that can cause post-traumatic stress disorder; combat, police use of deadly force, rape, robbery, child abuse, death of a child, witnessing a violent accident or plane crash. Almost any kind of severe, violent event can lead to the disorder.

There were characteristics identified of those who have post-traumatic stress disorder (Solomon & Horn, 1986, pp. 383-386):

1. Anxiety about future situations
2. Intruding thoughts/flashbacks - a flashback is a thought or memory of the traumatic situation with the associated sensory experience
3. Isolation/withdrawal
4. Emotional numbing
5. Sleep Difficulties - trouble getting to sleep, nightmares about the incident
6. Alienation - at work and with other employees and friends
7. Depression - is treatable and response to treatment if the person seeks treatment.
8. Chemical dependence
9. Suicidal thoughts

10. Anger

11. Family problems

The literature revealed post-traumatic stress disorder is treatable, but if the person has had post-traumatic stress disorder for a period of time there will most likely be no cure. However the individual can be helped to control one's condition through therapy.

CHAPTER III

METHODOLOGY AND DESIGN

This chapter describes the methods and procedures of this study, including construction of the instrument, data collection, and statistical procedures for data analysis. The study was developed out of a concern for officers who experienced severe traumatic incidents and the effects the incidents would have upon the officer in the form of post-traumatic stress disorder. It was the intent of the study to determine if characteristics of post-traumatic stress disorder are present in veteran law enforcement officers.

The methods and procedures used to survey the identified population are presented in the following pages. The following topics are included: (1) Research Design, (2) Population, (3) Instrumentation, (4) Data Collection Process, and (5) Analysis of Data.

Research Design

The study was developed to collect data about characteristics that may reveal which police officers may have post-traumatic stress disorder without being involved in a deadly force incident. The information would allow police counselors to identify police officers who may be susceptible to post-traumatic stress disorder and to develop intervention programs to avoid such disorders. The

descriptive survey was selected as the research method most feasible for the purposes of this study. A sample of law enforcement officers was taken from four states in order to make inferences to the total population.

The mailed questionnaire has a poor response rate, but the anonymity among respondents is greater than other methods. The subjects who filled out the questionnaire did so on a voluntary basis. The researcher elected to administer the questionnaire personally, in order to speed up the response time, and to make sure the subjects who filled out the questionnaire met the requirements of the study. They also did not identify themselves, and the completed questionnaires were collected by one of the respondents, while the researcher observed, in order to protect anonymity. Another advantage of administering the questionnaire was to give clarification when questions arose regarding statements included in the questionnaire, and to improve the response rate.

Population

The sample for the survey was drawn from officers who were attending seminars for in-service training or seminars for specialty training. That gave a population of veteran officers and eliminated new or inexperienced officers. Those that agreed to fill out the questionnaire gave a random sample of the entire population. The officers attending those seminars were from various size cities within the states where the seminars were being held. That gave representation of all population centers and sizes of departments. The questionnaire was given to 104 officers of 111 attending the

seminar in Kansas. Seven officers in Kansas elected not to fill out the questionnaire. The questionnaire was given to 69 officers in Oklahoma. All the officers attending the seminar filled out the questionnaire. The questionnaire was given to 59 officers in Missouri. All the officers filled out the questionnaire. The questionnaire was given to 27 officers in Arkansas. There were 32 officers attending the seminar, but five officers elected not to fill out the questionnaire.

The respondents were of both sexes and a wide range of ages. The economic status and the education level of the respondents were diverse.

Instrumentation

The questionnaire was in two parts (See Appendix A). There was no pretested questionnaire available for Questionnaire I, therefore, a self-made questionnaire was designed. The questionnaire, developed for this study, was pre-tested with a group of law enforcement officers attending a seminar at the Police Academy in Joplin, Missouri. The group had no questions and understood the instrument. The questionnaire was presented to the major advisor and suggested refinements were incorporated. Questionnaire I was designed to determine the size of the department and the population the department served; the age range of the respondent; if the individual had served in the Armed Forces and, if so, whether they had served in a combat zone. That was necessary because the individual could have symptoms of post-traumatic stress disorder resulting from traumatic events that happened in the combat zone. Those symptoms could have,

otherwise, affected the study.

The respondents were asked about their current marital status, if respondents were divorced, and, if so, how many times? That was necessary because a person with post-traumatic stress disorder has a high degree of probability for divorce. Another question asked was how many children the officer had. That was important because a police officer with children has more severe problems while investigating the death of a child, because they think of their own children in that situation.

Questions were also asked regarding the use of deadly force and whether the officer has ever viewed the violent death or injury of adults or children. This is important because these are stressors that could cause post-traumatic stress disorder.

Questionnaire II was a pretested instrument obtained from the Veterans Hospital, Mental Health unit at Fayetteville, Arkansas. That questionnaire is used to check veterans for symptoms of post-traumatic stress disorder, and has a 98 percent reliability.

Data Collection Process

A cover letter and a sample of the questionnaires was sent to: the Missouri Highway Patrol Academy in Jefferson City, Missouri; the State Law Enforcement Training Center in Hutchinson, Kansas; the State Law Enforcement Training Center in Camden, Arkansas; and the Oklahoma Council on Law Enforcement Education and Training in Oklahoma City, Oklahoma (See Appendix B). The letter explained the purpose of the research and the type of groups of officers that were needed to respond to the questionnaire, and to ask for their

cooperation in the study. They were also asked to identify locations and times when the questionnaires could be administered.

The questionnaires were personally administered to 27 officers attending a school in Camden, Arkansas. In Missouri, 31 questionnaires were administered in Jefferson City and 28 questionnaires were administered in Joplin, Missouri. In Kansas, the questionnaire was administered to 104 officers attending a school at Emporia, Kansas. In Oklahoma, the questionnaire was administered to 32 officers in Tulsa, Oklahoma, and to 37 officers attending a class in Enid, Oklahoma. All data was collected between March 6 and April 15, 1992.

The total number of questionnaires administered in Missouri, Oklahoma, Kansas and Arkansas was 259. A total of 12 officers in the four states refused to fill out the questionnaire.

Analysis of Data

Data were analyzed utilizing basic descriptive statistics including frequencies, means, and percentages. In addition, the Contingency Coefficient (C) was used to determine if correlations existed between specific variables. The Chi Square and Cramer's followup tests were used to examine additional relationships among variables. An alpha level of .05 was selected.

CHAPTER IV

PRESENTATION OF FINDINGS

The data collected during the study are presented in summary form in two major categories. The data were collected from a sample of 259 law enforcement officers in the states of Missouri, Kansas, Oklahoma, and Arkansas.

Questionnaire I related to demographic data and information concerning exposure to traumatic stressors. A person must have been exposed to a traumatic stressor in order to have post-traumatic stress disorder. In small departments, there is usually no treatment available inside the department for psychological problems, therefore the problems are not usually noticed by the administration before they get out of hand. The officer usually does not get treatment unless they notice they have a problem that is getting out of hand and seeks private counseling on there own.

Questionnaire II data was related to symptoms of post-traumatic stress disorder. It is not necessary for a person to have each and every symptom in order to have post-traumatic stress disorder.

Table I gives the number of officers who had the symptoms of post-traumatic stress disorder, 84 officers did not have the symptoms, but 175 officers had the symptoms of post-traumatic stress disorder. Table II is a summary of the total number of symptoms exhibited by respondents by number and percent.

TABLE I
OFFICERS WHO HAD THE SYMPTOMS OF PTSD

Value Label	Frequency	Percent
No	84	32.4
Yes	175	67.6
Total	259	100.0

TABLE II
TOTAL NUMBER OF SYMPTOMS EXHIBITED BY RESPONDENTS
BY NUMBER AND PERCENT

Number of Question	Frequency	Percent
1	183	70.7
2	146	56.4
3	86	33.2
4	117	45.2
5a	157	60.6
5b	152	58.7
5c	133	51.4
5d	133	51.4
5e	110	42.5
5f	104	40.2
6	122	47.1
7	87	33.6
8	57	22.0
9	115	44.4
10	150	57.9
11	142	54.8
12	102	39.4

Questionnaire I is discussed first. Items one and two were to obtain information on the size of the department and population. The size of the population being served is important because the large population centers and large departments usually have a clinical psychologist on staff, and officers can receive treatment. Since the large departments have that person on staff, they are normally looking for signs of problems. Fifty percent of the respondents were from departments with 26 respondents or less. As shown in Table III, 52.9 percent of the respondents were from departments in population centers of 25,000 or under. Twenty-three percent of the respondents were from population centers of over 100,000, which included highway patrolmen employed by state governments.

Questions 3 and 4 considered marital status. When a person has post-traumatic stress disorder, it is quite common for the person to be having marital problems. The individual may have lost the ability to become interested in previously enjoyed significant activities, or the ability to feel emotions of any type, especially those associated with intimacy, tenderness, and sexuality, is markedly decreased (American Psychiatric Association, 1984). In Question 3, 50 of the subjects were single, and 209 were married at the time the questionnaire was filled out. Of those responding, 101 had been divorced at least once, and 21 had been divorced at least two times. There were six who had been divorced three times and one who had been divorced four times.

In the majority of the states, a person cannot be a law enforcement officer until they are at least 21 years old. Age was

TABLE III
FREQUENCY AND PERCENT OF RESPONDENTS BY
SIZE OF POPULATION AREA
(N = 259)

Population	Frequency	Percent
0-25,000	137	52.9
25,000-50,000	45	17.4
50,000-75,000	12	4.6
75,000-100,000	3	1.2
Over 100,000	62	23.9
Total	259	100.0

asked for on the questionnaire in order to confirm that the officers had been in law enforcement for a few years. Seventy-one and four tenths (71.4) percent of the respondents were over the age of 31 and under the age of 51. A summary of respondents' age is shown in Table IV.

Question 5 related to the number of children the respondents had. According to the literature, it is very traumatic to investigate the severe injury or death of a child, but it becomes even more traumatic for an officer who has children. The officers tend to think of their own child being involved in the situation that the officer is investigating. Forty-four of those responding to question five had no children. Thirty-nine respondents had one child, and 90 had two children. Fifty-five respondents had three children, and 31 respondents had four or more children. A summary of that information appears in Table V.

Two questions on the questionnaire gathered information about military experience of the respondents. That information was important because, if the respondent served in a combat zone, they could have suffered traumatic stressors that could cause post-traumatic stress disorder. If the respondent was suffering from post-traumatic stress disorder from the armed forces, that could effect the results on Questionnaire II. It should also be noted that one could have post-traumatic stress disorder from the armed forces, but not show the symptoms until they encountered the traumatic stress disorder on the police job.

Respondents indicated that 138 respondents had not served in the armed forces and 121 respondents had served in the armed forces.

TABLE IV
FREQUENCY AND PERCENT OF RESPONDENTS BY AGE GROUP
(N = 259)

Age	Frequency	Percent
21-30	45	17.4
31-40	99	38.2
41-50	86	33.2
51-60	26	10.0
Over 60	3	1.2
Total	259	100.0

TABLE V
FREQUENCY AND PERCENT OF RESPONDENTS REPORTING NUMBER OF CHILDREN
(N = 259)

Number of Children	Frequency	Percent
0	44	17.0
1	39	15.1
2	90	34.7
3	55	21.2
4 or more	31	12.0
Total	259	100.0

Fifty officers had served in a combat situation while serving in the armed forces.

The questionnaire (Question 10) was designed to identify traumatic stressors that could have an affect on the officer. The question was divided into three parts. Part one of Question 10 concerned deadly force directed at the respondent, deadly force against others in the respondent's presence and the respondent's use of deadly force against others.

Seventy of the respondents had not had deadly force directed at them. Fifty-three respondents had deadly force directed at them one time, 22 had deadly force directed at them two times, 25 had deadly force directed at them three times, and ten respondents had deadly force directed at them four times. A number of the respondents (36) had situations where deadly force was used against them several times. Forty-three respondents did not respond to that part of the question. A summary of that information appears in Table VI.

Eighty respondents had not had deadly force directed at others in their presence. Forty respondents had deadly force directed at others in their presence one time, 26 had it occur two times, 16 had it occur three times, ten had it occur four times, seven had it occur five times, one had it occur seven times, six had it occur 10 times, and 17 respondents had it occur more than 10 times. Forty-eight respondents did not respond to the question. A summary of that information appears in Table VII.

One hundred twenty-six respondents had not used deadly force against others. Twenty-seven respondents had used deadly force against others one time, 17 had used deadly force two times, and six

TABLE VI
NUMBER OF TIMES RESPONDENTS FACED DEADLY FORCE
BY FREQUENCY AND PERCENT
(N = 259)

Number of Times Facing Deadly Force	Frequency	Percent
0	70	27.0
1	53	20.4
2	22	8.4
3	25	9.7
4	10	3.8
5	4	1.5
6	5	1.9
7	2	.8
8	1	.4
10	7	2.7
14	1	.4
15	1	.4
20	2	.8
25	1	.4
30	3	1.2
38	1	.4
40	1	.4
49	1	.4
50	3	1.2
100	3	1.2
Did Not Answer	43	16.6
Total	259	100.0

TABLE VII
 NUMBER OF TIMES RESPONDENTS EXPERIENCED DEADLY FORCE
 AGAINST OTHERS IN YOUR PRESENCE
 (N = 259)

Number of Times	Frequency	Percent
0	80	30.9
1	40	15.4
2	26	10.0
3	16	6.2
4	10	3.9
5	7	2.7
6	5	1.9
7	1	.4
10	6	2.3
15	1	.4
18	1	.4
25	3	1.2
30	5	1.9
40	2	.8
49	1	.4
50	4	1.5
100	3	1.2
Did Not Answer	48	18.5
Total	259	100.0

respondents had used deadly force three times. Several respondents had used deadly force more than three times. Sixty-three respondents did not respond to the question. The Contingency Coefficient test revealed a correlation of .10394 with PTSD. Further calculations reveal that is not a significant correlation. A summary of that information appears in Table VIII.

Some of the very high numbers in occurrences of deadly force in Tables VI, VII, and VIII could be the result of combat in the armed forces.

The second part of Question 10 covered the number of times the respondents had experienced viewing a violent death of an adult, over 18 years of age; a teenager, 13 to 18 years of age; or a child, 12 years old or less.

Viewing the body of a person who has died a violent death can be very traumatic, especially if the person is mutilated. Those deaths could be caused by a criminal act or an accident. Sixteen respondents reported they had not viewed the body of an adult. Sixteen respondents had viewed a body of an adult one time and 20 had viewed a body two times. Twenty-four respondents had viewed the body of an adult three times and 14 respondents had viewed a body of an adult four times. Eleven respondents reported they had viewed the body of an adult five times. The viewing of the body of an adult varied up to 300 times, with ten, 20, 25, and 30 being the highest number of occurrences. The large numbers (in the hundreds) could be highway patrol respondents who work a lot of fatality accidents. Thirty-five respondents did not answer the question. A summary of that information appears in Table IX.

TABLE VIII
 NUMBER OF TIMES RESPONDENTS HAD PERSONALLY USED DEADLY
 FORCE AGAINST OTHERS BY FREQUENCY AND PERCENT
 (N = 259)

Number of Times	Frequency	Percent
0	126	48.6
1	27	10.4
2	17	6.6
3	6	2.3
4	3	1.2
5	3	1.2
8	1	.4
10	2	.8
12	1	.4
20	3	1.2
30	1	.4
35	1	.4
50	2	.8
60	1	.4
100	2	.8
Did Not Answer	63	24.1

C = .10394

TABLE IX
NUMBER OF TIMES RESPONDENTS VIEWED AN ADULT VICTIM OF
A VIOLENT DEATH BY FREQUENCY AND PERCENT
(N = 259)

Number of Times	Frequency	Percent
0	16	6.2
1	16	6.2
2	20	7.5
3	24	9.3
4	14	5.2
5	11	4.2
6	6	2.3
8	3	1.2
9	2	.8
10	22	8.3
11	1	.4
12	9	3.5
14	2	.8
15	8	3.1
16	1	.4
20	18	6.7
25	10	3.9
26	1	.4
30	10	3.9
35	2	.8
40	5	1.9
45	2	.8
50	7	2.7
75	2	.8
80	2	.8
100	7	2.7
200	2	.8
300	1	.4
Did Not Answer	35	13.5
Total	259	100.0

It is more traumatic for an officer to investigate the death of a teenager than it is an adult. Forty respondents had not viewed the body of a teenager. Thirty respondents had done so at least once, and 24 had viewed the body of a teenager two times. Thirteen respondents reported viewing the body of a teenager three times, and seven respondents reported viewing the body of a teenager four times. Fourteen respondents viewed the body of a teenager five times. With the exception of ten times and 15 times, the number of respondents viewing the body of a teenager decreased as the number of occurrences went up. The larger number of occurrences could have been highway patrolmen working traffic accidents. The Contingency Coefficient test showed a correlation of .13606 with PTSD. Further calculations reveal that is not a significant correlation. A summary of that information appears in Table X.

Fifty-nine respondents answered they had not viewed the body of a child. Twenty-eight respondents reported viewing the body of a child one time, and 27 respondents had viewed the body of a child two times. Thirteen respondents reported viewing the body of a child three times, and four reported viewing the body of a child four times. The reported number of occurrences of viewing the body of a child went up to 100, but the number of respondents reporting, those numbers was small, except for 15 officers who reported viewing the body of a child ten times. Sixty-six respondents did not answer the question. The Contingency Coefficient test revealed a correlation of .15486 with PTSD. Further calculations reveal that is not a

TABLE X
 NUMBER OF TIMES RESPONDENTS VIEWED A TEENAGE VICTIM
 OF A VIOLENT DEATH BY FREQUENCY AND PERCENT
 (N = 259)

Number of Times	Frequency	Percent
0	40	15.4
1	30	11.8
2	24	9.5
3	13	5.0
4	7	2.7
5	14	5.5
6	7	2.7
7	3	1.2
8	4	1.5
9	1	.4
10	15	5.9
12	1	.4
14	1	.4
15	11	4.2
16	1	.4
19	1	.4
20	6	2.3
25	3	1.2
26	1	.4
30	5	1.9
35	1	.4
40	3	1.2
45	1	.4
50	1	.4
75	1	.4
80	1	.4
100	1	.4
Did Not Answer	60	23.2
Total	259	100.0

C = .13606

significant correlation. A summary of that information appears in Table XI.

The last part of Question 10 recorded responses of those viewing a serious injury that resulted in the death of an adult, teenager, or child. That area is important, because many times the officer will help treat the individual who, in many cases, is awake, conscious and in a great deal of pain. That makes the death of the individual more personal, therefore, making it more traumatic.

Eighteen responded they had not viewed a serious injury that resulted in the death of an adult. Twenty-eight respondents had viewed a serious injury that resulted in the death of an adult one time, and 16 responded it had occurred two times. Eighteen respondents reported three incidents and seven responded it had occurred four times. The response rate was high for five, six, ten, 20, 50, and 100. Forty-five respondents did not respond to the question. The Contingency Coefficient test showed a correlation of .13924 with PTSD. Further calculations reveal that is not significant. A summary of that information appears in Table XII.

The next part of the question concerned those who viewed a serious injury of a teenager that resulted in death. Forty-eight respondents had not experienced that and responded to that question with a zero. Twenty-one responded they had viewed the serious injury of a teenager that resulted in death one time, and 17 respondents marked two times. Nineteen responded that this occurred to them three times and seven marked four times. Twelve respondents viewed a teenager with a serious injury that resulted in death five times.

TABLE XI
 NUMBER OF TIMES RESPONDENTS VIEWED A CHILD VICTIM OF A
 VIOLENT DEATH BY FREQUENCY AND PERCENT
 (N = 259)

Number of Times	Frequency	Percent
0	59	22.8
1	28	10.8
2	27	10.4
3	13	5.0
4	4	1.5
5	19	7.3
6	3	1.2
8	1	.4
9	3	1.2
10	15	5.8
12	2	.8
13	1	.4
14	1	.4
15	5	1.9
20	4	1.5
25	3	1.2
30	1	.4
50	3	1.2
100	1	.4
Did Not Answer	66	25.5
Total	259	100.0

C = .15486

TABLE XII

NUMBER OF TIMES RESPONDENTS VIEWED A SERIOUS INJURY THAT DID
 RESULT IN THE DEATH OF AN ADULT BY FREQUENCY AND PERCENT
 (N = 259)

Number of times	Frequency	Percent
0	18	6.9
1	28	10.8
2	16	6.2
3	18	6.9
4	7	2.7
5	12	4.6
6	10	3.9
7	2	.8
8	5	1.9
9	1	.4
10	23	8.9
12	2	.8
15	6	2.3
16	1	.4
20	19	7.3
25	7	2.7
26	1	.4
30	5	1.9
31	1	.4
35	1	.4
40	3	1.2
50	13	5.0
60	1	.4
75	1	.4
100	11	4.2
150	2	.8
Did Not Answer	45	17.4
Total	259	100.0

C = .13924

The next highest number of responses was 16 who marked 10 times, and nine marked that it happened to them 50 times. One responded that it occurred 500 times. That seemed to be a very high number for one respondent. Most of the deaths were probably traffic accidents. The Contingency Coefficient test showed a correlation of .18053 with post-traumatic stress disorder. Although there is some relationship, a further test revealed that it is not a statistically significant correlation. A summary of that information appears in Table XIII.

The last part of Question 10 recorded responses of officers viewing a serious injury which resulted in the death of a child. Again, that would be more traumatic for the respondents than the older victims, especially if the officer, had children of their own. In that situation, the officer would be involved in trying to save the child's life, so the death would be more traumatic.

Sixty-six responded they had not had that happen. Thirty-four of the respondents had that occur to them one time, and 18 responded it had occurred two times. Nine responded they had viewed a serious injury to a child which resulted in the death of the child three times, and three respondents had it occur four times. The next two largest response areas were 11 with five times, and 14 with ten times. Seventy-four respondents did not respond to the question. The Contingency Coefficient test showed a correlation of .23020 with PTSD. Further tests reveal that correlation to be significant at the .05 level. A summary of that information appears in Table XIV.

Questionnaire II was used to check for symptoms of post-traumatic stress disorder. It is not necessary to have every

TABLE XIII

NUMBER OF TIMES RESPONDENTS VIEWED A SERIOUS INJURY THAT DID RESULT
IN THE DEATH OF A TEENAGER BY FREQUENCY AND PERCENT
(N = 259)

Number of Times	Frequency	Percent
0	48	18.5
1	21	8.1
2	17	6.6
3	19	7.3
4	7	2.7
5	12	4.6
6	5	1.9
7	2	.8
8	4	1.5
10	16	6.2
12	2	.8
15	4	1.5
20	8	3.1
25	5	1.9
26	1	.4
30	3	1.2
40	1	1.4
46	1	.4
50	9	3.5
75	2	.8
100	2	.8
500	1	.4
Total	259	100.0

C = .18053

TABLE XIV

NUMBER OF TIMES RESPONDENTS VIEWED A SERIOUS INJURY THAT DID
 RESULT IN THE DEATH OF A CHILD BY FREQUENCY AND PERCENT
 (N = 259)

Number of Times	Frequency	Percent
0	66	25.5
1	34	13.1
2	18	6.9
3	9	3.5
4	3	1.2
5	11	4.2
6	3	1.2
7	1	.4
8	2	.8
9	1	.4
10	14	5.4
12	1	.4
13	1	.4
15	3	1.2
20	3	1.2
25	4	1.5
30	6	2.3
40	1	.4
50	1	.4
52	1	.4
100	1	.4
200	1	.4
Did Not Answer	74	28.6
Total	259	100.0

C = .23020

symptom to have post-traumatic stress disorder according to the Veterans Administration. If the respondent had one mark on questions one through four (of the questionnaire), and two marks on question five parts a through f, and three marks on questions six through 12, it is an indicator that the respondent had symptoms of post-traumatic stress disorder. The value that is marked on the question indicates the severity, but is not as important which number is marked. The values were as following; zero would stand for never, one would stand for at times, but not this week, two would stand for at least once this week, and three would stand for more than once this week.

Questionnaire II asked if the respondent had experienced one or more overwhelmingly stressful, frightening or emotionally disturbing events. If the answer was no, they were instructed to stop filling out the questionnaire at that point. If the answer was yes, they were instructed to continue with the questionnaire. Forty-one respondents answered no, and 213 answered yes. Five respondents did not answer.

Question 1 asked if the respondent had recurring, distressing memories or thoughts about stressful experiences which occurred during their service as a police officer. Thirty-six respondents answered never, but 154 respondents answered at times, but not this week. Eighteen respondents answered at least once this week, and 11 respondents answered more than once this week. Forty respondents did not answer the question. A summary of that data is presented in Table XV.

TABLE XV

RESPONDENTS' INCIDENCE OF HAVING RECURRING, DISTRESSING MEMORIES OR
THOUGHTS ABOUT STRESSFUL EXPERIENCES WHICH OCCURRED DURING THEIR
SERVICE AS A POLICE OFFICER BY FREQUENCY AND PERCENT
(N = 259)

Value	Frequency	Percent
0 - Never	36	13.9
1 - At times, but not this week	154	59.5
2 - At least once this week	18	6.9
3 - More than one this week	11	4.2
Did Not Answer	40	15.4
Total	259	100.0

Question 2 asked, if the respondents had recurring, distressing dreams about stressful experiences which occurred during their service as a police officer. Seventy-three respondents answered never, but 122 answered at times, but not this week. Nineteen answered at least once this week, and five answered more than once this week. Forty respondents did not answer the question. A summary of that data is presented in Table XVI.

Question 3 asked if there had been times when the respondent suddenly acted or felt as if a traumatic experience from their service as a police officer was happening again (for example, feeling you were actually reliving the traumatic experience or were "there again")? One hundred thirty-three answered that never occurs. However 73 answered at times, but not this week. Nine respondents replied at least once this week, and four respondents responded more than once this week. Forty respondents did not respond to the question. A summary of that data is presented in Table XVII.

Question 4 asked if there had been times when the respondent experienced intense psychological discomfort when exposed to things which reminded them of a traumatic experience from their service as a police officer. Ninety-nine responded that never occurs, but 100 respondents indicated it occurs at times, but not that week. Ten respondents replied it occurred at least once that week, and four replied it occurred more than once this week. Forty-three respondents did not respond to the question. A summary of that data is presented in Table XVIII.

TABLE XVI

RESPONDENTS' INCIDENCE OF HAVING RECURRING, DISTRESSING DREAMS ABOUT
STRESSFUL EXPERIENCES WHICH OCCURRED DURING THEIR SERVICE AS
A POLICE OFFICER BY FREQUENCY AND PERCENT
(N = 259)

Value	Frequency	Percent
0 - Never	73	28.2
1 - At times, but not this week	122	47.1
2 - At least once this week	19	7.3
3 - More than once this week	5	1.9
Did Not Answer	40	15.4
Total	259	100.0

TABLE XVII

RESPONDENTS' INCIDENCE OF NUMBER OF TIMES WHEN THEY SUDDENLY ACTED OR
FELT AS IF A TRAUMATIC EXPERIENCE FROM THEIR SERVICE AS A POLICE
OFFICER WAS HAPPENING AGAIN BY FREQUENCY AND PERCENT
(N = 259)

Value	Frequency	Percent
0	133	51.4
1	73	28.2
2	9	3.5
3	4	1.5
Did Not Answer	40	15.4
Total	259	100.0

TABLE XVIII

RESPONDENTS' INCIDENCE OF NUMBER OF TIMES WHEN THEY EXPERIENCED
 INTENSE PSYCHOLOGICAL DISCOMFORT WHEN EXPOSED TO THINGS WHICH
 REMINDED THEM OF A TRAUMATIC EXPERIENCE FROM THEIR SERVICE
 AS A POLICE OFFICER BY FREQUENCY AND PERCENT
 (N = 259)

Value	Frequency	Percent
0 - Never	99	38.2
1 - At times, but not this week	103	39.8
2 - At least once this week	10	3.9
3 - More than one this week	4	1.9
Did Not Answer	43	16.6
Total	259	100.0

Question 5 covered six areas, and instructed the respondent not to rate any of the areas if they had also experienced them before their police work, and to rate only those which they began to experience during or after their police work. Question 5a, concerned difficulties falling asleep or staying asleep. Fifty-two respondents indicated they never had the problem. One hundred one marked having this problem at times, but not that week. Thirty-one responded they had the problem at least once that week and 25 respondents had this problem more than once that week. Fifty respondents did not answer the question. A summary of that data is presented in Table XIX.

With respect to Question 5b, irritability or outbursts of anger, 55 responded they never had a problem, but 101 respondents marked they had a problem at times, but not that week. Thirty-eight responded at least once, and 13 respondents marked more than once during the week of the survey. Fifty-two respondents did not answer the question. A summary of the data is presented in Table XX.

The third part of Question 5 asked about difficulties in concentrating. Seventy-four respondents marked they never had the problem. Eighty-nine responded they had a problem at times, but not this week. Thirty respondents marked they had the problem at least once this week, and 14 had a problem more than once this week. Fifty-two respondents did not answer the question. A summary of the data is presented in Table XXI.

The fourth part of Question 5 asked about difficulties with being hyperalert, "on guard" or excessively sensitive to

TABLE XIX

NUMBER OF TIMES RESPONDENTS REPORTED HAVING DIFFICULTIES FALLING
ASLEEP OR STAYING ASLEEP BY FREQUENCY AND PERCENT
(N = 259)

Value	Frequency	Percent
0 - Never	52	20.1
1 - At times, but not this week	101	39.0
2 - At least once this week	31	12.0
3 - More than once this week	25	9.7
Did Not Answer	50	19.2
Total	259	100.0

TABLE XX

NUMBER OF TIMES RESPONDENTS REPORTED IRRITABILITY OR
OUTBURST OF ANGER BY FREQUENCY AND PERCENT
(N = 259)

Value	Frequency	Percent
0 - Never	55	21.2
1 - At times, but not this week	101	39.0
2 - At least once this week	38	14.7
3 - More than one this week	13	5.0
Did Not Answer	52	20.1
Total	259	100.0

TABLE XXI
NUMBER OF TIMES RESPONDENTS REPORTED DIFFICULTIES IN
CONCENTRATING BY FREQUENCY AND PERCENT
(N = 259)

Value	Frequency	Percent
0 - Never	74	28.6
1 - At times, but not this week	89	34.4
2 - At least once this week	30	11.6
3 - More than one this week	14	5.4
Did Not Answer	52	20.0
Total	259	100.0

surroundings. Seventy-nine respondents marked they never had this problem. Ninety responded they had the problem at times, but not that week. Thirty respondents had the problem at least once that week, and 13 respondents had the problem more than once that week. Forty-seven respondents did not answer the question. A summary of the data is presented in Table XXII.

The next part of Question 5 dealt with problems of being "jumpy" or easily startled. One hundred respondents marked they never had the problem, but 77 responded they had the problem at times, but not that week. Twenty-one responded they had the problem at least once that week, and 12 respondents had the problem more than once that week. Forty-seven respondents did not answer the question. A summary of data is presented in Table XXIII.

The last part of Question 5 concerned physiological reactivity (heart pounding, sweating, etc.) when exposed to things which reminded them of traumatic work experiences. One hundred six responded they never had the problem, but 84 respondents marked they had the problem at times, but not that week. Thirteen respondents marked they had the problem at least once a week, and seven responded they had the problem more than once a week. Forty-nine respondents did not answer the question. A summary of the data is presented in Table XXIV.

Question 6 asked if they had attempted to avoid thoughts or feelings associated with traumatic work experiences. Ninety-five responded they never had a problem, but 88 indicated they had a problem at times, but not that week. Twenty-two respondents marked

TABLE XXII

NUMBER OF TIMES RESPONDENTS REPORTED DIFFICULTIES WITH BEING
HYPERALERT, "ON GUARD" OR EXCESSIVELY SENSITIVE TO YOUR
SURROUNDINGS BY FREQUENCY AND PERCENT
(N = 259)

Value	Frequency	Percent
0 - Never	79	30.5
1 - At times, but not this week	90	34.8
2 - At least once this week	30	11.6
3 - More than once this week	13	5.0
Did Not Answer	47	18.1
Total	259	100.0

TABLE XXIII

NUMBER OF TIMES RESPONDENTS REPORTED PROBLEMS BEING "JUMPY"
OR EASILY STARTLED BY FREQUENCY AND PERCENT
(N = 259)

Value	Frequency	Percent
0 - Never	100	38.6
1 - At times, but not this week	77	29.7
2 - At least once this week	21	8.1
3 - More than once this week	12	4.7
Did Not Answer	49	18.9
Total	259	100.0

TABLE XXIV

NUMBER OF TIMES RESPONDENTS REPORTED PHYSIOLOGICAL REACTIVITY (HEART
POUNDING, SWEATING, ETC.) WHEN EXPOSED TO THINGS WHICH
REMINDED THEM OF TRAUMATIC WORK EXPERIENCES BY
FREQUENCY AND PERCENT
(N = 259)

Value	Frequency	Percent
0 - Never	106	40.9
1 - At times, but not this week	84	32.5
2 - At least once this week	13	5.0
3 - More than once this week	7	2.7
Did Not Answer	49	18.9
Total	259	100.0

they had a problem at least once a week, and 12 indicated they had a problem more than once that week. Forty respondents did not answer the question. A summary of data is presented in Table XXV.

Question 7 asked if respondents had attempted to avoid activities or situations that bring back memories of traumatic work events. One hundred thirty responded they never had the problem, but 63 responded they had the problem at times, but not that week. Fourteen reported they had the problem at least once that week and 42 respondents did not answer the question. A summary of the data is presented in Table XXVI.

Question 8 asked if they had experienced an inability to remember an important aspect of a traumatic event from their police work. One hundred fifty-nine respondents reported that had never happened to them. Forty-three responded it happened at times, but not that week. Nine respondents indicated it had happened at least once this week, and five responded it had happened more than once that week. Forty-three respondents did not answer the question. A summary of the data is presented in Table XXVII.

Question 9 asked if they had experienced a significant reduction of interest in significant activities (for instance: work or family matters, hobbies or recreational activities, etc.). One hundred two responded that had never happened, and 90 responded at times, but not that week. Fourteen responded at least once that week, and 11 respondents marked more than once that week. Forty-two respondents did not answer the question. A summary of the data is presented in Table XXVIII.

TABLE XXV

NUMBER OF TIMES RESPONDENTS REPORTED ATTEMPTS TO AVOID THOUGHTS
OR FEELINGS ASSOCIATED WITH TRAUMATIC WORK EXPERIENCES
BY FREQUENCY AND PERCENT
(N = 259)

Value	Frequency	Percent
0 - Never	95	36.7
1 - At times, but not this week	88	34.0
2 - At least once this week	22	8.5
3 - More than once this week	12	4.6
Did Not Answer	42	16.2
Total	259	100.0

TABLE XXVI

NUMBER OF TIMES RESPONDENTS REPORTED ATTEMPTS TO AVOID THOUGHTS
OR FEELINGS THAT BRING BACK MEMORIES OF TRAUMATIC
WORK EVENTS BY FREQUENCY AND PERCENT
(N = 259)

Value	Frequency	Percent
0 - Never	130	50.2
1 - At times, but not this week	63	24.3
2 - At least once this week	13	5.1
3 - More than once this week	11	4.2
Did Not Answer	42	16.2
Total	259	100.0

TABLE XXVII

NUMBER OF TIMES RESPONDENTS REPORTED HAVING EXPERIENCED AN INABILITY
TO REMEMBER AN IMPORTANT ASPECT OF A TRAUMATIC EVENT FROM
THEIR POLICE WORK BY FREQUENCY AND PERCENT
(N = 259)

Value	Frequency	Percent
0 - Never	159	61.4
1 - At times, but not this week	43	16.6
2 - At least once this week	9	3.5
3 - More than once this week	5	1.9
Did Not Answer	43	16.6
Total	259	100.0

TABLE XXVIII

NUMBER OF TIMES RESPONDENTS REPORTED HAVING EXPERIENCED A
SIGNIFICANT REDUCTION OF INTEREST IN SIGNIFICANT
ACTIVITIES BY FREQUENCY AND PERCENT
(N = 259)

Value	Frequency	Percent
0 - Never	102	39.4
1 - At times, but not this week	90	34.7
2 - At least once a week	14	5.4
3 - More than once a week	11	4.3
Did Not Answer	42	16.2
Total	259	100.0

Question 10 asked if the respondent had experienced a feeling of detachment or estrangement from others (for instance, feeling they "don't belong", feeling socially isolated, etc.). Sixty-seven respondents indicated that had never happened to them, but 93 responded it had occurred at times, but not that week. Forty responded it had happened at least once that week, and 17 respondents indicated it occurred more than once this week. Forty-two respondents did not answer the question. A summary of the data is presented in Table XXIX.

Question 11 asked if they had experienced a sense that some of their feelings were numbed, "washed-out", or constricted (for example, that you "can't feel anymore", or that you have "lost some of your feelings"). Seventy-five respondents indicated that had never occurred to them, but 92 responded it had occurred at times, but not that week. Twenty-eight responded it had occurred at least once that week, and 22 responded it had occurred more than once that week. Forty-two respondents did not answer the question. A summary of that data is presented in Table XXX.

Question 12 asked the respondents if they had a sense that they had lost part of their future (for instance, no longer expecting "success", or "a career" or a "normal" family life). One hundred fifteen respondents answered that had never occurred. Sixty-two responded at times, but not that week, and 26 responded this had occurred at least once that week. Fourteen responded this had occurred more than once that week. Forty-two respondents did not answer the question. A summary of that data is presented in Table XXXI.

TABLE XXIX

NUMBER OF TIMES RESPONDENTS REPORTED HAVING EXPERIENCED A
FEELING OF DETACHMENT OR ESTRANGEMENT FROM
OTHERS BY FREQUENCY AND PERCENT
(N = 259)

Value	Frequency	Percent
0 - Never	67	25.9
1 - At times, but not this week	93	35.9
2 - At least once this week	40	15.4
3 - More than once this week	17	6.6
Did Not Answer	42	16.2
Total	259	100.0

TABLE XXX

NUMBER OF TIMES RESPONDENTS REPORTED HAVING EXPERIENCED A SENSE
THAT SOME OF THEIR FEELINGS WERE NUMBED, "WASHED-OUT",
OR CONSTRICTED BY FREQUENCY AND PERCENT
(N = 259)

Value	Frequency	Percent
0 - Never	75	29.0
1 - At times, but not this week	92	35.5
2 - At least once this week	28	10.8
3 - More than once this week	22	8.5
Did Not Answer	42	16.2
Total	259	100.0

TABLE XXXI

NUMBER OF TIMES RESPONDENTS REPORTED THEY HAD A SENSE THAT THEY
HAD LOST PART OF THEIR FUTURE BY FREQUENCY AND PERCENT
(N = 259)

Value	Frequency	Percent
0 - Never	115	44.4
1 - At times, but not this week	62	23.9
2 - At least once this week	26	10.0
3 - More than once this week	14	5.4
Did Not Answer	42	16.3
Total	259	100.0

Summary

Statistical tests were conducted on data obtained from the respondents to determine relationships of those data. The chi-square test was used to determine the relationship of some data which were collected. Also, the Contingency Coefficient "C", test was conducted to determine how strong a relationship existed on some data collected. There were some relationships in Tables IV, IX, XI, and XIV, but only Table XIV was significant.

CHAPTER V

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Summary

The problem for this study was to determine if post-traumatic stress disorder symptoms are present in law enforcement officers. Post-traumatic stress disorder can be caused by catastrophic events, and by very traumatic events that police officers can come into contact with on a daily basis.

The purpose of the study was to collect data about characteristics that may reveal which police officers have the symptoms of post-traumatic stress disorder. The information would allow police counselors to identify police officers who may be susceptible to post-traumatic stress disorder and to develop intervention programs to avoid such disorders.

Seven research questions were posed to help guide this study. The research questions were:

1. Does the size of the department have an effect on susceptibility to post-traumatic stress disorder?
2. Does the population; of the area being served make a difference on susceptibility to post-traumatic stress disorder?
3. Does the age of the officer become a factor in post-traumatic stress disorder?

4. Does marital status make a difference on susceptibility to post-traumatic stress disorder?

5. Does having children make the officer more likely to have post-traumatic stress disorder?

6. Does viewing the victim of a violent death have more of an effect depending on whether it was an adult, teenager, or child?

7. Does viewing the victim of a serious injury that results in the death of an adult, teenager, or child make a difference?

The chi-square test was used to determine the significance of the relationship among variables for research questions one through nine of Questionnaire I, and the contingency coefficient test was used on Question 10 on Questionnaire I.

The following is a summary of findings:

1. The size of the department did not have a statistically significant effect on susceptibility of law enforcement officers to post-traumatic stress disorder.

2. The population of the area being served did not make a statistically significant difference on susceptibility to post-traumatic stress disorder.

3. The age of the officer was not a statistically significant factor in post-traumatic stress disorder.

4. Marital status did not make a statistical difference on susceptibility to post-traumatic stress disorder.

5. Having children did not make the officer statistically more likely to have post-traumatic stress disorder.

6. Viewing the victim of a violent death did not have more of an effect depending on whether it was an adult, teenager, or child.

7. Viewing the victim of a serious injury that resulted in the death of an adult, or teenager did not make a difference in PTSD symptoms exhibited by respondents. But the viewing a child who had a serious injury that resulted in death did make a significant difference on PTSD symptoms exhibited by respondents.

Conclusions

Based upon the findings of the study, the following conclusions were developed:

1. The job, demographic and personal characteristics which the review of literature suggested were related to post-traumatic stress disorder are not related to post-traumatic stress disorder. This research shows that other factors must be present, since PTSD symptoms did appear to be present among 67.6 percent of the respondents.

2. It can be concluded that there are other psychological factors related to an adult's feelings toward the injury of children resulting in death, which could cause post-traumatic stress disorder.

3. Based upon findings of the study, job, demographic and personal characteristics considered in the study could be the results of rather than the causes of post-traumatic stress disorder.

4. The results of this study disagreed with previous research.

Recommendations

As a result of this study it is recommended follow-up research be conducted to determine why there is some relationship of the

following stress factors to PTSD:

1. Deadly force directed at the officer.
2. Viewing the victim of a violent death, of a child - 12 years old or less.
3. Viewing a serious injury that did result in death of a teenager - 13 to 18 years old.

It is also recommended that follow-up research be conducted to determine why viewing the victim of a serious injury that resulted in the death of a child, can result in post-traumatic stress disorder. In addition, it is recommended that some training programs be implemented to deal with the findings of this research.

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APPENDIXES

APPENDIX A

QUESTIONNAIRE I AND QUESTIONNAIRE II

Questionnaire I

For the following questions, fill in the appropriate blank or circle the appropriate letter.

1. What is the size of your department? _____
_____ Number of sworn personnel
2. What is the population of the location of your department?
 - A. 0 to 25,000
 - B. 25,000 to 50,000
 - C. 50,000 to 75,000
 - D. 75,000 to 100,000
 - E. 100,000 or more
3. What is your current marital status?
 - A. Married
 - B. Single
4. Have you been divorced? If so, how many times?
 - A. No
 - B. Yes _____ number to times
5. What is your age?
 - A. 21 - 30
 - B. 31 - 40
 - C. 41 - 50
 - D. 51 - 60
 - E. 61 and above

6. How many children do you have?

- A. 0
- B. 1
- C. 2
- D. 3
- E. 4 or more

7. Have you served in the Armed Forces?

- A. No
- B. Yes

8. Did you serve in a combat zone while in the military?

- A. No
- B. Yes

9. How many years of military service?

- A. 1 - 5
- B. 6 - 10
- C. 11 - 15
- D. 16 - 20
- E. 20 or more

10. How many times have you experienced the following?

- _____ Deadly force directed at you.
- _____ Deadly force against others in your presence.
- _____ Your personal use of deadly force against others.

Viewed the victim of a violent death of

_____ Adult - over 18 years of age

_____ Teenager - 13 to 18 years of age

_____ Child - 12 years old or less

Viewed a serious injury that did result in death of

_____ Adult - over 18 years of age

_____ Teenager - 13 to 18 years of age

_____ Child - 12 years old or less

QUESTIONNAIRE II

During your time as a police officer did you experience one or more overwhelmingly stressful, frightening or emotionally disturbing event?

Yes ____ No ____

If you answered No you may stop, it is not necessary to fill out the questionnaire. If you answered Yes please continue on.

Use the following scale to rate how often the problems and experiences in each question below apply to you by circling the number after each question which best fits your experience.

0	1	2	3
never	at times, but not this week	at least once this week	more than once this week

1. Have you had recurring, distressing memories or thoughts about stressful experiences which occurred during your service as a police officer? 0 1 2 3
2. Have you had recurring, distressing dreams about stressful experiences which occurred during your service as a police officer? 0 1 2 3
3. Have there been times when you suddenly acted or felt as if a traumatic experience from your service as a police officer was happening again (for example, feeling you were actually reliving the traumatic experience or were "there again")? 0 1 2 3
4. Have there been times when you experienced intense psychological discomfort when exposed to things which reminded you of a traumatic experience from your service as a police officer? 0 1 2 3

5. Do not rate any of the following (a thru f below) if you also experienced them before your police work. Rate only those which you began to experience during or after your police work.
- | | | | | |
|--|---|---|---|---|
| a. Difficulties falling asleep or staying asleep | 0 | 1 | 2 | 3 |
| b. Irritability or outbursts of anger | 0 | 1 | 2 | 3 |
| c. Difficulties concentrating | 0 | 1 | 2 | 3 |
| d. Difficulties with being hyperalert, "on guard" or excessively sensitive to your surroundings | 0 | 1 | 2 | 3 |
| e. Problems being "jumpy" or easily startled | 0 | 1 | 2 | 3 |
| f. Physiological reactivity (heart pounding, sweating, etc.) when exposed to things which remind you of traumatic work experiences | 0 | 1 | 2 | 3 |
6. Have you attempted to avoid thoughts or feelings associated with traumatic work experiences?
- 0 1 2 3
7. Have you attempted to avoid activities or situations that bring back memories of traumatic work events?
- 0 1 2 3
8. Have you experienced an inability to remember an important aspect of a traumatic event from your police work?
- 0 1 2 3
9. Have you experienced a significant reduction of interest in significant activities (for instance work or family matters, hobbies or recreational activities, etc.)?
- 0 1 2 3
10. Have you experienced a feeling of detachment or estrangement from others (for instance, feeling you "don't belong", feeling socially isolated, etc.)?
- 0 1 2 3
11. Have you experienced a sense that some of your feelings are numbed, "washed-out", or constricted (for example, that you "can't feel anymore", or that you have "lost some of your feelings")?
- 0 1 2 3
12. Do you have a sense that you have lost part of your future (for instance, no longer expecting "success", or "a career" or a "normal" family life)?
- 0 1 2 3

APPENDIX B

COVER LETTERS



Missouri Southern State College

February 19, 1992

University of Kansas
Ed Tavey
P.O. Box 647
Hutchinson, Kansas

Dear Mr. Tavey

In reference to our telephone conversation I am enclosing copies of the questionnaire that I would like to administer to the Incident and Command Management class in Emporia, Kansas on March 17, 1992.

I am doing research on the possibility of Post Traumatic Stress Disorder in police officers. There has been a considerable amount of research done on combat veterans after they were separated from the military. There has also been research done recently on police officers involved in shootings, but there has not been much research done on officers who have been exposed to the victims of traumatic events while working the case or the investigation. The study will attempt to determine if a problem exists.

There is nothing on the questionnaire that would violate the confidentiality of the officer filling out the questionnaire. I believe the questionnaire would not take over 30 minutes to fill out. I will be administering the questionnaires in Missouri, Arkansas, Kansas and Oklahoma.

I appreciate your cooperation and would like to thank you for looking over the questionnaire. I can be contacted at 417-625-9758.

I would also take this opportunity to ask if any of your faculty would be interested in putting on a seminar at our academy in Joplin, Missouri. If anyone would be interested please ask them to send me a list of topics and what the instructor fee would be.

I am looking forward to meeting you on March 17th.

Sincerely yours,

Jim Williams
Associate Professor
Missouri Southern State College
Regional Police Academy
Joplin, Missouri 64801



Missouri Southern State College

February 10, 1992

Missouri Highway Patrol Academy
Sgt. J. D. Biram
P.O. Box 568
Jefferson City, Missouri

Dear Sgt. Biram:

In reference to our telephone conversation I am enclosing copies of the questionnaire that I would like to administer to one of your supervision classes.

I am doing research on the possibility of Post Traumatic Stress Disorder in police officers. There has been a considerable amount of research done on combat veterans after they were separated from the military. There has also been research done recently on police officers involved in shootings, but there has not been much research done on officers who have been exposed to the victims of traumatic events while working the case or the investigation. The study will attempt to determine if a problem exists.

There is nothing on the questionnaire that would violate the confidentiality of the officer filling out the questionnaire. I believe the questionnaire would not take over 30 minutes to fill out. I will be administering the questionnaires in Missouri, Arkansas, Kansas and Oklahoma.

I would appreciate your cooperation and would like to thank you for looking over the questionnaire. I can be contacted at 417-625-9758 .

Sincerely yours,

Jim Williams
Associate Professor
Missouri Southern State College
Regional Police Academy
Joplin, Missouri 64801



Missouri Southern State College

February 26, 1992

Oklahoma Council on Law Enforcement
Education and Training
John Dirck, Director
P.O. Box 11476 Cimarron Station
Oklahoma City, Oklahoma 73071

Dear Mr. Dirck:

In reference to our telephone conversation with Mrs. Rotrock, I am enclosing copies of the questionnaire that I would like to administer to a class containing experienced officers. I would like to administer the questionnaire in March or April if this is possible.

I am doing research on the possibility of Post Traumatic Stress Disorder in police officers. There has been a considerable amount of research done on combat veterans after they were separated from the military. There has also been research done recently on police officers involved in shootings, but there has not been much research done on officers who have been exposed to the victims of traumatic events while working the case or the investigation. The study will attempt to determine if a problem exists.

There is nothing on the questionnaire that would violate the confidentiality of the officer filling out the questionnaire. I believe the questionnaire would not take over 30 minutes to fill out. I will be administering the questionnaires in Missouri, Arkansas, Kansas and Oklahoma.

I appreciate your cooperation and would like to thank you for looking over the questionnaire. I can be contacted at 417-625-9758.

I would also take this opportunity to ask if any of your faculty would be interested in putting on a seminar at our academy in Joplin, Missouri. If anyone would be interested please ask them to send me a list of topics and what the instructor fee would be.

Sincerely yours,

Jim Williams
Associate Professor
Missouri Southern State College
Regional Police Academy
Joplin, Missouri 64801



February 20, 1992

Missouri Southern State College

Law Enforcement Training Center
Bobby Norman, Director
P. O. Box 3106
Camden, Arkansas

Dear Mr. Norman:

In reference to our telephone conversation I am enclosing copies of the questionnaire that I would like to administer to one of your advanced classes.

I am doing research on the possibility of Post Traumatic Stress Disorder in police officers. There has been a considerable amount of research done on combat veterans after they were separated from

the military. There has also been research done recently on police officers involved in shootings, but there has not been much research done on officers who have been exposed to the victims of traumatic events while working the case or the investigation. The study will attempt to determine if a problem exists.

There is nothing on the questionnaire that would violate the confidentiality of the officer filling out the questionnaire. I believe the questionnaire would not take over 30 minutes to fill out. I will be administering the questionnaires in Missouri, Arkansas, Kansas and Oklahoma.

I would appreciate your cooperation and would like to thank you for looking over the questionnaire. I can be contacted at 417-625-9758.

Sincerely yours,

Jim Williams
Associate Professor
Missouri Southern State College
Regional Police Academy
Joplin, Missouri 64801

VITA

Jimmie L. Williams

Candidate for the Degree of

Doctor of Education

Thesis: FACTORS RELATED TO POST-TRAUMATIC STRESS DISORDER AMONG
POLICE OFFICERS

Major Field: Occupational and Adult Education

Biographical:

Personal Data: Born in Joplin, Missouri, July 8, 1943, the son
of Marion T. and Lefa I. Williams; married to Peggy
Williams, October 1, 1975.

Education: Graduated from Joplin Senior High School, Joplin,
Missouri, in May 1961; received Associate of Science degree
from Missouri Southern State College, in May, 1972;
received Bachelor of Science degree with a major in General
Studies from Missouri Southern State College, Joplin,
Missouri, in May 1975; received Master of Science in
Criminal Justice Administration from Central Missouri State
University, Warrensburg, Missouri, in May 1978; received
Educational Specialist degree in Technical Education from
Pittsburg State University, Pittsburg, Kansas, in May 1990;
completed requirements for Doctor of Education degree at
Oklahoma State University, July, 1992.

Professional Experience: Patrolman, Joplin, Missouri,
1967-1974; Juvenile Officer, 29th District Juvenile Court,
Jasper County, Missouri, 1975-1976; Instructor, Missouri
Southern State College, 1976-1992.