Managing post incident reactions in the police service

Prepared by
the **Police Research Unit** and
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Managing post incident reactions in the police service

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The purpose of this study was to assess the incidence and effects of post trauma reactions to critical incidents in two police services: Strathclyde Police and the Royal Ulster Constabulary. A main aim was to compare the experience of traumatic reaction across these two different policing contexts. The study also examined aspects of the person and his or her working environment that may influence the way critical incidents are coped with. Finally, the study aimed to look at how UK police organisations protect officers from critical incidents.

The results of the study highlight the incidence and affects of critical incidents and can be used for understanding how police organisations might best manage such incidents.

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Aim

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Method

Strathclyde sample

The sample comprised ranks above probationer and up to and including chief inspector. A total of 1245 questionnaires were distributed and 612 completed responses were returned (49.1% response rate). The different occupational groups sampled in the study were officers in traffic, mobile and foot patrol, authorised firearms, the female and child unit, CID, scenes of crime, and support unit.

The Pressure Management Indicator (Williams & Cooper, 1996) was included in the questionnaire in order to measure the sources of occupational stress, and its effects. Questions relevant to police work were included, along with standard measures of general health. The final section looked at critical incidents: officers were asked to describe a critical incident which they had attended, complete an assessment of post trauma symptoms, and describe their usual methods of coping with critical incidents. They were asked other questions about the incident including how vividly and easily they could recall it and whether anything positive resulted from the situation.

RUC sample

The sample of RUC officers were from the same ranks as those in the Strathclyde sample, with the exception that superintendents were included in the RUC sample. A total of 1600 questionnaires were distributed, with 768 completed responses being returned (46.5% response rate).

The same questions were asked of the RUC sample. However, fewer items from the Pressure Management Indicator were included to reduce the size of questionnaire, in order to obtain as high a response rate as possible.

Critical incident stress management in UK police services

A short questionnaire and covering letter was sent to the Chief Constable of each of the 55 constabularies in the UK, from which 41 responded (73% response rate). This was intended to find out about various practices to manage the aftermath of critical incidents, and to gain an understanding of what the delegated representative of each organisation believed was achieved by these practices.

Results

1. What makes a memorable incident critical?

Strathclyde sample

Four hundred and twenty six officers in the sample described a critical incident that remained memorable to them. Almost three-quarters of the incidents (71.5%) described were deaths of various types including murders, suicides and accidental deaths, although one third of the deaths were the result of road traffic accidents. The Lockerbie Air Disaster and the crash of the RAF Chinook helicopter on the Mull of Kintyre were also included in this category. Other memorable incidents included situations which were personally threatening or dangerous, such as an assault, (20.4%), and incidents of abuse or cruelty (4.4%).

Within the Strathclyde sample 80% recalled the incident both vividly and very easily, and 52% recalled feelings of extreme distress at the time. Of the 426 incidents described, 31 officers (7%) reported high post trauma symptoms, which were above the clinical cut-off level. A weak negative relationship between the time since the incident and the frequency of symptoms was found, but this does not hold for the severity of symptoms. This means that the severity of symptoms remains the same (low or high) but the frequency with which they are experienced can diminish over time.

RUC sample

Given the security situation in Northern Ireland the incidents recalled in the RUC sample were different to those in the Strathclyde sample. There were some similarities in 'civilian' incidents (i.e. non-security related incidents). However, the

majority were security related (67%) and included incidents such as the death of a police officer, riots and attending the scene of a bomb. The incidence of threatening situations was higher than in the Strathclyde sample, and many more were life threatening. Thirty one of the officers chose to describe incidents unrelated to security matters, such as road traffic accidents and civilian related deaths, although the incidence was much less than for the Strathclyde sample.

Within the RUC sample, 67% found the incident very easy to recall, 61% rated the memory as vivid, and 42% recalled the incident as distressing at the time. The memory of the incident did fade over time for 68% of the sample. Within the 603 incidents in the RUC sample, 84 officers were above the cut-off on post trauma symptoms (14%).

2. The relationship between reported post trauma symptoms and other aspects of health and welfare

In the Strathclyde sample, pressures from workload, poor working relationships, daily hassles at work, and the atmosphere at work were all significantly associated with post trauma symptoms. Having a sense of urgency and feeling impatient with people were correlated, as was a belief that police work is becoming more dangerous. Having a sense of control over work, a positive state of mind, commitment to the organisation and job satisfaction were all found to be protective against post trauma symptoms. From the fewer variables measured in the RUC sample, eight were associated with post trauma symptoms. These were, wanting to leave the police, dealing with serious incidents, a lack of social support at work, feeling time pressures, having a need for social support and believing that police work is becoming more dangerous.

With regards to coping, in the Strathclyde sample it was found that the use of alcohol to intentionally put the incident out of one's mind, ignoring or denying any thoughts or feelings about the incident, and distracting oneself with other activities were related to higher levels of psychological distress. In the RUC sample the use of alcohol was also related to higher levels of psychological distress. Talking with colleagues about the incident and their feelings about it, and getting positive recognition from supervisors were all related to lower levels of psychological distress.

A relationship was also found between post trauma symptoms and general psychological health. Not surprisingly, psychological distress, measured on the General Health Questionnaire (GHQ-12), correlated significantly with the number of post trauma symptoms in both samples. In the Strathclyde sample the variables related to psychological distress included pressure from the amount of work, and feeling impatient; while occupational commitment and job satisfaction were related to reduced psychological distress. In the RUC sample other relevant variables associated with greater psychological distress included wanting to leave the police, the demands that work makes on the family, and feeling that there is too much change in the organisation. Within the RUC sample, being motivated by the job and enjoying life outside work reduced distress.

Across both samples it was found that incidents might actually have positive consequences for the officer's approach to work and life outside work. These included an increase in self reliance, a greater appreciation of life, and enhanced group cohesion. However, in the RUC sample a greater proportion of officers stated that they had become more vigilant about their own personal safety.

3. Critical incident stress management in UK police services

The most frequent form of post incident support provided by the UK police services, was found to be critical incident stress debriefing (CISD). The next most frequent form of support was 'defusing'. The majority of potential users were referred for CISD by their senior officer, and the debriefing is usually conducted by welfare officers. The main aims of debriefing for the individual were judged to be the provision of information, the provision of an opportunity for various group processes to take place, and the prevention of ill health. However, it appears that many organisations believe that CISD can prevent the onset of post traumatic stress disorder and related ill health absence. There is little evidence in the literature that CISD can achieve this.

4. How police officers wish to be supported

An important finding was that supervisors are pivotal to the officers' sense of being supported at work. A large proportion of officers (44%) described good, supportive supervision as the best means through which they can be assisted. The officers' expectations of what supervisors should do included being supportive at the incident. The officers felt that this support could include overt praise for how they dealt with

the situation. Some officers expressed the view that even a pat on the back can help and, as a corollary, supervisors have much to contribute in maintaining the officer's confidence in such informal ways. It was also suggested that the supervisor talking to an officer one to one by going over the incident, discussing the officers' actions, as well as checking they were all right emotionally is considered an important form of support. Some officers thought that the supervisor should conduct full group debriefings involving all those who had been at the incident. Others expected the supervisor to be able to assess whether further help was needed.

Conclusions and Recommendations

The results of the study highlight the incidence and effects of critical incidents and can be used for understanding how police organisations might best manage such incidents. When a critical incident is placed within the context of other dissatisfactions within the workplace, this more demanding aspect of police work can be overwhelming. In this case it is important that sensitive support is offered, and that the officer is not made to feel that they cannot do the work through any perceived weakness. The approach of the supervisor to the officer after the incident is crucial to the way it is managed. Supportive supervision, which should include a display of appreciation and concern for the officer's welfare, is essential. There is a danger that the critical incident may lead to the development of chronic psychological distress, the use of poor coping strategies and alienation from family and colleagues. It is thought that such difficulties can be prevented by encouraging officers to take care of themselves both psychologically and emotionally. Finally, officers may be confused about the purpose of critical incident debriefing and counseling. This could be resolved through educating officers about the difference between them, and explaining the effects of critical incidents and the potential benefits of post incident discussion.

SECTION 1   INTRODUCTION, BACKGROUND, PREVIOUS WORK, AIMS AND METHOD TO COLLECT DATA

The purpose of this section is to describe:

- **the main aims of the study**
- **the context of the study**
- **the collaborating police organisations: Strathclyde Police and the Royal Ulster Constabulary**
- **previous research conducted within these two organisations**
- **the approach of the study**
- **the samples drawn from Strathclyde Police and the Royal Ulster Constabulary (data analysed in Sections 2 & 3)**
- **the sampling method**
- **the measures used**

THE MAIN AIMS OF THE STUDY WERE:

1   To review relevant international literature on managing trauma in the police service and, where available, the emergency services. Previous relevant research conducted within the two collaborating police services are drawn upon.

2   To assess through a self-report survey the incidence of post trauma symptoms in officers from both collaborating police services.

3   To assess the impact on officers of particular critical incidents in terms of a range of indices, including the level of post trauma symptoms and psychological distress reported, and the level of sickness absence.

4   To examine, and evaluate within the limits of a cross-sectional design, the interventions used in the two collaborating organisations to manage post-incident reactions.

5   To conduct an audit of how UK police organisations manage critical incidents, and to further review any other interventions the effectiveness of which has been evaluated.

6   To produce recommendations for the police service on how police organisations might best manage critical incidents.

THE CONTEXT OF THE STUDY

1.0   With the increased awareness of the possibility of psychiatric damage to officers as a consequence of some duties, Chief Constables have expressed their commitment to duty of care for their officers. The sequalae of the Hillsborough Disaster (in 1989) made police services even more aware of the issues surrounding the support of officers after critical incidents. In the two years since this research was conceived, and to date, a great deal has changed in the way police organisations approach the management of officers' reactions to critical incidents. The Police (Health and Safety) Act 1997 and the Police (Health and Safety) Regulations 1999 brought police within the provisions of the Health and Safety at Work etc Act 1974 and required risk assessment of police activities to be carried out.   During this period, the practice of providing psycho-social intervention following an incident - most often 'critical incident debriefing' - proliferated. Most recently, doubts have been expressed in some quarters about the specific aims of such interventions and what are the effects, if any, on participants, (see Section 4). This report reviews existing practice in police organisations and proposes guidelines for best practice based on new research conducted in two police services, described below.

THE COLLABORATING POLICE SERVICES: STRATHCLYDE POLICE AND THE ROYAL ULSTER CONSTABULARY

1.01   These two police services are exposed to situations that give rise to particular policing issues which have direct bearing on rates of exposure to critical incidents. However, given the full range of policing tasks carried out in the two policing jurisdictions, this report has relevance to police services throughout the UK.

1.02   Strathclyde Police is the largest Scottish police service with more than 7,200 officers and over 2,000 support staff. Half the national population (over 2.3 million people) live within its policing jurisdiction, and the geographical area.

1.03   The Strathclyde Chief Constable's Report (1997) shows that in that one year there were 220,249 crimes in the area. In 1994 officers were trained in the use of the Quik Kuf hand-cuffs and the side handled PR24 batons. Special initiatives over the past few years, for example, Operation Blade and more recently Operation Street Safe, targeted the carrying of weapons, particularly knives. Operation Spotlight has made officers more visible on the streets, and concentrated on reducing violent crime, disorder and the fear of crime in the community. The geographical area also includes the M8 motorway, a section of which is one of the most dangerous stretches of road in Britain (Road Transport Research Laboratory 1997). In 1996 - 97 there were 118 fatal road traffic accidents in the Strathclyde area, and many other serious injuries resulting from accidents.

1.04   Policing Northern Ireland presents many challenges and the work of RUC officers in some areas of the Province represents an extreme of policing activity, although they also carry out regular urban and rural policing. The physical threat to officers has lessened in accordance with the peace initiatives, but is still considerable. Since the Sixties, 3,212 people have died in the Province, in which time there have been 35,233 shootings, 14,910 bombings and the use of 2,152 incendiary devices (Chief Constable's report 1996). In that time, 196 full time RUC officers and 101 reserve officers have died as a result. During the course of this study the response of the Force to several significant events in Northern Ireland had, of course, to be accommodated within the study.

PREVIOUS WORK CONDUCTED IN STRATHCLYDE POLICE AND THE ROYAL ULSTER CONSTABULARY

1.05   For this section, research on officers' reactions to challenging duties conducted in Strathclyde Police and the Royal Ulster Constabulary was reviewed. The desire to extend some of this work on a larger scale while considering the best support for officers was a motivation for the present study.

Lockerbie Disaster

1.06   An early study conducted within Strathclyde Police of officers following their duty at the Lockerbie Disaster demonstrated the impact of extraordinary duties, and was a main motivation for the setting up of critical incident stress debriefing (CISD) in Strathclyde Police. To recap on the incident, in December 1988, a bomb exploded on board a Pan Am jet, killing all 259 crew and passengers and 11 people on the ground. The wreckage from the aircraft covered an area of 840 square miles around Lockerbie and southern Scotland. This area is policed by Dumfries and Galloway Constabulary, a force of just over 300 officers. The scale of the disaster necessitated assistance from neighbouring forces and over 2,000 Strathclyde police officers were involved. Since it was a criminal investigation, very large numbers of police personnel were required to gather forensic evidence, move and document the bodies and, with other recovery workers, return the town and surrounding area to order. In addition to the officers from Dumfries and Galloway and Strathclyde, officers from other British forces were involved including Lothian and Borders and the Metropolitan Police. The Armed Forces and Dumfries and Galloway Fire Brigade also carried out immediate recovery work. It is estimated that on any one day immediately following the disaster there were over two and a half thousand emergency workers at the site.

1.07   Academic publication of the results of the research (Mitchell, McLay and Boddy 1991) and their appearance in the public media, allowed officers to talk about their own reactions more easily and also stimulated debate about the issues. During this time were other civilian disasters: the Kegworth air crash, the Clapham rail crash, and the sinking of the Herald of Free Enterprise amongst others. These raised the public perception of the role of the emergency services in disaster recovery. There have, of course, since then been other major disasters which have presented emergency workers with the same issues and difficulties – notably the Paddington rail crash of October 1999.

1.08   In addition to CID duties, Strathclyde officers were assigned to three main tasks at the site: mortuary duty, line searches for evidence, and patrol and security of the various sites. Officers were exposed to body handling both in the mortuary and during searches. In contrast to the consistent exposure that the mortuary officers experienced, those on search duties suffered a form of anticipatory anxiety because they never knew what they would come across, or when. Each piece of human and

other forensic evidence had to be located, documented and photographed, and preserved for evidential purposes. Patrol and security duties were also demanding. There was great pressure from the media and sightseers, and great sensitivity was required with the relatives of the victims wishing to see where their loved ones had died.

1.09   Three to four weeks after the disaster, questionnaires were sent to all personnel who had been involved. Within two weeks of their being sent out, 948 completed questionnaires were returned (48% of the target sample of police officers). The aim was to ascertain the short and longer term health effects on the officers and to find whether the amount of exposure to body handling was related to short term measures of distress (psychological symptoms, self report of physical symptoms, and the degree to which the officer still thought about the work some weeks afterwards). The General Health Questionnaire was used (GHQ-12 Goldberg, 1973) to measure psychological distress. The number of physical ailments (viz. upset stomach, headache, nausea, tightness in the chest, loss of appetite, or sleep disturbance) was also obtained. As a short measure of the impact of the event, officers were asked (at that time, about 4 - 6 weeks afterwards): 'How much do you presently think about the work that you carried out at the site?'. The responses were on a four point scale, from 'don't think about it at all' to 'can't stop thinking about it'). In hindsight follow up measures should have been taken, and of course a standard measure of post trauma symptoms (e.g. the Impact of Events Scale, Horowitz et al., 1979) should have been used. These were not done, which is attributable to the level of knowledge at the time, and to the time constraints of the brief window of opportunity allowed for the study.

1.10   According to the measure of physical symptoms, mortuary workers reported significantly more symptoms than the other two duty groups; and those on line search duty acknowledged more symptoms than those on patrol. Sleep disturbance was acknowledged by nearly a third of the sample and by 43% of those who had worked in the mortuary. Again comparing the three groups, officers who worked in the mortuary thought about the work significantly more than did those on patrol duties; similarly, those on search duties reported thinking about their work significantly more than those on patrol work. There was no significant difference between the groups on the number of psychological symptoms which was surprising considering that the physical symptom scores and the degree to which the incident was still

thought about were higher in the mortuary groups. Possibly, while acknowledging physical symptoms was considered to be acceptable, acknowledging psychological symptoms is not. The purpose of the GHQ-12 is very obvious: if a respondent does not wish to acknowledge psychological distress it is easy to answer the questions in this way. Again this may be attributable to the prevailing cultural context at that time.

1.11   A sub-group of officers (190) who had worked in the mortuary were studied in greater detail. Working in the mortuary was the most demanding job according to the above analyses, and this was assumed to be the result of the greater amount of exposure to bodies. Officers were rotated out of the mortuary in order to reduce exposure. Those who worked there most or all of the time (80% and above of their total shift), were compared with those who had spent part of their time at other duties, (defined as 79% of their time or less in the mortuary). Those who worked consistently in the mortuary reported fewer physical symptoms than those who were rotated; also the amount they thought about the incident was significantly less than those who had worked in the mortuary part time. The part-time workers acknowledged more psychological distress, although the difference was not significant.

1.12   It appears that short periods of exposure in the mortuary did not protect workers from potentially harmful effects. This is counter-intuitive if more exposure is assumed to be more harmful. With the additional insights and explanations provided by officers who were also interviewed, these results were interpreted as follows. Being in the mortuary for longer provided an opportunity to understand the process of the forensic examinations and to become intellectually absorbed in the inquiries. The officers who were there more consistently had a greater sense of their own contribution to solving the crime. In contrast, those who were in the mortuary for a short time, carrying out what were essentially labouring duties, had less opportunity to make sense of their own role. Nevertheless, given the understanding at the time, rotation was the strategy preferred to protect officers.

1.13   The impact on sickness absence was also examined in the group of officers who had worked in the mortuary. The health records of officers in the year following the disaster were compared with the year before. Due to illness and injury, officers were off work in 1988 for 1,722 days and in 1989 for 2,974 days representing an increase of 42% (1252 days). This can be compared with the overall increase

throughout Strathclyde Police which was just in excess of 5%. When broken down into absence due to illness and absence due to injury, and then further into short term (self certified periods of 7 days or less) and longer term (8 days or longer requiring a medical certificate) - not only was there an increase in the *frequency* of taking short periods of time off work (percentage change of 37.5%), there was also an increase in the resulting total absence, although the difference was not statistically significant. The frequency of off duty injury incidents increased from 31 in 1988 to 45 in 1989, and the length of time taken off convalescing from these injuries almost doubled from a total of 490 days to 968 days (both differences are statistically significant. This implies that along with the increased frequency of off duty injury incidents, the injuries sustained were more serious. Cognitive dysfunction which may be the result of stress can lead to more accidents, or even driving less carefully and increased alcohol consumption. There was also an increase in absence due to on duty injuries although this was based on very small numbers (9 injuries in 1988 compared with 13 injuries in 1989). Nevertheless these 13 injuries accounted for a loss of 600 working days in contrast to the 140 days resulting from the nine injuries in 1988.

1.14   All officers were asked what in particular they thought about, if they did still think about their work. The main themes of the officers' perception of the work were the scale of the disaster, the physical chaos of the site, and the circumstances in which innocent victims died. Officers interviewed for another project six to ten months after the disaster, still had many questions about the work, the cause of the disaster, its consequences and their own role in the recovery operation.

1.15   This study of the health effects of work at the Lockerbie disaster demonstrate the potential impact of demanding work. Other studies (e.g. by Alexander 1993 of police officers' work at the Piper Alpha Disaster) have not shown such profound effects on sickness absence which was attributed to the development of an esprit de corps amongst the body recovery team, and the preparation and debriefing of the workers. The research on the effects of the Lockerbie Disaster on police officers raised awareness of the potential effects and stimulated several other studies of critical incident stress within Strathclyde Police, which are reviewed below.

Dealing with threats to the person

1.16   Interest in the incidence and impact of violence at work in work settings other than the police has increased. Recently published research (Leather, Brady, Lawrence, Beale and Cox 1998) shows not only police officers and health service workers as potential victims of violence, but also workers in almost any occupation involving working with the public. The situation for police officers is, of course, rather different both in regard to the greater frequency with which violent incidents are part of their regular work, but also in regard to the strategies they can use to control the incident and protect themselves. A recent study looked at the impact of incidents involving interpersonal threat within two police organisations in Scotland (Mitchell, Cowan, Hamilton, Jackson and Speed 1998). The aim of the study was to understand the threats faced by officers, and to assess the training and support they felt they needed. For present purposes, the information on support after interpersonal threat has particular relevance and so, with the permission of the Scottish Office Central Research Unit, a re-analysis of some results are presented in full in this Report (Section 7).

Police probationers dealing with sudden death

1.17   Another examination of the effects of exposure, in this case to incidents of sudden death, was conducted with police probationers (Mitchell, Munro, Thomson and Jackson 1997; Mitchell and Munro, 1996; Hetherington, Munro and Mitchell 1997). The results underlined two relevant matters. The implicit learning which takes place on the job, for example, by copying tutor constables, or receiving advice from them, is a significant and potent source of acquiring policing skills and, most importantly, methods of coping. While procedural (learning 'what to do') and legal matters ('learning why') may be best imparted in classroom settings, learning 'how to do it' is best learned on the job. Also, rather than *toughening* probationers to deal with demanding duties - as is often assumed - some of these early experiences had a negative impact with the potential of *sensitising* them to such tasks. The reaction appeared to depend significantly upon the way colleagues and the tutor constable prepared the probationer, and the degree to which they supported them throughout the incident, and afterwards. The implicit and explicit support provided by other officers, especially those in a guidance role was crucial. While most probationers praised the support and guidance they had received, some felt relatively unsupported in difficult situations such as when assisting relatives who displayed quite unexpected emotional reactions.

1.18   Two per cent of the sample (6) scored above the 'cut-off' on a standard measure of post trauma symptoms (IES), indicating a fairly high level of distress characterised by repeated thinking about the incident. The incidents associated with distress, while unpleasant and challenging, on the face of it were no more so than others. Lack of support from a tutor constable was mentioned specifically in one incident associated with high symptoms, which may well have been a contributory issue in other incidents and so explain some of the variation in reaction.

Dealing with road deaths

1.19   Initiatives within Strathclyde Police to assist officers manage road deaths in particular have been implemented. A guidance booklet "Dealing with road death: Adopting a caring approach" was issued to remind officers of what they have to do (McGoldrick 1998). It was presented within the context of the potential problems arising from assisting people who are emotionally upset. A second information booklet is provided for members of the public who have been affected by road death. This initiative has gone some way towards helping officers and members of the public, although its utility has been evaluated only anecdotally.

Exposure to trauma in scenes of crime officers

1.20   Another study of the effects of exposure to death and distressing incidents was conducted with the scenes of crime officers (SOCOs; Mitchell and Hogg 1997). These officers can be police or civilian and their role is to collect physical evidence, including photographs, from crime and accident scenes. Following on from the above work with police probationers, this group presents particularly interesting issues to do with exposure to critical incidents. Ten per cent found it hard to forget about particular incidents, and experienced a relatively high number of post trauma symptoms. Although it was anticipated that the camera would distance the officer from the scene it did not appear to and may even have had the opposite effect of focusing on the scene. Additional coping strategies used were cognitive and emotional detachment from the scene, the use of peer support, and to just 'get on with the job'. On the positive side, the SOCOs believed that their evidence gathering made a real difference to whether a person was convicted, and this had a mitigating effect, making it 'all worthwhile'. Feelings of being socially supported at work was related to how satisfied they felt in their job, and to the resolution of their feelings after the worst assignments.

Psychological distress in the RUC sample

1.21   Wilson (1995), working with the Royal Ulster Constabulary, assessed psychological distress in officers seven to ten months following their involvement in different terrorist related incidents. Five per cent of the sample had high depression symptoms (using the Beck Depression Inventory, BDI) and a quarter had mild to moderate depression. The level of depression and, significantly the officers' satisfaction with the support received accounted for much of the variance (50%) in post trauma symptoms. Post trauma symptoms were more likely to be reported if the officer was injured, and injury and the report of post trauma symptoms led to poorer long term prognosis.

Critical Incident Stress Debriefing (CISD)

1.22   Two surveys were conducted by serving police officers in Strathclyde Police on the use of CISD (Gallagher, Geates and Mitchell, 1996) which examined officers' awareness of, and understanding of CISD. The results of these surveys are reviewed in detail in Section 5.

1.23   It should be noted that the companion study to the present one (presented in two reports by Rick et al. 1998) provides a literature review and case studies, and should be referred to for a wider analysis of the subject encompassing other occupational groups.

THE APPROACH OF THE PRESENT STUDY

1.24   The term 'critical' incident is used throughout this report to denote incidents which have the potential to produce post trauma symptoms. The effects of trauma exist also within a medical-legal context, and much effort has been expended trying to understand what sorts of incidents and experiences are likely to result in post trauma symptoms. The current definition of the criteria for post traumatic stress disorder (in the Diagnostic and Statistical Manual DSM IV, 1994) is found in Appendix I and a detailed discussion of the definition of critical incidents appears in Section 2. Officers' own experience and that of counsellors and psychologists, shows that incidents which do not fall strictly within the accepted psychiatric definition of a traumatic incident can still produce distress, including post trauma symptoms.

1.25   In police organisations, lists of typical incidents thought likely to trigger a reaction are produced for managers to assist their planning of critical incident debriefing (see Section 4). Those used in Strathclyde and the RUC are presented on the next page.

The list of 'typical' incidents (Strathclyde)
Incidents involving multiple casualties / fatalities
Death of a police officer on duty
Accidental or violent death of police officer off duty
Incident involving extreme violence or threat of extreme violence towards
a police officer (e.g. firearm presented, knife attack)
An accumulation of a number of serious incidents
Any other incident which might be deemed to be a critical incident (e.g. a
cot death, fatal RTA, significant incident involving children)

The list of 'typical' incidents (RUC)
Any incident involving duty related serious physical injury or serious
threat to individual officers
Presence at the scene of death of a child
Presence at the scene of any incident involving severe mutilation of bodies
Presence at any mass casualty scenes
Involvement in any situation in which a firearm is discharged with intent
by an officer

1.26   Common symptoms from typical incidents (listed in greater detail in Appendix I) are sleep disturbance, poor concentration, forgetfulness, hypervigilance, being easily startled, and irritability. A further alarming aspect of the reaction are recurring and distressing thoughts, memories, dreams, nightmares, and flashbacks. They can also try to manage their feelings by avoiding places or things which remind them of the incident. Symptoms often subside in time and may result in chronic psychological disorder akin to anxiety or depression.

1.27   It is emphasised that the two methods of assessing post trauma symptoms used in this study cannot provide a diagnosis of post traumatic stress disorder. Without a clinical interview, all that these assessments can do is suggest that a person is experiencing some of the symptoms listed above, and that these are associated with

a particular incident. This *proviso* applies throughout this report in which, for the sake of expediency, the term 'post trauma symptoms' is used.

1.28   Other forms of post incident reaction were also found, for example, changes in the way an officer goes about his or her work, or in the way they interact with colleagues. Experiencing a critical incident can also affect health and psychological well-being in general. Equally, exposure to a critical incident does not necessarily produce an adverse reaction, since some consequences may be positive and of value to the officer.

1.29   Critical incidents, and the reaction to them, occur within a context of other occupational (and indeed domestic) pressures and the impact of the incident is likely to be mediated by them. The present study examined aspects of the person and his or her working environment that may make an adverse reaction more likely. Issues such as job satisfaction, or concurrent occupational stress are measured so the interaction between chronic stress and critical incident stress can be examined.

1.30   Many of the questions regarding the impact of incidents and the effectiveness of interventions would require a longitudinal design. This would involve a follow-up study that would assess these variables some years later. In view of this, the recommendations are made within the limitations of cross-sectional study. This has significance for the degree to which one can talk about cause.

THE STRATHCLYDE SAMPLE
1.31   The following describes the samples and the methods to obtain the new survey data analysed in this report. The sample was obtained from ranks above probationer and up to and including Chief Inspector. Different occupational groups were included (officers in traffic, mobile and foot patrol, authorised firearms, the female and child unit, the CID, scenes of crime, and the support unit). Six hundred and twelve completed questionnaires were returned (out of 1245 distributed; 49.1% response rate). Of these 426 memorable incidents twelve per cent of this sub-sample (54) are female, and a quarter (117) are of supervisory rank; the remainder of the sample are males, and/or constables. The mean age is just over 37 years (range 22 to 54) and the length of service is just over 15 years (range 1.5 to 33.5 years).

The measures used with the Strathclyde sample

1.32   In the questionnaire the Pressure Management Indicator (PMI, Williams and Cooper, 1998, used with the permission of the authors) was included to measure sources of occupational stress, and its effects. The scales which make up the Indicator each comprise several questions (usually 4 to 6), the answers to which are added to produce a 'score' for that scale (e.g. feelings of security in the organisation, job satisfaction, or an index of general physical health). Other questions relevant to police work were added, and standard measures of psychological health and post trauma symptoms were included (Appendix II).

1.33   The final section of the questionnaire asked about critical incidents (details of the questions are found in Section 2). Officers were also asked to complete one of two types of assessments of post trauma symptoms (the Modified PTSD Symptom Score, MPSS, or the Revised Impact of Events Scale, R-IES), and to describe their usual ways of coping with critical incidents. Other aspects, for example, whether they found that the memory of such incidents "simply diminishes over time", and how vividly and easily the incident is recalled and how distressed they were by it, "at the time" were included. Other questions concerned the degree of apprehension they felt about "attending the next incident when it comes along", whether they had, or would have wanted, a critical incident stress debriefing (CISD) and whether the incident had any positive consequences for them.

THE RUC SAMPLE

1.34   Sixteen hundred questionnaires were distributed to a 20% sample of regular full time members of the RUC which was obtained by random sampling and stratified by rank as follows: 75% constables, 15.7% sergeants, 5.6% inspectors, 3.7% chief inspectors and superintendents. Although Superintendents were included in the RUC sample, they were not in the Strathclyde sample. They constitute, however, a very small percentage so do not compromise the comparability of the two samples.

1.35   Seven hundred and sixty eight questionnaires were returned (a response rate of 46.5%). This response rate was achieved despite the events in Northern Ireland during the period of the study (disturbances in July; marches at Drumcree; various bomb attacks on the security forces; and the Omagh bombing) and reflects the officers' interest in expressing their opinions and feelings on this matter. Of the 768, 574 described a critical incident and completed the MPSS scale (another 57 described

an incident but did not complete the MPSS scale). The 574 will be the sample analysed in this report.

1.36   The average age is 38.9 years (range 24 - 59; 37 missing age data) and the length of service is 17.25 years (range 1 - 41; 21 missing length of service data). The percentage of females (7.7%; 23 missing gender data) was lower than in the Strathclyde sample. The proportion of supervisors (47%) is higher than in the Strathclyde sample, but 200 did not provide this information, possibly because of concerns about identification. It is likely that most of these would be in non-supervisory roles given the preponderance of this rank in the original sample. Just over 16% had previously served in the armed forces (30 missing data).

Measures used with the RUC sample

1.37   The same questions were asked of this sample. However, in the interests of achieving as high a response as possible (in view of the security problems occurring at the time) single items were chosen from the PMI scales to reduce the overall size of the questionnaire. This was done systematically according to the degree of correlation of constituent items with the total scale score in each case; the item correlating most highly with the total score was the only one included in the questionnaire.

COMPARISON BETWEEN THE TWO SAMPLES

1.38   A main aim of the study was to consider the experience of critical incidents across two quite different policing contexts. The measure of post trauma symptoms was changed after sampling the first 167 officers in Strathclyde, and this was done in order to allow comparison between the two organisations. The second measure used (MPSS) also has the advantage of providing the frequency, and the severity of the symptoms.

**SECTION 2 WHAT MAKES A MEMORABLE INCIDENT
CRITICAL?**

The purpose of this section is to:

- **define critical incidents**
- **present the incidents described by officers in each of the
  collaborating police organisations**
- **describe what officers found particularly memorable about the
  incidents**
- **describe the incidents associated with higher symptom levels**
- **describe the impact of being injured in such incidents**
- **draw conclusions**

DEFINING A CRITICAL INCIDENT

2.0   An aim of this work was to gain greater understanding of the nature of
incidents likely to lead to adverse reactions. This was achieved by asking officers to
describe incidents they found 'memorable' from any time during their police career.
It was then established which of these were associated with higher symptom levels. In
this way the fact that an incident was remembered clearly, was not confused with the
fact that incidents were recalled because they are distressing.

2.01   Officers were asked if they could describe a single critical incident that was
most memorable for them. The section ("*the potential effect on you of particularly
serious or memorable incidents at work"*) was introduced in the following way: *"In
contrast to more routine police work, this final section is about serious work
incidents you have attended which are memorable or significant for you. Sometimes
these incidents are called traumatic. In asking you to recount one of these that may
still bother you, we apologise in advance for any upset this may cause you. Bringing
memories like this to mind can sometimes be quite upsetting for a short while, but
perhaps you will also find the opportunity to write about it useful. You are reminded
of the Force welfare support that is available for you to use should you wish. The
first part of this section is about a single memorable incident, while the second part
is about the effect of dealing with several such incidents, and how this experience
prepares you to deal with other serious incidents. Through this a better
understanding of what might be called the 'cumulative' learning effects will be*

obtained and in particular whether repeated exposure to very challenging incidents actually helps, or hinders you at your work"

2.02   It was thought important to leave it open to the officers to describe what *they* found memorable and to not restrict their choice to only incidents considered 'traumatic' or 'critical' (which might be influenced through the information they received about critical incident debriefing). Asking them to do this could prove distressing, so throughout the questionnaire and in covering letters, officers were encouraged to contact the Occupational Health and Welfare Unit should they experience any distress.

2.03   Officers in the Strathclyde sample were asked the question in two different ways:

Strathclyde Question a. *"In contrast to the more routine police work you have been thinking about, possibly ONE particular incident stands out for you. Even although it might have happened a while ago, you might find that thoughts about it, or quite clear images of it, can come to mind easily, at times spontaneously, or when you come across reminders of it. You might also find that you feel slightly disturbed for some reason when you do think about it. You may well have experienced a few such incidents, although there may be one that you would consider most memorable for some reason. If so, would you please briefly describe this incident and what happened."*

Strathclyde Question b. *"The first set of questions is about a single important and serious work incident which is memorable for you. You may well have attended a few such incidents but, for the moment, please think of the ONE particular incident at work which stands out most for you, regardless of how long ago or recently it happened. If you can think of ONE really significant work incident, first of all, how long ago did it happen? Please briefly describe the incident, what happened".*

2.04   It was found that those who were given *question a* (which suggested criterion symptoms) reported a slightly higher number of symptoms compared with those who were given *question b*. Importantly, the difference was not significant. Concern is sometimes expressed that providing educational materials and generally raising awareness about post incident reactions will result in an increase in the

number of symptoms reported. This incidental finding of there being no significant difference should assure those who are concerned about informing officers about potential post incident reactions.

RUC Question: The officers in the RUC sample were asked: *"Now try to think of one very memorable incident you may have attended which you still remember vividly"*. This brief question yielded appropriate responses.

2.05   Simply being exposed to critical incidents is not distressing for all officers who attend, nor is it equally distressing for those who are affected. There may be aspects of incidents, the effects of which is highly individual to the officer. Working at the site of the Lockerbie Disaster, for example, *prima facie* is recognised as hard to manage, while other more commonly occurring incidents (for example, some fatalities or road traffic accidents) may be distressing only because of certain unusual or particularly poignant features of them (Mitchell 2000). To go beyond the rather less useful taxonomic approach to guessing which incidents might cause problems for officers, they were also asked what they had found memorable about the incident; asking this question avoids our making assumptions. Officers in both samples were asked: *There may be a specific aspect, or aspects, which makes this work incident stand out in your memory. Please think carefully about this and describe any specific aspect(s)*. They were then asked: *What is your explanation for this? Why do you think these aspects are significant to you?*

WHICH INCIDENTS WERE MEMORABLE? STRATHCLYDE SAMPLE
2.06   One hundred and twenty did not describe an incident, and a further 30 stated that 'none stand out' or 'none have caused any difficulty'. Twenty-nine gave no description of the incident but provided other information - whether a description of the memorable aspects, when it occurred, and/or they provided a rating of the post trauma symptoms associated with this incident. The reasons why some completed the post trauma scales, although declined to describe a particular incident vary, but it must be acknowledged that some would find it upsetting to do so, and others simply wished to ensure anonymity and the description of a particular incident could compromise that. Four said that there were 'several' incidents that stood out in their memory. Nine described incidents that they had found *positive* due to their own, or the team's performance at seriously threatening situations which were resolved by good police work.

2.07   The 426 incidents were content analysed (see Table 1). Masking the identity of the incidents, and hence the officer, means that the eloquent and heartfelt ways in which the answers were written could not be quoted. The incidents were highly similar to those found on the 'typical' incident list (Section 1). This is hardly surprising when, for example, the Strathclyde list includes "any other incident which might be deemed to be a critical incident (e.g. a cot death, fatal RTA, significant incident involving children)".

Table 1

The incidents described: Strathclyde sample

nature of incident	n
death	**305 (71.5%)**
various	129
road traffic accident	96
Lockerbie	60
Kintyre	20
threat	**87 (20.4%)**
personal threat	77
firearms	6
prolonged danger	4
abuse or cruelty	**19 (4.4%)**
direct	14
secondary by interview / film	5
'morale' issues	**12 (2.8%)**
complaint from public or supervisor	11
perceived workplace harassment	1
Total	**426* (100%)**

* this includes 3 other unique incidents not included in order to protect the anonymity of respondent

2.08   Almost three-quarters, unsurprisingly, were deaths of various types including murder, accidental death, the deaths of children or babies, or suicide. Subsumed also in this category are the multiple casualties resulting from the Lockerbie Disaster in December of 1988, and from the crash of the RAF Chinook helicopter on the Mull of Kintyre in June 1994. Nineteen per cent of those who had worked in Strathclyde Police for ten and a half years or more, that is within the possible time frame of having worked at Lockerbie, described their work there as memorable.

2.09   A third of the deaths were the result of a road traffic accident. This is an incident that is sometimes mistakenly considered to have little impact because of its everyday nature (Mitchell 2000). The group most frequently exposed to such incidents, traffic officers (arguably those who are 'toughened' to road accidents) accounted for 60% of those who described RTAs; the frequency of exposure does not necessarily reduce how memorable are such incidents.

2.10   The second largest category was personally threatening or dangerous situations, including a range of alarming encounters with men in masks, armed with dogs, guns, knives or, in one instance, a crowbar. The encounters took place in unfamiliar territory and sometimes in partial darkness, that these were very threatening incidents is without doubt, even though most were resolved with arrest. This category also includes lengthier firearm incidents and hostage or siege incidents.

2.11   The third category included sad and shocking incidents of cruelty, particularly to weaker members of society such as children or the very old. Some terrible incidents were described. It was obvious from analysis of the accounts that something fundamental had been shaken in the officer's belief about the world and the way it should be. A further significant and often overlooked source of imagery and thoughts is through such secondary sources as interview, various details at a crime scene, or other records of crime and abuse (e.g. some pornographic material). Sometimes imagining what took place at a crime or a suicide based on signs at the scene can be extremely intrusive and shocking. This sort of exposure is a more frequent characteristic of certain roles within the police service, for example, CID and for those involved in lengthy investigative work. This is a potential source of distress which requires further investigation.

HOW EASILY WERE THE INCIDENTS RECALLED?
2.12   When asked how vividly and easily the incidents were recalled, 80% acknowledged that they could remember it both very vividly and very easily, and half (52%) recalled feeling extreme distress at the time. Incidents that had caused distress at the time were more easily recalled, and recalled more vividly. One might expect that answers to the question: *"From your own personal experience, have you found that the memory of such serious incidents simply diminishes over time?"* would be

affirmative, however, a third (99, 31%) said it did not fade also reported significantly more post trauma symptoms.

2.13   To understand how the experience of one incident prepares the officer for future incidents, they were asked: *"Attending a serious incident can affect how apprehensive, or how self confident you might feel about dealing with the next one. Given what you know about the nature of serious incidents, and how you deal with them, how apprehensive do you feel about attending the next serious incident at work when it comes along?"* They were asked to rate their feelings from 'extremely apprehensive' to 'not at all apprehensive'. Fifty per cent (236) were not at all apprehensive, although 108 (21%) were extremely apprehensive. Feelings of apprehension were related to a higher number of post trauma symptoms.

2.14   Both of these aspects imply 'carry-over' effects from one incident to the next. Many incidents were recalled from a long time previously, in great detail, yet were not associated with high post trauma symptom. This means that simply because an incident is memorable, it does not necessarily imply that recollection of it is distressing in the longer term, or that thoughts of it are intrusive.

WHAT WAS MEMORABLE ABOUT THE INCIDENT? STRATHCLYDE SAMPLE

2.15   Most of those who described an incident answered this question, or this information was included in the description of the incident. A few said that the reasons were "self evident". The incident is clearly a trigger for various emotions and thoughts. Analysis of the responses showed that memorable aspects are emotions (e.g. fear, sadness, helplessness), or visual, auditory, tactile or olfactory images, and aspects of the incident which have personal meaning to the respondent. A common emotion is anger which can be directed at the police organisation (because of slow back up, or other forms of perceived lack of support from colleagues), at assailants or, for example, towards the parents of a child who has died because of apparent lack of care. The death or abuse of a child or baby can have personal meaning in reminding the officer of their own children. Other incidents have personal significance because of being the first serious incident encountered, for example, the first sudden death, serious threat with a bladed weapon or a gun, or mutilated body. For some others, the sheer scale or unusual nature of the incident was memorable.

2.16   Many incidents were simply sad and distressing. For those who reported their work at the Lockerbie Disaster or at the Chinook air crash as memorable, their striking recollections are of finding the victims' personal possessions. This underlined for the officer the fact that the victims had families who would be greatly distressed, so making it harder to emotionally detach themselves in order to get the work done

WHICH ASPECTS OF THE INCIDENTS WERE ASSOCIATED WITH HIGHER LEVELS OF POST TRAUMA SYMPTOMS? STRATHCLYDE SAMPLE

2.17   Only those 31 incidents of the 426 (7%) in the Strathclyde sample which were associated with post trauma symptoms above the cut-off level (indicating quite serious difficulty) are considered here in detail (Table 2). These incidents which are associated with higher levels of post trauma symptoms are those which could lead to PTSD.

Table 2
Incidents associated with above cut-off scores on MPSS or R-IES (percentages are of the 31 incidents)

<u>Organisational matters (11, 38%)</u>
<u>Examples:</u>   managing a dangerous situation without appropriate equipment and then receiving a complaint; sent to an incident when sensitivity to officer's personal circumstances would have suggested this was not appropriate; unfounded complaint of assault from member of the public, poorly dealt with by management with no real conclusion; criticism of actions following a lengthy assault on officer and colleagues; criticism of officer's management of an incident by supervisors when officer frustrated that his/her direction not followed at time; first on scene of multiple fatality RTA, back up very tardy; unfounded complaint by member of the public, badly handled by supervisors; at scene of multiple murder observed callousness of colleagues; general statement that support of officers 'on the ground' is very poor; perceived harassment of officer; no food supplied for a very lengthy period while working at very demanding major disaster scene.

Exposed to a horrific incident, usually for a lengthy time period, which had particular or unusual characteristics (9, 31%)

Examples: lengthy exposure to body trapped in vehicle after RTA; "fatal road accident"; multiple stabbing in attempted murder; scene of a suicide passed frequently in course of work; finding blood covered body in darkened house; stabbing of young person in ordinary domestic setting, look of horror on victim's face and expression of impassivity on perpetrator's; deaths of entire families at Lockerbie disaster; brutal stabbing of person known to officer; scene of horrific suicide, pointless death of a young person for a trivial reason.

Feelings of helplessness at not doing more, or guilt at outcome - particularly when being at the scene when the person died (5, 18%)

Examples: worry that life could have been saved with correct equipment; helplessness when person died; ruminative sense of contributing to death; feeling of insufficient training to deal with situation; feeling of not being 'in control' at a fatality.

A change of outlook in some fundamental way (4, 13%)

Examples: confidence reduced because of assault felt by two officers; near fatal RTA involving officer; lengthy involvement in a criminal investigation changed 'outlook'.

2.18   Anger at tacit or overt criticism following the officers' efforts at managing a difficult incident is a frequent reason for continued intrusive thinking about an incident (38%). An example would be a supervisor reprimanding an officer for some unimportant (in the officer's estimation) aspect of performance, especially if the officer feels he or she has been in a particularly risky situation. Some expressed frustration at what they saw as a gulf in understanding between the officers 'at the sharp end' and their supervisors, with the supervisors failing to recognise the significance of an incident the officer had attended. The serious nature of the incident possibly throws into relief the efforts they make, so increasing the officer's expectation that their effort will be appreciated.

2.19   The second largest category of incidents associated with above cut-off scores were 'horrific' deaths in which particular aspects produced intrusive thinking (31%). Visual images and, less frequently, the physical sensations, sounds and smells, were clearly remembered.

2.20   A third category is a sense of guilt or helplessness that more could not, or had not, been done to prevent an outcome (18%). Some of the feelings of guilt were of very long standing from incidents which had occurred many years previously. The fourth category concerned incidents which had changed the officer's outlook in some fundamental way, for instance through surviving a life threatening experience, or by seeing life or death in unusual, distressing and alarming contexts (13%).

HOW LONG AFTER THE INCIDENTS WERE SYMPTOMS STILL EXPERIENCED? STRATHCLYDE SAMPLE

2.21   The incidents had occurred between one week and 30 years previously, with a mean length of time of six years. No relationship was found between the period of time since the incident and the number of post trauma symptoms, although there was a weak negative relationship between the frequency of symptoms, but not their severity. This means that the severity of symptoms remains low or high over time, although the frequency with which they are experienced may abate as time goes on.

2.22   Various stages of reaction have been proposed: An 'acute' stage within one to two days following an incident in which the person is still thinking about the incident and what happened; one month following when the person continues experiencing adverse effects (an 'adjustment disorder'). Symptoms continuing longer than one month to six weeks could indicate a post traumatic stress reaction, with a variable period of subsequent resolution. Ten weeks is taken as a conservative benchmark beyond which scores above cut-off might reflect a chronic post trauma reaction. Table 3 shows the number and percentage of respondents with no symptoms, and the number and percentage with high symptoms (above clinical cut off). The rate for one year post incident is 12.6%, and the other figures demonstrate that high levels of post trauma symptoms can continue up to thirty years after an event in around 5% of the sample. The time periods in Table 3 are not equal but are meaningful in terms of adjustment following exposure.

Table 3

Number and percentage of respondents in various time periods post-incident with high scores on either measure of post trauma symptoms: Strathclyde sample

time period	no. of respondents (%)	
	no symptoms	high symptoms
1 - 10 weeks (29 respondents)	6 (20.6%)	2 (6.8%)
11 weeks - 1 year (74 respondents)	16 (21.6%)	11 (14.8%)
56 weeks - 2 years (37 respondents)	13 (35%)	4 (10.8%)
106 weeks - 5 years (117 respondents)	40 (34%)	6 (5.1%)
264 weeks - 10 years (137 respondents)	43 (31.3%)	6 (4.3%)
530 weeks - 30 years (49 respondents)	15 (30.6%)	7 (6.2%)

WHICH INCIDENTS WERE MEMORABLE? RUC SAMPLE

2.23   The mean length of time since the incident in the sample of 597 was 8.31 years (26 missing data) compared with the mean of 5.75 years in the Strathclyde sample. As with the Strathclyde sample, the length of time since the incident was not related to the number of post trauma symptoms reported. Also, not included in this sample are eleven incidents that were positive (e.g. commendations or high regard from colleagues or supervisors) and seven responses which cited several incidents or simply said 'several'. The incidents recalled are of course different than those for the Strathclyde sample, because of the security situation in Northern Ireland (Table 4). There are, of course, similarities in what we have termed 'civilian' incidents as distinct from 'security' related incidents.

Table 4

The incidents described: RUC sample

nature of incident	n (percent of sample)
security related incidents	**400 (67%)**
death of a police officer	94
attack on police	82
death of a civilian	70
personal threat	57
attending bomb / shooting incident	46
death of a soldier	18
Drumcree	15
riot	15
terrorist death by police	3
civilian incidents	**182 (30%)**
sudden death	67
RTA	49
murder	35
dangerous / threatening situation	16
public disorder	6
assault on police officer	6
rape	3
other incidents	**13 (2%)**
death by police firearm incidents	3
attending post mortem	2
injury by police firearm incidents	2
problems with colleagues / supervisor	5
complaints from public	1
Total	**597**

Other single incidents:
'security' (2) viewing film of terrorist killing; terrorist escape
'civilian' (6)   plane crash; domestic incident; child abuse;   attempted murder;
attempted suicide; car chase

To understand Table 4, and to explain the differences between the categories, the following definitions are provided.

Security incidents
'personal threat' police officer was in a situation in which they believed their life was or could have been in danger, e.g. officer close to bomb explosion, officer had left a vehicle just before it exploded.

'attack on police' police officer was in a situation where terrorist attacks were made directly at themselves, the police station or the police vehicle, e.g. mortar attack on police station, police car ambush.

'attending bomb or shooting incident' police officer attended the aftermath of a bomb or shooting incident in which no fatalities were described. Officer was shocked at the damage/injuries, or was first on the scene after a bomb explosion.

'terrorist death by police' police officer was in a situation where they had to fatally shoot a terrorist.

'riot' - police officer was involved in a disorderly situation which was distinctly "troubles related".

Civilian incidents
'sudden death' includes sudden death by murder, heart attack, cot death, suicide and accident (fire, train crash etc.)

'dangerous / threatening situation' police officer faced with a situation which is dangerous and which they perceive to be threatening, e.g. entering a hostage situation.

'public disorder' police officer involved in a situation in which civilians were behaving in a disorderly manner, e.g. pub brawl.

2.24   But by far the majority of the incidents were security related. The death of a fellow police officer was cited in 94 of the incidents, and the reasons why this would be significant are self-evident. This category of tragedy could have been included in the personal threat category since there is little doubt that the officer attending would think in terms of their own vulnerability in their role in the police.

2.25   In 139 (23%) of the incidents (attack on police and personal threat combined), the officer him or herself was under direct threat, as compared with 20% of the Strathclyde sample. The threatening situations were, of course, a great deal more life threatening than the majority of the Strathclyde incidents in this category. Of significance within this policing context is that 31% of the incidents chosen as memorable and significant were quite unrelated to security issues. For instance, 22% of the Strathclyde sample described particular road traffic accidents (RTAs) and 8% of the RUC sample also chose to describe a particularly memorable RTA. Fifty three per cent (225) of the Strathclyde sample (excluding the multiple fatalities at Lockerbie and Kintyre) were civilian related deaths, compared with the much lower figure of 19% (116) of the deaths in the RUC sample. Of those incidents in which the officer's relationship to those involved could be discerned in the RUC sample 41% of the victims were known to the officer, sometimes a fellow officer.

HOW LONG AFTER THE INCIDENTS WERE SYMPTOMS STILL EXPERIENCED?

2.26   Sixty seven per cent found the incident very easy to recall, 61% rated the memory as vivid, and 42% recalled the incident as distressing at the time. As in the Strathclyde sample, the easier the incident is to recall the greater the number of post trauma symptoms reported. 68% found that the memory of the incident fades with time, while the other 32% did not. Table 5 shows the same data for similar time periods as those in Table 3 for the Strathclyde sample.

Table 5

Number and percentage of respondents in various time periods post-incident with high scores on either measure of post trauma symptoms: RUC sample

time period	no. of respondents (%)	
	no symptoms	high symptoms
1 - 12 weeks (48 respondents)	12 (25%)	6 (16.6%)
16 weeks - 1 year (58 respondents)	22 (38%)	4 (9%)
54 weeks - 2 years (108 respondents)	8 (31%)	3 (11.5%)
264 weeks - 5 years (141 respondents)	30 (21%)	27 (19%)
530 weeks - 24 years (186 respondents)	45 (25%)	23 (12 %)

2.27   It is noteworthy that higher rates of post trauma symptoms were prevalent in the RUC sample over a longer period of time compared with the Strathclyde sample. This could be attributable to the different nature of the incidents, or to the different context of support after the incident.

WHAT WAS MEMORABLE ABOUT THE INCIDENT? RUC SAMPLE

2.28   The majority of those who described an incident provided reasons as to why this incident was memorable and, again, some were obvious. For other incidents, analysis of the responses identified the main memorable aspects in the same categories as in the Strathclyde sample: emotion, and visual, auditory and olfactory images, for example, the shocking image of dismembered bodies. It should be noted that anger is frequently remembered, and is directed at terrorists, criminals and the police organisation. In particular, anger is felt towards terrorists because officers find it difficult to understand the logic behind terrorist related activities. It was also

identified that aspects of an incident which have personal meaning are also clearly remembered, for example, the death of a child can remind the officer of their own children at home.

2.29   Four additional aspects appeared to make the incident memorable. These are: being personally threatened; knowing the victim; the incident being planned rather than an accidental or chance occurrence; and the incident resulting in serious injury or death.   Other incidents were remembered for their sheer scale (e.g. Drumcree) and for being particularly distressing (e.g. the horrific death of a colleague).

WHICH ASPECTS OF THE INCIDENT WERE ASSOCIATED WITH HIGHER LEVELS OF POST TRAUMA SYMPTOMS? RUC SAMPLE

2.30   Of the 603 incidents in the RUC sample (597 and 6 'others'), 84 were above cut-off on post trauma symptoms (14%); 15 did not fully describe the incident and/or the reasons why this incident was critical. The remaining 69 incidents have been grouped into five categories (Table 6). What makes the incident critical are highly similar to the Strathclyde sample (Table 2), although the percentages differ.

Table 6
Aspects of the incidents associated with high post trauma symptoms: RUC sample (percentage of the 69 incidents)

Exposure to a horrific incident (27, 39%)
Security related examples: officer had to pick up body parts of murdered colleague; planned murder of colleague/s (3); multiple terrorist murders (2); cannot forget death and injury which resulted from bomb explosion (2); identifying dead bodies after a shooting incident; gathering dismembered bodies after bomb explosion; hearing explosion of a police patrol car; sight of bodies after shooting; watching member of unit die after rocket attack; cannot forget the severe injuries to a taxi driver after his car was bombed; death of children due to an explosion; officer tried to help colleagues after a mortar attack; attended scene of car bomb (2); personally involved in the scene of a major bomb incident; officer distressed by the grief of relatives.

Civilian related examples: murder of child; collecting body parts and personal items after a fatal train crash; sight of a gruesome accident involving an elderly lady; circumstances surrounding sudden death; driving past the scene of a fatal shooting; distressed by sight of suicide; condition of body after shooting incident.

Incidents in which the police officer's life was endangered (21, 30%)
Security related examples: action taken by officer jeopardised their life in a terrorist shooting; waking up in hospital after being struck by an object and not knowing what had happened; survived land mine attack on police car; through tiredness officer failed to read warning signs of ambush and was shot in head; bomb, which failed to detonate, was directed at officer; being close to a bomb when it exploded (4); being under fire by terrorists (3); assaulted by crowd and lucky to escape (2); knocked unconscious by missile; officer unable to cope psychologically after ambush (2); attacked by crowd hostile to the police.

Civilian related examples: officer assaulted by knife; fear of death when faced by a gunman; officer assaulted by crowd

Problems with supervisors / colleagues (8, 12%)
Examples: supervising inspector not concerned about the welfare of police officers during a shooting incident; at a blast bomb incident officers in command (who had no recent operational experience) unable to make quick decisions; officer strongly verbally abused by colleagues; senior officer refused to acknowledge or record an incident in which a device almost took the life of an officer; no debriefing given after a nail bomb attack on an officer; a small mistake at work was badly handled by supervisors; the uncaring approach of supervisors to officer struck by a bullet - although not injured, officer kept at the same place for several hours after this shooting; officer felt discriminated against by colleagues re religion.

Feelings of guilt and / or helplessness at different incidents (7, 10%)
Examples: feelings that other means of apprehending a culprit could have been employed instead of shooting him; guilt that close relative (also police officer) killed while officer was on leave; supervisor felt guilt when officer he was in charge of was killed; feelings of guilt when officer could not help bereaved family more; experienced feelings of helplessness during a riot; officer felt total inability to help a

murder victim; feelings of guilt that officer had not given colleague first aid when fatally shot.

An incident which resulted in a major change to the officer's life (6, 9%)

Examples: a bomb explosion resulted in loss of hearing which subsequently changed the officer's outlook in life; terrorist threat resulted in officer's family having to relocate; officer forced to relocate after a terrorist threat which resulted in a total lifestyle change (2); permanent injuries from an incident resulted in stress and change in officer's work; incident created turmoil in private life.

2.31   The largest category associated with high post trauma symptoms is exposure to a horrific incident especially when associated with anger at the cruelty and callousness of the murders in terrorist related deaths (27%). Also, officers appear to focus on the fact that these deaths are pointless and unnecessary and experience further distress that the terrorist incident is planned rather than an accident.

2.32   Amongst the civilian related incidents associated with high symptoms are exposure to a horrific murder, accidental death or suicide. Such deaths have particular characteristics for which they are remembered, for example, the gruesome condition of a murdered body. Both terrorist and civilian related incidents are remembered by visual image and by physical sensations, such as sounds and smells, for example, one officer clearly remembered the smell of burning flesh at a bomb explosion incident.

2.33   Incidents in which the police officer believed their life to be endangered is the second largest category (30%). Such incidents are most often remembered for the fear experienced by the officer at the time of the incident. The terrorist related incidents grouped in this category refer to many situations, which include bomb attacks, a car ambush and being under fire by terrorists. In many of these situations, a colleague was injured or killed and many officers have expressed feelings that it could have easily been them. Civilian incidents include assaults on officers and firearms threats.

2.34   The third largest category refers to incidents in which officers have experienced problems with their colleagues, or their supervisor (12%). The particular aspects of the incident which officers remember is the uncaring attitude of their supervisors after they have been in a particularly difficult incident. Other aspects that are remembered are the perceived indecision of senior officers in situations which could be life threatening.

2.35   The fourth category refers to incidents in which the officer recalls feelings of helplessness or guilt that they could not have done more to prevent a situation (10%). Specifically, a few officers describe how they frequently feel powerless to protect civilians and how this has reduced their faith in the police service.

2.36   The final category refers to an incident that has brought about a major change in the officer's life (9%). These include work changes where the officer was forced to move to another station, or serious injury.

IS THERE A RELATIONSHIP BETWEEN THE OFFICER BEING INJURED IN THE INCIDENT AND HIS OR HER LEVEL OF POST TRAUMA SYMPTOMS?

2.37   Forty-four of the Strathclyde sample (10% of 426) were injured. Sustaining an injury was not significantly correlated with the level of post trauma symptoms. A weak relationship was found between the number of symptoms and the number of days absence following an incident due to injury. One hundred of the RUC sample were injured (almost 17%), and there was a significant difference in the total post trauma symptoms compared with those who were not injured. The injuries sustained by officers in the RUC sample were generally more serious than those in the Strathclyde sample. The fact of being injured moderately, and so being off work, may have a mediating effect on any psychological consequences of the incident.

2.38   The relationship with injury was different for the two samples, and this may be explained by the severity of the injury sustained by some of the RUC sample. Being injured clearly does interact with the experience of post trauma symptoms. Previous research has demonstrated that being injured may protect against PTSD, but this could be due to the time at which measures are taken, that is prior to the resolution of the physical injures.

MAIN POINTS

- **trauma should not be thought of as a single stimulus, and a conceptual distinction needs to be made between the many different incidents, and details of these incidents, which could give rise to post trauma symptoms**

- **lists of 'typical critical incidents' can be useful as a guide to what incidents have the potential to result in adverse reactions**

- **critical incidents have the potential for adverse psychological reactions, but it is the particular details of the incident, and the personal meaning of these details, which are problematic**

- **providing educational materials and raising awareness about post incident reactions does not increase the number of symptoms reported**

- **incidents which appear to be similar incidents do not necessarily give rise to similar reactions in individuals**

- **common elements such as dealing with a death, threat, abuse or cruelty appear to render an incident memorable**

- **the distress which may be caused by imagining what took place at a crime or suicide can be just as disturbing as actual exposure, this requires investigation**

- **a memorable incident is not necessarily distressing in the longer term, nor are thoughts of it necessarily intrusive**

- **frequency of exposure to particular types of critical incidents, for example in traffic officers exposed to road accidents, does not necessarily reduce the impact of critical incidents**

- **anger and frustration at the organisation can produce significant and long lasting emotional distress**

- **support and recognition by supervisors during and after a threatening incident is crucial to subsequent psychological resolution**

- **a measured response to complaint and discipline matters following critical incidents is needed in order to not place an unwarranted burden on the officer**

- **incidents occurring early in an officer's career are remembered more easily and provide a good opportunity for reflection and learning**

- **officers who are apprehensive when thinking about the next incident also report higher post trauma symptoms**

- **sustaining an injury is not necessarily associated with post trauma symptoms**

**SECTION 3   THE RELATIONSHIP BETWEEN REPORTED POST
                        TRAUMA SYMPTOMS AND OTHER ASPECTS OF
                        HEALTH AND WELFARE**

The purpose of this section is to describe:

- **the relationship between post trauma symptoms and occupational stress**
- **coping with critical incidents**
- **the relationship between post trauma symptoms and other health indices**
- **the effects of a critical incident on the officer's approach to work, and life outside of work**
- **the conclusions from these results**

3.0   The way a reaction to a critical incident relates to other sources of occupational stress is of interest; and this relationship can be measured using correlation (see Appendix III). Correlation, however, allows only one variable or measure to be compared with one other. In a matter as complex as which behaviours or attitudes are associated with other behaviours (e.g. the number of post trauma symptoms), a stepwise regression can be used. This shows the variables or measures which are associated with higher symptoms by looking at the contribution of each together, yet independently of each other (which simple correlation is unable to do). So, while one variable might correlate significantly with the outcome (Appendix IV), once it is considered in combination with other similar or more important measures its effect might be 'knocked out' due to significant inter-correlation between the variables. The different variables are then analysed in the degree to which they explain the variance (or variability) of the outcome. If one is attempting to account for all the variance in a some measure, this would mean that 100% of the variance should be explained. However, when considering all the different potential influences on behaviour, even being able to explain 20% or 25% of the variance in terms of the influence of particular variables is significant and instructive. Sometimes, even if only 10% of the variance is explained it is worth reporting perhaps only to demonstrate how *little* a particular variable influences the outcome of interest. It is rare to obtain results which explain more than 30% or 40% of the

variance. Appendix III should be consulted for a further explanation of the statistics used in this Report.

THE RELATIONSHIP OF OCCUPATIONAL VARIABLES TO THE NUMBER OF POST TRAUMA SYMPTOMS REPORTED

3.01   The correlations of all the variables measured in both samples are presented in Appendix IV (refer to Appendix II for a description of the variables). It is evident from these correlations that certain aspects of the workplace, and the officer's approach to the workplace are found to be significantly associated with the report of post trauma symptoms. Pressure as a result of workload, poor relationships at work, the daily hassles at work, and from the 'feel' or atmosphere at work all were significantly associated with post trauma symptoms, that is, the more pressure the more symptoms. A sense of urgency to get things done on time and feeling impatient with people and other delays was also correlated. Those who believe that police work is becoming more dangerous, and have a feeling of wanting to leave the police for good, also report higher post trauma symptoms. Significantly, keeping work separate from home was negatively correlated, as was a feeling of job security within the organisation, so that feeling secure at work and also keeping home and work separate were both protective against post trauma symptoms.

3.02   A stepwise regression was carried out to look at how the variables interact and relate to post trauma symptoms. All the measures of occupational stress obtained from the Strathclyde sample were included in the calculation: only three of these variables explained a small amount of the variance in post trauma symptoms. These were mental well being, daily hassles and a sense of having control over one's work. Good mental well being, characterised by a lack of worry and no sense of being overwhelmed, protects against post trauma symptoms, as does a sense of having control over work. Experiencing 'daily hassles' (such as having to attend meetings, a lack of social support from people at work, keeping up with new ideas and technology) is associated with reporting post trauma symptoms.

3.03   On the other hand, a positive state of mind, having a sense of control over one's work and higher job satisfaction were all associated with fewer post trauma symptoms being reported. Both analyses demonstrate that the work context can have an influence on the level of post trauma symptoms reported.

3.04   A limited number of variables were measured in the RUC sample. Carrying out a similar analysis, it was found that eight variables accounted for 23% of the variance in post trauma symptoms: wanting to leave the police, dealing with serious incidents one after the other, a lack of social support at work, feeling time pressure, having a need for social support, and believing that police work is becoming more dangerous all contributed, while the ability to make decisions and exert some control and being motivated by the job reduced the level.

3.05   The context of policing in Northern Ireland suggested two other potential stresses: the threat directed at officers while off duty, and the threat directed at their families. These were correlated in both samples with reporting post trauma symptoms. It is interesting, given their very different working contexts, that the Strathclyde officers too experience this type of pressure.

COPING WITH CRITICAL INCIDENTS

3.06   The matter of how officers cope with such pressures, and with critical incidents is considered next. For police organisations to provide a "mutually supportive work environment" (Mitchell 1999) they need to understand what officers do normally themselves to manage the considerable challenges of critical incidents. For present purposes, a scale was developed from previous work of Mitchell et al. (1998).

3.07   They were asked: *"Thinking about afterwards, once it is over. You might do certain things in order to help come to terms with the incident, to understand what happened, the part you played, and to resolve any thoughts or feelings you might have afterwards.*" They were then asked to read various items and to *"rate any methods that you usually use according to how helpful it is"* from *"not at all helpful"* to *"extremely helpful"*. The seven items were:

1   *"talking over with colleagues afterwards about what happened at the incident (operationally)"*
2   *"talking over with colleagues afterwards about how I feel"*
3   *"recognition by a supervisor that it was a significant incident by showing concern"*
4   *"ignoring (or denying) any thoughts and feelings about it"*
5   *"drinking alcohol purposely to put it out of my mind"*

6   "distracting myself with other activities (physical exercise, hobbies, other work) intentionally to stop myself from thinking about it"

7   "thinking, and telling myself I have done the very best job I could under the circumstances".

3.08   The Strathclyde sample was obtained from different occupational groups so allowing analysis according to role. Authorised firearms officers and support unit officers found talking about the operation helpful and those who found it helpful also reported fewer post trauma symptoms. The same was true of talking about feelings although the relationship was less significant. The supervisor acknowledging that they had been through a serious incident was helpful and was associated with lower reported post trauma symptoms, and a lack of recognition being related to higher symptoms. There was no such relationships in the other occupational groups. This suggests that talking about operational aspects of the incident, and about feelings, is helpful, as is recognition from a supervisor. This has interesting implications for the provision of critical incident debriefing: post incident discussion may well be a more common practice in certain sub-groups within the police service (for example the authorised firearms officers, and support unit officers) and hence more acceptable. However, there is a desire generally to have some form of post-incident discussion (Section 5).

3.09   Rating alcohol as helpful in managing the incident after it is over is significantly related to higher post trauma symptoms, suggesting that its use does not have the effect of reducing post trauma symptoms. Alcohol may be used as an anaesthetic by people experiencing distress (the use of alcohol as a method of coping is different than the reported number of units of alcohol consumed, which is discussed below). Shutting out feelings may not be the best way to cope with the impact of an incident: the use of 'ignoring or denying any thoughts or feelings' and 'distracting myself intentionally to stop thoughts' were both significantly associated with higher post trauma symptoms.

3.10   This seems to suggest that some methods of coping are more adaptive than other methods. The methods of coping that depend on the denial or ignoring of feelings are likely of less value in the longer term. This is a complex area and one having significance for the use of post incident discussions. It has to be emphasised

that for some officers (according to their written accounts), there is little question that denying difficulties and 'just getting on with it' allows them to continue working.

3.11   Significant relationships were found between the use of some of the coping methods and the measure of psychological distress (GHQ-12). Most notably, finding the use of alcohol to purposely put it out of mind, ignoring or denying any thoughts or feelings about it, and distracting with other activities were all related to psychological distress. That is, the more these particular forms of coping were used the higher the psychological distress. This suggests that poor coping methods can lead to poorer psychological health. A significant relationship with age or length of service is found in those finding CISD helpful: younger officers rated CISD as more helpful. No difference was found between supervisors and non-supervisors in the ratings of how helpful the different methods of coping are.

3.12   Similar correlations were found in the RUC sample. Finding the use of alcohol helpful and intentionally distracting oneself were both positively correlated with post trauma symptoms; talking with colleagues about the operation, and about feelings, agreeing they had done the best under the circumstances and receiving positive recognition from a supervisor were all found to be more helpful.

GENERAL PSYCHOLOGICAL HEALTH

3.13   This leads on, now, to the relationship between reported post trauma symptoms and general psychological health. In both samples, the measure of psychological distress (GHQ-12), correlates significantly with the number of post trauma symptoms. This is not surprising since a person experiencing unsettling post trauma symptoms will generally feel distressed. In the Strathclyde sample, five variables, including - importantly - the number of post trauma symptoms experienced, explained a third of the variance in psychological distress (GHQ-12). The contributory variables were, in order, the pressure from the amount of work to do, post trauma symptoms, occupational commitment (which reduced psychological distress), how impatient and under pressure the person feels, and job satisfaction with the organisation (which also reduced psychological distress). Analysing what aspects contribute to lower mental well being, to which experiencing post trauma symptoms is a significant contributor, may be provide more useful insights than looking at what contributes to higher post trauma symptoms. In other words, looking at the same factors but in a different way.

3.14   Again, using the limited number of variables measured in the RUC sample, post trauma symptoms accounted for a substantial amount of the variance in GHQ level (19%), followed by wanting to leave the police, being motivated by the job (negatively related), the demands that work makes on the family, feeling there is too much change within the organisation, and enjoying life outside of work (negatively related) all explained 33% of the variance in GHQ.

PHYSICAL HEALTH

3.15   Now to consider the relationship between post trauma symptoms and physical symptoms. Included in the PMI is a scale measuring physical symptoms such as 'shortness of breath or feeling dizzy', 'muscle trembling (e.g. eye twitch)', and 'pricking sensations or twinges in parts of your body' which are signs of physical tension. Despite the strange description of some of the symptoms, a person who is feeling tense physically, will recognise and acknowledge them. The number of sensations acknowledged correlated highly with post trauma symptoms. In addition, experiencing headaches, lower back pain, joint or muscle aches and pains, and neck pain or aches also correlated with the number of post trauma symptoms reported. A clear relationship exists between experiencing post trauma symptoms and physical health, to the extent of joint and muscle pain.

3.16   A frequent symptom of post traumatic stress disorder is sleep disturbance. Given this, it is not surprising that post trauma symptoms correlated with reports of disturbed sleep, especially with restlessness and an inability to get to sleep. In both samples, the number of units of alcohol consumed correlates with the number of post trauma symptoms, and with an inability to get to sleep, so the person experiencing post trauma symptoms also has difficulty getting to sleep, and then uses alcohol in order to get to sleep. The effects of alcohol, and of disturbed sleep both have an impact on day to day functioning at work and both are associated with reporting post trauma symptoms.

3.17   In the RUC sample, significant correlations were found between the report of post trauma symptoms and sleep disturbance and symptoms of physical tension.

SICKNESS ABSENCE

3.18   A main purpose of CISD, as argued by many police services is to reduce ill health absence (Section 4). The question of whether the experience of critical

incidents leads to sickness absence needs to be answered, but more particularly whether current post trauma symptoms are related to sickness absence.

3.19   In these samples, respondents were asked how many days off work due to ill health had been taken in the previous 12 months. Just under 60% of the Strathclyde sample had taken sick leave in the previous year; a third had taken up to and including seven days off work, while the remainder had longer periods. The number of post trauma symptoms correlated significantly with the number of days taken off work. Using stepwise regression, the number of days of sick leave was partially explained by post trauma symptoms, joint and muscle pains, headaches, shortness of breath, insomnia and feeling like "leaving the police for good". Post trauma symptoms can then be thought of as *contributing* to a certain amount of illness absence, along with the experience of other ailments and some reduced job satisfaction.

3.20   About the same number in the RUC sample (56%) had taken sick leave in the previous year: 30% took short term sick leave (1-12 days) and 26% required longer leave (more than 12 days in total). The number of post trauma symptoms, the officer's level of confidence and their commitment to the organisation all contributed to explaining sickness absence; the more post trauma symptoms, the more sick leave, while self confidence and commitment to the organisation was associated with lower sick leave.

THE EFFECTS OF THE CRITICAL INCIDENT ON THE OFFICER'S APPROACH TO WORK, AND LIFE OUTSIDE OF WORK: STRATHCLYDE SAMPLE

3.21   The possibility that there may be positive consequences, or that significant learning takes place in a critical incident is often overlooked with the clinical and practical concentration on negative or harmful consequences. It is just as important to know about positive consequences since these can be used to inform training and preparation of officers. They were asked: *"Did your involvement with this incident result in anything positive, or of value for you? If so, can you describe what it is ?*. They were also asked: *"do you think this incident has changed the way you go about your work, in some way, or your approach and attitude to it?"* 338 officers of the Strathclyde sample provided an answer to these questions, although 117 specifically stated that the experience had not resulted in anything positive (e.g. *"Nothing*

positive could be taken from this incident"), and 2 gave a neutral response (e.g. *"Incident taken as just part of my job"*. There was overlap in the responses to these two questions and so they were combined. Also 5 officers stated that the event had had a specific negative result, e.g. *"don't always trust the people you work with"*. The remaining 214 responses are divided into categories and are shown in Table 7.

Table 7: Positive effects of incident: Strathclyde sample

positive aspect of incident	number (214)
increased self reliance	91 (43%)
greater appreciation of life	31 (15%)
increased group cohesion	29 (14%)
increased vigilance about personal safety	25 (12%)
satisfaction about job well done	22 (10%)
conviction of culprit	7 (3%)
value of police work	6 (3%)
commendation/promotion	2 (1%)
appreciation of other emergency services	2 (1%)
Total	**214**

3.22   Increased self-reliance as a result of coping with the practicalities of a complex incident, and with the emotions associated with the incident, was mentioned as a positive consequence (43%). For example: *"Decisions made by myself and partner (instantaneously) at the time and the subsequent result of these decisions, proving to myself that I have most of the qualities required to be a good police officer"*; *"It stood me in good stead for other less gruesome sights experienced over the years"*; *"I was able to handle my feelings and emotions positively as a result of the incident"*; and *"It showed me I can cope with serious pressure and act appropriately in such circumstances. . ."*. Others took as positive their learning how to manage others' distress: *"I can easily relate to people who have become bereaved and I feel I can offer genuine help "*. Various other useful insights, such as: *"From this incident I have realised that verbal and physical abuse is aimed at a "Police*

Officer" and not at me personally, this has enabled me not to get worked up when people use abusive language or actions towards me" were described.

3.23   Having been through a difficult experience with others tends to increase group cohesion (14%), and a further positive consequence was the way relationships at work were changed: *"I became closer to certain colleagues through it"*. Discussing the facts and consequences of incidents, for example in informal discussions following an incident, or in a CISD, provides a setting in which points of view can be shared and social support given and received. Even more frequently, the officer commented on changed or improved relationships with their partner and family: "[I developed] *closer feelings (if possible) to my family"* Experiencing a serious incident seemed to provide 'perspective', especially as regards to the importance of family: *"Through dealing with this and all fatal accident / serious injuries I value each day with my family. Tomorrow is promised to no-one. Try to live each day as if its your last because one day you'll be right. It keeps the more mundane problems of living in perspective"*, *"enjoy every day you've got and family / partners are the most important thing in your life bar nothing"*. Understanding the value of life after certain incidents, and how quickly it could be over (15%), resulted in such statements as: *"It also showed me that life is for living - as I was told I could have been killed - and to enjoy work but not to take it too seriously"; "I also have developed a different outlook on life and sometimes wonder why people get upset / angry at minor things"*. The love and protection the officer felt for his or her own children was felt acutely, particularly after dealing with children at an incident. This emotion was seen as a positive consequence.

3.24   Some officers expressed the view that they were happy and satisfied with some outcome of an incident (10%), for example, *"I felt a degree of satisfaction and a sense that my presence made a difference"* and *"I was pleased that the procedures relating to dealing with fatal RTAs and subsequent bodies were immediately reviewed and changed"*. Other officers stated that a positive outcome of an incident was the fact they had been commended or promoted for the role they played (1%), for example one officer stated, *"I got a pat in the back from the officer in charge"*.

3.25   Some officers stated that a positive consequence was that they were made more aware of safety issues (12%), these are both at a general and a personal level, e.g. *"it serves as a remainder of the potential danger of every call, every day and the*

need to be on your guard at all times" and *"I have put safety before the need to make an arrest".* Other positive consequences were practical, and represented positive 'closure' of the incident (3%): *"...the offenders were caught and convicted;* and *". . .[caught] persons, full recovery of goods and a successful court case".* Another positive consequence is an overall conclusion that police work, however demanding, is valuable (3%): "[this incident] *reinforces my view that, although very distasteful, the work we participate in is very valuable to the normal functioning of society. Without this kind of effort there would be chaos, if thieves, murderers are not caught''*. By relating whether the officer derived something positive from the experience to other measures, a correlation was found with the extent to which they feel able to influence and control events, and with satisfaction with the type of work they do. Deriving positive benefit, or learning from an incident may be part of an overall more positive approach to the job. And, a final positive consequence which was quoted was that a officer learned to acknowledge the role of other services (1%), for example, *"I developed an appreciation of other services".*

THE EFFECTS OF THE CRITICAL INCIDENT ON THE OFFICER'S APPROACH TO WORK, AND LIFE OUTSIDE WORK: RUC SAMPLE

3.26   From the total RUC sample, 559 respondents provided an answer when asked the questions *"Did your involvement with this incident result in anything positive or of value for you?"* and *"Do you think this incident has in some way changed the way in which you go about your work or your approach and attitude to it?".* Of these 559 answers, 252 respondents stated that nothing positive had resulted from the incident and 14 described negative outcomes, for example, *"I now have no respect for authority".* The remaining 293 answers have been grouped into the following categories as shown in Table 8. It should be noted that there are a number of similarities between the Strathclyde sample and the RUC sample on the positive effects of the incident on the officer.

Table 8
Positive effects of incident: RUC sample (293)

positive aspect of incident	number
increased self reliance	70 (24%)
greater appreciation of life	60 (20%)
increased vigilance about personal safety	49 (17%)
satisfaction at job well done	45 (15%)
increased group cohesion	23 (8%)
positive value of police work	16 (5.5%)
commendation/promotion at work	16 (5.5%)
conviction of culprit	12 (4%)
appreciation of work of other services	2 (1%)
Total	**293 (100%)**

3.27   A greater sense of self-reliance was the most frequent positive consequence acknowledged in this sample (24%), as it was in the Strathclyde sample. Officers reported that they had learned something from the incident which would prove beneficial to future incidents. For example, "*I learned to take the initiative*", "*I realised that I can handle the stress caused by an incident of this nature very well* ", "*I now feel that I can cope under extreme pressure very well*" and "*I proved to myself I could maintain control and continue performing my duty in a professional manner in extremely difficult circumstances*".   Some officers felt that their experience of this incident had also provided them with skills that would enable them to help others more so in the future, for example, *". . . more able to deal with relatives grief*" and "*......strengthened my need to assist public*".

3.28   Several reported having developed a greater appreciation for their own life (20%) and had so decided to 'make the most of it', after realising how easily it could be taken away from them after a life-threatening situation. Examples were, being close to a bomb explosion, or under attack: "*I learned not to take the most important things in life for granted*",   "*....realise the fragility of life and to make the most of it* ", and "*I take each day as it comes and look at what I have and not what I haven't got*".   Some fund that these critical incidents had increased group cohesion in that they felt that various relationships with people had improved (23%). As a result of a

critical incident, some officers prioritised their family and so reported better relationships with them. For example, *"I put the well-being of my family much further above this job or anything else"*, *"I strengthened my marriage"* and *"it helped me to focus on what was important and brought my immediate family closer"*. Others reported that their relationships with colleagues and/or supervisors had improved, for example, *"it made me realise that I could trust my colleagues with my life"* and *"it built my confidence in my co-operation with my colleagues"*.

3.29   A sense of being more aware of danger and being more vigilant about safety was mentioned as a positive consequence Increased personal safety was mentioned as a further positive consequence of a critical incident (17%). Officers reported that they had become more safety conscious for themselves, in that, they were more aware and observant in dangerous situations. For example, *"I am now more aware of the dangers of my job and therefore try to be aware of what is going on when on and off duty"* and "I *would tend to be more aware in public order situations"*. Some officers also reported that they practised more safety-conscious behaviours, for example, *"I am much more into car safety, particularly wearing seat belts" and "I became more security conscious, i.e., checking the area before going in first"*.

3.30   Another positive consequence was that officers experienced satisfaction and/or felt pleased with some aspect of the incident (15%), for example, "*there were no deaths at this scene"*.   Many officers expressed the view that they were satisfied/pleased with the role they played in this incident, for example, *"I achieved the purpose I was tasked to do"* and *"I saved two lives"*. Some officers also reported getting commendation or promotion for their handling of an incident as a positive consequence (5.5%). For example, *"I was rewarded the Queen's commendation for brave conduct"* and "*I got to sit promotion exams".*   Other officers pointed to more practical aspects of the incident which they felt pleased with (4%), for example, *"the apprehension of culprits and gathering significant evidence for court"*.

3.31   A final positive consequence noted, which was also found in the Strathclyde sample, is the overall conclusion that police work is valuable (5.5%). For example, [It] *"helped me to focus on how important my role is to ordinary people who depend on me taking risks as part of my job"*. Other officers stated that a positive consequence was their acknowledgement of the role of other services (1%), for example, *"acknowledgement of assistance given by ambulance and fire crews";* and

"I realise that the public and other agencies (ambulance, fire brigade) look to the police for guidance and direction/support".

MAIN POINTS

- **the experience of post trauma symptoms contributes to poorer mental health**

- **those who experience pressure from the work context also report higher levels of post trauma symptoms, so the wider context of work needs to be taken into consideration when examining the impact of critical incidents**

- **feeling a sense of control over one's work is associated with lower post trauma symptoms**

- **a sense of satisfaction with the job and a commitment to it is associated with lower post trauma symptoms**

- **the use of alcohol, traditionally considered to be helpful to reduce distress, associated with higher post trauma symptoms**

- **denial and ignoring feelings about an incident are associated with higher post trauma symptoms**

- **physical symptoms of joint and muscle pain and tension are associated with higher post trauma symptoms**

- **sleep disturbance, particularly difficulty getting to sleep, is associated with higher post trauma symptoms**

- **there is some association between post trauma symptoms and higher levels of sickness absence**

- **a range of positive consequences of critical incidents were identified including greater value of life, family and colleagues, and feeling better prepared for the next incident**

- **particular incidents and their consequences, are likely to influence how similar incidents are dealt with in the future**

- **a supervisor acknowledging that an officer had been through a serious incident is associated with lower reported post trauma symptoms and a lack of such acknowledgement is related to higher symptoms**

SECTION 4   CRITICAL INCIDENT STRESS MANAGEMENT IN
UK POLICE SERVICES

The purpose of this section is to describe:

- **the survey of post-incident care in UK police organisations**
- **the stimulus for providing post incident care**
- **the prevalence of critical incident stress debriefing**
- **similarities and differences in practice**
- **the stated aims of post incident care for the organisation and the individual**
- **any evaluation of practice which has been undertaken**
- **any perceived constraints on effectiveness and successes**
- **the various police publications and documents relating to post incident care in general**

4.0   Preliminary informal telephone contact with UK police organisations showed that the use of some form of post incident debriefing was widespread, as was the recognition that the service must demonstrate 'duty of care' to officers. In order to clarify what practices are being followed, a survey of all UK police organisations was conducted. Its aim was to establish current practice, and whether any evaluation of their practice has taken place.

THE SURVEY

4.01   A short questionnaire and covering letter were sent to the Chief Constable of each of the 55 constabularies in the UK (See Appendix V). The points covered in the questionnaire were intended not only to find out about the various practices, but also to gain an understanding of what the organisations believed they were achieving by these practices. Of the 55 which were sent out, 41 responded (73%; 1 refusal; 13 not returned). Respondents were encouraged to provide any documentation they could rather than simply completing the questionnaire. Several provided standing orders, or other documents related to the provision of critical incident stress management procedures and initiatives, many of which were clear, interesting and extremely well written. Several organisations were open to further contact, providing the name of a contact person.

4.02   The topics covered in the questionnaire were: the organisation's definition of a critical incident; whether some form of incident debriefing is provided; what motivated the provision of critical incident support; what form the incident debriefing takes; the main aims of the intervention for the organisation, and for the individual; any other methods of critical incident stress management used; and any commentary on the effectiveness of the practice.

WHAT THE ORGANISATION UNDERSTANDS TO BE A CRITICAL INCIDENT "FOR THE PURPOSES OF STRESS MANAGEMENT"

4.03   The definitions provided were broadly similar. Here are some examples:

"One which contains one or more of the following elements: danger, extreme violence, potential - severe injury or death to self/others, inability to protect, save or escape, loss of control, trapped, helpless."

"Exposure to an event involving actual or threatened harm to the officer(s) or others, exposure to an event which is likely to cause feelings of fear, helplessness or horror".

"A traumatic incident is any situation faced by an individual that causes them to experience unusually strong reactions which interfere with their life or work . ."

"Serious injury, death of police officer or death of a civilian resulting from police operation. All incidents with serious physical / psychological threat or involving a child. An incident in which the circumstances are so unusual, sights / sounds so distressing to produce a high level of immediate or delayed emotional reaction that surpass the normal coping level of police personnel".

"We define particularly distressing events such as multiple deaths in unusual or messy circumstance; death / serious injury of colleague; serious injury / abuse of children. However, there is a catch all that caters for the incidents which may not be critical but is disturbing for particular officers".

4.04   Most of these definitions were embodied in policy statements, or other documents. Frequently specific types of incidents, for example, the death of a child, were listed while other definitions included 'catch-all' descriptors; yet others

emphasised the pressure placed on the officer's 'normal' coping methods. This raises an interesting issue to do with the ethos of critical incident debriefing, namely that the focus is intended to be on the *incident* while here, clearly, *individual reactions* are being accommodated. It shows the dilemma for police organisations in how to plan for the different emotional reactions in officers. Focusing on the incident, rather than the individual takes the onus off the individual should he or she be distressed by an incident. The responsibility that rests with the individual, and the difficulties this presents within the 'tough' context of the police service in seeking assistance are further discussed in Section 7.

THE STIMULUS FOR PROVIDING POST INCIDENT CARE

4.05   The 45 reasons given for the setting up of post incident care fell into six categories, and some organisations provided more than one reason. In two, the stimulus was the work of one enthusiastic individual.

Table 9
What stimulated the setting up of critical incident stress management (and other initiatives)

<u>The management of a particular incident within the organisation which led to a review of practice (18)</u>

Serious workplace incident not well handled for various reasons

[ ] . . . following a shooting incident in the Force

Following the death of a serving police officer . . .

Air crash at X . . .

Hillsborough . . .

Following the X aircrash . . .

A major siege situation brought to the forefront although . . [some debriefing already offered prior to this happening]

A police officer was shot in X. This incident highlighted the necessity for a structured policy for responding to particularly stressful and emotive incidents

The need became apparent after Lockerbie . . .

A major incident . . .

and personal experience with officers who were affected

Recognition of the results of non resolution of critical incident issues - the effects on health of individuals

Awareness of problems with multiple ongoing incidents

Recognition of the potential effect of incidents upon individuals . . .

Practical experience from talking to clients

I recognised the need in clients and took additional training

The identification of staff who had <u>not</u> been exposed to a group experience; the realisation that they would have benefited from such intervention

Following identification of such a need through a number of stressful incidents

Welfare of staff following several serious incidents

being informed about the effects of trauma generally, and the possibility of intervention (17)

Traumatic incidents in other Forces

Major disasters and their consequences. National and international interest and publicity

The large number of major incidents world wide during the later 1980s early 1990s

Victims of trauma

Concerns about PTSD

An understanding that exposure to incidents <u>may</u> expose responders to the possibility of traumatisation

The recognition of the value of intervention at an early stage to hopefully prevent or reduce long term stress related problems

Major disasters: Hillsborough; Clapham Rail; Zebrugge etc. illustrated the need

Growing awareness of the subject prompted a training initiative . . .

Recognition of its uses

Lessons to be learned

and specific information from published papers or conferences

A Home Office PRU Research report by Dr D. Duckworth in 1991
A presentation at the 1993 Police Welfare Officers Annual Conference

1989 European Conference on PTSD

Police Welfare Officers Association. Home Office ACPO papers. Police Staff College Bramshill

Good practice guide from police welfare and one of our welfare officers who sat on the working group

Research papers national and international highlighting the benefits

Advice from Home Office

as part of an overall welfare policy (8)

As part of the Force Welfare Policy to provide an organised approach to the management of stress and trauma brought about by traumatic incidents

Need identified as matter of good practice

Welfare officers and police officers' motivation to ensure that staff were provided with an adequate response following incidents

[the policy] was created following identification of a lack of procedures in dealing with relevant incidents; increasingly apparent due to the heightened awareness of stress in the service

An aim to follow best practice

and a desire to fulfil duty of care responsibilities

The acceptance of duty of care responsibilities

[ ] . . . and our responsibility to provide a duty of care response

The need to provide a support mechanism for officers who have been involved in critical incidents

4.06   While the implementation of post incident care within a police organisation undoubtedly reflects a multiplicity of motivations (and different responses may have been obtained from different key people within the same organisation) the reasons provided are of great interest. The combination of raised awareness through what was learned at professional meetings and papers, and recognition of these issues within their own organisation appears to have been the most persuasive catalyst. To see this rise in awareness, interest, and implementation of policy and practice over such a relatively short period of time (mostly within the last 3 to 5 years) is truly remarkable.

THE PREVALENCE OF CRITICAL INCIDENT STRESS DEBRIEFING

4.07   The practice of choice appears to be some form of post incident debriefing, although this was not the only practice developed. Indeed some are still being developed and refined. All except one of those who responded reported providing some form of CISD. A letter from the Medical Officer in the organisation which did not provide post incident discussion clarified the process of individual referral to a psychologist. Defusing (described below) is also a very frequent practice, and some offer a hierarchy of interventions based on perceived or self-reported need. Of the 41 police services who responded, 30 (73%) reported having a specific policy or written document outlining the procedure for the management of critical incidents. These policies all consider critical incident stress debriefing to play a large part in managing post incident reactions, and even those organisations which do not have a specific written policy still provide CISD.

SIMILARITIES AND DIFFERENCES IN PRACTICE ACROSS DIFFERENT ORGANISATIONS

4.08   Although there were broad similarities in such aspects as how post incident care is provided, there are differences in referral methods, whether attendance is mandatory or voluntary, how candidates might be identified, especially if attendance is not mandatory, and whether follow up is part of the regular procedure. There are also differences between organisations, and variation within each organisation, in who runs the debriefing, and what form it takes (whether group or one-to-one).

Referral methods

4.09   Officers are referred for debriefing in a number of ways either by self referral or under the guidance of another person or agency. It was found that referral is accepted from several sources, and in some organisations referral can originate from any one of several sources. The numbers in Table 10 reflect this fact.

Table 10
Who refers?

source	number of organisations
senior officer	37 (90%)
'self'	33 (81%)
welfare officer	26 (63%)
colleague	22 (54%)
occupational health	20 (49%)

Mandatory or voluntary attendance

4.10   Attendance at a debriefing following an incident is generally not mandatory. Only five organisations reported attendance as mandatory, while in 18 debriefing was completely voluntary. The important matter appears to be that the *offer* of debriefing is mandatory, although attendance is voluntary; while in ten organisations attendance is mandatory for particular incidents (for example a firearms incident). One representative reported that rules for attendance varied depending on the incident, and the view of the supervisor.

How can officers' needs be identified?

4.11   The organisations which do not require mandatory attendance at debriefing, were further asked about any procedures through which an officer would be identified as requiring a debriefing, or further assistance of some sort. Twenty five responses were obtained (possibly others are confident in the effectiveness of their procedures in ensuring that debriefing is offered to those who require it, or there is no mechanism, or the question was not clear). The question was interpreted in various ways including that it was asking how the *incidents* are identified. One representative emphasised that it is the *"incident* [which] *warrants a debrief - NOT officers"*. Of the responses to do with how an individual might be identified, this was most often described as the supervisor or manager's responsibility, for example referral might be made *"after discussion with the line manager regarding risk factors for individual"* or *"at the line manager's discretion"*. This might take place after defusing, indicating a 'two tier' approach to post incident care and, again, introduces the possibility that the focus is on the individual rather than the incident. Potential incidents can also be identified by perusal of the written record, or log of

the incident, for example, *"A daily welfare reporting system which includes details of any critical incident"*. In what seemed to be a comprehensive method of checking, one organisation uses *"referral by supervisor, monitoring of sickness absence, and follow up on incidents"* which encompasses both incident-based and individual-based approaches.

Format

4.12   A third (32%) of the organisations provided only group debriefings, but even some of those said they provided 'occasional' one-to-one sessions. Two-thirds (63%) provided debriefing in both formats (*"as appropriate"; "depending on need, if only one officer involved"*).

Table 11
The format of post incident intervention

Format	number
Groups and one-to-one	26
Group only	3
One-to-one only	1
No post inc. discussion	1
Total	**41**

4.13   Some explanatory comments were provided, for example: *"One to one not usually as effective, but often only one officer involved or traumatised"; "We encourage group participation - but some officers prefer one-to-one session"; or "* [we provide a] *combination of both if some unable to attend group session"*. One organisation with excellent Welfare and Occupational Health guidelines clarified as follows: "We regard critical incident debriefing as a series of stages (i) initial screening / support within minutes of the incident could be one to one or small group (unstructured) (ii) 24 - 48 hours after the incident, e.g. a group debrief (structured) (iii) possibly one to one support monitoring in the days which follow". Several organisations practice this multi-phase support strategy.

Timing

4.14   The majority (25, 63%) conduct a debriefing between 48-72 hours after the incident; only four organisations (10%) carry out the debriefing within 48 hours of

the incident, and 11 organisations (27%) debrief after 72 hours, but generally within 96 hours. These are approximations and no information was sought or provided about the actual recorded time periods between incidents and the debriefing. Practical matters, for example, the availability of the officers notoriously cause difficulties in keeping to this time frame. In addition, the need for a debriefing may not be immediately obvious until identified by individual officers.

Follow up of those who have been debriefed

4.15   The issue of follow-up appears to depend upon whether the organisation believes that further help seeking is the responsibility of the officer, their supervisor or the welfare officer. For example, one organisation explained *"no procedure - officers are made aware of their personal responsibility to seek further help if they feel it is necessary"*, while in another, *"All involved are written to one month following a welfare debrief; Sickness monitored by welfare officers"*. It is interesting that there exists such wide variation in approach. The timing of the follow up varied, as did the number of times an officer was subsequently contacted. The follow up could take the form of an evaluation questionnaire, letter or telephone call. Nine did not provide any follow-up; and in one the monitoring was of the implementation of the procedure rather than the individual's welfare. One had no formal follow-up except a questionnaire regarding the debriefing itself.

4.16   Summary of the responses according to who does the follow up, what form it takes and when it happens, is difficult and so they are provided in full (excluding those already quoted, above). These are separated into 'overt follow' up; someone other than the officer monitoring recovery; and those who rely on the officer seeking assistance. By far the majority (18) contact the officer between one month and two months after the debriefing and some continue follow up for a longer period. The results of these efforts are not known. Such actions would certainly be regarded by officers, other than those who regard it as intrusive, as a clear indication that the organisation cares. Only six leave it entirely to the officer to make contact.

Overt contact (18)

- *Second meeting always arranged. Debriefer-counsellor then identifies those needing further intervention one-to-one.*

- *Telephone contact*

- *All officers involved will be monitored for three months. Details of all officers involved are kept on database in the welfare unit*

- *A confidential letter and evaluation questionnaire is sent after 8 weeks*

- *Initial follow up within one week by debriefer; (ii) line management monitoring; (iii) absence records monitoring*

- *Following a debriefing session, all officers or support members of staff are contacted via their* [message system] *to check how they are progressing. If they are referred on to a psychologist, then the number of sessions, i.e. 8 means that they are being contacted over a period of months*

- *Informal follow up by welfare officer, no formal procedure*

- *All officers are after debriefing given telephone number*

- *Officers are written to 4 - 6 weeks after debriefing*

- *As part of debriefing officers are made aware of potential symptoms. They are encouraged to refer themselves if symptoms last beyond 28 days; (ii) supervisors are encouraged to monitor individuals; (iii) OHU also rings to check.*

- *Follow up offered automatically*

- *Debriefer notifies Welfare Department of all debrief attendees who are felt to need follow-up. Letter sent by welfare as follow-up one month after debrief to all participants*

- *Contact at one month and six months through welfare*

- *One month after the debrief attendees and non-attendees are written to asking how they are, and reminding them of our services*

- *The new policy incorporates evaluation and follow-up questionnaire*

  1. *carried out survey*
  2. *welfare officer carries out follow up after 4 weeks and again at 8 weeks and this may be on-going*

- *Welfare officer conducting debrief is responsible for the follow-up*

- *I [welfare officer] do follow-up some 3 - 4 weeks later*

Officer's responsibility (6)

- *Contact encouraged after one month*

- *A handout is given to all attending a CISD; after highly emotive incidents agreement at the CISD for follow up meeting (this is quite rare)*

- *Voluntary - left to officers*

- *[Can be] phone call follow up but mostly reliant on the individual requesting follow up*

- *No single officer is identified from group unless they make it clear they are happy for this to happen; group asked if they wish to meet again, if appropriate*

Supervisor/Other person monitors (4)

- *Supervisors are expected to monitor a member of staff if there was a problem arising out of an incident . . . The response is relatively unstructured and informal . . . Should the individual remain off work - he or she would be closely monitored by Divisional supervisor in conjunction with OHU*

- *A record is kept of the names of those who have attended. The peer debriefers would identify anyone at the debrief who is unduly distressed and inform the welfare officer*

- *monitored by Force Medical Advisor*

- *Welfare* [department] *record those present*

4.17   It would be interesting to compare these different approaches in order to understand the effect on referral, reduction in psychological distress and the degree to which overt contact is welcomed by officers.

Who conducts the debriefing?

4.18   Different terms are used to describe the person, or person, who conduct the debriefing: some prefer the use of the term 'leader', while throughout this Report the possibly more meaningful term 'facilitator' is used. The debriefing sessions are conducted by trained debriefers in all of the 40 organisations who provide them, although the facilitators might have different backgrounds. Sixty-seven responses were obtained from 40 organisations: within one organisation the debriefing session can be led by different individuals, and the numbers in Table 12 reflect that fact.

Table 12
Who conducts the debriefing?

individual	number of organisations	
welfare officer	28	(70%)
peer/'trained colleague supporter'	17	(41%)
counsellor	8	(20%)
psychologist	6	(15%)
nurse	4	(10%)
medical officer	4	(10%)

4.19   The largest category of debriefer is the welfare officer, and peer (or 'trained colleague supporter') debriefing is followed by 17 organisations. Other professionals and specialists, trained counsellors, psychologists, nurses and medical officers are also used.

The training and qualifications of the debriefers

4.20   All debriefers are trained, although the type of training varied. Fifteen organisations (38%) send debriefers to the training courses operated from the National Staff Training College at Bramshill, others (17, 43%) attend external three to four day courses. This training course is very intensive and involves role playing and setting up hypothetical scenarios which are designed to let individuals practice debriefing. They are aimed at allowing debriefers to identify the relevant aspects of incidences that need to be discussed afterwards. Others use a variety of methods including in house training with external trainers, in house training with internal trainers, counselling courses, or a combination of all of the above. Refresher training is also provided. Some have professional certificates in debriefing.

DEFUSING AND OTHER PRACTICES

4.21   The management of personnel at the incident and immediately afterwards by the supervisor is of the greatest importance. Several police organisations attempt to ensure good management practice by defusing. This is a less formal and quicker approach than critical incident debriefing involving all those who were at the incident and is aimed at lessening the impact, asking officers what happened, what they did and how they feel, and also providing information about possible stress reactions. At the defusing the supervisor can assess the need for further intervention, for example, a critical incident debriefing.

4.22   Almost half (18, 45%) use defusing; various forms of risk assessment (16, 40%); stress awareness training, training workshops or lectures (15, 37%); and stress management workshops (5, 13%). Other interventions, less widely practised, are emergency planning training, stress inoculation training, a 24-hour helpline, access to external counselling, stress audits and information leaflets. Other topics include any *preventative* measures that may be taken. Apart from education, which can take the form of guidance manuals or as an integral part of initial and in-service training, there was some evidence that other preventative practices are limited to recruitment practices (e.g. person specification and job redesign strategies). One organisation has a fairly elaborate system of self-evaluation by the officer to guide their decision to seek some form of assistance.

THE STATED AIMS OF POST INCIDENT CARE FOR THE ORGANISATION AND THE INDIVIDUAL

4.23   Any policy or practice must have a purpose. In asking the organisations about their aims, a distinction was made between those for the organisation, and those for the individual officer. There was considerable overlap between the two, possibly because a positive outcome for the officer, in this context, is also thought to be or actually is a positive outcome for the organisation.

For the organisation

4.24   Seventy-seven aims were identified: these were divided between two main categories of aims. The summary of the categories of responses is provided in Table 13 and complete texts of the responses appears in Appendix VI.

4.25   The first aim of support provision comprised three aspects: to fulfil their duty of care to officers (e.g. *"fulfil duty of care for officers / staff"; ". . . to be clearly seen as a caring employer"*); to support staff in general (e.g. *"to ensure officers are given best possible support / care following incident"; "to offer support to all staff (police and support staff) acknowledging the particular demands of police staff during and after certain incidents"*) and to educate and encourage help-seeking (e.g. *"to provide officers with information about possible post-trauma reactions and how assistance may be accessed if required"; "to ensure that people know how and where to get help if required"*).

4.26   The second category of aims concerned preventative health: these were separated into responses to do with preventing sickness absence, including preventing early retirement (e.g. *"prevention of unnecessary after effects which could necessitate time off work"; "to reduce post-incident sick leave within the organisation"),* and the prevention of PTSD ("to prevent the onset of post traumatic stress disorder"; "to reduce incidence of trauma stress . . .").

4.27   Only three other responses overtly stated that an aim was the avoidance of litigation and another said that the aim was to comply with the Health and Safety Act: (*"to reduce or avoid legal liability"; "reduce litigation"; ". . . minimising the likelihood of litigation"; "this is part of compliance with the Health and Safety Act"*), and three 'other' responses (see Appendix VI).

Table 13

Aims for the organisation in providing CISD

Aim	Number
Provide support	**36 (47%)**
Support	19
Demonstrate duty of care	9
Educate and encourage help-seeking	8
Preventative health	**34 (44%)**
Prevent sickness absence	25
prevent the onset of PTSD	9
Avoid litigation	**4 (5%)**
Other aims	**3 (4%)**
Total responses	**77 (100%)**

For the individual

4.28   The responses regarding the aims for the individual were more complex to categorise. One representative didn't know what the aims were for the individual; another, usefully, provided a quote from Dyregrov. Aside from these, 97 responses could be categorised falling into three broad groups, one third of the responses each. Several sub-categories contributed to each grouping (summarised in Table 14, and provided in full in Appendix VII). Broadly the categories were: what was provided through the debriefing; the processes which are expected to take place during the debriefing; and the expected results or outcomes of such endeavours.

4.29   The first group is what the organisation, through the debriefing process, believes it provides for officers. These were, providing information about likely or possible reactions (e.g. *"education and awareness"; "raise awareness and knowledge of potential consequences of trauma"*); information about where to get help (e.g. *"to ensure that people know how and where to get help if required"; "to encourage help seeking behaviours"; "to increase early referral to counselling for those with symptoms lasting longer that 28 days or more"*); and information about

self care coping strategies (e.g. *"Give the individual tools to cope effectively"*). The CISD was also seen as a medium through which the organisation could provide support more generally, for example, *"to ensure their care and safety"; "caring for the individual, supporting and recognising the work they do and the adversities they face"*; or *"to provide a comprehensive, effective and efficient way of dealing with the effects of trauma"*.

4.30   The beneficial effects or expected outcomes are provided in a third category. These are preventing ill health longer term, preventing PTSD and relieving distress immediately after the incident. But before considering these 'hoped for' benefits, the next category to be discussed concerns the processes which are assumed to take place during a debriefing, and which are also assumed to have the above beneficial effects. Placing the incident into perspective by virtue of the facts now being known through discussion with others who were at the incident (e.g. *"Provide facts about the event"; "Broader perspective through others' accounts"; "Promoting an objective view of the event"*) was seen as one process. 'Airing' one's feelings is also assumed to happen, and to have the beneficial effect of not having feelings 'bottled up' (e.g. *"to ventilate initial thoughts and feelings"; "opportunity to get feelings out rather than bottle them up - catharsis"*).

4.31   Feelings, too, are placed into perspective because of an understanding that distress is normal. The concept of 'normalising' is a mainstay of critical incident stress debriefing (e.g. *"normalise the feelings and emotions experienced"; "reassurance"*). The group support which is expected to take place during a debriefing is thought to make the participant feel better (e.g. *"build team spirit"; "increases understanding and support amongst colleagues"*); and in this safe environment feelings can be 'shared' (e.g. *"to enable staff to share emotions of an incident"*).

4.32   The third category concerned short and longer term outcomes, which were the practical aims of CISD. The first aim was to prevent PTSD (e.g. *"the reduction of any debilitating symptoms"; "prevent the onset of 'post event disorder'"; "help prevent the development of PTSD"*). Some suggested that the relief of immediate distress was an aim (e.g. *"to relieve distress and provide immediate support to allow the individual to re-engage in normal life"*), while another aim is to prevent subsequent health problems more generally (e.g. *"to maintain the individual's health*

and fitness to perform their duty"). The other six putative psychological and emotional benefits are to be found in Appendix VI.

Table 14

Aims for the individual in participating in a CISD*

Aim	Number	
The provisions of:	**35**	**(36%)**
Information - about reactions	12	
Information - where to get help	10	
A vehicle to provide organisational support	8	
Information - self care coping strategies	5	
Opportunity to experience these processes:	**32**	**(33%)**
Gain perspective because 'facts' now known	8	
Feelings 'aired'	7	
Gain perspective because feelings 'normal'	6	
Group support	5	
Share feelings	4	
In safe environment	2	
With the hoped-for effects:	**30**	**(31%)**
Preventing PTSD	14	
Preventing future ill health	6	
Other emotional / psychological benefits	6	
Immediate relief of distress	5	
Total responses	**97**	**(100%)**

*   According to the organisation

4.33   A number of interesting assumptions underpin these responses first, that the group processes do take place, and, second, that they have the desired positive effect. Clarification of the aims for the organisation and for the individual in this way means that effect of the intervention can be clearly assessed, and any mistaken assumptions corrected. Of the greatest significance, is that only five organisations have conducted an evaluation.

MAIN POINTS

- **most police services have structured methods of critical incident follow up in place**

- **critical incident stress debriefing (CISD) is the most frequent form of post incident support provided in UK police services**

- **group debriefing is the most frequent form although often individual debriefing is offered based on need and practicality**

- **CISD is most frequently conducted by welfare officers, and second most frequently by trained peer debriefers**

- **referral to CISD is most frequently by a senior officer**

- **supervisors have the responsibility to identify incidents during and after which officers might need support**

- **after CISD, supervisors using 'defusing' was the second most frequent strategy provided**

- **representatives of the police organisations provided various explanations of the benefits to officers of CISD, including the provision of information, the provision of the opportunity for group processes to take place and the prevention of ill health (including PTSD)**

- **representatives of some police organisations believe that CISD 'solves the problem' by preventing PTSD and related ill health absence. This is beyond what the intervention can achieve**

- **very little evaluation of critical stress management practices have been undertaken, despite the fact that the organisations seem clear about the aims of the interventions**

- **a protocol for assessing effectiveness is needed and this can be based on the aims of CISD which were obtained from police organisations through the survey**

- **several police organisations provide a range of other services to assist officers manage the effects of exposure to critical incidents**

- **education about obtaining further support can be provided through the CISD but is only successful if the support offered is available, confidential and appropriate**

- **the aims of debriefing for the organisation are primarily the general provision of support and the prevention of ill health absence (including the prevention of PTSD)**

- **it is good practice to have a written policy that sets out aims and practices which have been generated by a range of parties including the users of the service**

- **the concept of a unitary problem with a single solution needs to be abandoned in favour of an array of services and supports which can match the specific difficulties**

- **clarification of the legal issues surrounding exposure to critical incidents is needed so that police managers have a better understanding**

- **continued education about the purpose of CISD is required**

SECTION 5   CRITICAL INCIDENT DEBRIEFING

The purpose of this section is to:

- **define the original process of CISD and its aims**
- **describe recent studies of the effectiveness of CISD**
- **draw conclusions**

5.0   Having understood from the previous section that the use of CISD is widespread in UK police services (Section 4), it is useful at this point to return briefly to a description of the process in its original form, to recapitulate its original aims, and to ascertain what evidence exists that it achieves these aims. The process was developed in the early 1980s by Mitchell (1988), as a means of alleviating post traumatic stress in the emergency services. Its two main goals were described as to "lessen the impact of distressing critical incidents in the personnel exposed to them" and "accelerate recovery from those events before harmful stress reactions have a chance to damage the performance, careers, health and families of emergency services personnel". Later, Dyregrov (1996) defined it as: "primarily a non-psychiatric approach, [which] emphasises normality and strives to stimulate inherent positive group mechanisms and self healing mechanisms in participants". Dyregrov also spoke of its aim to "stimulate emotional ventilation, and promote a cognitive 'grip' on the situation" arguing that group support and normalising of reactions is "primarily done by the other group members". The CISD process is organised to review the facts, thoughts, impressions and reactions following a critical incident, and to provide information on normal reactions to abnormal events. Everly (1995) adds that it provides an opportunity for early identification of those persons who may require more intensive psychological support. These more modest claims have been extended at various times, for example on Mitchell's web site.

5.01   CISD takes the form of a structured group discussion with facilitators and the individuals who were involved in the incident. The facilitators of the CISD play a vital part. The facilitators of the CISD play a vital part and must be trained and experienced, the more experienced the facilitators the more favourable the perceptions of the participants. The timing of the CISD is also significant, and while much emphasis is placed on the debriefing taking place between 24 and 72 hours after the incident, on occasion this will be inappropriate. This is an issue particularly

when those to be debriefed are physically injured in the incident because, as Dyregrov stated (1998) "experience has shown that the physical healing must take place before the psychological healing process can continue".

5.02   Despite the argument that CISD provides an opportunity for some form of screening of individuals to assess their need, the reality of the practice is that it is often used as the sole intervention. It also provides information about further support available within the organisation, but this has to be readily and confidentially accessible. Most often, however, the seeking of further help depends on the officer, although several organisations have quite structured follow up procedures (Section 4).

5.03   The remainder of this Section reviews the evidence that CISD is effective in achieving the aims set out by Mitchell (1988). This section includes an assessment of practice in Strathclyde Police. The same information was not available for the RUC.

THE PROLIFERATION OF CISD

5.04   That the use of some form of CISD has proliferated throughout UK police services is without doubt (Section 4). Because of the motivation to protect officers, CISD may have been adopted without its effect having been evaluated completely. Early approaches to managing the effects of critical incidents were quite simplistic, resting on the belief that a single incident can be treated preventatively by a single intervention - such as CISD. This has appeal not only to police organisations, but also to other employers seeking an efficient way to manage critical incidents, and stop problems before they start. The idea that CISD provides a quick solution to a problem (as seems to be the case from some of the responses to the UK Survey), implicitly defined as developing post traumatic stress disorder, is an attractive idea. Brewin (1999) has described the 'folk beliefs' about the value of CISD as follows. CISD must be good for people because it aims to correct inaccurate beliefs or perceptions, which is a good thing; it overcomes avoidance, and avoidance of truth and emotional reactions is a bad thing; it also allows the expression of emotions which is good because we have come to believe that the inhibition of emotions can cause ill health, and stress. Brewin argues that the belief in the effectiveness of CISD is based on the idea that confronting the incident is assumed to change the personal meaning through the review of possibly inaccurate perceptions, a process which is

then assumed to reduce post traumatic stress disorder. Detailed analysis of the function of the group processes include whether they actually take place and, if they do, whether they effectively lessen the impact have yet to be fully evaluated.

WHAT EVIDENCE EXISTS THAT CISD IS BENEFICIAL?

5.05   Research evidence that CISD is helpful in reducing subsequent distress is limited, indeed some would say absent. Given this, the remainder of this section is aimed at considering some research evidence and, importantly for present purposes, whether police officers who participate in CISD derive any benefit from their experience.

5.06   In a recent survey of CISD participants (Hutt 1998), a third of those surveyed found the debriefing helpful, and two thirds were neutral. None said they had found it to be detrimental or harmful. When asked about its relevance to them, one third agreed that it had been and two thirds were neutral. The procedure was not enthusiastically endorsed overall, and most importantly had no effect on symptoms. Those who said it was of least benefit were those with higher symptoms, with the amount of change being inverse to the IES scores. In addition, the greater the need for social support by the individual, the greater benefit was derived.

5.07   The work of Bisson, Jenkins, Alexander and Bannister (1997); Hobbs, Mayou, Harrison and Worlock (1996) and Hobbs and Adshead (1997) is widely cited in such discussions. Bisson et al. found that 16 (a quarter) of the debriefed group were diagnosed with PTSD 13 months later, compared with only 9% of the control group. Hobbs et al. found no significant difference between the debriefed group and the control group, on clinical diagnosis of PTSD four months after the debriefing, but they did have higher scores on two sub-scales of the Brief Symptom Inventory.

5.08   CISD was designed for use with secondary victims, that is those who are observers of the effects of crisis or disaster on primary victims (Mitchell and Everly 1996). These evaluations cited were conducted with primary victims (of a fire or a road traffic accident) and some were carried out while the participants were still in the process of recovering from their injuries. CISD is also intended to be conducted in small groups and not with individuals with the main function of the process being the stimulation of inherent positive group mechanisms (Dyregov 1996). The subjects in the Bisson et al. study were debriefed in pairs or, as was the case in Hobbs et al's

evaluation, individually. Deahl, Gilham, Thomas, Searle and Srinivasan (1994) found that soldiers debriefed after the Gulf War were no less prone to psychiatric problems, yet they remain committed to the principle of debriefing.

5.09   It has been pointed out that evaluations finding CISD ineffective have methodological weaknesses: the timing of the debriefings are variable, and often inappropriate; the training of the debriefers is inadequate, or in many cases the extent of training is unreported; the groups are not randomly assigned, so only those who have a greater need to talk about the incident take part and become members of the experimental group; and the intervention varies from CISD as it was originally designed (on occasion because of its being applied one-to-one rather than in a group). The reality is, however, that not all critical incidents involve large groups, one-to-one crisis intervention may be more appropriate if provided by trained peer counselors or mental health professionals. The goals of this intervention are very similar to those of CISD with the emphasis being on psychological 'damage control', and the provision of 'emotional first aid' (Mitchell and Everly 1995). This can be accomplished by the use of defusing.

5.10   Equally, Bisson and Deahl (1994) summarise the shortcomings of the research which supports CISD as: they are not prospective; small sample sizes; no control group; variation in diagnosis; no random allocation; confounding variables ignored; low response rates; sampling bias; lack of uniformity of CISD method; variation in timing; and the use of questionnaire rather than interview in subsequent assessment.

5.11   Throughout, however, is the problem of what CISD is actually intended to do. Reference to the UK Survey demonstrates that police organisations expect the intervention to prevent PTSD. Setting aside the issue of how many individuals exposed to critical incidents would go on to develop chronic and debilitating post trauma symptoms anyway, rather than the 'normal reactions to an abnormal incident', it is unclear that CISD actually has the effect. But does the intervention reduce sickness absence? There is some evidence to suggest it does. A study of the impact of CISD on employees following bank robberies found the number of compensation claims and sick leave declined more than 60% compared to the year before its introduction (Mitchell, 1991). Everly, Flannery and Mitchell (cited in

Dyregrov 1998) report an evaluation of CISD for nurses in Canada finding that of those nurses debriefed, 99% showed a reduction in sick leave days.

5.12   Whether it is effective according to these outcomes, it may still be seen as beneficial by the users. Seligman (1995) proposed that reports by the consumer are a more valid measure of the value of an intervention than the outcome studies considered above. Studies which report that CISD has no impact on subsequent psychiatric measures, also report that participants find the debriefing helpful. Kenardy, Webster, Lewin, Carr, Hazell and Carter (1996) found no difference in symptom level between those debriefed after a natural disaster, and those not and reported that 80% of those debriefed had found the experience helpful. Burns and Harm (1993) found that 88% of the nurses who had been debriefed in their study found it helpful in stress reduction. Smith and de Chesnay (1994) found that the ten police officers they interviewed saw CISD as helpful in alleviating stress following their involvement in a violent incident.

5.13   Both group CISD and one-to-one interventions of various types may be seen by participants as an indication that the organisation cares about their well-being. Any intervention must be practised in a sincere and caring environment, so that participants feel the intervention is for their benefit and not just a mechanism through which the organisation might be seen to be 'doing good'.

ASSESSMENT OF PRACTICE IN STRATHCLYDE POLICE
5.14   Peer debriefing is practised in Strathclyde Police by trained bebriefers. Two surveys were conducted on perceptions of CISD within Strathclyde Police (Gallagher, Geates, Mitchell and Kelly 1997) which provided some insight into the use of CISD within this service.

5.15   Awareness of CISD was considerably higher among supervisory officers than among constables. This was not surprising since an active educational programme had been underway, specifically aimed at raising awareness in supervisory officers. Some line managers assessed the need for a debriefing on their own criteria, resulting in the possibility that the practice was applied unevenly across the organisation. Some may even have attempted some form of diagnosis of the emotional status of officers on their shift. While this may seem to be a problem for the consistent application of practice, the supervisor has an extremely important,

indeed pivotal role in providing many forms of support for officers (Section 7). From the officers' perspective, it seemed that there is a need for some sort of recognition of the incident, something which is echoed in the new work completed for the present project. It also appeared that given the number of incidents which had taken place, the practice was under used, at that time.

5.16　　Another part of the survey examined officers' perceptions of the types of incident after which CISD should be offered. The results showed that the criteria list of 'typical' incidents (see Section 2) accorded with the officers' own experiences.

5.17　　Seventy six officers in the sample had actually attended a CISD; of those, 70 provided evaluations of their 'attitude' to CISD (31 supervisors and 39 non-supervisors). Retrospectively, they were asked how their opinion had changed before, compared with after CISD. Before the intervention, 28 (40%) recalled their approach as positive, 36 (51%) as neutral and 6 as negative; following CISD, 50 (71%) described their approach as positive, 18 (26%) as neutral and only two as negative. These figures can be compared with the more recent ones from Hutt (1998) in which two thirds described their evaluation as neutral, and one third as positive.

5.18　　Although the impact of CISD on the officers' experience of post trauma symptoms was not assessed in the studies by Gallagher et al., 28 supervisors and non-supervisors gave reasons for the change in their evaluation. Almost half (13) found it useful to talk about feelings. Examples are: "I felt a strain lifted"; "Before the debrief I didn't realise the incident had affected anyone, as it hadn't affected me. After the debrief I realised how much it had affected the minority"; "I found the debrief personally to be of great benefit"; "Was not sure that I needed the debrief but felt the benefit after"; "Basically, just having the opportunity to get everything off my chest with a 'neutral' and discovering my feelings were natural helped me come to terms with what happened"; "People present at the debrief visibly improved as a result. It was good to talk and hear others had the same views and feelings"; and one expressed a concern that had they been experiencing difficulties they may not have been able to express them: "Although the debrief was of no great benefit to me in relation to this particular incident I felt that it could have been beneficial if I had been experiencing problems. The only problem I could foresee is - would I have been as able to express my emotions as openly if I had been having problems?".

5.19 A further group (5) stated that simply understanding the process of CISD was useful, and one "realised it was a genuine attempt on behalf of the Force to prevent the onset of or limit the effects of post traumatic stress disorder". Two spoke of it as an operational debrief (possibly the 'facts' stage of the process): "It was a great chance to discuss my actions at the scene and to learn from others how I could improve and vice versa"; and "The incident was discussed by officers involved. Positive aspects and information as to why the situation was handled the way it was were openly discussed". Three negative evaluations included both a personal concern and a concern about the diversion of the purpose of the CISD: "After having attended the debriefing I found out things about my particular accident that I would rather not have known and which caused me some distress"; and "The meeting became more of a gathering of officers who had adverse comments to make about poor leadership rather than the incident in question".

5.20 Most stated that they would recommend a CISD to colleagues, and three quarters felt that it had benefited them generally. That the purpose of the CISD had not been explained to participants at the outset was reported by eleven respondents. Half of the respondents stated that they were told what to do if they continued to have difficulties (i.e. contact the occupational health and welfare unit). These comments reflect the fact that there is some variability in practice. When asked to what extent the attitude of colleagues to CISD made it difficult to attend, only five found colleagues had made it "fairly or very hard". Officers' fears that their colleagues might think less of them should they attend a CISD, are more likely a perception than a reality. When asked to describe the attitude of their supervisor towards CISD, 60% stated they were supportive, thus leaving 40% as neutral or un-supportive.

5.21 Interesting lists of the effects of critical incidents (e.g. sleep disturbance, anti-social behaviour) and coping methods which the officers found useful were also produced. The two most frequently cited incidents which officers found "affected them afterwards" were the Lockerbie Disaster and road traffic accidents.

THE EVALUATION OF CISD FOLLOWING THE INCIDENT DESCRIBED IN THE PRESENT SURVEY: STRATHCLYDE SAMPLE

5.22 In the Strathclyde sample (for the present study), participants were asked: "After this particular incident, did you take part in a critical incident debriefing run

by trained debriefers?"; "If not, would you have wanted one". They were further asked to rate how useful they found it from "not at all useful" to "very useful" and to explain the reason for their evaluation. Most (277) answered the question on whether they *would* have wanted one, of whom 85 said they would have, and 191 said they would not.

5.23   Only 35 (14%) of the 258 who could have participated in a CISD (since the practice was established in 1994) had done so following the incident they had described. Their opinions were split on the value of the intervention: 20 rated it towards the 'not at all useful' end of the scale, while 17 rated it towards the 'very useful' end of the scale. Although the sample was too small for any meaningful correlation, there was a 'trend' - as might be expected - for lower ratings to be associated with higher post trauma symptom scores. Thirty three of the 37 provided a reason for their rating and these are presented here. A number also commented that some supervisors were not as supportive as they might have been regarding the necessity for a debriefing.

<u>Positive comments</u>
I was able to discuss the matter with others who were able to confirm the events really took place as I couldn't decide if certain bits really happened or if my mind had filled the blanks

Made me aware of things that went wrong, from the police point of view. Also, it made me realise that it's good to talk about the incident, with other officers, at the earliest opportunity

It allowed me to talk through my experiences and listen and share the views of others involved. It helped me very much.

To learn that others felt as I did and sometimes worse.

Speaking about the incident, in a more open and relaxed atmosphere. No one was trying to place blame or point fingers.

It let everyone involved fully explain feelings / actions.

It assisted in identifying concerns of colleagues

Useful for officers to discuss feelings, to find out that I was not alone.

It was good to hear different feelings and responses from the other personnel at the incident

It was useful to talk with the other agencies [involved]

Negative comments

It was done on a one to one basis [possibly with the supervisor] *but someone also spoke to my shift all at once. No one would admit anything under those circumstances*

Treated as a joke

It was given after three weeks and as such I had learned to cope with this incident when it was all gone over once again

It was a group discussion [which included] *my inspector - couldn't really talk about it*

The debrief was at a time when the incident had not really sunk in. I felt it was too quick after the incident and not enough time was given to reflect on the matter.

The debrief was held in two groups and not on a one to one. No single officer, in such a bonded group, would be likely to admit to feelings which could be regarded by his pals as inadequacies.

No problem with incident to start with - debriefing was just a re-run at the incident

It doesn't help you forget

The problem was it was held in a police office and everyone knew where you were going and asked details about it

It was used to criticise failings in man management

5.24   It would appear that some participants derive positive benefit from the experience and variation in evaluation may well be due to individual differences in need, the characteristics of the facilitator, and the group dynamics. Relevant individual differences are the degree to which the person was distressed by the incident, and by their subsequent reaction to it, and in others the degree to which they feel comfortable about discussing their emotions and perceptions in a social setting. These are significant differences and must be taken into consideration in any evaluation. There is limited, but very significant, evidence that those who experience most distress are those who derive least benefit from the procedure.

MAIN POINTS

- **police officers appear to derive some psychological benefit from structured discussion following an incident but no research evidence that the process prevents PTSD**

- **the views of participants need to be obtained in order to discover whether any benefits described are systematic**

- **a distinction needs to be made between an operational debriefing and a critical incident debriefing**

**SECTION 6   HOW POLICE OFFICERS WISH TO BE
                          SUPPORTED**

The purpose of this section is to describe:

- **the forms of support officers want following threatening incidents**
- **the role of the supervisor in providing support**
- **characteristics of the mutually supportive work environment**
- **the conclusions from these evaluations**

6.0   The data analysed in this section was collected on behalf of the Scottish Office Central Research Unit for a project (1998) examining appropriate support and training for police officers following violent encounters. New analysis of those data yielded important insights for the management of post incident reactions, and is provided here with the permission of the Scottish Office. Readers are referred to the published Report for additional information on this project.

6.01   The 300 officers of constable rank in the sample, had all experienced an assault, or a serious threat or violent encounter in the previous 15 months. The respondents were all constables drawn from a stratified random sample from two police services in Scotland. The mean age was 31 years (range 19-56); 246 males and 48 females with a mean of 7 years service. The purpose of the study was, amongst other aims, to ascertain the effect on officers of such incidents, and what support they felt they needed. The opinions of officers are rarely taken into consideration when implementing policy, indeed this officer's statement provides an insight into his views of practice: *"From* [our] *operational perspective, very little de-briefing or counselling ever takes place and most supervisors expect their officers to 'get on with the job'. Views and responses of the majority of operational officers are not taken into account or sought prior to Force objectives and policy being implemented. Perhaps this is due to the fact that officers make the system work, they don't want to display signs that they aren't coping with situations. This is perceived as a sign of weakness. Little recognition is given when a particularly stressful or difficult task is carried out well. A little change could result in a much higher morale in the police service"*

6.02   The participants in the Scottish Office study were asked: *"Thinking generally about the support provided by the Force, in your opinion what do you think is / would be the most useful way to support officers after threatening, and other serious incidents"*. Ninety per cent of the sample of 300 (264) provided answers, demonstrating that this is a subject close to their hearts. Content analysis of the narrative data, to create the conceptual categories, was complex, requiring several iterations to develop a useful taxonomy of responses, and also to ensure that the true meaning of what the officers were saying was reflected.

6.03   The focus of the Scottish Office study was the management of violent incidents, so 43 of the responses were not about social or psychological support, but about practical support (e.g. perceived understaffing, equipment issues). Concern about practical problems tends to render the provision of psychological or welfare support less relevant. Other studies too have found that if individuals are concerned about practical or medical issues then psychological intervention is not relevant or useful until these matters are resolved.

6.04   In asking the question of what the officers themselves wanted, it was expected that they would suggest CISD, or state that support was not needed - but from the officers' perspective 'on the ground' the picture is obviously quite different. The responses were also far more reflective and thought provoking than anticipated, with many commenting on the context of service provision, and the ethics of it.

6.05   In the provision of services, nine mentioned the fact of individual differences: *"Part of your job is to attend these incidents. Every incident could be supported in a different way as could every officer"*; *"It would vary according to the individual. Personally I would like just to be left to deal with it myself".*; *"As every officer is different and reacts differently it would be difficult to suggest some means of support to suit every officer"*; and *"I would stress that sometimes people deal with things in different ways, and that care should be taken to give a person the privacy and respect to handle things as they themselves see fit."* Six emphasised the need to give officers respect and privacy. The issue of providing a service which is sufficiently flexible for individual needs is a challenge, and potential solutions are discussed below.

6.06   That only eleven suggested that nothing was needed from the organisation, or that the 'traditional method' of talking with the shift (possibly in the pub) is the best way, is a surprise which may well reflect a shift in officers' expectations of what the service should provide in the way of support. It is suggested that talking with the shift is a form of defusing and that the force can facilitate this by allowing officers to get off duty all together, rather than sending them straight out to work.

6.07   Twenty responses concerned the organisational context: *"The force must continue to dispel the myth that only the weak need support. They must continue to dispel the macho image that police officers do not need help with stress"*; *"For the force to be able to counsel officers properly they must first attempt to break down the macho way of thinking by officers, allowing these officers then to talk honestly and freely about their experiences and true feelings which have arisen from the incident"*. However, many did acknowledge change: *"I think this [CISD] is an excellent long overdue service. It has dispelled many "hard man" myths within my working environment. Even if symptoms are not felt at the time of debriefing but manifest later the organisation has let it be known that a sufferer need not feel alienated, weak, abnormal, or without support. Please do not let this enlightened attitude disappear or be demeaned in any way. At last management and officers themselves are waking up to the fact that policemen and women are human too!"*

6.08   There was, however, a clear recognition of the complexities of providing or using services within a tough organisational context. While the organisations were seen as changing, it was acknowledged that officers are still fearful of seeking help because of how this could be seen by supervisors and colleagues alike. Typical of the 28 responses in this category is:

"It is very difficult because there is the feeling that it may affect your career prospects. The more confidential the support system is I think it (will) prove more effective. From my police experience police officers see the support services as personal weakness in their character. The benefits must (be) highlighted more."

"Certainly the force has in the last few years come to realise that there is a growing need for such support, however, the officers themselves remain reluctant to accept such help - perhaps supervisors could be made more aware of what the force can offer and the fact that to accept such support is not a 'mark' against their men".

6.09   It is gratifying, in view of the many efforts made by police organisations to promulgate support services, that education and advertising of the services was seen by thirty respondents as a solution in a work setting which in the past has not welcomed discussion of psychological or emotional issues. So, if the organisation wishes to support officers, advertising what is available would make psychological support part of the everyday working culture. Advertising would also allow officers to decide whether to avail themselves. For these respondents advertising seemed a good way to make psychological support a 'given' rather than a special case. They also wanted more education about typical reactions, and this was seen as not only beneficial to officers in all ranks but especially to the supervisors to inform them that reactions were 'normal' and to reduce any associated stigma. Beyond these suggestions and comments about the context of service provision, the majority of the remaining responses reflected the idea that a service should be provided.

6.10   First to consider the formal interventions suggested. Only 25 specifically mentioned CISD although provided in a range of different ways (e.g. by a professional, by a trained colleague) and five of these suggested that it should be used more often. The concept of follow-up was important, with nine suggesting that in view of *"reactions being slow to develop"* or the *"offer of help being at first refused"*.

6.11   Bearing in mind potential imprecision in the language and understanding of CISD as distinct from other forms of 'talk' interventions, a further 59 specifically mentioned 'counselling'. Some suggested counselling should be made available after serious incidents, especially those involving violence to the officer to *"restore confidence immediately"*. Again the stereotype of the police officer who doubts the validity or utility of counselling is refuted by the number of suggestions of counselling. Both CISD, or in some instances, counselling can be provided by police organisations quite easily, as demonstrated from the survey of practice (Section 4). The uptake of such services within the culture is a matter which has been alluded to and remains a challenge.

6.12   To turn now to the most interesting aspect of the data. This concerned the officers' perception of an important source of support much closer to them and, arguably, more relevant to their day to day working life: their supervisors (shift sergeants, inspectors and the chief inspectors). By far the largest single category of

responses described good, supportive supervision as the best strategy for support (44% of the responses compared with only 17% describing specific interventions). The range in officers' expectations of what the supervisor should do, and their expectations of desired or appropriate attitudes, approaches and behaviours is interesting.

6.13   The role of the supervisor in ameliorating the impact of an incident, and supporting general morale, was very clearly stated. Several had experienced very good management practices, for example: "*Since beginning in the police service I have noted that the whole force is becoming more supportive and believe that the process is continuing in the right direction*". However, several offered the opinion that supervisors were not good at this 'grassroots' level of support. How better to start this discussion than with the following quote: *"A better understanding by senior management of the risks which police officers face would be a good start"*. First of all, support for the officers' actions at an incident and even overt praise was seen as a very good way of helping them to get over an incident (28), and that this form of support would be enough for most people after most incidents. The following are good examples of this view:

"Sergeants and inspectors to take more opportunities to speak to their men, especially those with little service after these incidents. I notice a big difference from when I was a younger officer. The sergeants and inspectors were both older in years and in service and seemed to recognise who needed help or even a quick word among the shift after they had dealt with a difficult or dangerous situation"

"Give officers time and support needed to come to terms with incident rather than being dismissive towards the officers in question. Supervisors should be trained in understanding the needs of officers in these situations rather being instantly dismissive as most are"

6.14   That a pat on the back is greatly appreciated and supervisors have much to contribute in maintaining the officer's confidence in informal ways is significant. Some mentioned complaints from members of the public: their view was that some supervisors seemed more ready to criticise rather than praise after serious and threatening incidents - as the officers saw it - in view of the 'bias' towards the offender. Contact by supervisors when the officer has been injured occurs quite

frequently but one respondent observed: *"If a constable is injured as a result of violence and requires to be hospitalised, then usually a senior officer will visit him. Why wait until someone is injured before a word of appreciation is expressed?"*

6.15   More (38) felt that the supervisor should talk to officers individually. This sort of one to one discussion was seen as taking the form of going over the incident and discussing the officer's actions, as well as checking if they were all right emotionally. This 'checking' was preferred in these 38 officers to a group discussion and may be thought of as one step beyond a pat on the back. An example is: *"Give [officers] time to talk. Train supervisors to speak to people after the incident. Mainly on an informal basis"*. Comments were also made that the supervisor should be sincere, not just go through the motions. These opinions would be based on the different supervisory approaches officers had experienced during their career; it is evident that many had experienced such care from their supervisors otherwise they would not have described it as beneficial.

6.16   Yet others (32) thought the supervisor should conduct full group debriefings involving all those who had been at the incident, such that they could discuss what happened, but also the feelings experienced. In other words, the officers who felt that this was the best way to support obviously felt sufficiently comfortable with their supervisor (and with their shift) that they could speak openly.

6.17   At an even more active level of intervention and assessment, 34 expected the supervisor to assess whether the officer needed further help. They should, as one put it, be able to *"read between the lines of someone's character and decide whether further help is needed"*. Beyond the assessment of need, 26 thought it was the supervisor's role to specifically refer the officer on for further help, after having assessed their need. A further 26 commented that seeking help should *not* be left to the individual, and that supervisors should encourage or even insist that an individual should go for help: For example: *"*[By] *asking them how they feel and if they need help. In certain circumstances requiring them to go for counselling or help rather than doing nothing"; "Be more aware and ask people if they want to talk to someone instead of leaving it to the individual"; "Supervisory officers to encourage people to seek counselling if required or to offer time to talk without distraction or pressure of work"*; and one explicitly said that *"the onus should be taken off the cop"*.

6.18   So there are, at least, these three different 'levels' of activity expected of the supervisor each involving attention to the emotional aspects of the officer's potential reaction. Very few proposed the converse view that supervisors should stay out of the process although some few did.

6.19   The idea of 'talking' with another person or other people about the incident was explicit or implicit in most of these suggestions. Formal assistance and interventions have a clear place in supporting officers - and it was expected that officers would make suggestions about what type of formal intervention is best - but that the supervisor should play such a pivotal role may have been over-looked. The supervisor is seen variously as the provider of informal support, a debriefer, an assessor, and a referral agency, and also to be subtle and genuinely supportive in these roles. It is evident that the supervisor has a multifaceted and important role, and their actions and approach are seen to embody or reflect the attitudes of the organisation as a whole.

6.20   These results raise interesting issues to do with responsibility, underlining the officers' view that the organisation *does* have a responsibility towards them. The nature of the hierarchical organisation and the tough cultural context may both restrict the officer in the ease with which they can seek appropriate help. A solution for the officer and to take the "onus" off them is to have another person make the decision about need, and this is one of the clear advantages of having the supervisor intervening, assessing need and making the referral. It is clear that the responsibility to support officers on a day to day basis, advise them of the services available, and to kindly suggest to them that they might be of use rests on the shoulders of the supervisors. In addition, the officer needs to be allowed the freedom to chose whether to take the advice.

6.21   For this delicate balance to work, however, a number of things need to be in place, the most obvious of which is trust. The officer needs to trust the motivations of the supervisor, as many obviously do. This also needs to be within a wider occupational culture dedicated to accepting psychological distress as an occasional but inevitable part of a person's working life. The supervisor bears an enormous responsibility to convey that the organisation is supportive. Some of the data in Section 2 of this report showed the long term impact of less supportive approaches by supervisors. The appropriate selection and training of supervisors and the

provision of confidential social or psychological assistance as required are important elements.

MAIN POINTS

- **the approach of supervisors is central to the officers' sense of being supported at work**

- **supervisors need to develop supportive, constructive ways of managing people in a difficult and demanding job**

- **supervisors need training and support on a repeated basis in order to be sensitive to the needs of their shift and**

- **education of officers at every rank is needed to develop a greater understanding of psychological issues**

- **education officers at every rank is needed about work practices which can exacerbate or diminish psychological distress**

- **social and psychological support services should be flexible such that the officer has an array of services from which to choose**

SECTION 7   DISCUSSION AND CONCLUSIONS

7.0   The urge by police organisations to do something to protect officers from any adverse effects of their work reflects a recognition that duty of care extends beyond physical well-being, and includes mental well-being. The recent interest and concern, specifically about the impact of critical incidents, encouraged discussion in this particular area of health. The rise in interest also reflects officers' increasing expectations for a healthy and satisfying working life. There is too, a commitment within many police organisations to "invest" in the health and welfare of their staff, for example through such initiatives as the Investors in People commitment of Strathclyde and other police services.

7.01   Added to this, there is legal pressure to support staff which has been fuelled by highly publicised legal suits (whether successful or not), such as those following the Hillsborough Disaster in which the police service was centrally involved. Recent Health and Safety requirements explicitly advise police services to "take reasonable steps, e.g. by reading Health and Safety Executive guidelines, the trade press, etc. to familiarise themselves with the hazards and risks in their work, to protect workers".

7.02   All of this has fuelled a great rise in the implementation of support programmes, the most frequent – as this report has shown – being some form of debriefing. The motivation to provide a relatively inexpensive intervention which is believed to prevent psychiatric damage is attractive to many organisations. The use of CISD, however, is predicated upon the idea that the way people react to critical incidents is more similar than it is different (Orner 1999). But all evidence points to the *variation* in the way people react, and this presents the greatest dilemma for police organisations in providing support. The most frequently asked question by those attempting to plan support services concerns this individual variation, and why it is that some appear to be able to 'withstand' pressure and others cannot. In addition, confusion exists in the minds of officers at every level about what constitutes a 'critical incident debriefing' and 'counselling', and what are the aims of each.

7.03   The use of CISD within police organisations can be seen as a development from what takes place usually. Attendance at critical incidents is mostly carried out in groups or at least in pairs, and collective discussion of what took place and

reactions to what happened often occur naturally. So the use of some form of CISD within the police context may be more acceptable than in other occupational settings. Furthermore, there may be psycho-social benefits from post incident discussion, although it has not been demonstrated that these include preventing post trauma symptoms. At recent meetings including those organised by the European Society for the Study of Traumatic Stress and the Australasian Critical Incident Stress Association it has been emphasised that post incident discussion should not be abandoned, but that any expectations that it *prevented* post traumatic stress disorder should be moderated. Much has been learned about the provision of support within such occupational contexts and that should not be lost.

7.04   The provision of CISD can have many benefits which include removing the feelings of failure at the scene through discussion, and the recognition (within this psychologically hardy working environment) that feeling upset is natural and is experienced by others who have attended the scene. Recognition of having been through a difficult and challenging event is of the greatest importance to subsequent feelings about it and a CISD (or defusing) provides a structured medium through which such recognition can be conveyed. Importantly, it is argued that the debriefing delivers information about other support services that may be available, and officers are encouraged to take care of themselves psychologically. It has also been demonstrated in this report that providing educational materials and raising awareness about post incident reactions does not increase the number of symptoms reported. The strategy of greatest relevance to officers is what supervisors do, and the approach they take to the officer and his or her actions at the incident. Sincere appreciation for effort, and concern for welfare has a positive effect, and the opposite is harmful. Thus, it is very important that good supportive supervision is provided to all officers.

7.05   It is hoped that this report acts as a stimulus to constructive thinking about how officers' work at demanding and unusual incidents can be recognised and supported. On occasion, whether as a result of a specific incident or through an accumulation of incidents, and often within the context of other dissatisfactions and disappointments in the workplace, the work is overwhelming. When this happens, sensitive support needs to be offered which results in officers not feeling excluded or

marginalised from the work that they enjoy, and to which they are committed. The results presented in this report show the tremendous tenacity of some officers in continuing to work while experiencing quite significant difficulties. This needs to be recognised. The conclusions and recommendations of this report should lead police organisations to continue their fundamental support of officers through good management practices.

7.06   As already described in Section one, recommendations can only be made within the limitations of a cross-sectional study. This is due to the fact that many questions would require a longitudinal design that would involve a follow-up study, assessing these variables some years later. The following are the main conclusions of this report, and the main recommendations about the support of police officers after a critical incident:

MAIN CONCLUSIONS

- **Critical incident is not a single stimulus - a conceptual distinction should be made between the many different incidents, and details of these incidents, which may give rise to post trauma symptoms**

- **Incidents which appear to be similar do not necessarily give rise to similar reactions in individuals; equally not all individuals react to the same incidents in the same way**

- **The personal or even idiosyncratic meaning of the incidents and the details of the incidents give rise to difficulty. As an example, anger and frustration at the organisation because of what took place at an incident can produce significant and long lasting emotional distress**

- **Lists of 'typical critical incidents' can be useful as a guide to what policing incidents have the potential to result in adverse reactions**

- **The variation in what makes incidents memorable and distressing indicates that not all incidents can be subsequently managed in the same way**

- **Common elements such as dealing with a death, threat, abuse or cruelty seem to make an incident memorable**

- **An incident which is remembered easily and clearly is not necessarily distressing in the longer term, nor are thoughts of it necessarily intrusive**

- **Incidents occurring early in an officer's career are remembered more easily and provide a good opportunity for reflection and learning**

- **Distress as a result of imagining what took place at an incident (e.g. a murder or a suicide) can be as disturbing as actual exposure**

- **Frequency of exposure, for example in traffic officers exposed to road accidents, does not necessarily reduce the impact of critical incidents**

- **Sustaining an injury at an incident is not necessarily associated with post trauma symptoms**

- **Support and recognition by supervisors during and after a threatening incident is crucial to subsequent psychological resolution**

- **Specifically, acknowledgement by a supervisor that an officer has experienced a serious incident is associated with lower post trauma symptoms and a lack of such acknowledgement is related to higher symptoms**

- **Complaint and discipline matters following critical incidents need to be carefully managed to avoid placing an unwarranted burden on the officer**

- **Although causal relationships cannot be established an association exists between experiencing pressure from different aspects of work and the level of post trauma symptoms**

- **Having a sense of control over work is protective against post trauma symptoms**

- **Other pressures in the workplace contribute to psychological ill health so the wider context of work needs to be considered when examining the impact of critical incidents**

- **Commitment to the organisation and a feeling of being satisfied with the job is protective against post trauma symptoms**

- **The use of alcohol, although traditionally considered to be helpful to reduce distress does not appear to be a good strategy since its use is associated with higher post trauma symptoms**

- **Denial and ignoring feelings about an incident is associated with higher post trauma symptoms**

- **Sleep disturbance, particularly a difficulty getting to sleep, is associated with higher post trauma symptoms**

- **Experiencing post trauma symptoms contributes to the reasons for sickness absence**

- **Positive consequences can accrue from the experience of a critical incident, for example, a greater value being placed on life outside of work and family and greater cohesion with colleagues**

- **Particular incidents in an officer's career are likely to influence how similar incidents are dealt with in the future**

- **Critical incident stress debriefing (CISD) is the most frequent form of post incident support provided in UK police services and referral is most often through a senior officer. Group debriefing is the most frequent form although often, individual debriefing is offered based on need and practicality. Officers appear to derive some psychological benefit from structured discussion following an incident but there is no available empirical research evidence that the process prevents PTSD**

- **Critical incident stress debriefing is most frequently conducted by welfare officers, and less commonly by peer debriefers. 'Defusing' by a supervisor was the second most frequent strategy provided. Education about reactions and other support services can be provided through the CISD, but these must be confidential and easily available**

- **Some representatives of the organisations surveyed believe that PTSD can be prevented by CISD, this requires clarification and correction. The provision of support was a main aim, as was providing a context for various group processes to take place**

RECOMMENDATIONS

- **The practice of post incident discussion should be continued and offered to those who have attended a critical incident. Attendance must be voluntary. The meeting should educate officers about potential reactions and to provide information about other sources of support. This other support must be confidential, flexible and easy to access.**

- **Assistance after exposure to a critical incident should not be a single intervention but should be a supportive context that the officers can access at any time. An underlying theme of the supportive context is one that allows the officer to regain a sense of control which may have been lost through exposure to the critical incident.**

- **A range of actions can be taken to improve the quality of the recovery environment. The provision of a supportive discussion, the provision of education about other services, a general understanding of the nature of post incident reactions, and a supportive managerial approach are all components of a high quality recovery environment.**

- **Supervisors need continuous training and support in order that they can be sensitive to the needs of their shift and to develop supportive, constructive ways of managing people in a difficult and demanding job**

- **A good practice is to have a public written policy to set out aims and practice which outlines the range of services which the officer can use, and against which evaluation can take place**

- **Very little evaluation of the various critical stress management practices has been undertaken, despite the fact that the organisations seem clear about the aims of the interventions. A protocol for assessing effectiveness of any intervention is needed. The views of users are needed to discover whether any benefits described are systematic**

- **Continual education about the maintenance of psychological health is required in order that officers at every rank can develop a greater understanding of psychological issues. Officers at every rank need to be educated about work practices which can exacerbate or diminish psychological distress**

- **Clarification of the legal issues surrounding exposure to critical incidents is needed so that police managers have a complete understanding**

**APPENDIX I   DEFINITION OF POST TRAUMATIC STRESS
                   DISORDER: DIAGNOSTIC STATISTICAL
                   MANUAL VERSION IV**

**A.   The person has been exposed to a traumatic event in which both of the
following were present:**

- They experienced, witnessed or were confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others

- Their response involved fear, helplessness or horror

**B.   The traumatic event is persistently re-experienced in at least one (or
more) of the following ways:**

- Recurrent or intrusive distressing recollections of the event, including images, thoughts or perceptions

- Recurrent distressing dreams of the event

- Acting or feeling as if the traumatic event were recurring, including a sense of reliving the experience, illusions, hallucinations and dissociative flashback episodes, including those that occur upon wakening or when intoxicated

- Intense psychological distress at exposure to internal or external cues that symbolise or resemble an aspect of the traumatic event

- Physiological reactivity on exposure to internal or external cues that symbolise or resemble an aspect of the traumatic event

C.   Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by at least three (or more) of the following:

- Efforts to avoid thoughts, feelings or conversations associated with the trauma

- Efforts to avoid activities, places or people that arouse recollections of the trauma

- Markedly diminished interest or participation in significant activities

- A feeling of detachment or estrangement from others

- Restricted range of affect (for example unable to have loving feelings)

- A sense of a foreshortened future - for example not expecting have a career, marriage, children or normal life span

D.   Persistent symptoms of increased arousal (not present before the trauma), as indicated by two (or more) of the following:

- Difficulty falling or staying asleep

- Irritability or outbursts of anger

- Difficulty in concentrating

- Hypervigilance

- Exaggerated startle response

E.   Duration of the disturbance (B, C and D) is more than a month

F.   The disturbance causes clinically significant distress or marked impairment in social, occupational or other important areas of functioning

APPENDIX II VARIABLES MEASURED IN THE QUESTIONNAIRE USED WITH THE STRATHCLYDE POLICE SAMPLE

The Strathclyde questionnaire comprised four separate sections:

Perceptions of the organisation, the approach to work, and overall job satisfaction

The organisation

Organisational security: How you feel about the stability of your organisation and your level of job security

Organisational commitment: How committed you are to your organisation and the extent to which you enjoy your job and feel that it improves the quality of your life

Satisfaction with job

Job satisfaction: How satisfied you are with your type of work

Organisational satisfaction: How satisfied you are with the way your organisation is structured and the way it works

Mental well-being

State of mind: Your level of mental well-being.

Resilience: The ability to 'bounce back' from setbacks or problems

Confidence level: How worried you are

Influence and control

Personal influence: How much influence you have over your work and are able to exercise discretion in your job

Control: The extent to which you are able to influence and control events

'Police' questions

Respondents were asked to agree or disagree with the following statements:

Police work is becoming more dangerous

I feel that I have been at my post for too long

I sometimes feel like leaving the police for good

I go to work when I am ill, even when I really think I should take sick time

I get uncomfortable when having to adopt a negative attitude towards members of the public

Two other questions asked whether the officer felt a sense of threat to him or herself personally, or to their family, while off duty due to the nature of their job.

Negative aspects of your job

<u>Sources of Pressure</u>

Workload:	The amount or difficulty of the work you have to deal with
Relationships:	How well you get on with the people around you, particularly those at work
Recognition:	The extent to which people feel the need to have their achievements recognised
Organisational climate:	The 'feel' or 'atmosphere' within your place of work
Personal responsibility:	Being responsible for your actions and decisions
Managerial role:	Taking responsibility for managing and supervising other people
Home / Work balance:	'Switching off' from the pressure of work, and vice versa
Daily hassles:	The day to day irritants and aggravations in the workplace

<u>Additional questions</u>

Respondents were asked to rate whether the following were a source of pressure:

Concern about needle stick injury, or exposure to suspects with infected blood

Assignment of an incompatible partner / neighbour at work

Periods of inactivity or boredom

Anticipation while responding to a crime in progress

Insufficient manpower

Excessive paperwork

Involvement in a high speed chase

Job conflict (making decisions by the book vs the situation)

The threat of discipline

Having to work shifts

The lack of control you feel you have over your own postings

Dealing with serious incidents one after another

Respondents were also asked to indicate the greatest source of pressure by considering 'what is going on in your life at present, would you say that any pressure is mostly home-related, work-related, both equally, or neither'.

Coping

Problem focused coping:	The extent to which you are able to plan ahead and manage your time to deal with problems
Emotional detachment fromwork:	The extent to which you are able to separate home and work and not let things get to you

Social support

Social support:	The help you get by discussing problems or situations with other people

Your general health

Physical well-being

Physical symptoms:	How calm you feel in terms of physical tension or uncomfortable sensations
Energy level:	The level of energy and vitality you have

Other health questions

Respondents were asked to respond to the following
to obtain a better picture of day to day ailments:

Lower back pain

Joint or muscle pains or aches

Neck pains or aches

Early awakening from sleep was also distinguished from a difficulty getting to sleep

Feel the need to cut down on your drinking

Your body weight fluctuates by about half a stone (7 pounds)

Do vigorous recreational exercise regularly (i.e. 15 - 20 minutes three times a week)

Over the last 12 months, in total, how many days have you been off on sick leave?

How many units of alcohol do you consume in an average week? (As you know, one unit of alcohol = half a pint of beer / a glass of wine / one measure of spirits)

How many cigarettes do you smoke in an average day?

Standard measures of psychological health

The Hospital Anxiety and Depression scale (a standardised clinical measure of anxiety and depression)

The General Health Questionnaire (12 item version) (a standardised measure of psychological state) was added for later (the third and subsequent) Strathclyde samples.

The experience of critical incidents

Described in Section 1

APPENDIX III   A NOTE ON THE STATISTICAL TESTS USED IN THIS REPORT

First to deal with the *quantitative* data, i.e. the numbers, which were collected. Throughout this Report reference is made to *means* and *standard deviations*, these are the average scores on a particular measure while the standard deviation refers to the range of scores around that mean. It is simply a measure of the variation in the scores achieved; a large standard deviation means that there was wide variation in the responses, while a small standard deviation means that the scores are all around a similar mark. Frequencies are provided which is the number of officers who provided the same answer. This is useful to obtain an idea of extreme groups, i.e. how many have very high scores, or how many have very low scores. Frequencies are also useful to describe categories of respondents, e.g. the number of males and females in the sample. The convention *n* is also used to denote when a sample size is being described.

Without the application of statistics one is only left with potentially biased and possibly erroneous impressions of what the officers have said. When a statistical method is used in this Report, its meaning in plain language is provided, and so it is quite possible to understand what the data mean without understanding statistics; but there is no harm in explaining the statistics that are used and how they work. The basic statistical methods used in this Report perform two functions: those which compare one group with another on the basis of their mean scores (e.g. the scores of supervisors compared with non-supervisors), and those which show the association or relationship of one mean score with another.

When one mean is compared with another mean on the same measure a statistic called a *t-test* is used. This provides a *t* statistic and it has a *significance level* (called a probability or *p* value) which tells how large the difference is between the mean scores and how unlikely such a difference is to be the result of chance. Given the large sample with which we are dealing here a significance level of <.0001 is used - which is highly significant. Very occasionally significance levels of < .001 are reported. This use of a higher *r* is simply a more stringent test of real differences, or associations amongst the data. If three or more groups need to be compared (as when the different occupational groups are compared) a statistical test called the Analysis of Variance (ANOVA) is used. Exactly like the *t-test* in demonstrating the

significance of the difference between mean scores, it provides an *F* statistic and a significance level. When this statistic is used, an explanation is provided about which groups amongst those compared were actually found to be different from which others.

On the other hand, one might want to know if one measure is associated with another, that is, if one measure varies negatively (one increases as the other decreases) or positively with another (both increase with each other, or both decrease with each other). This can show the extent to which job satisfaction, for example, varies with, for example, the officer's length of service. In this case a statistical test called a *correlation* is used and the statistic provided is called an *r*, and a significance level of <.0001 is provided. If we want to know how several measures relate to one particular *outcome* measure a statistical test called a *stepwise regression* is used. This describes the extent to which each of several measures *independently* relates to the outcome measure: an example would be the extent to which mental wellbeing is the consequence of a range of perceived workplace pressures. In this case an *F* statistic is provided, along with a *p* value measure of significance. This is a particularly useful statistic in that it shows how much of the variation in an outcome measure can be accounted for by all the other different measures that we think might have something to do with it.

Substantial amounts of *qualitative*, or descriptive or narrative data were also collected. Sometimes these are reported only as illustrative quotes (with any possible identifiers removed), but more often these very rich data are *content analysed.* This involved, usually, two people going through the officers' statements looking for themes which are then labeled in categories. This method involves balancing the production of too many categories against a loss of the real meaning of what the officer is describing. This method was used when analysing the officers' descriptions of the incident, for example. In some instances it is useful to render the categories into numerical data by simply giving a score of '1' if the officer had a particular opinion belonging to a category (e.g. liking the variety in the job), or a '0' if he or she did not express that particular opinion. These scores can then be compared with other numerical data and correlations found.

APPENDIX IV CORRELATION OF ALL VARIABLES MEASURED WITH POST TRAUMA SYMPTOMS (STRATHCLYDE SAMPLE)

Minus signs mean that the correlation is negative, that is the higher the score on the measure, the lower the number of post trauma symptoms. No minus sign means that the correlation is positive, that is the higher the score on the measure the higher the number of post trauma symptoms. The more zeros in the significance figure the more significant is the correlation. With a sample size of this magnitude (325), only significance levels greater than .002 are remarkable; "ns" means that the correlation is non significant, that is there is no relationship between the variable and the number of post trauma symptoms.

variable	correlation	significance
Approach to workplace		
Organisational security	-.166	.0027
Organisational commitment	-.128	.02
Job satisfaction	-.162	.0034
Organisational satisfaction	-.157	.0045
Mental well-being (state of mind)	-.319	.0001
Ability to bounce back (resilience)	-.266	.0001
How un-worried (confidence level)	-.222	.0001
Personal influence (discretion at job)		ns
Control (of events)	-.164	.003
Impatience	.175	.0015
Police related items		
Pol. work becoming more dangerous	.180	.0011
Been at my post for too long	.113	.0564
Leave police for good	.174	.0016
I go to work when ill	.156	.0048
Negative attitude members of the public	.155	.0052
Threat off duty	.171	.0019
Threat to family	.156	.0049

variable (contd.)	correlation	significance
Sources of Pressure		
Workload	.200	.0003
Relationships	.243	.0001
Recognition		ns
Organisational climate	.205	.0002
Personal responsibility	.130	.019
Managerial role		ns
Home / Work balance	.140	.0112
Daily hassles	.249	.0001
Police related items		
Needle stick injury		ns
Incompatible neighbour at work	.154	.0055
Periods of inactivity or boredom	.134	.0157
Anticipation of crime		ns
Insufficient manpower	.163	.0032
Excessive paperwork	.171	.0019
Involvement in a high speed chase		ns
Job conflict (book vs situation)	.118	.0327
The threat of discipline	.157	.0045
Having to work shifts		ns
The lack of control over postings		ns
Dealing with serious incidents one after another		ns
Coping		
Problem focused coping		ns
Emotional detachment from work	-.204	.0002
Social support		ns
Physical ailments		
Physical tension	.281	.0001
Energy level	.321	.0001
Lower back pain	.138	.0125
Joint or muscle pains or aches	322	.0001
Neck pains or aches	.197	.0003
Early awakening from sleep	.280	.0001
Difficulty getting to sleep	.327	.0001

variable	correlation	significance
Units of alcohol	.226	.0001
Depression (HADS)	.361	.0001
Anxiety (HADS)	.322	.0001
Need to cut down drinking	.250	.0001
Weight fluctuates	.187	.0007
Vigorous exercise		ns
Sicktime	.209	.0002
Psychological distress (GHQ-12)	.353	.0001

Correlation of variables with post trauma symptoms (RUC sample)

variable	correlation	significance
Balance home / work	.303	<.001
Organisational climate	.271	<.001
Responsibility for decisions	.230	<.001
Daily hassles	.229	<.001
Workload	.206	<.001
Need for recognition	.168	<.001
Relationships at work	.104	<.02
Managerial role	.104	<.02
Job satisfaction	-.239	<.001
Organisational satisfaction	-.131	<.003
Organisational commitment	-.165	<.001
Mental well-being (state of mind)	-.399	<.001
Ability to bounce back (resilience)	-.268	<.001
How unworried (confidence)	-.216	<.001
Control (of events)	.165	<.001
Threat off duty	.136	<.001
Threat to family	.122	<.001

APPENDIX V COVERING LETTER TO UK POLICE SERVICES

Dear Chief Constable

As part of an ongoing programme of research currently being undertaken by the Police Research Unit at Glasgow Caledonian University, and sponsored by the Health and Safety Executive, we are contacting all police services in the UK regarding their individual policies and practice for the management of responses to critical incidents.

It should be stressed that this initial investigation is not as an evaluation of what your organisation does but rather it is exploratory to find out what similarities and differences there are. We also hope to elicit examples of best practice and highlight areas for further research and development.

Please find enclosed a short questionnaire for completion by a nominated person within your organisation. The questionnaire addresses the many issues which might influence your current policy and practice.

It should be stresses that, unless otherwise directed by yourselves, any information given will be treated with the utmost confidentiality and shall be used only for reference within this Unit. The summarised results of this survey will form part of the research report and all identifiers will be removed from this section of the report.

Please when completing this questionnaire:

- **If you think that any answer is best provided by a document already produced by your organisation, please indicate this and, at your discretion, enclose a copy of that document (or relevant extract) when returning the completed questionnaire**

- **Please leave blank any questions to which you do not know the answer**

- **Please tick as many options as are relevant in response to any given question**

We would appreciate if you could return the completed questionnaire to us as soon as possible and in any case no later than the **23 September 1998**.

Should you require any further details about this research or further assistance with completion off the questionnaire please contact us at the above address or telephone Dr Margaret Mitchell on 0141 331 3744.

May I remind you that all information will be treated with complete confidentiality and thank you in advance for your time and co-operation.

Yours sincerely

Kate Skellington
Police Research Unit

APPENDIX VI   AIMS OF CISD FOR THE ORGANISATION
(Results of survey from contributing forces)

Aims   **Number**
duty of care, provide support and education   **36**
To provide support (19)
To provide appropriate support
To provide support for individual officers
To ensure officer / recipient receives support
Support of staff
To ensure care of the employee
To ensure officers are given best possible support / care following incident
To limit any damage incurred to personnel
Being aware of those most affected by the trauma and providing support. Managers
should be aware of recent other involvement Managers should also be helping to
provide care for their staff.
To protect the health and welfare of officers exposed to critical incidents
Welfare and well-being of officers
Protection of staff
Well-being of the individual . . .
To offer support mechanisms for officers to assist them in maintaining emotional
well-being
To offer support to all staff (police and support staff) acknowledging the particular
demands of police employers during and after certain incidents.
To provide a support mechanism enhance group cohesion raise morale and improve
liaison with other emergency services
To promote healthier coping mechanisms and a healthier work force
. . . Ensure staff treated compassionately
To offer care for the officer and to identify anyone needing further care or help

Duty of care (9)
Fulfil duty of care for officers / staff
To fulfil the 'duty of care'
fulfil duty of care
. . . to be clearly seen as a caring employer
Duty of care

to ensure duty of care is met

. . . show duty of care

To show duty of care

To fulfil the duty of care

<u>To provide information to encourage help-seeking (8)</u>

To provide officers with information about possible post-trauma reactions and how assistance may be accessed if required

To ensure that people know how and where to get help if required.

Encourage help seeking behaviours . . .

To enable individuals to understand and manage post incident stress effectively . . .

To ensure that the education sections of a CISD enable staff to know how to access further assistance and to identify when they may need it

To raise awareness about PTSD for both individuals and supervisors

To increase early referral to counselling for those with symptoms lasting 28 days or more

Increase understanding and awareness

Preventative health   **34**

<u>Prevent sickness absence (25)</u>

Prevent subsequent ill health/ sickness absence

Keep officers operational

To reduce post-incident sick leave within the organisation.

Health and welfare of staff thereby reducing risk of time away from workplace

Lessen the need for sickness absence and rehabilitative duties;

To avoid further distress, illness, absence

Prevention of unnecessary after effects which could necessitate time off work

To monitor and maintain an efficient and healthy work force

Enable the individual to carry on working effectively for the organisation

. . . Help reduce sickness

Maintain healthy workforce

To assist health and welfare of individual - reduce sickness levels

To maintain workforce . . .

To reduce the risk of PTSD

To reduce sickness absence

To maintain work performance

. . . [to reduce] The loss of experienced officers through medical retirement

To accelerate normal recovery process

To minimise sickness absence

In order to prevent future problems and to return to work functioning effectively for the benefit of the organisation

Reduction in ill-health retirement and sickness levels

To prevent stress related or trauma related illness thereby reducing sickness absence and maintaining staffing levels and enhancing motivation and morale

. . . Maintain performance and less absenteeism

. . [to reduce stress] Resulting in sick leave

To try to limit days lost through sickness absence

<u>To prevent the onset of PTSD (9)</u>

To lessen the impact and potential long-term effects of trauma on individuals

To prevent the onset of post traumatic stress disorder

Minimising the impact of incidents and development of PTSD

To prevent the onset of PTSD

An attempt to reduce PTSD

To reduce incidence of trauma stress . . .

To try to limit the likelihood of officers experiencing post traumatic stress disorder

Reduce and prevent the potential of psychological illness

Prevent initial psychological distress resulting in illness

Avoid litigation   **4**

To reduce or avoid legal liability

Reduce litigation

. . . Minimising the likelihood of litigation

This is part of compliance with the Health an Safety Act

Others   **3**

To assist in reducing the destructive criticisms that can become apparent, which may lead to an individual becoming debilitated

Revision if necessary of Force plans

Clarify responsibilities

APPENDIX VII AIMS OF CISD FOR THE INDIVIDUAL (Results of survey from contributing forces)

The provision of: **35**

Information - about reactions   12

Education

Information

Education and awareness

Raise awareness and knowledge of potential consequences of trauma

Promote understanding

To become aware of possible PTSD symptoms

To raise awareness about PTSD for both individuals and supervisors

. . . Helping them to understand what has happened

To increase awareness of possible stress reactions

[provide] Information [at a stressful time]

To understand and manage Post Incident Stress effectively

Understanding of reactions

Information - where to get help   10

Information on accessing further assistance if required

To ensure that people know how and where to get help if required

To encourage help seeking behaviours

To utilise support

To enable individuals to access appropriate support system ASAP

Identify support systems

To increase early referral to counselling for those with symptoms lasting longer that
28 days or more

. . . And that support is available via the OHU

Awareness increased of support networks

To explain CISD process to officers

A vehicle to provide support (by organisation)   8

To support the individual after a traumatic event

To ensure support

To ensure their care and safety

Welfare

Caring for the individual, supporting and recognising the work they do and the adversities they face

To provide support [at a stressful time]

To provide a comprehensive, effective and efficient way of dealing with the effects of trauma

Maximise the support and resources available

Information - self care coping strategies   5

Advice on methods of coping

Development of self care strategies

Give the individual tools to cope effectively

. . . And to help them identify coping strategies

 [awareness increased of] Coping strategies

Opportunity for following processes which are assumed to make the person feel better, and so have the hoped-for effects outlined below: **32**

Place understanding of event into perspective -
because facts now known   8
Provide facts about the event
Broader perspective through others' accounts
To make sense of the event
Learn from shared experiences
Promoting an objective view of the event
[provision of objective view] In order to help to process the incident
Helping people organise their thoughts and feelings.
Putting events and feelings into context

Feelbetter - because feelings 'aired' not bottled up   7
'Off-load' / relieve
Ventilation
To be listened to
To ventilate initial thoughts and feelings
To allow the officer a chance to verbalise thoughts
Opportunity to get feelings out rather than bottle them up: Catharsis
Release valve

Place feelings into perspective -
because these reactions are normal   6
Emphasise normality by providing information
Normalise the feelings and emotions experienced
Normalisation
To try to normalise the event
Reassurance
Normalises

Feel better - because receive group support   5
Stimulate group support
Build team spirit

Promoting mutual support

To provide peer support

Increases understanding and support amongst colleagues

Feel better - because feelings shared   4

Feelings of isolation shared

Enable staff to share emotions of an incident

Explore thoughts/ feelings

Share

Provision of safe environment   2

In a safe environment

in secure and safe surroundings

With the hoped-for effects: **30**

Preventing PTSD   14

The reduction of any debilitating symptoms

Prevent the onset of 'post event disorder'

An attempt to reduce PTSD.

To prevent PTSD

Help prevent the development of PTSD

. . . And prevent psychological trauma

To help prevent onset of PTSD

To reduce the onset of Post Traumatic Stress Disorder

[to reduce psychological distress to the individual] Long-term

To minimise the impact or potential impact of the event

Minimise distress caused by traumatic incidents

Reduce stress

Pro-active - reduces risk of PTSD

. . . And to prevent future problems

Preventing future ill health   6

Prevention subsequent health problems

To maintain the individual's health and fitness to perform

their duty

To ensure well-being

. . . And help reduce sickness (same as org.aims.)

To avoid developing ill-health which might affect them
in or out of work

[to protect] Future health and welfare!

Other emotional / psychological benefits   6

To decrease the cumulative effects of critical incidents

Maintain self esteem

Raise morale

Takes the pressure off family members

To be able to sleep at night

To settle the guilt

Immediate relief of distress   5

To relieve distress and provide immediate support to allow the
individual to re-engage in normal life

To reduce psychological distress to the individual short-term

To help officers come to terms with what has happened to them

Help to come to terms with feelings after the incident

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GLOSSARY

Beck Depression Inventory: Used to assess the level of depression, with a Likert scale questionnaire developed to assess the influence of the predictor variables.

Critical Incidents: Dramatic, shocking or disturbing events which are perceived as highly stressful will be referred to as critical rather than traumatic incidents. Shifting from the term 'traumatic' to 'critical' implies that while such incidents may have the potential to produce a traumatic reaction it is by no means the case that it will, necessarily. Police officers themselves use the term 'serious' to denote such incidents.

Critical Incident Stress Debriefing (CISD): a treatment which gives individuals suffering from stress the opportunity to vent their emotions and discuss their experience in a safe environment, either in group setting or individually. The main aim of it is to facilitate recovery and to avoid the need for more treatment.

Defusing: This is a less formal and quicker approach to stress management than CISD. Defusing usually takes place at the incident or immediately afterwards and is aimed at lessening the impact. It involves asking officer about what happened, what they did and how they feel.

Post Trauma Symptoms: This term denotes the symptoms listed in either of the measures of post traumatic stress disorder (Appendix 1).

Pressure Management Indicator (Williams and Cooper, 1998): This is a questionnaire which measures sources of occupational stress and its effect. It includes measures of job satisfaction, feelings of security in the organisation and an index of general physical health.

Modified PTSD Symptom Scale (MPSS, Coffey, Dansky, Falsetti, Saladin and Brady 1998)) **and the Revised Impact of Events Scale (R-IES, Weiss & Marmer, 1995):** A high score on these scales due to the number of symptoms (intrusion, avoidance, hyervigilance) acknowledged, suggests distress associated with a particular critical incident. Without a clinical interview to support this measure, no 'diagnosis' of post traumatic stress disorder can be made. This *proviso* applies throughout this Report.

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The ethics of the study were adhered to throughout in that at no time did the researchers have access to the names of the officers in the sample (unless we were directly contacted), and at no time did the Personnel Department have access to any questionnaires.

HSE BOOKS

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