

OCCUPATION UNDER SIEGE

Resolving Mental Health Crises in Police Work



John Violanti, Ph.D.

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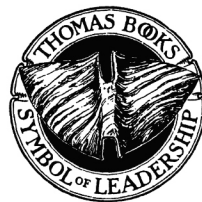
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Resolving Mental Health Crises in Police Work

By

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New York State Police, Retired



CHARLES C THOMAS • PUBLISHER • LTD.
Springfield • Illinois • U.S.A.

Published and Distributed Throughout the World by

CHARLES C THOMAS • PUBLISHER, LTD.
2600 South First Street
Springfield, Illinois 62704

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ISBN 978-0-398-09376-1 (paper)
ISBN 978-0-398-09377-8 (ebook)

Library of Congress Catalog Card Number: 2021029741 (print)
2021029742 (ebook)

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MM-C-1*

Library of Congress Cataloging-in-Publication Data

Names: Violanti, John M., author.
Title: Occupation under siege : resolving mental health crises in police
work/ by John M. Violanti, PH.D.
Description: Springfield, Illinois : Charles C Thomas, Publisher, Ltd.,
[2021] | "New York State Police, Retired"--Title page. | Includes
bibliographical references and index.
Identifiers: LCCN 2021029741 (print) | LCCN 2021029742 (ebook) | ISBN
9780398093761 (paperback) | ISBN 9780398093778 (ebook)
Subjects: LCSH: Police--Job stress--United States. | Police--Health and
hygiene--United States. | Police--Mental health services--United States.
| Police psychology--United States.
Classification: LCC HV7936.J63 V56 2021 (print) | LCC HV7936.J63 (ebook)
| DDC 363.201/9--dc23
LC record available at <https://lcn.loc.gov/2021029741>
LC ebook record available at <https://lcn.loc.gov/2021029742>

*This book is dedicated to Dr. Douglas Paton—
Scholar, friend, and distinguished researcher.*

*Sincere thanks and gratitude to all of those
police officers who daily “drive and walk
the beat” and keep us safe from harm.*

PREFACE

These are challenging times for police in the United States and throughout the world. The men and women who work in this profession are not only challenged by social activism, divisive politics, and a pandemic but also on a psychological and physical personal level. We all are aware of the danger of being a police officer, but beneath that lies a hidden danger: mental distress. A successful police career therefore involves not only surviving the danger but also psychological survival.

I wrote this book because I wanted to bring the research community and police practitioners to the realization that there is a crisis in health among the police. My past years as a police officer and researcher has brought me to this conclusion. In this writing, I have included a mixed approach which includes research and some practical suggestions from practitioners on how best to deal with the police health crisis.

The book is based on research associated with police mental health together with the subsequent effects on officer's performance, physical health, and lifestyle. The first chapter outlines the current challenges face by police, increased civil unrest, negative public reactions, and a biological siege brought about by the COVID-19 pandemic. These events have caused personnel shortages, long work hours, and psychological and physical assaults upon the police.

In Chapter 2, discussion turns to the present mental health status of police officers. Posttraumatic Stress (PTSD) and depression appear to be prevalent in police. Police officers are repeatedly exposed to traumatic situations including motor vehicle accidents, armed conflicts, and witnessing violent death across their working lives. An estimated 7%–19% of police officers qualify for a diagnosis of PTSD, and approximately 34% experience a number of PTSD symptoms. Depression and PTSD are often found together in officers. Several studies on police have found the prevalence of depression to be approximately 12% which is nearly twice as high as the general population. Both depression and PTSD promote poor health through a complex interaction between biological and psychological mechanisms. Police

officers with PTSD or depression are at an increased risk for negative health issues such as cardiovascular disease and gastrointestinal disorders, comorbid psychological conditions as well as suicide. Officers with severe PTSD symptoms are approximately three times more likely to have the metabolic syndrome—a collection of components which increase the risk for heart disease. Faced with responding to fatal accidents, crime, child abuse, homicide, suicide, and rape, police officers become hopeless because of the futility of preventing such events. Lack of organizational support is also associated with significantly increasing levels of hopelessness. Police officers have a high risk of burnout. Officers report that they experience significantly high levels of cynicism, exhaustion, and lowered professional efficacy, three facets of burnout. Police burnout has been associated with organizational and operational stress including lack of support from the community or the lack of promotion. Consequences of burnout can include substance abuse, decreased quality of service, and impaired mental and physical health.

The effects on mental well-being among police officers is not limited to service time. There may be factors which occurred in the officer's life prior to entering service and after the officer leaves. There are two dynamics outside of police service discussed in this chapter: officers (1) prior personal childhood abuse; and (2) retirement from police work. Research is limited on the association of prior child abuse and the mental health of police officers. Once in police work, officers are exposed to multiple trauma and stress. They see many of the evils of society, which include the types of child abuse they themselves suffered. This can trigger trauma responses. Exposure to child abuse on the job only further thwarts their sense of justice, leading to frustration and hopelessness. A recent communication with police mental health professionals suggested that 25% of all police clients had a history of childhood abuse or neglect. After service, retirement is a significant life event for police officers. The loss of police identity is difficult for officers. Leaving police work does not always reduce mental strife; often there are vestiges of trauma and loss. Although some officers eagerly await retirement, it signals the end of relationships and routine. The police subculture is a closed society where officers maintain a sense of strong cohesion and dependence upon one another for survival. It is not easy for police officers to leave this interpersonal web of protection. Under such conditions, one would expect that retired officers may likely be prone to mental issues. Lastly discussed in this chapter are reasons why officers are hesitant to ask for help with mental difficulties. A number of factors affect an officer's willingness to come forward including law enforcement identity, mental health stigma, and fear of reprisal.

Research in the area of police suicide highlights Chapter 3. The police have an increased risk for suicide. In today's societal and politically conflict-

ed environment, the police are caught between the requirements of the job and the ability to fulfill these requirements. Negative public scrutiny, exposure to trauma, violence and mass murders, riots, unappreciated risks—sometimes risking their lives—coupled with any personal problems in living all add up to the inability to cope. A sense of isolation results among police coupled with frustration, pent up aggression, and eventual depression fueled by exposure to trauma, death, abused kids, murder and human misery. Officers die by suicide to escape the unendurable psychological pain brought about by work exposure.

Chapter 4 discusses the effects of police stress and trauma on physical health. The stress and trauma that police face can eventually wear down the body's defense against disease. With present day intensification of stress on police, we may see increasing health problems in the future. The police suffer from increased rates of cardiovascular disease, cancer and other illnesses. Mental health problems such as depression, post-traumatic stress disorder (PTSD), and other anxiety disorders have been found to be associated with physical illness. Chronic stress can disrupt the cardiovascular system as well as other bodily functions leading to wear and tear on the body and to psychological, metabolic, inflammatory, and cardiovascular disease. The stress of shift work also has a significant health impact on health.

Resilience is discussed in Chapter 5 and its role in ameliorating stress. Resilience is simply defined as bouncing back from adversity. There are, however, many dimensions of resiliency to consider. It has long been believed that exposure to trauma inevitably leads to pathologies such as PTSD and depression. Recent research in the area of positive psychology has opened the realization that these pathologies do not occur in all people. In police work, where high stress events and exposure to potentially traumatic events is common, recovery is essential. This chapter provides an overview of factors related to resilience and examines some of the mechanisms that underpin resilience in police work. Additionally suggestions are made which may help police organizations foster resiliency in officers. It is important that the protective characteristic of resilience against stress be explained and employed in the profession of policing.

Chapter 6 asks the question, "Where do we go from here?" The chapter discusses current legislation which will help police deal with the problem of psychological, physical health, and suicide. Interventions discussed include the need for wellness programs, reducing stress through the police organization, peers support development, the use of mindfulness as a stress reduction strategy, PTSD mitigation, and reducing the fatigue health effects of shift work. Lastly, a summary of results are listed from the Buffalo Cardio-Metabolic Occupational Police Stress (BCOPS), a 16-year longitudinal study on police health and psychological well-being led by this author.

I sincerely hope that this book will help researchers and those dedicated officers who go out every day and “drive and walk the beat.” It is those officers who bear the brunt of policing. There is hope.

J.M.V.

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OCCUPATION UNDER SIEGE

Chapter 1

THE SIEGE: MENTAL HEALTH AND THE POLICE

And our hearts cry, "How long? How far? How much more?"
—Nicole Williams

INTRODUCTION

In our time, the police are under siege in American society. The consequences are far reaching in terms of the mental and physical health of the men and women who work in this profession. This book will discuss work, social, and biological aspects associated with increased risk for outcomes of police mental strain, protective factors associated with the amelioration of stress, and strategies for prevention. Because of the aftereffects of civil unrest, riots, negative societal attributions, and the COVID-19 pandemic, the police are under tremendous psychological pressure in present day America. The strain brought about by these situations weigh heavily on the mental well-being of police officers. The present book makes the statement that, based on the exposures that police officers face, there are mental health crises in police work and an urgent need to resolve these crises. The book is based on extensive research associated with police mental health together with future effects on officer's performance, physical health, and lifestyle. Research shows increased levels of depression, hopelessness, and suicide in police officers. Left unchecked and unresolved, these problems will only worsen over time to even greater proportions.

HIGH STRESS TIMES: POLICE UNDER SUBSTANTIAL PRESSURE

The years 2020 and 2021 were unprecedented for U.S. police. Troubling incidents stemming from humankind and nature together brought turmoil for the police. Protests and riots had to do with certain inflammatory police arrest incidents and political unrest. Much of the civil unrest and protests in 2020 appeared to start from an incident involving the arrest of a black man in Minneapolis, Minnesota. On May 25, 2020, George Floyd, a 46-year-old black man, was arrested by police for using a counterfeit bill. During the arrest, Mr. Floyd died while under restraint. The officer involved was charged with third-degree murder, second-degree manslaughter, and second-degree murder. Floyd's death triggered worldwide protests against police brutality, police racism, and lack of police accountability. As a result, the police faced an unprecedented backlash. Protests often coupled with violence erupted through the world, causing monumental destruction of property, injury and even death. The Floyd death initiated a strong negative sentiment against the police, leading to explanation of other deaths by police involving black citizens, at times going back many years.

DISRUPTIVE SOCIETAL CORRELATES OF POLICE MENTAL HEALTH: CIVIL UNREST, RIOTS, AND PANDEMICS

Civil unrest, protests and riots are nothing new and in many cases mental health pathology has been noted after such events. The effects on police of civil unrest and social disruption have been studied over many years. Harvey-Lintz and Tidwell (1997) examined the psychological effects of the 1992 Los Angeles civil disturbance on the levels of PTSD symptomatology among police officers during the riots. A substantial number of police officers assigned to riot areas experienced PTSD symptomatology, and were dissatisfied the way the department provided support.

Ni et al. (2020) conducted a systematic review of mental health outcomes associated with Hong Kong, China riots. Prior to the riots, the reputation of the Hong Kong Police was stellar but was severely damaged by violent response to the riots by police (Hong Kong protests, <https://en.wikipedia.org/wiki/2014>). Ni et al. (2020) found

that depressive symptoms were the most frequently assessed outcome of all studies, followed by PTSD and anxiety symptoms. Depression among police was 1.5% before the riots and increased to 8.5% six months afterwards Ni et al. (2020). Other outcomes included psychiatric admissions, psychological stress and suicide. Ni et al. (2020) also found that proximity to violence was one of the most important predictors for depression and PTSD. Direct victims of looting, arson and physical injury demonstrated the highest levels of PTSD (Ni et al., 2020). Social media increased stress with users holding different ideological views (Ni et al., 2020).

Garbino et al. (2012) studied the effects of protests on Italian “VI Reporto Mobile” officers, a specialized group used to handle high risk public safety events. Similar to the Hong Kong police, the violent riots that occurred during the G8 Summit in 2001 damaged the reputation of Italian police forces. The support afforded to the police was minimal, even worsening the psychological well-being of officers. Galovski et al. (2016) examined the exposure to violence that occurred in Ferguson, Missouri in 2014 and the shared mental health effects on police and community. They looked at proximity to violence—connectedness, direct exposure, fear from exposure, media exposure, reactions to media, and life interruption—as correlates of PTSD symptoms, depression, and anger. Results indicated that trauma and stress were shared among both the police and members of the community. Proximity to events during the protest was a strong predictor of negative mental health outcomes.

Figure 1.1
Police Perceptions of Stress Factors Associated with Civil Unrest

Negative Public Perceptions

Distorted or negative media accounts of police

Undue criticism of police, experiencing negative attitudes toward police officers; public apathy toward police

Dealing with people who abuse the police (examples: riots, confrontations with aggressive crowds;

physical attack on one's person; possibility of injury on the job; personal insults from citizens

Unreasonable expectations during riots or demonstrations from those outside the department

Political pressure from within the department

Political pressure from outside the department

Outside interference with police work during the unrest

Departmental handling of complaints against officers not fair

Doing things I don't agree with in bad situations

Low morale

Difficulty staying objective (not expressing my emotions)

Not receiving recognition for a job well done

➔ *STRESS*

As a result of the stress associated with recent civil unrest many officers decided to leave police work. An article by the Christian Broadcasting News (2020) stated the following:

Police are retiring early in unprecedented numbers. The push to defund police departments, massive budget cuts and calls for police reform, have left officers demoralized and demonized so they are walking off the job. In Seattle, a video goes viral after a police officer tells a Black Lives Matter protestor that he's quitting. "Don't worry

man, because guess what? I'm leaving," said the unidentified Seattle police officer. "You guys won. I got two months baby, then I'm out." The protester who is filming the officer asks: "You are about to resign?" "I'm about to be gone," replied the officer while sitting in his police cruiser. "How you feeling about that?" asked the protester. "I'm feeling great," responded the officer.

In Chicago, where 24 police officers retire on average each month, 51 are scheduled to leave this month after 59 left in August. More than 100 officers leaving the force in just two months. The head of a police pension fund in Chicago calling the retirements unheard of.

In New York City, which has experienced huge spikes in violence this summer, a record 179 officers filed for retirement in July compared to the 35 who left the job at the same time last year. The majority of those officers left after Mayor Bill de Blasio cut a billion dollars from the department's budget.

The U.S. Capitol insurrection by protestors and rioters on January 6, 2021 left the police in the middle of turmoil between politics and duty. A large group of protestors stormed the U.S. Capitol building in Washington, DC. During the siege, police were understaffed, under-prepared and overwhelmed by the attack. As Cristina Marcos (2021) writes,

A second police officer who responded to the attack on the Capitol by a violent mob on January 6 has died by suicide. During a press conference on Wednesday, Robert J. Contee III, the acting Chief of the Metropolitan Police Department of Washington, D.C., stated: "That was a very sad and tragic situation for us. He had been injured as a result of the confrontation that had occurred at the Capitol and a couple of days after that, the officer, he took his life." Contee said in testimony on Tuesday before the House Appropriations Committee, in which he also revealed Smith's death, that at least 65 MPD officers filed reports after they were injured while responding to the attack. He noted that many more officers were injured with scratches, bruises or eyes burning from bear spray but did not submit reports to document their injuries. "While the police officers are out here, you know, they've been in, really in a state of just dealing with constant trauma and tragedy since the beginning of the unrest in the early part of the summer," Contee said. "The health and wellness, the