

RISK AND PROTECTIVE FACTORS FOR POST-TRAUMATIC STRESS AMONG NEW ZEALAND POLICE PERSONNEL: A CROSS SECTIONAL STUDY

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Policing has changed extensively since the 1980s (den Heyer, 2018), and This has come about as a result of governments requiring the police to become “efficient, effective, transparent and accountable” (Chan, 2007; den Heyer, 2021; den Heyer & Mendel, 2019; Manning, 2008, p. 284). Also, during this time, various programs such as Community Policing, Problem-Solving Policing and Proactive Policing have emerged with the aim of improving the efficiency and effectiveness of the police (Fleming, 2008; den Heyer, 2016). These programs were implemented to address various, recurring social problems, such drug addiction and the increase in the number of people with mental health issues and to deal with the increase in organized and transnational crime.

The dangers inherent in the role of a police officer, their exposure to violence, changes in the environment and the continual change in police organizational structures are factors that can create stress and psychological problems in individual police officers (Becker, et. al., 2009; Demou, Hale & Hunt, 2020). According to Anderson and Lo (2011), a police officer will be exposed to more violent or traumatic events or images during their career than most citizens will encounter in a lifetime. Such events include line of duty deaths, serious injury to police officers, school, workplace or religious site shootings, murders and suicides, violent sexual or physical assaults, abuse or death of children, police shootings in the line of duty, familial violence, handling of dead bodies, and mass fatality incidents can all increase the risk of stress and other psychological problems (Aker, Onen, & Karakiliç, 2007; Demou, et. al., 2020; Farrell, et. al., 2018; Foley & Massey, 2019; Miller, 2006; Volanti et al., 2016; Volanti et al., 2018). Frequent exposure to vicarious or second-hand traumatic events has become a focus of research (Harr & Moore, 2011), because it is often linked to poor psychological outcomes (Boals, Riggs, & Kraha, 2013; Neylan, et. al., 2005). The culture of the police however, may lead to a perception that officers can psychologically cope with extreme, repeated events and this may be a barrier in assisting officers to deal with the increase in exposure to violent or traumatic events (Papazoglou & Tuttle, 2018; Silvestri, 2017; Wright, et. al., 2006).

Police officers often do not seek help or treatment for their, or other officers’ mental health problems because of their lack of trust of police management (Edwards, 2006; Volanti et al., 2016; Volanti et al., 2018). However, some researchers claim that greater recognition and understanding of mental illness by police managers will reduce the stigma that is associated with psychological health and will assist officers that are dealing with such problems (Hanafi, et. al., 2008).

In November 2020, Dr Garth den Heyer from the School of Criminology and Criminal Justice at Arizona State University, surveyed 17,903 members of the New Zealand Police Association. The survey questionnaire comprised of 80 questions in total and was based on five sections: the PTSD Checklist DSM-5 (which measures distress), the Acceptance and Action Questionnaire (AAQ-2), Audit-C Assessment Tool, the Brief Trauma Questionnaire, and the Sleep Condition Indicator. In summary, the questionnaire included a number of standardised measures of post-traumatic stress (outcome) and six exposure variables (Richardson, et. al., 2020). The survey also included questions pertaining as to whether the

respondent worked at a 1, 2 or 3 person station, they were a member of a specialist group and whether they had been shot at. The odds ratio was used to measure the association between the exposure to the PTSD factor and its outcome or the possibility that it will occur (Schmidt & Kohlmann, 2008). As Richardson, et. al., (2020), identified, the design of this survey framework enabled the potential exposures of trauma, general distress and hazardous drinking and the protective exposures of social support, sleep, and psychological flexibility to be examined.

A total of 4,489 (25%) serving, resigned and retired members of the New Zealand Police completed the 80-question electronic survey. Of the respondents who completed the survey, 2,027 were serving sworn members, 460 serving employees, 563 resigned sworn, 80 resigned employees, 917 retired sworn and 66 retired employees (676 did not answer the question).

Of the survey respondents, 1,922 (42%) returned PCL-C scores of ≥ 30 , indicating significant post-traumatic stress symptomology (or probable post-traumatic stress disorder). Of this number 947 were services officers or staff. While, and a further 639 (14%) returned PCL-C scores indicative of presumptive clinical post-traumatic stress of ≥ 45 . There were 283 serving officers and staff in this higher category.

The analysis of the post-traumatic stress variables revealed that sleep problems and exposure to trauma are prevalent in sworn, resigned and retired members in both levels of PCL-C scores, while distress is more prevalent in sworn, resigned and retired members in the more than 45 PCL-C scores. This higher score is only in the sworn and not the resigned and retired members in the more than 30 PCL-C scores

This cross-sectional research design found that there was a high prevalence of post-traumatic stress in a large number of both constabulary and non-constabulary members of the New Zealand Police who are currently serving, have resigned or have retired. **Approximately 43% of survey respondents identified themselves as experiencing probable post-traumatic stress and approximately 14% identified themselves as having clinically relevant, post-traumatic stress.**

The findings from this study indicate that there is a higher percentage of members of the New Zealand Police with post-trauma stress symptoms than those identified in a survey of 1,817 New Zealand military personnel that was undertaken by Richardson, et. al. (2020). These researchers found that 30% of serving and retired military personnel in New Zealand were experiencing probable post-traumatic stress and 10% had clinically relevant post-traumatic stress.

The results of the survey also imply that the prevalence of clinically significant post-traumatic stress is **higher among police members than that of the general New Zealand population, where the prevalence is estimated to be 3%** (Wells, et. al., 2006). It also appears that police members have a higher prevalence than that of military personnel in New Zealand. However, the findings from this study are similar to prevalence estimates of combat-related post-traumatic stress disorder in military veterans living in the United States, which ranged from approximately 2% to 17% (Richardson, et. al., 2010) and that of military personnel living in the United Kingdom (Stevellink, et. al., 2018).