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30th day of March 2012
Paul Klane

The Police Officer and the Public Inquiry: A Qualitative Inquiry into the Aftermath of Workplace Trauma

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This study aimed to assess the experiences of police officers facing a public inquiry following a traumatic work-related event. Interviews of 11 officers were analyzed for qualitative themes. Quantitative measures of social support and current level of distress were compared with a sample of paramedics and firefighters matched for traumatic experiences and involvement in postmortem reviews. In response to the events leading to the inquiry, reactions consistent with posttraumatic stress were common. Review processes were typically prolonged. Common negative consequences included lack of professional advancement, strained family relations, and inaccurate and sensationalized media attention. An important mediating factor was the quality of organizational support. Following the inquiry, police officers rarely felt a sense of vindication and frequently reported a diminished sense of commitment to their work. In conclusion, review processes following work-related trauma have many negative consequences for police officers. Suggestions for intervention include crisis intervention services with officers, organizational development, and the enhancement of peer support programs. [*Brief Treatment and Crisis Intervention* 3:383–396 (2003)]

KEY WORDS: police, critical incident, public inquiry, posttraumatic stress, media.

The role of the police officer is multifaceted and complex. On one hand, the police officer acts as a public relations person, talking with children, cutting a figure of chivalry on mounted horse patrols, and generally making members of the public feel safe and secure. On the other hand, police are compelled to interact with the most dangerous and troubled members of our society. They are called upon to run into a scene that most of us run away from. In doing so, police officers are often faced with life-threat-

ening and uncontrollable situations in which quick thinking and reasoned action is required. Failure to effectively deal with these acute situations may result in professional condemnation, community sanctions, and possible legal actions.

An important body of literature explores the issue of work-related distress in police officers. Within this literature, there are two major approaches, one investigating the concept of burnout and the other investigating the effects

of traumatic events. Several studies have identified posttraumatic stress symptoms in police officers subsequent to traumatic events. Events most likely to cause high levels of traumatic stress in officers include exposure to the gruesome death of others (Greene, 2001; Kopel & Friedman, 1999; Robinson, Sigman, & Wilson, 1997) and life threat toward themselves (Carrier, Lamberts, & Gersons, 2000; Robinson et al., 1997). Symptoms reported include sleep loss (Neylan et al., 2002), high levels of intrusion and avoidance symptoms such as fears and flashbacks (Kopel & Friedman, 1999; Greene, 2001), and depression (Greene, 2001). Degree of symptoms experienced by officers are related to the severity and proximity of trauma exposure (Hodgins, Creamer, & Bell, 2001) and the number of successive traumatic events to which they are exposed (Stephens, Long, & Miller, 1997).

Burnout, on the other hand, is generally defined as a state of physical, emotional, and mental exhaustion caused by exposure to chronic stress in the workplace. Researchers and theorists in this area have suggested that burnout is accompanied by an array of symptoms, including physical depletion, feelings of helplessness and hopelessness, disillusionment, and the development of a negative self-concept and negative attitudes toward work, people involved in the work, and at times even life itself (Alexander, 1999; Pines & Aronson, 1988). Several large-scale studies of police officers in England, Australia, Canada, and the United States concluded that while

events such as dealing with victims of homicide and serious accidents, being attacked by aggressive offenders, and dealing with rioters and protesters caused stress in officers, it was the police organization, with its rules, procedures, communication paths, bureaucratic hierarchy, and management style, that was the greatest source of job stress (Brown & Campbell, 1990; Burke, 1993; Buunk & Peeters, 1994; Coman & Evans, 1991; Hart, Wearing, & Headey, 1995). The outcomes of this stress include high levels of alcoholism, a suicide rate that is 30% higher than that of comparison groups, and a rate of marital problems that is double that of comparison groups (Golembiewski & Kim, 1990). Such evidence has led some authors to conclude that critical incidents exert little if any disruptive influence directly, but rather operate through the exacerbation of daily hassles that occur in organizations which employ emergency service responders (Gist & Woodall, 1995). Others have suggested that in fact it is the combination of job context (organizational hassles) and job content (critical events) that makes police work so potentially stressful and demanding (Coman & Evans, 1991).

A primary mediating factor of organizational stress is social support within the organization, particularly from superiors (Gibbs, Drummond, & Lachenmeyer, 1993; Burke, 1993; Buunk & Peeters, 1994). That is, when people feel supported and valued, they experience lower levels of distress and burnout. Similarly, researchers have determined that social support within both the organization and the police officer's personal network is related to lower levels of trauma symptoms following exposure to a critical event (Carrier, Lamberts, van Uchelen, & Gersons, 1998; Stephens & Long, 1999).

Following certain critical events in policing, such as the use of force to subdue a suspect or perpetrator, or a shooting resulting in injury or

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death, frequently a public inquiry process is invoked to review the officers' actions. Such inquiries include civilian review processes, civil trials, or criminal trials of police officers. These inquiries carry the double stressors of trauma related to the event itself and trauma related to the organizational, media, and public response to the event. Previous research has found that involvement in a postmortem review process is related to higher levels of symptoms of posttraumatic stress disorder (PTSD) in firefighters and paramedics than in a comparable group encountering traumatic events on the job but who were not questioned in the inquiry process (Regehr, Hill, Goldberg, & Hughes, 2003). It seems possible, therefore, that the public inquiry process may be one of the most stressful events encountered by police officers throughout their careers.

To date there is a surprising dearth of research on the impact of public inquiries on police officers. Related research has found that testifying in court is the number one stressor among police officers (Evans & Coman, 1993). However, that research does not cover a situation in which the police officer is testifying in his/her own defense. This study utilizes a qualitative approach to attempt to enhance our understanding of the experience of officers facing the inquiry process. Through the analysis of qualitative interviews conducted with police officers, we examine reactions to the event leading to the inquiry, reactions to the review process, the impact of media and public attention, and perceptions of the organizational response and support.

Methodology

The research was conducted with members of two policing organizations that provide services to a large urban area. Purposive sampling was used to obtain the 11 police officers who

were included in this qualitative inquiry. Names of individuals who had been subject officers in public inquiry processes were obtained through contacts within the policing organizations. These individuals were then approached to determine their willingness to participate in this inquiry. All officers included in the study were no longer under investigation, in order to ensure that the research did not jeopardize their case. The sample size was consistent with that recommended for the long-interview method of data collection in order to ensure that saturation had occurred (Creswell, 1998; McCracken, 1988).

Interviews of the officers followed a semi-structured interview guide which included questions about events that led to the public inquiry, the effects of both the events and the inquiry on themselves and others, organizational supports, public and media response to the inquiry, and suggestions for change. The interviews were audiotaped to ensure accuracy of data and transcribed. Data were analyzed for themes with the aid of a computer program (NVivo, QSR International, Melbourne, Australia). In the initial stage, open coding allowed for the development of broad categories, after which selective coding allowed the researchers to attempt to develop a meaningful narrative of the experience of the workers. Other sources of data included the notes recording the interviewer's impressions.

Erlandson, Harris, Skipper, and Allen (1993) identify four primary criteria for judging the reliability of qualitative research: credibility, transferability, dependability, and confirmability. In this study, credibility was enhanced through the collection of limited quantitative data with which to triangulate the qualitative data and to compare with data on firefighters and paramedics who had undergone postmortem reviews. Throughout this research process, members of emergency service organizations acted as community partners working to

develop the research questions and discussing data as portions of the analysis were completed. This process has provided an opportunity to confirm and expand upon the trends developed in the analysis. Tentative analyses were then presented to a group of emergency responders on two occasions to obtain their reactions and comments. This member checking further enhanced transferability and confirmability (Creswell, 1998; Erlandson et al., 1993). Dependability or reliability was enhanced through the process of having two research assistants work together to develop the coding tree and ensure consistency in the manner of open coding. One of the investigators then completed the selective and axial coding and a second investigator reviewed the coding. This also served as an opportunity for peer debriefing (Erlandson et al., 1993).

Quantitative Data

Quantitative data were also collected on the sample. While this sample was too small to allow for statistical analysis, a descriptive comparison was provided between this group and a group of paramedics and firefighters matched for traumatic experiences and involvement in postmortem reviews. Two sets of measures were selected, those evaluating social supports and those evaluating current level of distress.

Social Supports. In order to determine perceptions of situation-specific support from spouses, friends, family, colleagues, union, and employers, participants were asked to rate the level of support that they received from others on a scale from 0 (*not at all supportive*) to 5 (*very supportive*). In addition, a standardized measure of social support was utilized for more global perceptions of that criterion. The Social Provisions Scale is a brief (24-item) multidimensional self-report instru-

ment that offers the possibility of discriminating between six distinct types of social support and assesses global support (Cutrona & Russell, 1987). This measure was tested on a total of 1,792 respondents, including psychology students, nurses, and teachers. The reported alpha level for the total scale is .91. Extensive validity testing is reported by the developers.

Current Level of Distress. This variable was measured by two scales, the Beck Depression Inventory (BDI) and the Impact of Event Scale (IES). The BDI is a self-report scale that assesses the presence and severity of affective, cognitive, motivational, vegetative, and psychomotor components of depression (Beck & Beamesderfer, 1974). Initially standardized on 606 psychiatric inpatients and outpatients, the reported reliability coefficient is .86. Test-retest reliabilities are .48 for psychiatric patients after 3 weeks and .74 for undergraduate students after 3 months.

The IES (Zilberg, Weiss, & Horowitz, 1982) assesses the experience of posttraumatic stress for any specific life event. It extracts dimensions that parallel the defining characteristics of the criteria for PTSD in the *Diagnostic and Statistical Manual of Mental Disorders, 4th ed.*, which are signs and symptoms of intrusive cognitions and affects together or oscillating with periods of avoidance, denial, or blocking of thoughts and images. This scale is reported to have high internal consistency, with a Cronbach's alpha of .86 and a test-retest reliability of .87.

Results

The mean age of officers in this study was 35.83 years, with an age range of 28 to 48 years. The mean years in policing was 14.50 (*SD*, 4.88). Nine officers were married or living

TABLE 1. Comparison of Police Officers and Other Emergency Workers Involved in Public Inquiries

Measure	Police (N = 11)	Paramedics and Firefighters (N = 65)
Social Support, M (SD)		
Support of spouse	4.40 (0.84)	3.94 (1.47)
Support of friends	4.27 (1.19)	3.52 (1.44)
Support of family	4.18 (1.67)	3.58 (1.34)
Support of employer	3.18 (1.99)	2.72 (1.70)
Support of union	2.82 (2.18)	1.51 (1.83)
Social Provisions Scale	88.42 (7.50)	85.08 (9.40)
Current Level of Distress, M (SD)		
Impact of Event Scale	16.00 (18.46)	16.61 (17.81)
Beck Depression Inventory	5.83 (6.28)	6.83 (8.10)

common-law. Five officers reported taking stress leave subsequent to the inquiry; two reported substance abuse issues. Five (45.5%) officers fell in the high or severe range for scores on the IES. This compared with 29.2% of a sample of firefighters and paramedics who had gone through postmortem inquiries in a previous study by these authors (Regehr et al., 2003). A comparison of police officers undergoing inquiries with firefighters and paramedics undergoing inquiries with regard to perceptions of social support and current levels of distress can be found in Table 1. While the small sample size of police officers precludes statistical analysis, the officers in this study reported higher levels of support on all measures than did the firefighters and paramedics experiencing reviews. Scores on the IES were essentially the same, and scores on the BDI were slightly lower. When scores on the measures of distress were divided into levels, 50% of the officers fell into the high or severe range on the IES compared with 30.6% of the firefighters and paramedics. On the BDI, police officers fell into the following categories: 60% no or mild depression, 30% moderate depression, and 10% severe depression. Firefighters and paramedics scored as follows: 64.4% mild or no depression, 24.6% moderate depression, 10.8% severe depression.

Events Leading to Public Inquiries

All of the events leading to the public inquiry encountered by participants in this research were highly publicized, high-profile occurrences. Therefore, the description of events is limited by the requirement of maintaining confidentiality of participants. Events included: high-speed chases, shooting of civilians engaged in the commission of crime, and use of force to subdue individuals who were physically threatening police or were injuring another member of the public.

Response to the Event

Participants discussing the events that led to the inquiry began by describing the impact of the event itself. As one police officer stated, "A police shooting where somebody is killed is probably as traumatic as it gets in police work." One aspect of this is being in a life-threatening situation:

I saw . . . the gun barrel pointed about three feet from my face, and [it was] a very small weapon, but it looked pretty big at the time. . . . My first inclination was to get the hell out of there, but you know you can't, you just can't, that's your job . . . and the physical,

your physical environment, all those kinds of things they become blurred, all you look at is here's this guy, and here's the threat which is the weapon, and afterwards I could tell, well, I think he may have been a bit older, he may have been a bit younger, maybe he had a mustache, and I think that he had close-cropped hair, . . . but I could describe the gun to you.

Another officer emphasized the feeling of helplessness in a shooting incident in which he and several police officers were

just basically trying to get cover, and not knowing where this guy was, and he fired over the twenty minutes about six rounds, and that one shook me up a little bit because it was kind of tense, not knowing where this guy was going to pop up . . . what are we going to do, how do we find this guy, how do we get out of here and stop this guy from doing it.

One police officer who was shot during an event described that the unpredictability surrounding a traumatic event is more difficult to cope with than the incident itself. He noted that

I think that it bothered me a lot more that time thinking that I came very close, I could have lost my life in that one, and that bothered me more than when I actually got hit by a bullet, and the speed, the trauma of waiting for something to happen.

A second aspect is the changed view of self that officers experienced when they were involved in a shooting incident. One officer described feeling traumatized by the possibility of almost shooting a person: "The biggest thing that bothered me there is the fact that I tried to kill him. . . . Normal people don't try and kill people." Another stated:

I tried to kill this guy now, I've never done that before, never actually tried to kill somebody . . . you know, so that bothered me a lot. And I mean I really got, I got sick, I got really sick to my stomach and I couldn't get rid of the feeling, and there was nothing, like it wouldn't go away, it just wouldn't, I mean I even tried to make myself throw up and it wouldn't go away, so I think it was just in my head that it was making me sick.

Reactions that officers described to these events parallel symptoms of traumatic stress. Immediately following the incident, police officers reported experiencing shock, numbness, rage, physical discomfort, nightmares, recurring memories or flashbacks, loss of memory, and preoccupation with the event. They also described social consequences such as withdrawal from peers and family, and irritability and agitation when dealing with others.

I just didn't want to be with anybody, I didn't want to talk to anybody, especially out on the road, I didn't want to talk to any of these people, I had no patience for them, I just didn't like going to calls.

I was short-tempered with everybody, I didn't want anybody to bug me, you know, guys couldn't come near me, I was just miserable. . . . I just wasn't sleeping, I was drinking, not a lot, but I was drinking more than I should have. . . . Yeah, I was drinking more than I usually do at that time and just trying to get through it.

Police officers described that they lacked appropriate skills to cope with the experience of shooting and being shot at by a civilian. Several police officers recalled the lack of appropriate training available at the outset of their employment regarding the psychological,

mental, legal, and moral impact of shooting incidents. In fact, the initial training made available to police officers appeared to contradict the everyday experience of policing. One police officer reported that when he initially joined the force, he received both formal and informal training that emphasized that police officers were invulnerable, as they innately attained the skills to capture a "bad guy." On the basis of educational information and ongoing conversations with superiors, this police officer reported that he thought that "bad guys" never escaped. This lack of appropriate training and the sense of invulnerability led police officers to feel ill-prepared when they were in a position where a civilian pointed a gun at them or they were required to utilize physical force to apprehend a suspect.

The Public Inquiry

Police officers involved in this study had been subject to a variety of public inquiry processes. One form of review encountered by officers was the Ontario Civilian Commission on Police Services, which is a provincially appointed body that reviews public complaints. Within each police service there are four other levels of review and possible discipline: (1) the police chief, (2) the Complaints Bureau, (3) the Internal Investigations Service, and (4) the Police Services. Another form of review is the Special Investigations Unit (SIU), which is a civilian agency that has investigative jurisdiction over all policing in Ontario, covering 68 services and approximately 21,600 officers. The mandate at all of these levels is to investigate circumstances involving police and civilians which result in serious injury or death. It is therefore possible for a subject officer to be investigated by six different investigative bodies. In addition, some of the officers involved in the study had been criminally charged or civilly sued.

All participants described the process of being investigated as extremely stressful. One officer summed up the experience of being involved in a serious incident by stating, "The scrutiny will be as hard to take as the incident itself." Negative effects included: the emotional impact of being scrutinized, delays in career advancement resulting from prolonged investigations, anxiety regarding the lack of information available during various stages of the investigative process, the sense that civilian reviewers lack understanding of policing experience, and humiliation within the organization and community.

Officers involved in this research had had long policing careers prior to the allegations of wrongdoing. They had a sense, however, that all of their positive contributions were lost when one allegation was made against them. For example, while knowing logically and procedurally that their guns would be confiscated following a shooting incident, the actual confiscation had a significant emotional impact on some participants in this study. Despite believing that they had acted in a legal and responsible manner, they began to question themselves. One officer commented on "the accusations that the individual makes when he takes the stand in court":

. . . and you have your integrity, and everything is intact in your head, and everything is justified, and you're comfortable with what you've done. However, when it comes out in court, you're sitting there thinking, geez, do I ever sound like this bully.

In contrast to most of the officers interviewed, one officer welcomed the investigation, as he sought to be morally vindicated for utilizing physical force on an unruly civilian:

You're looking forward to going to court, to be able to say okay, I've got a complaint

against me, let's clear my conscience of any of this, there's no problem legally, I'm justified, but the moral side of you says, you know, I had to use force on this older guy, and I just wanted to hear, I wanted to hear the judgment say, "Everything is fine, the officers acted appropriately."

One of the stressful aspects described by participants was the prolonged period of time that the allegations hung over their heads. For several of the officers, the process of the review, particularly if a trial was involved, lasted over ten years. During this time, they experienced significant anxiety about the possible outcomes and about what might be the next thing they would encounter if they were found not responsible. Civilians not satisfied with the findings of the Complaints Bureau or SIU could initiate court processes. Participants reported that both criminal and civil trial decisions were often appealed to a higher court:

So a civilian can walk into a justice of the peace and say, "A policeman hit me, I want to file charges," and the JP will sign it, and, bang, you get charged.

One police officer described that an ongoing investigation had contributed to lack of sleep, mood swings, irritability, and even prolonged depression. All officers involved in this study said that their careers were significantly negatively affected by the fact that they had become tainted. Some had been transferred to less prestigious duties, some were suspended. Others described how they realized that they had now fallen off the promotion list:

[I feel] a lot of anxiety because the effect on my career is unknown. . . . For the last ten years I've done all of these different things to prepare myself for the next step up in the hierarchy here. So, there's a lot of resentment.

Many officers described a sense of their being pawns in a larger political process. When civil cases were settled out of court by cash payments, the officers had a sense that they had not been given the opportunity to be vindicated through their day in court.

I'm very aware that the service settles a huge number of lawsuits. If we end up shooting somebody, they end up paying the victim's family, and these are criminals that have actually pulled guns on police officers, and we end up shooting them, and we give the family a hundred thousand dollars.

In addition, the advent of civilian review of police was viewed as a political decision, and the process itself as biased and "anti-police," which led to a considerable amount of anxiety and hostility. Further, the civilians on these review boards were not qualified to perform a thorough and fair investigation:

Basically I have certain opinions about their motive and their agenda, and also a great deal of concern about their basic competence. I mean you're not competent to do my job, I'm not competent to do yours by any stretch. No slam on individuals.

Another officer points to the inevitability of this type of a review system:

The public wants accountability. We have to realize that as a group, whether we like it or not. There has to be some outside agency that investigates us, looks into allegation of criminal behavior on the job or off the job, and that's a fact. It's not going away.

While one officer was quick to point out that the presence of reviews would not affect how the police did their job, it did have an effect on job satisfaction:

[It does not] affect the quality of the job, in terms of officers going out there and doing what they're supposed to do, but it certainly affects the job satisfaction, I think . . . in how good or bad they feel with doing the job, whether they want to do this type of job.

Another identified the impact on pride in the work:

You spend your first five years telling everyone you're a cop, and the next twenty-five denying it.

The Public Inquiry and the Police Family

Many officers in the study described the enormous impact that the process of public inquiry had on their families. Several officers indicated that relationships ended during the review due to the preoccupation of the subject officers with the trial or the investigations against them. Another issue was officers' decision to delay having children until they had been cleared, because they feared that they might go to jail and did not want their children to experience that. A major issue, however, was the anger and resentment experienced by family members, particularly spouses. Family members often were already stressed by fears for their loved one's safety, the shift work, overtime, and dedication of the subject to policing. When the same organization and public to whom these men had devoted their lives questioned their integrity, wives were overcome with anger and resentment. One officer summarized the issues for families:

First of all you got a husband, somebody you love dearly, that's totally obsessed with his own case rather than dealing with his own family and his own relationship with his own wife. You have the possibility of your husband going to jail, and for police officers

nothing brings out more horror than the idea of being stuck in a prison institution, . . . and the inability to control what's happening too, and knowing down deep that you're right, that you did nothing wrong and seeing the whole system, once again, the anger and frustration with the system really, really comes to the forefront because how could this be happening? I live in Canada, I didn't do anything wrong and look what's happening to me.

Two of the customary ways that participants in this study managed stress and trauma were to immerse themselves in the job or become thick skinned. This in turn had an adverse effect on their relationships. One officer reported that his wife described him as "cold-blooded . . . I am just matter-of-fact. So I guess it does stay with you, you start wearing the job at home as well." Other officers described how they protected their loved ones from information about the negative and horrifying experiences in policing. As stresses increased during the review process, this caused increased threats to the relationship. Other officers in this study spoke at length about the value of the support they received from their spouse.

The Impact of Media

As the events leading to the inquiries in this study were high profile, respondents reported considerable media attention. More than one officer was subject to hundreds of media stories. They described the experience of being recognized in grocery stores from their picture in the paper. One person identified that his parents in another city were advised of the event by the six o'clock news. Another described how his children were ridiculed at school for having a father who was a "bad cop" and frequently came home crying as a result.

Police officers in this study described a huge discrepancy between what the media presents

and what actually occurs during a critical event. One officer reported:

I've been on many calls that wind up in the paper and many arrests that wind up in the paper—you were there, you know what happened, and then you read it in the paper and you go, wait a second, I thought I was there, they're doing the best they can, but I mean what's in the paper and what's the truth are not even distant cousins.

Even when the evidence came in court that it was justified what we were doing, and so what we did was right, [one reporter] would put a spin on it and make it look bad. So the media coverage was pretty funny. And I mean you go through that . . . and everyone "knows" that you're a bad cop.

Organizational Response

Several of the participants indicated that they felt highly supported by their organizations. Participants particularly valued the support received from senior managers who "had been there—on the streets" as officers earlier in their careers. They described in great detail how senior officers attended court dates, provided immediate assistance, and demonstrated faith in officers. One such demonstration of faith was ensuring that a subject officer quickly had his firearm reinstated. This was viewed as one of the most meaningful gestures offered by a superior officer:

Our organization was, is phenomenal in that area, and I know a lot of others aren't. The Staff-Inspector in charge, he oversaw this investigation, he oversaw the sequence of events that happened. I swear he lived it more than we did. He's an incredible man, and I've heard some horror stories from other police forces.

But the department came right out and said, you know, the bottom line is if you're out

there doing your job and you get charged, you'll be supported.

Other officers described the support of both co-workers and the police association as being highly meaningful to them. Several officers spoke about the fact that the association ensured that they were represented by legal counsel and had any supports that were required.

Conversely, some participants felt let down by the organizational response. They felt ostracized by peers who made light of the incident. Participants described the impact of gossip within the organization on their self-esteem and sense of support. They felt isolated and humiliated by superiors who moved them to other duties or were reluctant to offer an opinion or support. In addition, as stated earlier, they were disappointed when lawsuits were settled without a court fight in the name of public opinion and expediency:

The police, I don't know, it's most organizations, but the police tend to have a very knee-jerk reaction to events that happen internally, and it takes awhile for the dust to settle, and I realize that it's a lot of overreaction, and I guess I've been a victim of this overreaction for the first time.

Finally while most participants identified the availability of the Employee Assistance Program, few actually accessed this resource. Major barriers included the assumption that traumatic events should not have an impact ("It's a macho profession, I mean there's no point in saying it's bothering me") and fears that counseling was not truly confidential.

The End Result

Participants identified several consequences of being involved in the public inquiry process.

Some felt that there was never a sense of vindication or positive outcome. One participant stated: "In the eyes of the public, the cops just got away with it again." Another indicated: "They may say there were no grounds for laying charges, but they will never say the cops did the right thing—never." Another described how an inquiry led to retrenchment within the department: "It is us against them now."

An additional outcome was reduced commitment to the organization and the public:

I was a very energetic officer. I still am, but I put things in perspective a little more. If I don't get to this . . . well, you know. . . I'm not going to die of a heart attack when I'm fifty or fifty-five.

My attitude to the job has changed a lot, and my attitude to the organization and what I contribute has been reorganized significantly. . . . We're just casualties of the organization.

For others, there was a sense of resignation that this was the way life was now. Accountability was here to stay and it was question of learning to play by new rules. Part of this was not allowing oneself to feel upset:

Well, you get hard. . . . You don't give a shit about things other people give a shit about. . . . I found that my tolerance for stuff is probably a lot higher than most people's. So there's not really too much that happens that really bothers me, I guess you just get used to it in time, and that's what happens.

Discussion

This study is a qualitative analysis of the experience of police officers who have been subject officers in a public inquiry. Figure 1 provides a graphic depiction of themes that

arose in this analysis related to the response of police officers to a public inquiry. These experiences carry for officers both acute and chronic stressors. First, the officers described trauma related to an event in which they experienced personal threat and in which another individual was subsequently seriously or fatally injured. This event then led to ongoing or chronic stressors which included the public inquiry process and the media attention to it. These acute and chronic stressors may either be exacerbated or mediated by the response of the organization and the officer's personal social support network. In the end, officers report symptoms of both posttraumatic stress (such as intrusive thoughts and nightmares) and burnout (such as loss of commitment and feelings of ostracism). Each of these factors is discussed in greater detail below.

The foundation for considering officers' reactions to the public inquiry is the event that led to the inquiry in the first place. In this study, the events in question included police shootings and alleged excessive force. What is evident in the descriptions of these events provided by participants is that the officers felt highly impacted by the event itself and suffered several reactions which are consistent with posttraumatic stress. These reactions in part stemmed from the realization that they were in severe physical peril and/or that they had killed or attempted to kill another human being. Previous studies have indicated that situations in which police officers are at personal risk and are faced with the death of others are the most traumatizing events encountered by police (Carlier et al., 2000; Greene, 2001; Kopel & Friedman, 1999; Robinson et al., 1997). It is therefore understandable that these trauma reactions to the event form the foundation upon which subsequent stressors related to the inquiry are added.

Stresses experienced in the inquiry process emanated from a number of factors. One factor

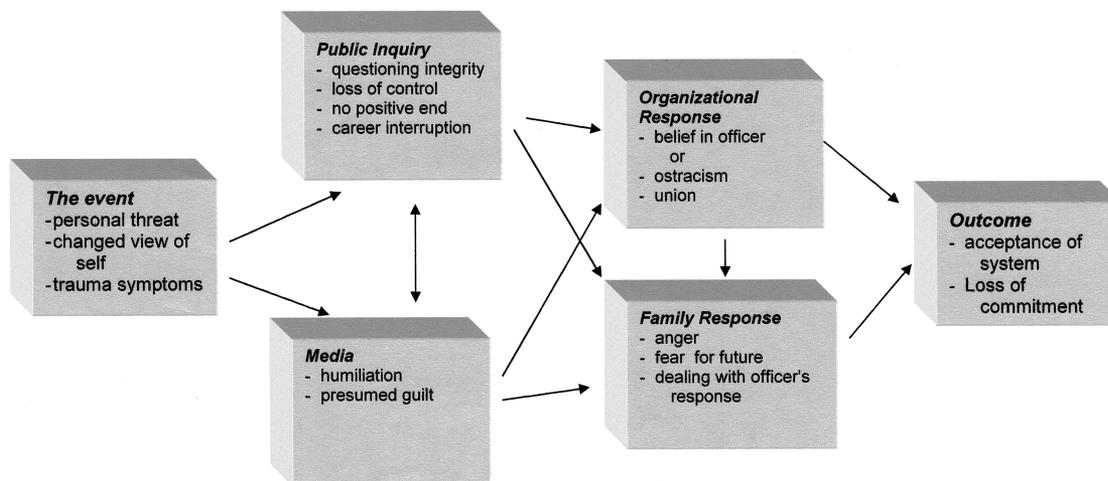


FIGURE 1
Thematic Model of Police Officers' Response to Public Inquiries

was the undermining of the officer's reputation, which was felt to overshadow all other career contributions and to place the opportunity of career advancement in peril. Another related to the prolonged period of time often involved in the review process, during which an officer might not know whether he would lose his job, be financially liable, or go to jail. Further, officers identified that while they were certain they had acted legally and properly, they felt that the accusations against them were politically motivated and that they were the victims of a system attempting to garner positive public opinion regardless of the cost to individual officers. Media attention surrounding their cases was frequently substantial and was viewed by officers as inaccurate and sensationalized. In the end, it was felt that regardless of a finding that they were not at fault, officers continued to be tainted long after the review process had ended.

The process of the review not only impacted the officers involved but also had significant effects on their family members. The stresses encountered by families of officers as a result of their chronic exposure to risk and trauma have been well documented (Kirschman, 1997; Pa-

ton, Violanti, & Schmuckler, 1999). In addition to those stressors, during the inquiry processes described in this study, family members had to deal with years of uncertainty about the outcome and the reactions of the officer encountering the inquiry. Children were affected by media coverage and subsequent harassment at school. Spouses were angry that the system to which their loved one had devoted his life had now turned against him. This at times had the effect of undermining personal social supports which have been found to be associated with lower levels of trauma and burnout (Carlier et al., 1998; Stephens & Long, 1999).

The organizational response to the allegations of wrongdoing and the public inquiry were viewed as highly significant to the officers in this study. Officers who felt supported by superior officers were highly complimentary of management and continued to have a sense of high commitment to the organization. Other officers felt humiliated and ostracized by the organization and continued to feel bitter about management response. The support of the police association was also viewed as extremely meaningful.

In the end, no officers in this study felt unaffected by the processes that they had endured. At best, officers felt resigned to learning the rules and preparing to defend themselves against possible future allegations. At worst, they felt that it was now “us against them.” In many cases, their commitment to the job and organization was diminished.

These findings have significant implications for intervention with officers accused of wrongdoing. Support for officers encountering review processes can include crisis intervention at various stages of the process and longer-term mental health counseling in order to manage symptoms of trauma and depression. However, mental health professionals working within policing organizations must be aware of the limits of their ability to provide support in certain circumstances. Due to extreme concerns regarding confidentiality during review processes, it is possible that mental health services will not be accessed despite assurances that they are confidential. Therefore, the mental health professional can be helpful in establishing and supporting peer support programs for officers, particularly those in which there are officers who have encountered similar circumstances. The mental health professional can assist with the establishment of educational interventions that describe the process of reviews, possible reactions, and coping strategies. In addition, a key role for the mental health professional is in providing proactive educational and counseling services for family members of subject officers in order that this critical supportive resource is not eroded during the lengthy inquiry process.

There is no question that in every professional group there are some individuals who abuse power and are clearly unsuited for the job. In addition, the public has a right to ensure that those people in positions of power and authority, whether they be teachers, social workers, police, or lifeguards, are acting in

a manner that is responsible, competent, equitable, and safe. However, we must ensure that we do not destroy the morale and dedication of professionals doing their best in trying and dangerous circumstances. We must ensure that the processes in place to ensure accountability are as fair and equitable as those in place for other members of society.

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References

- Alexander, C. (1999). Police psychological burnout and trauma. In J. Violanti & D. Paton (Eds.), *Police trauma: Psychological aftermath of civilian combat* (pp. 54–64). Springfield, IL: Charles C. Thomas Publishers.
- Beck, A. T., & Beamesderfer, A. (1974). Assessment of depression: The Depression Inventory. In P. Pichot (Ed.), *Psychological measurements in psychopharmacology*, Vol. 7, pp. 151–169. Basel, Switzerland, and New York: Karger.
- Brown, J., & Campbell, E. (1990). Sources of occupational stress in the police. *Work & Stress*, 4, 305–318.
- Burke, R. (1993). Work-family stress, conflict, coping, and burnout in police officers. *Stress Medicine*, 9, 171–180.
- Buunk, A. P., & Peeters, M. (1994). Stress at work, social support and companionship: Toward an event-contingent recording approach. *Work & Stress*, 8, 177–190.
- Carlier, I., Lamberts, R., & Gersons, B. (2000). The dimensionality of trauma: A multidimensional scaling comparison of police officers with and without posttraumatic stress disorder. *Psychiatry Research*, 97, 29–39.
- Carlier, I., Lamberts, R., van Uchelen, A., & Gersons, B. (1998). Disaster-related post-traumatic stress in police officers: A field study of

- the impact of debriefing. *Stress Medicine*, *14*, 143–148.
- Coman, G., & Evans, B. (1991). Stressors facing Australian police in the 1990s. *Police Studies*, *14*, 153–165.
- Creswell, J. W. (1998). *Qualitative inquiry and research design: Choosing among five traditions*. Thousand Oaks, CA: Sage.
- Cutrona, C., & Russell, D. (1987). The provision of social relationships and adaptation to stress. *Advances in Personal Relationship*, *1*, 37–67.
- Erlanson, D. A., Harris, E. L., Skipper, B. L., & Allen, S. D. (1993). *Doing naturalistic inquiry: A guide to methods*. Newbury Park, CA: Sage Publications.
- Evans, B., & Coman, G. (1993). General versus specific measures of occupational stress: An Australian police survey. *Stress Medicine*, *9*, 11–20.
- Gibbs, M. S., Drummond, J., & Lachenmeyer, J. R. (1993). Effects of disasters on emergency workers: A review with implications for training and postdisaster interventions. *Journal of Social Behavior and Personality*, *8*, 189–212.
- Gist, R., & Woodall, S. J. (1995). Occupational stress in contemporary fire service. *Occupational Medicine*, *10*, 763–787.
- Golembiewski, R., & Kim, B.-S. (1990). Burnout in police work: Stressors, strain, and the phase model. *Police Studies*, *13*, 74–80.
- Greene, C. (2001). Human remains and psychological impact on police officers: Excerpts from psychiatric observations. *Australasian Journal of Disaster and Trauma Studies*. Available at: www.massey.ac.nz/~trauma/issues/2001-2/greene.htm Accessed August 5, 2003.
- Hart, P. M., Wearing, A. J., & Headey, B. (1995). Police stress and well-being: Integrating personality, coping and daily work experiences. *Journal of Occupational and Organizational Psychology*, *68*, 133–156.
- Hodgins, G. A., Creamer, M., & Bell, R. (2001). Risk factors for posttrauma reactions in police officers: A longitudinal study. *Journal of Nervous and Mental Disease*, *189*, 541–547.
- Kirschman, E. (1997). *I love a cop: What police families need to know*. New York: Guilford Press.
- Kopel, H., & Friedman, M. (1999). Effects of exposure to violence in South African police. In J. Violanti & D. Paton (Eds.), *Police trauma: Psychological aftermath of civilian combat* (pp. 99–112). Springfield, IL: Charles C. Thomas Publishers.
- McCracken, G. (1988). *The long interview*. Newbury Park, CA: Sage Publications.
- Neylan, T. C., Metzler, T. J., Best, S. R., Weiss, D. S., Fagan, J. A., Liberman, A., et al. (2002). Critical incident exposure and sleep quality in police officers. *Psychosomatic Medicine*, *64*, 345–352.
- Paton, D., Violanti, J., & Schmuckler, E. (1999). Chronic exposure to risk and trauma: Addiction and separation issues in police officers. In J. Violanti & D. Paton (Eds.), *Police trauma: Psychological aftermath of civilian combat* (pp. 78–87). Springfield, IL: Charles C. Thomas Publishing.
- Pines, A., & Aronson, E. (1988). *Career burnout: Causes and cures*. New York: Free Press.
- Regehr, C., Hill, J., Goldberg, J., & Hughes, J. (2003). Postmortem inquiries and trauma responses in firefighters and paramedics. *Journal of Interpersonal Violence*, *18*, 607–622.
- Robinson, H. M., Sigman, M. R., & Wilson, J. P. (1997). Duty-related stressors and PTSD symptoms in suburban police officers. *Psychological Reports*, *81*, 835–845.
- Stephens, C., Long, N., & Miller, I. (1997). The impact of trauma and social support on post-traumatic stress disorder in New Zealand police officers. *Journal of Criminal Justice*, *25*, 303–313.
- Stephens, C., & Long, N. (1999). Posttraumatic stress disorder in the New Zealand police: The moderating role of social support following trauma. *Anxiety, Stress and Coping*, *12*, 247–264.
- Zilberg, N. J., Weiss, D. S., & Horowitz, M. J. (1982). Impact of Event Scale: A cross-validation study and some empirical evidence supporting a conceptual model of stress response syndromes. *Journal of Consulting and Clinical Psychology*, *50*, 407–414.