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EXECUTIVE SUMMARY

LINE OF DUTY DEATHS : SURVIVOR AND DEPARTMENTAL RESPONSES

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## PART I

### INTRODUCTION

#### Background and Rationale

Every year, law-enforcement officers are killed in the line of duty. Most are killed by gunshots or in vehicle-related incidents. Officers die arresting felony suspects, responding to disturbances, and stopping robberies; others are struck by vehicles while directing traffic or are shot while making a routine traffic stop (Schmidt, 1984). Whether the death is felonious or accidental, it is unexpected and often sudden. This loss of life is tragic in itself, but the tragedy is further compounded because the officers leave behind family members -- spouses, children, parents, siblings (and fellow officers) -- whose lives are forever changed by their untimely loss. The pain and anguish of the sudden, traumatic, and often brutal loss of a loved one, and the continuing consequences, both psychological and emotional, do not abate for the surviving family members.

These psychological and emotional consequences are rarely addressed. Instead, the focus is on the factual aspects of the deaths. The Uniform Crime Reporting Office of the FBI prepares an annual report documenting, in graphic detail, the line-of-duty deaths that have occurred. Newspapers and television present information about the deaths of officers and often show pictures of their funerals. Families may be shown receiving a flag or standing beside a flag-covered casket. Paying homage to the slain officer is important and deeply appreciated by the family and the community. The funeral, awards, and other honors help heal the wounded organizational system and demonstrate appreciation and respect to the family and friends of the slain officer. However, the pain of the family members, the individual officers, and the department does not end at the funeral. The traumatic death of an officer has repercussions not only for the family but also for the police agency. The study reported here sought to collect data concerning the effect of the loss on the surviving family members and to make suggestions for policy changes that would benefit survivors and police agencies.

#### Consequences of Traumatic Death for Law Enforcement Survivors

Although police officers rate death of a fellow officer as the most devastating stressor experienced in their jobs (Eisenberg, 1975; Kroes et al., 1974), the assumption is often made that the survivors of individuals killed while performing a dangerous occupation are more prepared to deal with these sudden deaths and, therefore, are not as emotionally affected as the average citizen would be. However, surviving family members of public safety officers may be more at risk, rather than less so, after suffering a loss. The death of an officer affects the departmental work system, and these changes

Outsiders' lack of understanding of the police community, combined with the cautious attitudes inside the police culture, contributes to the problems experienced by the surviving relatives of slain police officers (Conser, 1980; Goldsmith & Goldsmith, 1974

Recent discussions with surviving family members reveal that survivors can also become grim reminders to police officials of their own vulnerability, making continued contact with these survivors stressful. Survivors report feeling secondary traumas as they begin to realize that former long-standing relationships with the department and the other officers may no longer continue. They express feelings of being outcasts from what was once thought of as a "work-family." Fellow officers, supervisors, and partners of the slain officer are also traumatized.

### The Public's Perception

The public is often unaware of the actual number of police officers who die in the line of duty every year. This loss of life and the accompanying family trauma somehow are blunted by the assumption that the families are well aware of and prepared for the dangers associated with a public service career. The loss of life can be viewed as different from other sudden, unexpected deaths. The long-term psychological effect on the surviving family members is rarely acknowledged. It is as if the law-enforcement family is expected to be prepared to deal with sudden loss or serious injury, since the dangers of the job are well known to all involved.

### Focus of Report

This report presents data relating to the psychological, emotional, financial and practical problems experienced by surviving family members. Since some officers die accidentally and others are killed feloniously, a comparison was made to determine if type of death influences outcomes for family members. Risk factors that may increase the development of negative responses in family members were also addressed. A model was developed for viewing the sudden and unexpected death of an officer as a traumatic incident. The report addresses the departmental response to police death and includes information on procedural and policy issues and the types of services that police departments provide to the surviving family members. Some preliminary data on the emotional effect of the loss on the department and on policy changes that have been instituted in the areas of manpower, procedures, training, etc., are included.

## PART II

### METHODOLOGY FOR THE SURVIVOR STUDY

Part II describes the population selection, instruments, and data collection techniques used in the survivor survey.\*

Data for the survivor study was collected from two main sources: a questionnaire and in-depth personal interviews.

#### Subjects

##### Criteria for Selection

The subjects in this study were surviving family members of law-enforcement officers whose deaths resulted from the performance of stated occupational duties and responsibilities. Since 1976, dependent family members of slain public safety officers have been eligible for a Federal death benefit through the Public Safety Officers' Benefit Office (PSOB) of the Justice Department. The family members included in this study had applied for this benefit and their names had been recorded in the PSOB office. Some survivors attended the National Police Survivor Psychological Seminar convened by Concerns of Police Survivors in Washington, D.C., in 1985 or 1986.

The PSOB maintains records on all officers killed in the line of duty whose departments file an application for the death benefit. The office reviews the records concerning the officer's death ascertains whether the death was felonious, accidental, or other -- and whether the death was in the line of duty.

The designation of a death as "in the line of duty" requires that certain criteria be met. The officer's death cannot have been due to personal misconduct or the officer's intention to bring about his/her death. The officer cannot have been intoxicated at the time of death. Benefits are denied if at the time of death the officer performed his/her duties in a grossly negligent manner. For inclusion in the benefits program, the officer would have to have been serving a public agency in an official capacity, with or without compensation, at the time of death.

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\* Detailed explanation and technical information provided in the Final Report.

Criteria for accidental death and homicidal death have been established by the PSOB as well as the FBI Uniform Crime Reporting Office. The criteria used by these agencies served as the criteria for this study (Directors of PSOB and the FBI, Office of Uniform Crime Reports, personal communications).

### Sample Selection

The spouse sample was obtained primarily from the PSOB data base. The majority of spouses included in the study were the survivors of officers who died between November 1982 to February 1985 whose application for benefits had been received by the PSOB office. Access to the surviving parents and siblings proved to be more difficult to obtain.

### Data Collection Tabulation

1. A total of 337 names of officers killed in the line of duty were recorded in the PSOB office for the period from November 1982 to February 1985.

2. Of the total number, 260 (77%) had dependent spouses who could be included in the spouse research sample.

3. Of that total, 47 (18%) had relocated, and no forwarding addresses were available.

4. The return rate from the adjusted spouse population totaled 135 (62%). However, nine respondents were not included in the final population for various reasons.

5. An additional 66 survivors who were parents and siblings returned completed surveys.

The total number of spouses included in the data analyses was 126. (An additional 26 spouses returned questionnaires at the 1986 conference and were included in some of the analyses). A total of 66 other family members, including mothers (37), fathers (15), and siblings (14) returned the survey.

### Demographic Information on Spouses

Data concerning the respondents' age, sex, ethnic origin, present marital status, educational level, number of years married, and the number of times married were assessed to determine the homogeneity of the population. Since all the respondents were surviving spouses of law enforcement officers, the socioeconomic backgrounds of the sample were assumed to be fairly consistent. The demographic profile of the spouses is summarized in Table 11-1 (see next page).

Table II-1. Demographic Characteristics of Spouses (N=126)

Characteristic	Percentage of Respondents
<b>Age</b>	
25 or under	8.0
26-30	17.6
31-35	27.8
36-40	23.9
41-45	9.6
46 or over	13.1
<b>Sex</b>	
Female	99.2
Male	0.8
<b>Ethnic Origin</b>	
White	84.8
Black	5.6
Hispanic	4.0
Other	5.6
<b>Marital Status</b>	
Widowed	97.6
Remarried	2.4
<b>Educational Level*</b>	
Less than High School	6.5
High School	58.9
Two Year College	13.7
College Degree	11.3
Graduate	4.0
Other	5.6
<b>Number of Years Married</b>	
5 or under	20.1
6-10	22.3
11-15	26.2
16-20	9.8
21-25	6.4
26 or more	15.2
<b>Number of Times Married</b>	
1	77.8
2	18.2
3	4.0

\* Two respondents did not reply about education; N = 124 for this category.

## Demographic Information on Parents

The demographic data obtained on the surviving parents indicate that the majority were white and had attained at least a high-school level education. The average age of the parents was 56.4 years. Unlike the spouse population, the parents included both males and females. The demographic profile of the responding parents is summarized in Table II-2.

Table II-2. Demographic Characteristics of Parents (N = 52)

Characteristic	Percentage of Respondents
Age	
44 or less	3.8
45-54	46.1
55-64	28.6
65 or over	21.5
Sex	
Female	71.2
Male	28.8
Ethnic Origin	
White	84.5
Black	10.7
Hispanic	1.7
Other	3.4
Marital Status*	
Married	77.6
Divorced	8.2
Widowed	12.2
Separated	2.0
Educational Level	
Less than High School	8.3
High School	52.1
Two Year College	12.5
College Degree	18.7
Graduate	6.3
Other	2.1

\* Three respondents did not reply about marital status; N = 49 for this category.

## Instrumentation

A battery of psychometric instruments was used to assess the emotional status of the survivors. The instruments were self-report measures that have been shown to be flexible, brief, and readily accepted by research populations (Derogatis, 1982).

### Derogatis Symptom Inventory (DSI)

The Derogatis Symptom Inventory (Derogatis, 1982) is a multidimensional self-report symptom inventory that measures symptomatic psychological distress. This instrument is the most current revision of the SCL-90-R (Derogatis, 1975b). It now is more sensitive to the symptoms of posttraumatic stress disorder (PTSD) while still retaining the validity and reliability of the previous measure. The dimensions measured are: somatization, cognitive dyscontrol, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, obsessive-compulsive behaviors, social alienation. The configural items category is a cluster of sympto

ms  
that are associated with many of the dimensions and PTSD. They are clinically important and contribute to the overall " global indices of distress."

### Reaction Index

The Reaction Index is a 20-item rating scale (5-point Likert scale). The items in this index are consistent with the clinical criteria for PTSD as determined by the DSM-III. The scale has been used to assess the presence of PTSD in normal persons who have been involved in trauma, such as airline crashes, combat, battering, personal injury, and natural disasters (Frederick, 1980). The Reaction Index was adapted for use with the police survivor populaton.

### Affect Balance Scale (ABS)

The Affect Balance Scale (Derogatis, 1975a) assesses mood by using 40 adjectives describing mood as items on a 5-point Likert scale. Over all, two distinct global dimensions were identified: positive mood state (joy, contentment, vigor, affection) and negative mood state (depression, guilt, hostility, anxiety).

### Demographic Questionnaire

A demographic questionnaire was prepared to collect data on age, sex, ethnic origin, marital status, relationship type, and level of education of the respondent and the deceased officer. The respondent was also asked to give information concerning date and time of death, how notification was made, and satisfaction with treatment received from police personnel, community, and the media.

## PART III

### NEEDS AND CONCERNS OF SURVIVORS

Part III focuses on the areas that the survivors identified as problematic. Information is also included on the survivors' satisfaction with assistance and services provided to them. The information presented was obtained through individual and group interviews, as well as the questionnaires. Some of the assumptions often made about the survivors are presented, along with rebuttals of this misinformation. Background information is provided on PTSD and how it relates to the psychological problems reported by the survivors.

#### What Assumptions Are Made About Survivors?

Many assumptions have been made about family members' responses to the unexpected and traumatic death of a loved one. Some of the assumptions are:

1. The police survivor is prepared for the death of a family member and therefore is less affected by the loss than other persons would be.
2. The reaction to a homicide is of greater intensity than the reaction to death by accident.
3. The unexpected and sudden death of a family member is not a stressor of enough magnitude to be classified as a trauma that will elicit symptoms of PTSD in the survivors.
4. Death of a family member can be resolved within a year without intervention.
5. Surviving family members experience fewer difficulties, since the police agency responds supportively. The police department is like a family -- they take care of their own.
6. Survivors are well compensated for the death of the officer, since it was duty-related.

These assumptions often have been accepted as true. However, the real truth has not been available.

#### Why Is Information on PTSD Needed?

This study was undertaken because the issue of traumatic, unexpected death and its effect on the surviving family members has been overlooked in relation to the families of public safety officers as well as in civilian families who have experienced a loss due to homicide or accident. An accidental death is perceived as less of a social problem, since it is held to be unavoidable or to have been caused by fate, while homicide is viewed as the result of

deliberate human actions (Michalowski, 1976). Some police departments have special ceremonies or awards for the officer killed feloniously. The distinction between killed on duty or killed in the line of duty will cause very different actions to be taken. One death is seen by the department as heroic, and the individual is given a ceremonial burial with honors. In the other, accidental death, the individual is not seen as a hero -- he/she may even be seen as having done something wrong that lead to the death.

It was previously thought that the surviving family members of a felonious death experience a more severe reaction than do the surviving family members of an accidental death. The results of this study indicate that this is not a valid assumption.

It has also been commonly assumed that grief reactions are "acute, time-limited phenomena" (Green, Lindy, & Grace, 1985, p. 406). Encouragement and even pressure are put upon the survivors to return to pretrauma behaviors and activities. For some this is an impossibility. The presence of symptoms after an extended grieving time is considered a source of concern. This concern is based on information about the duration and intensity of the grief response that often underestimates the distressing and disabling components of loss (Bowlby, 1980). That severely traumatic events occurring in adulthood might produce prolonged psychological consequences is a relatively recent conceptualization (Green, Lindy, & Grace, 1985). For survivors, the presence of grief and trauma-related symptoms is still seen as a sign of weakness, a failure to cope, inability to recovery from adversity, and a sign of "going crazy" (Hoey, 1984).

#### Posttraumatic Stress Disorder and Unexpected Death

While survivors may meet the criteria for many psychiatric disorders, the newly defined psychological disorder posttraumatic stress disorder (PTSD) can provide a more meaningful nosological classification for some survivors.

PTSD is usually considered to develop following a "psychologically traumatic event that is generally outside the range of usual human experience" (DSM-III p. 236). The diagnosis is suggested for persons who have been traumatized directly by a wide range of stressors. Simple bereavement is not included as one of these stressors. The DSM-III diagnostic criteria also do not address the issue of the secondary victim: the person who is not directly involved in the precipitating incident but who is seriously affected because of the death or injury of a

Issues surrounding the diagnostic use of PTSD have become complicated by its strong association with war, holocaust survivors, and disasters -- traumatic events "generally outside the range of usual human experience" (DSM-III, 1980, p. 236). This investigation of PTSD in survivors of officers perishing by homicide and accident provides information unavailable from other sources. This is the first study to empirically establish the presence and prevalence of this disorder following unexpected, violent deaths.

Table III-1. Diagnostic Criteria for Posttraumatic Stress Disorder

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- A. Existence of a recognizable stressor that would evoke significant symptoms of distress in almost everyone.
  
- B. Reexperiencing of the trauma as evidenced by at least one of the following:
  - (1) recurrent and intrusive recollections of the event
  - (2) recurrent dreams of the event
  - (3) sudden acting or feeling as if the traumatic event were reoccurring, because of an association with an environmental or ideational stimulus
  
- C. Numbing of responsiveness to or reduced involvement with the external world, beginning some time after the trauma, as shown by at least one of the following:
  - (1) markedly diminished interest in one or more significant activities
  - (2) feeling of detachment or estrangement from others
  - (3) constricted affect
  
- D. At least two of the following symptoms that were not present before the trauma:
  - (1) hyperalertness or exaggerated startle response
  - (2) sleep disturbance
  - (3) guilt about surviving when others have not, or about behavior required for survival
  - (4) memory impairment or trouble concentrating
  - (5) avoidance of activities that arouse recollection of the traumatic event
  - (6) intensification of symptoms by exposure to events that symbolize or resemble the traumatic event

---

Source: Diagnostic and Statistical Manual of Mental Disorders, 3rd edition, 1980, p. 238.

## What Do The Survivors Report?

The following information is based on individual clinical and group interviews conducted by police psychologists with the police survivors. This is a summary of the anecdotal results. The Final Report includes vignettes illustrating these problematic issues.

A. Survivors report that the type of death seems to make a difference in the response they receive after the death. The spouses of officers killed accidentally did not differ significantly on any of the measures of psychological distress from the spouses of officers killed feloniously. However, survivors saw the deaths as being treated differently, with homicides receiving more attention or preferential treatment. Spouses in the accidental death group said:

Our loss is just as tragic but usually the deliberate murders of police officers get the attention. It's hard for us to tell our story -- others think our loss is not as bad.

We hear, "It was just an accident"; "He should have been more careful," and even sometimes they blame the officer involved. In my case, someone's car ran into my husband and killed him. He was on his way to an emergency call and a crash occurred. That individual sued the city and the city paid off to keep it out of court. How do you think that makes me feel?

My husband was killed directing traffic at an accident scene on the highway. The problem is officers are not seen as people with personal lives and families -- they're just thought of as part of the scenery.

In some police agencies, a distinction is made between line-of-duty death and death on duty. Homicide is considered line-of-duty death, while a traffic accident would be considered a death on duty. A line-of-duty death receives special attention or special honors, such as the badge or star number being retired. Thus, although the empirical data indicate that the survivor is equally affected by any traumatic death (i.e., a homicide does not produce more serious reactions), the response made by the police agency can add considerable pain to an already traumatized family -- especially when the family expected a different type of treatment or the police department did not consider the effect their policy might have on the already tenuous condition of the family.

B. Survivors report that treatment of significant others varies. If the officer is married, attention is given to the dependent survivors -- the spouse and children -- but the officer's parents and siblings may feel left out or poorly treated. If the officer is not married, parents and significant others, such as fiances, may be inadvertently overlooked and not recognized as important individuals in the officer's life.

C. Survivors are traumatized by the unexpected death. The symptoms expressed by a majority of the survivors would classify them as having a posttraumatic stress response. The spouses report difficulties with recurrent dreams and images about the death or the deceased. In many instances these flashbacks or dreams are painful and cause the survivor continuing distress. Reminders of the officer, passing the scene of the death, or just seeing another police officer can trigger the recurrent images or produce physical manifestations. "Every time I see a police car, police officer or motorcycle officer, it is a constant reminder -- like an arrow in my heart."

Surviving spouses, parents, and siblings of police officers who die performing their duties are not more prepared for the death of a loved one because they were part of a law-enforcement family. Knowing that the job could be dangerous does not prepare an individual for the actual experience of having a loved one die. The family members were still not prepared for the emotional response to a traumatic death. Even under the best circumstances, the survivor experienced some of the symptoms of a stress reaction. The duration and intensity of this distress is still not known. Survivors who are still distressed weeks and months later are often seen as behaving abnormally or failing to cope properly. One survivor found that friends and family were concerned that the outward manifestations of grief didn't diminish within a few weeks. The survivor reported that people actually "asked me why I was still crying three weeks after my spouse's death."

D. How the survivor is notified, and how the survivor is treated by police personnel, other police officers, hospital personnel, the media, the criminal justice system, and friends have an effect on whether the survivors experience secondary injuries or traumas, exacerbating the pain.

Survivors report that the words or actions of others cause them considerable anguish. Statements in the newspaper can make it seem like the slain police officer, who is the victim, is being blamed. For example, implications are made that the police officer should have worn a bullet-proof vest, or the officer should have waited for the backup to arrive, or the officer should not have opened the door to the house ... and then the tragedy would never have happened. In some instances, the press may focus on the suspected offender, letting that individual explain the circumstances surrounding the death of the officer. The press may cover the sensational components of the case and then not provide any closure. The families report feeling that, in some situations, no one is there to defend the dead officer.

In some instances survivors are over-protected. The survivors report not being able to see the officer shortly after death in the hospital. Persons wishing to spare the survivors the further distress of seeing a bruised, disfigured, or mutilated body do not allow them the opportunity to say goodbye. This can often lead survivors into difficulty in accepting that the officer is dead.

In some instances the officer left for work looking clean and neat, and the next time the family saw him he was clean and neat in a casket.

Survivors are left wondering. "I continue to think the worst, the images in my mind are awful ... I can't stop thinking, How bad was it? ... I can't stop wondering ... about him." Sometimes the body is removed from the hospital to the morgue before the survivor has even been notified or has arrived at the hospital. "I was informed of the accident and death only after the scene had been cleaned of any traces of the accident and my husband's body sent to the morgue."

Survivors also begin to feel alienated from former police friends and from the police agency. Sometimes survivors feel that they are being avoided because the situation is too painful for all involved, or that they are being over-protected. They are now seen as being different from their friends -- and others do not know what is appropriate or not appropriate. Should they talk about the deceased, or will it cause the survivor pain to talk about the death? The death changes social relationships.

The avoidance and withdrawal behaviors associated with PTSD are also reported by survivors. Many find they are unable to return to normal levels of activities. Their jobs are too stressful, they wish to relocate, and they even begin to avoid friends and family. Often the friends and family may be uncomfortable with the survivor. They do not know what to say or how to act, so they avoid the survivor and avoid talking about the deceased.

Lack of preparation can cause additional difficulties for the survivor. Disagreements about the type of funeral and burial, who is actually the beneficiary, and what the officer would have liked to have done with his personal belongings can lead to dissension and turmoil. Survivors report that when preparations had at least been discussed pre-trauma, and a will or at least some statement concerning the officer's wishes been drawn up, disputes and misunderstandings do not occur or become less disruptive to the surviving family members.

### What is the Level of Satisfaction?

#### General Treatment Received

Over all, the spouses felt very satisfied with the treatment they were given by the police departments. They were satisfied with the funeral arrangements, their treatment by other officers, how notification was carried out, and for the most part with the benefits received. Occasionally, however, difficulties arose. For example, some departments lack a policy about compensation if the officer dies while on duty. The compensation and benefit regulations state that the officer must resign in order to receive

certain monies. Survivors have had to hire lawyers to help them receive compensation, since the officer had never officially resigned. The survivors were pained at receiving letters that stated that the officer had never submitted the proper forms or a letter of resignation in order to qualify for compensation. In many instances, repeated calls were necessary to rectify the situation, and the experience was painful for an already traumatized survivor.

The survivors had mixed feelings about media coverage of the death. Insensitivity on the part of the press was most often mentioned. The press's drive to present a story, no matter what the consequences are for the survivors, was often noted, although sometimes complimentary and supportive articles were written about the officer. Table III-2 summarizes the survivors' level of satisfaction with the police agency, fellow officers, manner of notification, funeral arrangements, community support, support from a fraternal or labor organization, and media coverage.

#### Benefit and Compensation Issues

The survivors are not prepared for the delays that occur in processing benefit and compensation requests. Survivors with particular problems may have to wait years for the legal hassels to be resolved. Some departments do not know about specific benefits that are available to the survivors. One survivor learned about the PSOB Federal Death Benefit from her insurance agent and had to convince her department to help her make the application to receive the benefit. Other survivors have to hire lawyers to help straighten out the compensation issues. Some survivors find that the departments are uninformed about benefits. The survivor had to handle all the paperwork herself since the department did not know how to handle this matter.

Table III-2. Levels of Satisfaction (N = 126 Spouses), Expressed as Percent

---

Response of Police Agency	
Satisfied	73.4
Dissatisfied	15.3
Undecided	8.9
N/A	2.4
Response of Fellow Officers	
Satisfied	72.5
Dissatisfied	17.7
Undecided	8.9
N/A	.8
Manner of Notification*	
Satisfied	55.3
Dissatisfied	30.1
Undecided	11.4
N/A	3.3
Funeral Arrangements*	
Satisfied	89.5
Dissatisfied	8.0
Undecided	2.4
N/A	.0
Community Response*	
Satisfied	93.3
Dissatisfied	3.3
Undecided	3.3
N/A	.0
Response of Fraternal or Labor Org.	
Satisfied	75.8
Dissatisfied	6.7
Undecided	11.7
N/A	5.8
Media Coverage*	
Satisfied	55.0
Dissatisfied	22.6
Undecided	14.2
N/A	4.2

---

\* Percent fails to equal 100% due to missing data.

Table III-3 provides data on the survivors' satisfaction with compensation and benefits.

Table III-3. Levels of Satisfaction with Benefits and Compensation (N = 113 Spouses)\*

---

Satisfaction	%
Benefits & Compensation Received	
Satisfied	66.6
Dissatisfied	22.0
Undecided	11.4
Assistance in Obtaining Benefits	
Satisfied	85.8
Dissatisfied	11.5
Undecided	2.7
Time Until Benefits Were Received	
Satisfied	30.9
Dissatisfied	52.3
Undecided	16.8

---

\* N=113 reflects cases eliminated because of missing data

Workman's compensation causes difficulties, and there are delays in payments for hospital and medical care. Although some costs may be covered by unions, contributions, special funds, or benefits, in many instances the family is ultimately responsible for the funeral bill.

Table III-4, which includes information drawn from the Departmental Survey, details the payment arrangements for hospital and funeral costs.

Table III-4. Who Pays for Funeral/Hospital Expenses (N = 188 Responding Police Agencies), Expressed as Percent

Hospital Expenses\*

Police Agency	44.7
Family	10.6
Family & Police Agency	.5
Workmen's Compensation	22.9
Other Insurance Policy	13.3
Private Donations/Other	1.1
Government (City, State, etc.)	3.2

Funeral Expenses\*

Police Agency	8.0
Family	67.0
Family & Police Agency	6.9
Workmen's Compensation	6.9
Other Insurance	3.7
Private Donations/Other	3.2
Government (City, State, etc.)	3.2

\* Percent fails to equal 100% due to missing data.

Specific Issue of Medical and Health Benefits

The issue of medical and health benefits is often raised by the survivors. Survivors are often excluded from the department's group coverage within days of the officer's death. A letter informing them of this separation and loss of coverage is sent in the mail. The survivor, still in a state of shock, must now find health coverage for the family. The survivor reports "feeling punished because the officer died." Departments fail to realize that procedures that are appropriate for a planned termination from police service are not appropriate in the case of an unexpected, traumatic line of duty death.

Criminal Justice System

The survivors were less satisfied with the response of the judicial system than with almost any other area. They were most often dissatisfied with the verdict or plea-bargaining arrangement in the trial of the officer's killer(s). They also reported not being given information concerning the trial. Table III-5 reports the responses made by the survivors on these two aspects of their experience with the criminal justice system.

Table III-5. Levels of Satisfaction with Criminal Justice System (N = 126 Spouses), Expressed as Percent

Criminal Justice System	
Satisfied	20.5
Dissatisfied	34.2
Undecided	6.0
N/A	39.3
Verdict/Sentencing	
Satisfied	30.2
Dissatisfied	21.6
Undecided	2.6
N/A	45.7

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Psychological Counseling/ Support For Survivors

Another area that was reported lacking was psychological counseling for the family members. Payment for counseling was also at issue. Survivors felt that, if this service was needed as a result of the death, it should be paid for by the department, especially if the survivor had lost departmental health coverage.

Another area frequently mentioned by the spouses was feeling abandoned by the police departments. The spouses wanted some type of formal and informal contact to continue. Most spouses report contact discontinued shortly after the funeral.

## PART IV

### PSYCHOLOGICAL REPERCUSSIONS: EMPIRICAL DATA

Part IV presents the results of statistical analyzes of psychological instruments administered to the survivors. The instruments measured the presence of PTSD, levels of psychological distress, and positive and negative affect states. The data revealed the prevalence of the psychological disorders, the most frequently reported symptoms, and some factors that intensify the survivors' reactions to their loss. Emphasis has been placed on the spouses, but some data are presented on significant others.\*

The topics addressed here have not been previously investigated using statistical means and valid psychological instruments. This is the first study to investigate the repercussions of accidental and felonious death on the surviving families of law enforcement officers. The following questions will be answered based on the empirical data analyzed:

1. Do surviving spouses experience PTSD?
2. Do surviving spouses experience greater distress if the death was a homicide?
3. What types of psychological problems are experienced by the surviving spouses?
4. What differences exist between the spouses with PTSD and the spouses without PTSD?
5. What symptoms are most often experienced by the surviving spouses?
6. What are some of the risk factors for the surviving spouses?
7. What difficulties are experienced by significant others?

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\* The Final Report contains the statistical tables, graphs and indepth information to document this brief summary of the statistical analyzes and results. For indepth information see Part IV of the Final Report.

### SUMMARY OF RESULTS

The unexpected, accidental, or felonious death of a police

officer in the line of duty has serious repercussions for the surviving family members. The following information is based on statistical analyses performed on the empirical data:

1. A majority of the surviving spouses experienced symptoms consistent with a diagnosis of PTSD (59%). The type of death did not influence the prevalence rate of PTSD in the spouse sample.

2. The surviving spouses did not experience a greater level of psychological or emotional distress if the death was a homicide. No statistically significant differences were found on any of the indices measured.

3. The surviving spouses have been found to experience more distress than is found in a normative population. The spouses experienced the most difficulty with cognitive functioning, hostility, social alienation, and phobic anxiety. The spouses were found to have levels of distress that were approaching clinical distress and psychopathology. These levels of distress indicate that some type of therapeutic intervention is needed.

4. The surviving spouses with PTSD were found to experience elevated levels of distress on all dimensions of the DSI and the ABS. The spouses with PTSD had significantly greater levels of distress on all measures ( $p > .001$ ). The levels of distress experienced by the spouses who met the criteria of PTSD were indicative of psychopathology.

5. The symptoms most often expressed on the DSI were feeling lonely, feeling sad, and being low in energy. Many of the other most often reported symptoms were consistent with a diagnosis of PTSD, such as: recurring thoughts, thinking about the same thing over and over, trouble remembering things, and feeling emotionally numb and empty.

6. Three factors were analyzed to determine if they intensified the distress levels for the surviving spouses: the suddenness of the death, notification procedures, and number of years married. Suddenness of the death does not seem to be a significant factor. Only one dimension, level of depression, appears to be intensified by it, in that the survivors whose loved one did not die either instantly or within 2 hours appeared to be more depressed.

Spouses who were not notified in person had higher levels of distress on many of the dimensions measured. These spouses showed significantly intensified levels of hostility on the DSI (.01) and more intense feelings of guilt (.03) on the ABS. Many other dimensions were approaching significance, indicating that the manner of notification is an important factor. Further research is required to determine proper notification procedures, since the distress of the surviving family members is affected by how notification is accomplished.

Spouses married 10 years or less seem to be a population at greater risk. The fewer years married, and in many cases the younger

the spouse, the more distress reported. This group reported significantly greater levels of hostility (.001) and social alienation (.02) and were more fearful of being taken advantage of, as well as feeling unable to trust others (.02).

7. Spouses were statistically different from and more seriously distressed than significant others. Some of the differences reflect the loss of companionship, change in social status, and the new relationship patterns that apply after the loss of a spouse but not after the loss of a child or sibling. A significant difference between scores used to indicate the presence of PTSD was found when comparing spouses to parents. The spouses had an overall higher score that is indicative of PTSD (41.99), while the parents' score did not reach the criterion established for PTSD (36.88). The difference between the scores was significant at a .02 level.

When comparing the parents of officers killed accidentally with the parents of officers killed feloniously, significant differences were noted (.008). Parents of officers killed feloniously had significantly higher scores on the PTSD scale (felonious = 40.67; accidental = 28.67), reflecting more trauma. The parents of the homicide victims were significantly more hostile (.01) and depressed (.04), and the balance between their negative and positive affect states was more greatly affected (.04) by the unexpected, felonious death of their adult child.

In light of these findings, assistance and services to aid the surviving family members of police officers who die performing their duties are required to alleviate the psychological and emotional distress of the survivors.

## PART V

### DEPARTMENTAL PROCEDURES AND POLICIES

The primary data source for this part of the project was a mailed questionnaire. The questionnaire was mailed to the Chief of each police agency or to the designated contact person in the department. The surveys focused on notification procedures, benefit and compensation information, services and programs for officers and their families, assistance provided to survivors, preparation and planning for line-of-duty deaths and demographic information on the departments. Departments were asked to send copies of their formal policies or general orders that were pertinent to the survey.

#### Section I -- Study Design: Methodology and Population Surveyed

##### Population Selection

Departments who had submitted a claim for federal death benefits through the PSOB during 1983-1985 were included in the project. PSOB records were reviewed and the addresses and contact person at each department were obtained. To be included, a department had to have had at least one death during the designated time frame and had to have submitted a claim. The number of departments that met the criteria was 276. An additional 10 departments had been sent the survey as part of pretesting of the instrument. Their results did not differ significantly from the research population, so they were included in the final analyses. Therefore, the total research population numbered 286.

##### Participation Rate/Demographic Information

The participation rate was 65%, with a total of 188 departments responding to the survey. The responding departments are a cross-section of law-enforcement agencies across the country (See Table V-1). Surveys were returned from all regions of the US, including the territories. Responding agencies included federal, state, city, county, and sherriff departments. The agencies ranged in size from having 1 sworn officer to departments that had 26,000 officers. The sample was fairly evenly divided among small, medium, and large departments.

Police departments were also asked to indicate whether or not they had formal policies concerning line of duty-deaths. The majority of the responding agencies did not have any formal policies on this topic. A majority of the agencies that had formal policies on line of duty-deaths sent copies of those policies.

Table V- 1. Demographic Information on Responding Law-Enforcement Agencies

Region	%
Northeast	17.0
Southeast	30.3
Southwest	12.3
Midwest	20.2
Rocky Mountain	5.3
West	13.8
Territories	.5
Type of Agency	
Federal	0.5
City	32.9
County	14.9
State	14.4
Sheriff	16.5
Town/Borough	19.7
Other	1.1
Number of Sworn Officers*	
50 or less	31.9
50-99	11.5
100-499	23.0
500-999	17.1
1000 or greater	16.5
Agencies With Formal Policies on Line-of-Duty Deaths	
With policies (N = 61)	32.6
Without policies (N = 127)	67.4
Agencies Sending Policies	
Sent policies (N = 38)	60.2
Did not send policies (N = 23)	39.8

\*N = 182 for this category, since 6 returns failed to include this information.

## Types of Deaths Reported

The 188 participating departments reported a total of 298 line of duty deaths (accidental and felonious) occurring within the studies designated time frame. Firearms were responsible for the largest number of line of felonious line of duty-deaths while motor vehicle crashes where the officer was either the driver or passenger of the vehicle was the leading cause of accidental line of duty-deaths. Non-line of duty-deaths were also requested in two categories, suicide and illness. Departments reported a total of 248 deaths caused by heart attacks, strokes, cancer, liver disease etc. and suicide. This information is reported in Table V- 2.

Table V- 2. Number of Reported Deaths

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### Line-of-Duty Deaths

#### Accidental Deaths

Outside of Vehicle	24
Inside of Vehicle	69
During Rescue Attempt	22
Accidental Shooting	11
Other (Helicopter crash, fall)	32

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158

#### Felonious Deaths

Firearm	120
Stabbing	4
Other	16

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140

### Not Line-of-Duty Deaths

#### Illness

Heart attack/Stroke	103
Cancer	53
Other	24

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180

Suicide	68
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## Section II -- Study Results: Procedures, Services and Policies

### Notification Procedures

Notification of the death or injury of the officer is the first interaction between the department and the family of the officer.

It is imperative that this task be accomplished quickly and carefully. According to survivors difficulties arise if survivors are notified by phone or by the media, or if the persons notifying have had no preparation in handling such a delicate task. In many circumstances, speed is important and someone is dispatched to collect the spouse and transport her/him to the hospital. In some situations, everyone is informed except the survivors, who are the last to find out. Some agencies' policies specified the chain-of-command notification procedures but did not acknowledge the needs of the survivor in this matter.

### Policy Concerning Notification

Policy statements mentioning notification were present in 50% of the policies received (19/38). Some dealt only with chain-of-command notification procedures, but the majority specified the need to notify the family quickly. A few departments designate by whom the notification will be made or have a specialized unit that will respond to a crisis or trauma.

Some policy statements give the family priority in notification, while others list the family last or fail to mention notification procedures for the family at all. Some specific statements, such as "the officer's family must be given first consideration, especially concerning the notification," were present in the general orders materials received. Statements of this sort acknowledge the needs of the survivors and the response the departments will make in assisting the survivors. Only a few departments had a policy on restricting or regulating the release of information to the media about the death or injury of an officer until at least the family had been notified. Few departments have policies that reflect how notification is actually made and what support the family may require (such as transportation to the hospital, child care, and social support or assistance in locating neighbors, clergy, or physician) immediately after being informed of the death or injury of their loved one.

### Who Notifies the Survivors

Who notifies the survivors varies from department to department. Where no set policy exists or where members have not been trained or designated it appears that notification is most often made by the chief, chaplain, or supervising officer, alone or in combination. The response received on this question may represent the ideal situation and not actually reflect the notification procedures actually carried out during a crises situation.

Responses to the questionnaire submitted to departments show that, according to the departments, no families were notified by the media and very few were notified by telephone. The majority of departments do not have designated officers or teams for notification. Often, any available officer or a combination of officers (which may include the chief or chaplain, but more likely the supervising or commanding officer) does the notifying. The departments response to this question is found in Table V- 3.

Table V- 3 . Who Notifieds the Survivors

Notifier	Percent of Agencies Responding (N = 182)*
Chief	16.5
Supervisor/Commanding Officer	34.6
Chaplain/Psychologist/Special Unit	8.2
Any combination of above	29.7
Any officer	9.3
Telephone/media	1.1
Family's predesignated officer	0.5

\* This information was missing in 6 cases

Maintenance of Records

In order for notification to be made correctly, records of next of kin are required and should be kept up to date. No policy statements included information about recording names and addresses of relatives or about updating such records at designated intervals. The questionnaire revealed that records are kept concerning spouses, but information on parents and significant others is not often requested. Records are not consistently verified and kept current by the majority of police agencies. Table V- 4 summarizes the information on departments' maintenance of records.

Table V- 4 . Maintenance of Information on Next of Kin

	Percent of Agencies Responding
<hr/>	
Records Kept on Spouses	
Yes	78.4
No	21.6
Records Kept on Parents	
Yes	31.7
No	68.3
Update of Records -- Spouses	
Never	27.1
Upon Change of Duty	23.4
Periodically During Year	40.9
Other	8.6
Update of Records -- Parents	
Never	69.1
Upon Change of Duty	7.9
Periodically During Year	17.2
Other	5.8

Services/Programs Provided by Police Agencies

The potential for injury and death exists in law enforcement. This fact requires adjustment on the part of the officer and his/her family members. Some police agencies have instituted services or programs that aid in education about possible problems. These services and programs can include stress reduction, family orientation, family ride-along programs, peer counseling, and psychological services.

The services or programs indirectly address the issues or problems of law enforcement. The program activities:

- 1) inform officers and families about possible problems associated with law enforcement (stress, alcoholism, divorce, injury, death)
- 2) inform officers and families about services available and how to obtain assistance
- 3) inform officers and families about benefits and compensation and how to acquire them if necessary
- 4) provide an opportunity to talk with other spouses, other officers, and survivors to learn from their experiences
- 5) provide an opportunity for every officer to prepare current records of next of kin, to designate what type of funeral he/she wants, to prepare his/her will, or to make other necessary plans

and to have them on file.

6) provide professional and/or peer support personnel, such as a chaplain, psychologist, employee assistance person, or duty-related trauma or family support unit, that could offer immediate and continuing assistance to the officer and family in an emergency.

Table V- 5 contains the information provided by the police departments about services or information they give their officers and their families. The following explains these results:

A large percentage of the departments responded that they do provide explanation of benefits (health and death). The departments were not questioned about how this was done and whether the officers actually understood or were really aware of the full importance of this information. Some departments indicated this was accomplished in a brief description or just by handing the officer a booklet to read. Very few departments fully explained all benefits, options, and compensation and their implications for the officer and family.

A few of the departments only focused on line-of-duty injuries. Their policy statements and benefit information did not even mention line of duty-death. The policies failed to include any information that would have made the officer or family aware of such topics as compensation and benefits that would be provided if death occurred or the procedures that would be required to receive these benefits.

A majority of the responding departments mentioned a psychological services unit, an employee assistance program or at least access to a mental health professional as well as a police chaplain as a service they provide. Departments have begun to recognize the consequences of the stress of police work on the officer and family unit. However, very few police agencies have instituted family orientation sessions or programs. Peer counseling and police family response teams are another means to ameliorate stress and provide support during a crises or a tragedy. These services were infrequently reported in the questionnaire.

Table V- 5 . Services or Information Provided to Police Families

Services	Percent of Departments Responding
Family Orientation	
Yes	29.3
No	70.8
Explanation of Health Benefits	
Yes	91.0
No	9.0
Explanation of Death Benefits	

Yes	88.8
No	11.2
Police Chaplain	
Yes	51.6
No	48.4
Will Preparation	
Yes	5.3
No	94.6
Stress Management	
Yes	43.6
No	56.4
Psychological Unit/EAP	
Yes	58.0
No	42.0
Peer Counseling/Police Family Response	
Yes	5.4
No	94.6

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#### Type of Assistance Provided to Survivors

The types of services mentioned in the policy and procedural statements concerning line-of-duty deaths were:

- Assistance with the media
- Assistance with funeral and burial
- Assistance with administrative matters relating to insurance and other paper work for the officer's estate.
- Providing transportation for survivors to hospital and to funeral
- Providing child care
- Intervention of the psychologist, chaplain, EAP, or support unit
- Immediate financial support for the survivors

#### Classification of Assistance

1. Assistance can be task- and action-oriented, such as making arrangements for the funeral and burial, transportation to the hospital and funeral, providing assistance with the media, providing immediate financial support and assistance in obtaining benefits and compensation. The focus of this type of assistance is clearly defined and the time frame is limited. This type of assistance was most often reported in the submitted policy statements and a majority of the responding departments indicated they provided assistance of this type to the survivors.

#### A. Assistance with funeral arrangements

Policies concerning funerals and burials were the most often mentioned, with 53% of surveyed departments including this area (20/38). These policies were also the most detailed, reflecting considerable thought and care in preparation. The funeral is viewed by the survivors, departments, and the community as representing a coming together to honor the officer and a show of force and concern so that all members can carry on with their stated roles and responsibilities. The focus is on ceremonial uniform, flowers, honor guards, and the extensive arrangements necessary to the funeral and burial.

#### B. Assistance with benefits and compensation

Only 32% of the policy statements included benefits and compensation information(12/38). Specific policy statements concerning assistance with benefits and compensation, indicating who will assist the survivors in filing for and obtaining benefits, what type of assistance will be available, and in some instances what benefits are available, along with sample forms, checklists, and summary outlines of options presented to survivors, have been prepared.

In a few instances, the information provided was not accurate. Most often the explanation concerning the eligibility did not include an explanation of dependent survivor status, which produce misunderstandings in surviving parents of an unmarried officer. Some departments did not include information about the federal benefits, and survivors have reported having to find this information on their own or having to hire a lawyer to solve their benefit and compensation problems.

The actual payment of the benefits and compensation to the survivors is another issue. In most instances the length of time until the survivor collects these monies is not known.

The types of compensation and the amounts available to survivors varies radically from one state to the next and from one jurisdiction to the next. The survivor may not be aware that they are responsible for the funeral expenses. In 67% of the responding departments, the family had to pay the bill for the funeral and burial. In some instances they recieved compensation for all or part of this expense from the city, state, insurance, private donations or fraternal police agency. For the most part the police agency (44.7%) indicated they took responsibility for paying the hospital expenses. Workmen's compensation and insurance covered these expenses also. However, 10.6% of the families had to pay this expense. Some were told the expense would be paid by another agency but the family continued to receive bills for long periods of time from the hospital, since the hospital had never been informed that another party had responsibility for payment.

A major source of support for some police survivors comes from

private organizations such as HEROES Inc., 100 's Clubs, Bluecoats, etc. These organizations contribute money to help survivors in many different ways. Some times money is made available immediately to the survivor to meet the financial needs of the family. In some instances major outstanding debts are paid for and college education funds are established. However, the majority of responding agencies (65.2%) responded that these organizations were not operating in their jurisdiction so their police survivors would not receive these types of benefits.

II. Other types of support are less action-oriented and are concerned with the emotional and psychological welfare of the survivors. The time frame for support is open-ended and the focus is broad and all-encompassing, reflecting the significance and long-term nature of the trauma.

#### A. Assistance with the psychological consequences

Department policies give the least attention to immediate or long-term emotional or psychological assistance. Only 24% (9/38) of the policies mentioned some psychological, emotional, or spiritual response being made to the survivors. The policy and procedural statements dealt with immediate support by crisis or family response teams, department psychologists, employee assistance personnel, and chaplains.

Even departments with psychologists on staff responded that they rarely provided counseling for the family. It may be that the survivor does not want these services or does not ask for the assistance. It is also may be that these services are not available or are not made available to the survivors. Providing immediate support and long-term support to the surviving family members is the most overlooked of services provided to the survivor. In most instances the departments do perform concrete functions for the survivors, including funeral and assistance with benefits, but they rarely assist in the emotional and psychological consequences of the traumatic loss.

#### B. Open-ended or broad-based assistance

The unexpected and traumatic death of a loved one has been shown to have tremendous psychological and emotional consequences for the surviving family members( See Part III). The types of difficulties experienced by the family encompasses all areas of functioning. Some departments have recognized that the survivors may need assistance such as social support for an undefined period of time. Broad-based and open-ended support for the survivors was mentioned in only 38% (14) of the policy statement or general orders reviewed for this project. Examples of this type of support is reflected in the following policy statements:

It is the department's policy that every consideration be afforded the decedent's family and that the family realize the maximum amount of assistance and support from the department at this time.

Police personnel and the family support team or members should stay in periodic contact with the family in a spirit of fraternal charity.

### III. Report of Services Provided to Survivors

Table V- 6 indicates the type of assistance that the responding police agencies reported providing to the survivors. The information is summarized from the survey and highlights the availability of departmental services to survivors.

Table V- 6 . Assistance Provided to Survivors

	Percent of Departments Responding
Transportation to the Hospital	
Yes	92.0
No	8.0
Assistance with the Media	
Yes	92.0
No	8.0
Transportation to Funeral	
Yes	96.3
No	3.7
Assistance with Benefits	
Yes	97.3
No	2.7
Financial Counseling	
Yes	32.4
No	67.6
Access to Staff Psychologist	
Yes	31.4
No	68.6
Referral to Counselor	
Yes	43.3
No	56.7
Payment for Counseling	
Yes	18.8
No	80.2

### Section III--Departmental Outcomes: Emotional and Manpower

The death of an officer has also been shown to cause

considerable stress in the police agency. The loss of a department member increases feelings of vulnerability as the other officers identify with the death and the pain of the survivors. Many agencies do not have an outlet for expression of these feelings, which are seen as signs of weakness -- not as normal human emotions. The loss of a fellow officer is thus translated into a loss of manpower. As the remaining officers struggle with their own, normal emotions and reassess their commitment to law enforcement, sick leave, early retirements, and transfers increase. "Officers question if the job is really worth such pain."

The emotional consequences of the death a fellow officer were judged to be severe in 50% of the responses on the departmental survey. While 20% of the responding departments indicated no significant emotional outcomes were noticed following the death, 80% indicated that emotional changes were noticeable among their officers. The changes included expression of grief, feelings of vulnerability, symptoms of trauma, and utilization of counseling services.

A majority (58%) of the responding departments indicated that manpower was not affected by the death of an officer. The remaining 42% of the departments reported either negative manpower impact, such as being short-staffed and experiencing early retirements, excessive use of sick leave, and changes in morale, or positive changes in manpower, such as overtime work to capture the perpetrator, volunteering to assist the family, and increased departmental solidarity.

A majority of the departments (68%) indicated that no procedural or policy changes were made or deemed necessary after the death of an officer. However, the remaining 38% noted that changes had been made. These changes included revision of general orders, additional training in a particular area, retraining of officers, and organizational changes, such as transfers, changing shift plans, or adjustment of management techniques. A very small percent of the responding departments (2%) changed their policies for and responses to survivors. These departments found that the death of an officer warranted a review of how the department responded to the survivors, and they recognized the need to alter previous response patterns and to make preparations for future traumatic events.

### Lawsuits

Twenty-one departments (11.2%) indicated that the survivor had filed a law suit concerning some aspect of the death. There are many areas that can become the issue of such litigation. Negligence in training, failure to update or make an officer current on procedures or equipment, inadequate supervision or management of an operation or a training exercise can provide the cause of a lawsuit.

## PART VI

### RECOMMENDATIONS FOR POLICE DEPARTMENT POLICY AND PROCEDURES

Police agencies sometimes have well-developed policies or procedures for making funeral arrangements and preparing for an officer's funeral or burial. Details concerning pallbearers, honor guards, and other ceremonial issues are usually very clearly outlined. The areas that are more difficult, less concrete, and less often addressed in policy or procedural orders are the emotional, psychological, and social support requirements of the survivors. The following recommendations encompass this less tangible area.

Some general considerations need to be noted first.

1. Police agencies have different resources available according to their size, location, and the type of community they serve.

2. Smaller organizations report that the loss of an officer has a more severe effect on the entire organization, since the individual who died was well known to all members.

3. Not every agency has the resources to provide for all aspects in a line-of-duty death, so cooperation between large and small agencies (city and county, etc.) would help make expanded expertise or services available to survivors.

#### General Policy Statements

General policy statements set the tone for subsequent actions:

It is the Department's policy that every consideration be afforded the decedent's family and that the family realize the maximum amount of assistance or support (financial, information, social, emotional) from the department during this time.

The death of a Department member is a severe shock to loved ones which must not be intensified by the inconsiderate action of another person. In the event of the death of a department member, extreme care will be exercised to avoid increasing the grief and sorrow of the family.

## Specific Policy/Procedural Statements

### Notification

The single most important procedure following the death of an officer is direct and immediate contact with the next of kin.

1. Notification of the survivors must be prompt and appropriate, dignified, and understanding. Notification of the survivors should take priority. The survivors should not be the last to be informed.
2. Notification needs to be done in person, preferably by an individual known to the survivors. The police chaplain, police psychologist, or other trained officer should assist if possible.
3. Information concerning the incident or death should not be released to the media until all survivors are notified. The survivor should not be further traumatized by learning of the death or injury through unofficial channels or the media. If a telephone call to the survivors is the only available means of notifying them, then the call should be made as sympathetically as possible and should be followed quickly by personal contact.
4. The individual making the notification should obtain from the personnel file or from the survivors the names and addresses of additional family members to be notified (if this information is not available from another source). If the chief survivor (e.g., spouse) wants to notify other family members, she/he should be assisted in doing so. If the survivor wants the designated officer to complete notification of the family, then this assistance should be provided.
  - a. Parents should be notified in person if they reside locally. If not, notification should be made by their local law-enforcement agency through a personal visit. Transportation to the airport or other assistance should also be offered to the parents.
  - b. The surviving spouse may require assistance in the form of suggestions from a mental health professional or clergy on how to properly inform the children of the death. Information about explanations of death that are appropriate for the developmental level of the child can spare the spouse further anxiety and guilt.
5. If an officer is seriously injured, the survivors (spouse, parent, or designated significant other) should be given immediate and rapid transportation to the hospital.
6. The survivor should be given up-to-date, accurate information concerning the condition of the officer, the extent of the injuries, and the medical procedures required.

### Officer Preparation for Possible Notification of Family

1. Every officer should complete a notification form, which should be updated or at least reviewed twice yearly. This form should include the following data:

\* Names, phone numbers, and addresses of individuals whom the officer wishes to assist other police officials in making notification and in coordinating events for the family (especially necessary after divorce or relocation).

\* Names, phone numbers, and addresses of all survivors who are to be notified. (The officer should designate who is considered a significant other, including spouse, parent, fiance, etc.)

\* Names and phone numbers of individuals who are available to assist in an emergency or crisis, such as clergy, friends, neighbors, or babysitters.

\* Review of all benefit forms, insurance forms, wills, etc., to verify that correct beneficiaries are listed and all documents are in order.

#### Departmental Preparation

1. Small departments should have at least one individual, and larger departments a team, designated to assist in making notification and in providing support to the family members. This individual should have training or experience in how to make notification, and how to provide support to grief-stricken family members.

2. Someone in the department should be knowledgeable about compensation and benefit issues. The spouse or dependent family members will require assistance in filling out forms and making application to the proper agencies. Such preparation avoids further trauma for the family members.

3. A Coordinating Officer should be designated. This individual could be assisted by a close personal friend of the family.

\* The Coordinating Officer should determine what assistance is required by the family and inform the survivors about what the department will provide.

4. All recruits, spouses, and/or parents should attend an orientation or lecture on preparation for active duty.

\* At that time, health and death benefits should be explained, as well as departmental policies and services.

\* Survivors should be allowed to address the group and to offer suggestions for making painful crises more manageable.

5. The police department can include notification procedures as part of annual training programs. They should include information about the value of supportive interventions, reassurance, and appropriate words and actions; the expected grief and stress response of surviving family and friends; and procedures for obtaining the release of close friends in law enforcement from their duties so that they can join their fellow officers and the survivors.

#### Psychological Services Unit

1. If the department has a psychological services unit or the services of a mental health counselor, the survivors should be visited by the mental health professional as soon as possible. 2. The mental health counselor can assist with the notification or meet the family at the hospital to offer immediate support and acquaint them with services available to assist them.

- \* The psychological services unit should provide immediate assistance similar to that for any other traumatic incident (e.g., crisis intervention, emotional preparation, introduction to survivors with similar experiences).
- \* Family members should be assisted in finding appropriate mental health counselors if they want a referral to someone outside the agency, in the community, or to a local support group for the bereaved.
- \* Departments should provide free counseling to the survivors. The department could locate funding from workmen's compensation or private benevolent organizations if they do not have the resources to pay for the survivors.
- \* The mental health counselor can assist in the development of a support group, peer counseling group, or trauma intervention group or serve as a resource to such groups.

#### Traumatic Incident Committee/ Police Family Crisis Unit

1. The purpose of the police family crisis units, which are made up of volunteers, peer counselors, spouses, and survivors of traumatic events, is to provide direct and immediate contact with the next of kin after the incident and to provide ongoing support as long as required. This type of peer support has been shown to be of considerable value in mitigating serious stress reactions.

2. The unit should provide continuing moral support through personal contact and referral to professional counseling as needed.

3. The peer counselors or volunteers should receive training and or supervision from a mental health professional.

#### At the Hospital

1. Survivors should be given any possible opportunity to see the officer while he/she is still alive, even if the visit is very brief. The decision to visit should be made by the survivor in conjunction with medical advice.
2. The survivors should be allowed to see the body. If medical personnel feel this would be psychologically injurious, the survivors should be informed of their concerns and then allowed to make their own decision. The final decision should be the survivors'.
3. The survivor should not be left alone at the hospital. Police personnel, preferably someone known to the survivor and someone in an authority or at least supervisory position, should be there to meet the survivors. Police survivors or police spouses can assist the newly bereaved family members. A coordinator or a PD representative should be assigned to assist with the decisions to be made and to carry out the survivors' wishes.
4. The department's trauma team, police psychologist, mental health counselor, survivor support group, or peer counselors should make immediate contact at the home or hospital. They should offer assistance, crisis intervention, or support. Scheduled intervention should be made before and after the funeral. Contact and offers of counseling should continue on a regular basis.

#### Funeral

1. Family members must be allowed to plan the type of funeral they think the deceased would have wanted. If the officer had a predesignated plan, it should be followed.
2. Someone should be assigned to assist the family members in preparing for the funeral and burial.
3. Someone should assist the survivors in making sure the hospital bills and the funeral and burial expenses are paid for by the proper agency.
4. Family members should be given the escort of their choice, if possible.

#### Media

1. An officer or family member should be designated as spokesperson. This individual should have all pertinent information usually sought by the media. The spokesperson should intercede so that no further trauma is inflicted on the survivors.
2. Family wishes about the presence of the media at the funeral or burial service should be honored.
3. Family members sometimes wish to interact with the media, since they may think that the officer has received unfair treatment or the facts may have been distorted.

## Benefits

1. Assistance should be provided to the dependent survivors in obtaining all compensation and benefits. The survivors should have assistance with all paperwork pertaining to payroll, insurance, health benefits, pensions, Social Security, private benefit organizations, federal and state death benefits, etc.
2. A summary sheet should be prepared that lists compensation that survivors are eligible to receive, the amount of the compensation, the name of the contact person, telephone numbers for information, the date when the benefit claim must be filed, the length of time the benefit is to continue, and any stipulations about receiving benefits.

## After the Funeral

1. The psychological, emotional, physical, financial, and social needs of the survivors continue for a long time. They require assistance with many aspects of adjustment to their traumatic event.

- \* The survivors should be given access to the coroner's report and the autopsy findings.
- \* The survivors should be allowed to talk with other officers involved in the incident.
- \* Personal effects should be returned quickly. The family's requests for articles from the uniform should be honored in a timely fashion.
- \* Survivors often express regret about the loss of contact with the officer's colleagues, who could serve as role models for surviving children.
- \* Survivors may be useful for training sessions about benefits, compensation, and orientation about the risks of law enforcement.

## Support During Criminal Trials

1. Criminal investigations and trials are further trauma for the survivors.

- \* The survivors should be informed of all aspects of the criminal investigation. They should be kept up to date concerning apprehension of the perpetrator(s).
- \* The survivors should not be discouraged from attending the trial. If they would like to attend, support and assistance are important. This support can be in the form of transportation, the presence of friends and supporters, and information on the procedures and sentencing

arrangements.

2. Police survivors considers themselves a part of the criminal justice system. Their expectations concerning justice or receiving proper treatment make the lack of such treatment or the realities of the system even more painful and traumatic.

## PART VII

### IMPLICATIONS AND SUGGESTIONS FOR FUTURE RESEARCH

#### Implications

The results of this study emphasize the need for carefully designed research that uses reliable instruments and manages to obtain a representative sample of the population in the study of traumatic death. Traumatic death, especially felonious death of a police officer, has received a great deal of attention but has not received a thorough examination that would support or dispel assumptions about the effect of differing traumatic deaths on the surviving family members, fellow police officers and the police organization.

#### For Police Survivors

1. PTSD needs to be considered as a possible diagnosis for some of the survivors of police officers killed in the line of duty, since a substantial proportion of the population met the established criteria for this disorder.
2. The type of traumatic death, whether an accident or a homicide, needs to be considered as a stressor that has enough potential magnitude to produce a traumatic stress reaction in the surviving family members.
3. The prevalence of PTSD identified in populations of victims of rape, natural disaster, and assault, and in prisoners of war, is consistent with the prevalence of this disorder identified in the surviving spouses of police officers. Further investigations are needed to determine if the type and duration of the symptoms vary according to the trauma experienced. This information would have implications for the type of assistance given following traumatic deaths.
4. The surviving spouses who meet the criteria for PTSD also exhibit high levels of negative psychological symptoms. The scores exhibited on these scales represent a level indicative of pathology. This suggests that a substantial number of the surviving spouses exhibit symptoms that also meet the clinical classification of adjustment disorder with depressed mood, adjustment disorder with anxious mood, and generalized anxiety disorder. The spouses who fall in this category must be considered to be at risk and are in need of immediate, direct, and supportive intervention.
5. Care needs to be taken after a traumatic death to ensure proper diagnosis of the surviving spouse, since a high proportion of spouses exhibit negative psychological symptoms concomitant with PTSD. This reaction may not represent failure of coping strategies or an inherent weakness but might represent a normal reaction to the

traumatic nature of the loss experienced. Further investigation of the bereavement process following traumatic loss is necessary to fully understand the normative response to unexpected, traumatic death.

6. Even though PTSD and/or psychopathology may be a normal response to traumatic death, spouses, parents and siblings would benefit from counseling. Information delineating the types of symptoms and the intensity and possible duration of symptoms needs to be made available to spouses and those in the helping professions. A better understanding of trauma bereavement could help prevent spouses from feeling that their behaviors or reactions are aberrant. Some long-held assumptions about recovery after an accident or a homicide need to be reworked.

7. Notification procedures if not done personally or properly can lead to further distress for the survivor. To often the person sent to notify the family of a death or serious injury has not been trained and is uncomfortable and unsure of what is expected.

#### For Police Departments

1. The traumatic, unexpected death of a police officer has repercussions for the police organization. The exploratory data indicated that morale and productivity are affected. The death of a fellow officer is the highest order stressor experienced by police personnel. Peer counseling trauma debriefing, and trauma support teams may alleviate the negative psychological and work-related consequences after such a traumatic death occurs.

2. Formalized policies, procedures and general orders are necessary. Preparation for possible crises situation will allow the organization to function in a more beneficial manner during the crises situation.

3. The focus of the organization needs to be expanded from concrete or action orientated assistance to encompass a more broad base approach which takes into consideration the emotional and psychological repercussions the death has on the survivors. Departments with psychological services units need to make services available to surviving family members or at least help the family locate available services.

4. Traumatic death requires a more direct response on the part of departments to the physical and emotional needs of the survivors-- both short term and long term.

5. Survivors are being to file legal actions against police agencies in response to what they see as negligent practices or procedures as well as inadequate or ineffective equipment.

#### Suggestions for Future Research

The results of this study, and the far-reaching implications for the survivors and police agencies suggest the need for further research to investigate traumatic loss and its psychological impact for surviving family members and for police departments.

### For Surviving Family Members

1. Since records are available on over 1500 spouses of police officers killed in the line of duty since 1976, a retrospective study would be beneficial to determine the duration and intensity of symptoms and to fully understand the complex reaction to a traumatic death, especially the long-term implications for the surviving family members.

2. A longitudinal study of spouses, parents, siblings and especially children necessary to determine the consequences of such a loss over time. This type of study would document what needs to be considered the "normal response" to traumatic death. that might be of importance in

3. Research is needed that studies the children of police officers to determine the psychological impact of traumatic loss on children at differing developmental stages. Information concerning these varying reactions would be beneficial in planning support and intervention strategies.

4. In order to expand the generalizability of the results, the psychological impact of traumatic loss needs to be investigated more thoroughly in the civilian population. A replication of the present study in civilian populations could study the traumatic bereavement reaction in a non-police population.

5. Further research into PTSD in secondary victims of traumatic death is needed. Since this disorder is associated with war and major disasters involving primary victims, a comparison of the type, intensity, and duration of the symptoms would be beneficial in expanding our knowledge of this newly recognized disorder.

6. Further investigation into the secondary injuries that often follow a traumatic event would be an important outgrowth of this study. These issues could include the affect of viewing the body, consequences associated with criminal trial procedures, impact of media, and the policies police administrations have developed to respond to line of duty deaths.

7. No factual data exist concerning the impact of varying intervention or support techniques or the lack of these services on the surviving spouses' ability to adapt to the consequences of traumatic death. A research study comparing crisis intervention techniques with other methods for treating PTSD would provide information about methods for assisting the surviving family members after an accidental or felonious death of a loved one.

8. Further research concerning notification would help in the development of training.

### For Police Departments

1. Evaluation studies that would document the effectiveness of peer counseling, trauma debriefing, and police family trauma or support groups in necessary.

2. More detail information is needed concerning the psychological, physical and work-related consequences the death or serious injury of a fellow police officer has on police personnel. A study, using similiar instrumentaion as was applied in the Police Survivor study would determine the areas of functioning most affected by traumatic loss in the work force.

3. Development of informational packets, model policy statements and model curriculum for training on these topics would make it easier for departments to begin to implement these recommendations.

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