# UNDERSTANDING POLICE OFFICER STRESS: A REVIEW OF THE LITERATURE



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*Abstract: The nature of police work may at times involve stressful situations such as the threat of, and actual, physical harm and witnessing the human toll of violence. The stress of the job combined with organizational stressors may severely impact police officers and their work. Stress can lead to substance misuse and disorders, trauma, and suicide. Police departments can address officer stress through interventions, such as counseling, peer support groups, and stress management training. This article summarizes literature on the effects of police officer stress and trauma. Police officers that embrace active coping styles may be better able to handle stress.*

## Introduction

Research suggests that police work can have a profound effect on officers and impact their ability to do their jobs.[1] For officers, actions taken or not taken on the job may have stressful legal and social consequences.[2] In addition, some officers experience trauma resulting from exposure to violence and human suffering.[3] One study found over 20% of a sample of police officers had witnessed the intentional killing of at least one colleague and about 24% had seen the bodies of more than 50 deceased persons.[4] Another study found mental health problems were associated with officers who had more time on the police force.[5]

Officers experiencing occupational stress may report the following symptoms:

- Physical (e.g., fatigue, headaches, dizziness),
- Cognitive (e.g., confusion, poor concentration, poor memory),
- Emotional (e.g., depression, anger, irritability), and
- Behavioral (e.g., antisocial behavior, loss of appetite, increased alcohol consumption).[6]

These symptoms may be indicative of a diagnosable mental health disorder.

In addition to police work itself, organizational issues, such as race and gender discrimination, lack of trust in other officers, and lack of job satisfaction are sources of stress.[7] Researchers theorize that, to some extent, police expect, and are prepared for, stressful situations when interacting with the public, but not within their own organization. Organizational stress may lead to feelings of betrayal and cause a loss of trust in their department.[8] Several studies have noted an association between perceived stress and shift work, common in policing.[9] The variation in scheduling and hours worked can cumulatively place additional stress on officers.[10]

This article explores the effects that stress and trauma can have on the general well-being of police officers and identifies future areas for research to better understand the problem.

## Effects of Stress and Trauma on Police Officers

Impacts of police stress range from mild to severe. Common effects of stress include headache, irritability or anger, fatigue, and social withdrawal, among others.[11] Over time, stress can lead to more severe physical health consequences, such as heart disease and high blood pressure.[12] Research suggests that police officers may even have lower life-expectancies than the general population due to stress, however, much more research is needed to determine the extent and nature of this relationship.[13]

### Symptoms of Stress

**Poor sleep**. Several police surveys have indicated an association between high levels of perceived stress and self-reported poor sleep.[14] One study found that organizational stressors were strongly related to poor overall sleep quality, whereas stress resulting from critical incident exposure was related to nightmares but less associated with general sleep issues.[15] Another study

found a link between increased stress, lower perceived health, and more sleep complaints in police officers.[16] Other research has identified significant deficits in cognition (e.g., attention, learning, memory) as a result of sleep deprivation, which could be detrimental to police work.[17]

**Negative coping mechanisms**. Many officers develop negative coping mechanisms as they adjust to police culture.[18] Negative coping mechanisms include avoidance of friends and family, substance use, and repression of emotions which can reinforce feelings of isolation.[19] Alcohol consumption is often employed as a way for officers to socialize and as a maladaptive coping mechanism for stress.[20] After experiencing trauma, some officers develop coping mechanisms that reinforce their separation and isolation from the civilian population.[21]

**Burnout.** Maslach et al. (2001) defined burnout as a "prolonged response to chronic emotional and interpersonal stressors on the job."[22] Police officers may be susceptible to burnout due to the nature of police work, which requires officers to interact with the public in stressful or emotional situations.[23] Over time, this type of exposure can foster feelings of exhaustion that result in emotional and cognitive distancing from work.[24] Officers may exhibit burnout by adopting more cynical attitudes to their work and the public and insulating themselves from the emotional exhaustion of repeated exposure to stressful situations. One study found that efforts to feel true emotional sympathy for people were significantly positively correlated with elevated levels of emotional exhaustion among police officers.[25]

**Aggression and violence**. In one study of police officers, those who reported experiencing a higher level of perceived stress were more likely to report engaging in intimate partner violence.[26] Another study sample found 60% of police spouses experienced verbal and/or emotional abuse.[27] Some research suggests a positive association between number of hours worked by an officer and the likelihood of domestic violence.[28] In fact, one study found that the effect of police officer exposure to violence on spousal violence is mediated through burnout (i.e., emotional exhaustion and detachment from the job) and authoritarian spillover (i.e., acting in an authoritarian manner toward family members).

To date, there is limited research regarding the impact that stress among police officers may have on the likelihood of using force in police-civilian interactions. Existing research findings have shown mixed results, though these studies may be outdated and/or lack generalizable samples.[29]

## Mental Health Disorders

**Trauma and stress-related disorders.** The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) includes a new category of clinical mental health diagnoses: Trauma and Stress-Related Disorders.[30] While most individuals experience some level of distress with a traumatic incident, some will go on to experience persistent issues, such as posttraumatic stress disorder (PTSD), requiring treatment.[31] Mental health treatment can be beneficial to anyone experiencing distress after exposure to trauma, regardless of symptom severity.[32]

*Chronic stress*. Chronic stress can impair individuals' abilities to regulate emotions, make timely decisions, and exercise sound judgment. Defined as the "stress resulting from repeated exposure to situations that lead to the release of stress hormones,"[33] chronic stress can

also have negative physical effects.[34] Police officers can develop chronic stress through exposure to critical incidents.[35] According to the Occupational Safety and Health Administration, critical incidents include exposure to tragedy, death, serious injuries, and threatening situations; stress caused by exposure to critical incidents can manifest in negative physical, cognitive, emotional, or behavioral symptoms.[36]

In one study, officers in urban areas reported witnessing an average of 168.5 critical incidents in their careers; rural officers reported witnessing an average of 188.5 critical incidents.[37] A survey of police officers in a large urban department revealed over a quarter of respondents had shot someone, and nearly a third of those respondents indicated the incident had a high emotional effect.[38] In addition, a study of police officers found that about 32% of respondents screened positive for PTSD.[39] This research suggests that police officers are at a high risk for trauma and stress-related mental health disorders.

*Posttraumatic stress disorder (PTSD)*. The American Psychiatric Association defines PTSD as a psychiatric disorder brought on by experiencing any traumatic event. Symptoms include intrusive thoughts, thought avoidance, negative changes in mood, and changes in physical and emotional reactions (i.e., being easily startled, self-destructive behavior, irritability).[40] Elevated stress levels are associated with increased risk of PTSD and depression among police officers.[41]

The medical community views PTSD and related mental health disorders among first responders as occupational hazards, normalizing their occurrence within the profession.[42] Officers can experience trauma directly or be subject to vicarious trauma (e.g., witnessing death or abuse).[43] Both the frequency and severity of exposure to critical incidents are important factors in the likelihood of developing PTSD.[44] Research suggests police officers exhibit higher rates of PTSD than the general population, with estimates of prevalence between 7% and 19%.[45] Many officers may also experience significant symptoms of posttraumatic stress, but do not meet the diagnostic criteria for PTSD; this level of stress can be described as a subsyndromal form of PTSD.[46]

**Substance use disorders.** Addiction and substance use disorders are defined as brain diseases whereby changes to the brain's wiring cause intense cravings for certain substances.[47] Symptoms include lack of control over substance use, social dysfunction, substance-related risk-taking behaviors , and increased tolerance and withdrawal symptoms.[48] Research is somewhat split on whether police officers use alcohol at rates higher than those of the general population. One study of Mississippi police officers found no statistically significant difference in the amount of alcohol consumed by the police than the general population.[49] This study also found that much like the general population, young single male officers exhibited more hazardous alcohol consumption behaviors. Additionally a Florida study found officers did not exhibit higher rates of problematic alcohol consumption than the general population.[50] Another study found law enforcement officers who used alcohol as a coping strategy to deal with stress and trauma were at greater risk for suicidal ideation.[51]

There is little evidence to suggest that police officers regularly engage in drug use generally or as a result of work-related stress or trauma. The lack of research on this topic could be due to the inherently hidden nature of drug use.[52] One of the only pieces of research on this topic is a study

from 1988 that found that 10% and 20% of a sample of police officers used non-prescription drugs and marijuana, respectively, while on-duty.[53] However, this study included less than 100 officers from only one police department and was not intended to hold generalizable implications. Additionally, the study did not determine the extent to which the officers used drugs or whether they suffered from substance use disorders.[54] While departmental drug testing could inform levels of police drug and alcohol use, this measure may be unreliable due to announcement effects (i.e., where police are alerted to the testing in advance) and officer familiarity with the testing procedures.[55] Additionally, large-scale drug testing across many jurisdictions would be needed to generalize the results.[56]

## Police Officer Suicide

Conducting research on police officer death by suicide is often difficult due to a lack of comprehensive available data.[57] The U.S. Bureau of Labor Statistics reports 24 workplace suicides by police personnel and six by correctional staff were logged between 2011 and 2014. These counts were high compared to other professions.[58] Some research indicates the prevalence of suicide is higher among police officers than the general population as well. One study found police officers had a 69% greater risk for suicide than those in the general employed population.[59] However, studies on the extent and nature of police suicides have been lacking in methodological rigor.[60] Still, it is important to understand police suicide with other considerations in mind, such as demographics and risk factors unique to the police profession. In addition, some argue police suicides may be classified under "other causes of death" or as "undetermined," suggesting the actual rate of suicides may be higher.[61]

**Who is at risk?** Demographic studies reveal significant trends in police officer suicide. One study found that male officers had a similar rate of suicide compared to the rate within the general male population.[62] However, female officers had a rate that was four times higher than that of women in the general population.[63] Research also showed White officers had higher risk for suicide than Black or Hispanic officers.[64] Another study revealed PTSD and increased alcohol use were linked to a marked increase in suicidal ideation in police officers.[65] Other research indicated officers those who were single had a significantly higher risk for suicidal ideation than those who were married or in a committed relationship.[66] Furthermore, a recent study showed family members of law enforcement have a higher rate of suicide than the national rate.[67]

Some research suggests that departmental factors (e.g., low levels of job satisfaction, organizational stress/strain, lack of managerial support) were associated with risk for suicidal ideation.[68] One study found suicide rates were higher among police than correctional officers.[69] Some research shows that department size also may have an impact. One study found that police departments with 50 or fewer officers have a significantly higher annual suicide rate than large departments.[70] This may be due in part to officers in smaller rural departments facing additional stress due to working alone, having fewer officers available for backup in dangerous situations, and lacking access to resources for addressing mental health issues.[71] Additionally, some longitudinal research indicates retired officers may be less likely to commit suicide than working officers. One 50-year follow-up study found that working officers were about eight times more likely to commit suicide.[72] Some research suggests increases in age are significantly correlated

with increases in risk for suicide among female officers, while this relationship is not statistically significant for male officers.[73]

Warning signs for anyone contemplating suicide include feelings of hopelessness, anger, anxiety, mood swings, and reckless or risky behavior.[74] Warning signs unique to police officers may include entering dangerous situations without backup, threatening themselves or others, or flouting department rules.[75] One study found 88% of law enforcement personnel who committed suicide used a firearm, compared to 27% in the general population.[76] A comparison study found that in New York City, officers had a rate of suicide twice as high as civilians; however, in London, where officers do not carry firearms, the rate was comparable to the civilian rate.[77] A study of the Israeli Defense Force found that when policy was changed and members were prohibited from bringing their weapons home on the weekends, suicides decreased by 40%.[78]

**Protective Factors and Growth**

Police officers may demonstrate greater resiliency to stress than the general public.[79] Some research suggests that having more benevolent worldviews, higher levels of extraversion, and lower levels of neuroticism are all protective factors that increase capacity for resilience to PTSD.[80] Additionally, police officers that demonstrate higher levels of positive emotion prior to active duty are more likely to demonstrate resilience to stress than officers with elevated levels of negative emotions.[81] To become a police officer, an individual must be cleared through psychological assessments to be considered fit for duty.[82] One study found that individuals with longer tenures of employment as police officers were less at risk of PTSD and suicidal ideation; this may be due to greater development of coping skills over time.[83] In fact, active coping styles (i.e., identifying sources of stress and developing a plan to overcome them) have been noted as effective protective factors at the individual level.[84] Other protective factors include strong social and intimate connections, peer support and counseling, and education.[85]

**Posttraumatic growth**. Some officers experience positive outcomes after a traumatic experience. In such cases, trauma alters an individual's worldview and leads to cognitive reprocessing, an experience known as post-traumatic growth.[86] Five aspects of post-traumatic growth include:
- Growth related to new possibilities.
- Ability to relate to others.
- Increased sense of personal strength.
- Greater appreciation for life.
- Spiritual change.[87]

Research findings are mixed on the relationship between posttraumatic stress symptoms and post-traumatic growth; some research demonstrates an association, while others find no reliable connection.[88] Several studies examining the relationship between traumatic events and post-traumatic growth among police officers found symptoms of the two were significantly positively correlated.[89] Therefore, it appears officers who experience trauma are more likely to experience greater post-traumatic growth.

## Conclusion

Police officers are often exposed to violent or traumatic incidents that result in stress.[90] Stress among police officers also can be caused by less salient issues—organizational or work-place stressors such as discrimination, job dissatisfaction, and shift work.[91] Stress takes an emotional and physical toll on police officers, often leading to PTSD, which is estimated to be higher among police officers than among those in the general population.[92]

Officers suffering from stress may turn to negative coping mechanisms, such as substance misuse, putting them at greater risk for suicidal ideation.[93] However, research on police suicide is limited or inconclusive.[94] In addition, practitioners have a limited understanding of the differences in stress between officers in rural versus urban jurisdictions. Finally, treatment services intended to assist police officers with stress and mental health issues require future evaluation in the effort to determine efficacy.[95]

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