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Compassion Fatigue, Compassion Satisfaction, and Burnout Among Police Officers Who Have Experienced a Previous Perceived Trauma

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COMPASSION FATIGUE, COMPASSION SATISFACTION, AND BURNOUT
AMONG POLICE OFFICERS WHO HAVE EXPERIENCED PREVIOUS
PERCEIVED TRAUMAS

By

Laura Battle

A Dissertation

Submitted in Partial Fulfillment of the

Requirements for the Degree of

Doctor of Education

Major: Counseling

The University of Memphis

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Dedication

To my boys: Reid, Brett, and Drew.

Abstract

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Compassion Fatigue, Compassion Satisfaction, and Burnout Among Police Officers Who
Have Experienced Previous Perceived Traumas. Major Professor: N. Dewaine Rice,
Ed.D.

The purpose of the study was to determine is there was a difference between
levels of compassion fatigue, compassion satisfaction, and burnout among police officers
in regard to years of experience and whether or not they had experienced a previous
perceived trauma.

Commissioned police officers from a large urban police department in the Mid-
South ($N = 1,390$) participated in the survey, which included a demographic survey, a
trauma indicator, and the ProQOL inventory which is comprised of three sub-scales:
compassion fatigue, compassion satisfaction, and burnout. Each of the three sub-scales
have a range from 0 (low compassion fatigue, high compassion satisfaction, and low
burnout) to 50 (high compassion fatigue, low compassion satisfaction, and high burnout).

This study posed six questions related to levels of compassion fatigue,
compassion satisfaction, and burnout among police officers who had experienced a
previous perceived trauma compared to those who had not and also their years of
experience. The results were analyzed using a 3 X 2 MANOVA. The first three
questions compared compassion fatigue, compassion satisfaction, and burnout scores to
officers who have experienced a previous perceived trauma compared to those who have
not. There was a significant difference in question 1 in regards compassion fatigue
scores [$F(1,1389) = 53.00$, $p < .0005$, partial $\eta^2 = .040$]. There was a significant
difference in question 2 in regards to compassion satisfaction scores [$F(1,1389) = 8.00$, p

< .0005, partial $\eta^2 = .060$]. There was a significant difference in question 3 in regards to burnout scores [$F(1,1389) = 35.00$, $p < .0005$, partial $\eta^2 = .030$].

Questions 4 through 6 compared officers compassion fatigue, compassion satisfaction, and burnout scores to those who have experienced a previous perceived trauma or not and the years of experience of the officers (0-3 years, 3-10 years, and more than 10 years of experience. There was a significant difference in question 4 in regards to the compassion fatigue scores [$F(2,1384) = 3.83$, $p < .05$, partial $\eta^2 = .006$]. There was not a significant difference in question 5 in regards to compassion satisfaction scores [$F(2,1384) = 2.75$, $p > .05$, partial $\eta^2 = .004$]. There was not a significant difference in question 6 in regards to burnout scores [$F(2,1384) = 1.46$, $p > .05$, partial $\eta^2 = .002$].

Results indicate that officers who have had a previous perceived trauma have higher rates of compassion fatigue, lower rates of compassion satisfaction, and higher rates of burnout than officer who have not experienced a previous perceived trauma. The result also suggests that years of experience affect compassion fatigue in police officers.

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Chapter 1

Introduction

Police work is one of the most stressful occupations. This chapter discusses the

psychological constructs of compassion fatigue, compassion satisfaction, burnout,

trauma, and trauma types and how they relate to police officers. Because of the

complexity of the constructs, there are several terms that need to be defined and the

constructs will be linked to police work.

Compassion Fatigue

Compassion fatigue is a relatively new term. It is synonymous with secondary

traumatic stress disorder and has some symptoms that are similar to post traumatic stress

disorder (Figley, 2002). Some symptoms of compassion fatigue can present in

emergency workers when they are constant witnesses to the trauma of others or it can be

related to one event (Moran, 2002). Compassion fatigue can be the cumulative effect of

seeing the trauma of others everyday or it can be related to witnessing one particularly

traumatic event. In the case of emergency workers, indirect exposure to traumatic

information through pictures, statements, or other materials can also lead to traumatic

stress (Tehrani, 2011). Secondary traumatic stress (compassion fatigue) is often apart of

the daily routine for helping services professionals and it can inhibit these professionals

from functioning at their optimal level (Showalter, 2010). Police officers certainly fall in

this category of helping and emergency professionals. Emergency service workers are

constantly exposed to stress and trauma in their every day work environments and as a

result, they may face the consequences of those traumas and stressors and one of those

consequences is compassion fatigue (Jackson, 2004).

Compassion fatigue is defined as work related, secondary exposure to extremely stressful events. The symptoms are usually rapid in onset and can be related to one event or a number of events over time (Stamm, 2005a). This concept infers that helpers can "catch" Post Traumatic Stress Disorder (PTSD) by being exposed to the PTSD of others over a prolonged period of time. Compassion fatigue is different from burnout in that burnout is defined as experiencing feelings of hopelessness and having difficulties in dealing with work or in doing the job effectively (Stamm, 2005a). In addition, Newell and MacNeil (2010) state that compassion fatigue is a condition that is related specifically to working with trauma populations while burnout is a more general phenomenon which may occur in any work environment. Police officers work with people in traumatic situations every day.

The Compassion Fatigue Process

Based on Figley's Compassion Fatigue Process (2001), exposure to suffering, the helper's concern, and the helper's ability to be empathic all lead to their helping response (how they help others). Helper detachment and sense of satisfaction can also lead to residual compassion stress. Residual compassion stress leads to compassion fatigue. If the helper does not have empathy, then the helper will not develop compassion fatigue. In this model, trauma also can lead directly to compassion fatigue. Police are at risk for developing compassion fatigue because of the traumatic events they witness routinely.

Who Gets Compassion Fatigue

Helping those who are in need of help or who are in a crisis can be very rewarding but there can be consequences (Valent, 2002). When the interventions do not work or do not work as well as the helper would like, it is possible that the helper may

begin to experience some compassion fatigue (Valent, 2002). Further, if there is a lack of

administrative support or an impersonal handling of a traumatic event, the helper is more

likely to experience compassion fatigue (Solomon & Mastin, 1999).

Who Does Not Get Compassion Fatigue

Some helpers can work with traumatized people for extended periods of time and

never experience compassion fatigue. These helpers may have high compassion

satisfaction or have good social support systems in place (Stamm, 2002). Stamm (2002)

contends that trauma challenges the helpers' control and that lack of control can cause

psychological distress. The reason so many helpers are able to work in these conditions

with no effects of compassion fatigue is that they are able to stay positive, take care of

themselves, and have a strong support system (Stamm, 2002).   The helpers rely on their

survival strategies when a stressful event occurs. The strategies of adapting, fight or

flight, and competing and cooperating all contribute to reliving the trauma they witnessed

and avoiding the trauma (Valent, 2002). The helper will use their biological,

psychological, and social constructs to handle traumatic stressors.

Compassion Fatigue Symptoms

The compassion fatigue symptoms that may be present are numerous. These

symptoms cross cut the cognitive, emotional, behavioral, spiritual, interpersonal

relationships, somatic issues, work performance, and home lives of officers.

Cognitive Symptoms of Compassion Fatigue. Compassion fatigue can create

cognitive problems for officers. Some of the symptoms include lowered concentration,

decreased self-esteem, apathy, rigidity, disorientation, perfectionism, minimization,

preoccupation with the trauma, and thoughts of self-harm or harm to others (Figley, 1999).

Emotional symptoms of Compassion Fatigue. Emotionally, compassion fatigue can cause feelings of powerlessness, anxiety, guilt, anger, rage, and survivor guilt. Compassion Fatigue can also cause the officer to have emotional problems that include numbness, fear, helplessness, sadness, depression, feeling depleted, sensitivity, and give them the feeling of being on an emotional roller coaster, going from routine patrol status to extreme physical danger (Figley, 1999).

Behavior and Compassion Fatigue. Compassion fatigue can also change an officer's behavior. Compassion fatigue generates negative behaviors such as impatience, irritableness, withdrawal, moodiness, emotional regression, sleep disturbances nightmares, changess in appetite, proneness to accidents, and losing things are all signs of compassion fatigue (Figley, 1999).

Spirituality and Compassion Fatigue. Spiritually, officers may start questioning the meaning of life, loss of purpose, and lack of self-satisfaction. The police officer can also experience pervasive hopelessness, anger at God, questioning prior religious beliefs, loss of faith in a higher power, and a greater skepticism about religion (Figley, 1999).

Interpersonal Relationships and Compassion Fatigue. Compassion fatigue can affect the officer's relationships. Some of the symptoms include withdrawal, decreased interest in intimacy or sex, mistrust, isolation from others, over protection as a parent, projection of anger and blame, intolerance, loneliness, and increased interpersonal conflicts (Figley, 1999).

Somatic Complaints and Compassion Fatigue.   Physical and somatic complaints are also present with compassion fatigue. Some of the symptoms include sweating, rapid heartbeat, breathing difficulties, aches and pains, dizziness, an impaired immune system increased number, and intensity of medical problems (Figley, 1999).

Work Performance and Compassion Fatigue. Additionally, compassion fatigue can affect the officers work performance. Low morale, low motivation, avoiding tasks, obsession about details, apathy, negativity, lack of appreciation, detachment, poor work communications, staff conflicts, absenteeism, exhaustion, irritability, and withdrawal from colleagues are all signs of compassion fatigue (Figley, 1999).

Negative Arousal and Intrusive Thoughts.   One symptom of compassion fatigue is having negative arousal. Police officers are trained to look for the negatives in any given situation as a matter of officer safety. Intrusive thoughts or images about the trauma or experience of another trauma, or remembering previous traumas triggered by the civilian's trauma are some other symptoms of compassion fatigue (Gentry, Baranowsky, & Dunning, 2002). Police officers are trained to remember every detail of a crime scene and often have to testify in court to what they saw and how they reacted in the situation, reliving it, sometimes years after the event. Unlike other occupations, it is a requirement for the job of police officers to remember these traumatic situations in detail so that they can testify in court. Officers can also experience a dread of working with certain individuals because of these traumas (Gentry, et al., 2002).   For example, if the officers have been to a house for domestic violence call frequently, the officers may begin to dread all domestic violence calls or calls from that home.

Home Life/ Work Life and Transference.   There is also a possibility of difficulty with sleeping and difficulty in separating home life and work life. Lowered frustration tolerance with increased outbursts of anger and rage can cause difficulty in family life and a dread of working with certain individuals is also a symptom (Gentry, et al., 2002).

"Catching" Compassion Fatigue

Danieli (1999) contends that if an officer is suffering from symptoms of compassion fatigue or some unresolved trauma, the officer can pass this behavior on to their family members or children. The thought behind this theory is that the officer's children see the behaviors of the officer and think that that is how one is supposed to act. As a result, the children model officer behavior that can cause problems for them both at home and at school which then creates added stressors for the officer's family.

Social Reactions to Compassion Fatigue

Police officers are expected to be prepared for the worst at all times when at the same time, behave according to social norms while in social and familial situations. This cycling between work and home behaviors can take a huge psychological toll on the officers (Kopel & Friedman, 1999). Police officers may also transfer their lack of emotion, inflexibility, and rigidity that make them effective police officers to their social roles, which may lead to the police officers being perceived as cold and uncaring. This lack of social support systems can lead to less effective coping with traumatic situations (Violanti, 1999).

Compassion Fatigue Symptoms and PTSD Symptoms

Compassion fatigue symptoms can parallel the post traumatic stress disorder symptoms the victim is experiencing. Some symptoms that compassion fatigue and post

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traumatic stress disorder have in common are intrusive thoughts about the traumatic

event, increased negative arousal, hyper vigilance, loss of sleep, intrusive thoughts about

the incident, and avoidance of similar situations (American Psychiatric Association,

2000; Gentry, et al, 2002). Compassion fatigue is almost identical to post traumatic

stress disorder except that it applies to the officer, not the person who is experiencing the

trauma (Figley, 2002).

Organizational Costs of Compassion Fatigue

Compassion fatigue inhibits the professional's ability to function at optimal levels

and is a part of the every day life of professionals today. Some of the costs of

compassion fatigue are staff turnover, loss of self-worth, diminished productivity, and

poor morale (Showalter, 2010). The psychological consequences of working with trauma

victims that lead to compassion fatigue can cause the police officer to leave the

profession or compromise their ability to work in the profession (Sutton, 2008).

Personal Costs of Compassion Fatigue

Some of the personal costs of compassion fatigue include alcohol abuse,

depression, increased health problems and suicide (Levenson, O'Hara, & Clark, 2010;

Murtagh, 2010). Additionally, domestic violence, alienation from children, and divorce

are also some of the personal costs for police officers.

Compassion Satisfaction

Compassion satisfaction refers to getting pleasure from doing a helping job well

(Stamm, 2005a). Having compassion satisfaction indicates a greater satisfaction from the

ability to be an effective helper. Job satisfaction is associated with positive affect, life

satisfaction, and self-esteem (Kohan, 2002). There is also a positive relationship between

job satisfaction and mental health (Brown, Cooper, & Kirkcaldy, 1996). The more

support officers receive from their department and the government, the less stress the

officers have, which has the potential to result in higher compassion satisfaction (Yates &

Pillai, 1996). Compassion satisfaction also functions as the chief mediator for

compassion fatigue (Stamm, 2002).

<div align="center">Burnout</div>

Stamm (2005a) defines burnout as experiencing feelings of hopelessness and

having difficulties in dealing with work or in doing the job effectively.   Three major

theoritical views of burnout follow (Edelwich & Brodsky , 1982; Forney, Wallace-

Schutzman, & Wigger, 1982; Maslach, 1982a).

Three Stages of Burnout

Maslach (1982a) defined burnout in terms of three stages. The first stage is

exhaustion and lack of enthusiasm about the job. The second is a depersonalization and

emotional detachment from the job. Lastly, there are feelings of reduced personal

accomplishment, hopelessness, and lower self-esteem. At this final stage, burnout can

prevent the worker from being able to cope with the work environment in its entirety

(Alexander, 1999). Worker exhaustion, cynicism, and inefficiency is at his peak.

Four Stages of Burnout

Edelwich and Brodsky (1982) developed a four-stage model of burnout. The first

stage is enthusiasm where the worker enters the occupation with a large amount of

idealism and with unrealistic expectations. If these unrealistic expectations and idealism

are not dealt with during training, it can lead to the second stage of stagnation. During

the stagnation stage, the worker begins to feel that his or her financial, personal, and

career needs are not being met. This can lead to frustration in the worker, where he or she questions his or her effectiveness on the job. This can lead to the final stage of apathy. Apathy is considered burnout. In this stage, the worker is in a state of disequilibrium and immobility and is in crisis. An intervention must then occur in which the worker may realize changes should be made which could lead to a career change, a position change within the same organization, or work habit changes.

Levels of Burnout

Forney, et al. (1982) classified burnout into three different levels: trail level, state level, and activity level. Burnout at the trait level is all encompassing in every aspect of the worker's life. The worker cannot function in terms of orientation to person, place and time. A worker who is in the trait level is in crisis, may be out of touch with reality, and in need of immediate intervention. The state level of burnout is periodic or situational. The worker may see symptoms of burnout depending on the situation or some reference point in time, for instance a certain time of the year. Over a period of time, these situational or periodic times of burnout can lead to total burnout in the workers. The final level in burnout is activity. This level occurs when a stressful activity is performed over and over, usually at intense levels. The best way to combat this level of burnout is to change one's work routine.

Manifestation of Burnout

According to Pines and Aronson (1988) there is usually not one event that an individual can pinpoint as the cause of the burnout because burnout is usually slow in its onset. The individual will experience a slow decrease in energy and spirit as he or she goes about daily living and work. Burnout will become a crisis when the individual

decides to quit his or her job, develops psychosomatic complaints, abuses substances, or attempts suicide (Pines & Aronson, 1988).

Causes of Burnout

One of the causes of burnout is when problems at work continually pile up (Pines & Aronson, 1988). Examples of such problems might include having a demanding or overbearing boss, too much paperwork, a non specific job description, and various job duties encompassing many fields of work, a large number of clients, situations that arise that are out of the expertise area of the person, restrictive rules and regulations in the workplace, communication problems, and long work days (Pines & Aronson, 1988).

Burnout and Police Officers

Burnout among police officers is well documented with officers having significantly higher burnout rates than other profession due to the inherent dangers of their jobs (Schaible & Gecas, 2010). Police burnout may stem from various organizational and social stressors the officers face while at the same time providing emergency services to the public (Louw, 2009). The burnout can be psychological and physical (Louw 2009; Ming, 2009). Some of the symptoms of burnout include insomnia, fatigue, ulcers, high blood pressure, and marital and family conflicts (Alexander, 1999). It is often a concern that police officers, in particular specialized personnel such as undercover officers or specialized teams, such as SWAT teams, will suppress their fear, ignore danger cues, and function with the fantasy of being indestructible in order to get their assignment completed. There is also concern that officers will pursue or assignment to the point of an unhealthy obsession (Paton, Violanti, & Schmuckler, 1999). At its

extreme, burnout can cause the police officer to lose the ability to deal with anything in his or her life in an effective manner (Alexander, 1999).

Contributing Factors of Burnout

There are factors that may help foster burnout including: the officer's personality, how they handle stress, the work environment, stress levels, the officer's perception of stress, and family pressures. Burnout may occur in officers because there may have been an idealistic attitude to protect and serve the public. The reality of being a police officer entails the organizational, societal, and other stressors that occur after being on the force for several years may cause the officer to lose their idealistic attitudes of policing (Alexander, 1999).

Trauma

Freud (1917/1963) defines the term psychic trauma as a process initiated by an event that confronts an individual with an acute, overwhelming threat. This event sends the individual into a traumatic state that lasts as long as the individual needs in order to make sense of the event. If the person is successful in integrating the event into conscious awareness, then the person may return to a state of homeostasis. If the event is not successfully integrated, the person may begin to experience negative consequences such as compassion fatigue and burnout (James & Gilliland, 2005, p.91).

Trauma in Police

Trauma is defined as having experienced an extremely stressful situation in the life of the officer (Carlier, 1999). This definition could include situations from the officer's personal life such as a death in the family, an illness, marital problems, house fire, domestic problems, and family problems. Trauma can also include events from the

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officer's professional life (Carlier, 1999). Police officers see many tragedies and traumas over the course of their careers (MacLeod & Patton, 1999; Violanti & Violanti, 1999). Violanti and Violanti (1999) compare these tragedies and traumas to what combat troops encounter and describe them as civilian combat. These traumas can include death, suicide, car accidents, child abuse, domestic violence, robberies, sexual assaults, and physical assaults, among others. Officers also suffer increased stress from some of the people they are trying to help. Civilians are often times hostile toward them as they intervene when trying to help keep law and order in addition to the numerous other duties they are trying to perform (Gerzina & Drummond, 2000). Often times, officers can be the targets of physical violence themselves (Macleod & Patton, 1999). Another factor is that the judicial system may also be looking for mistakes the officers made which negates all the work that they have done on a case (Richards, 1993). Such frustrating experiences can cause a traumatic reaction in police officers, for instance if a violent offender goes free because of a perceived mistake by the officer.   In the compassion fatigue process, such behavior can lead to prolonged exposure to suffering and the development of traumatic memories (Figley, 2001).

Traumatic Memories

As previously indicated, police officers are also trained to remember stressful events that they encountered at work as part of their regular work duties (Beehr, Ivanitskaya, Glaser, Erofeev, & Canali, 2004). This can lead to what Terr (1995) describes as etched memories. In particular, crime scene investigators are required to complete detailed processing of the crime scenes, including dealing with gruesome scenes and then recreating the scenes for the detectives and the prosecutors. The officers

must then testify about the cases months or even years after the fact which may lead to further stress and retraumatization. By continuing to have to recreate the trauma, the officer is etching it in to their memory (Terr, 1995).

<p align="center">Vicarious Trauma</p>

Often referred to as compassion fatigue, vicarious trauma occurs when a helper begins to change his or her worldview when being exposed to the trauma of others (Pearlman & Mac Ian, 1995). Vicarious trauma is a transformation in the helper that mimics the trauma symptoms of others and occurs as a result of secondary exposure to trauma.

Vicarious Trauma Verses Compassion Fatigue

Vicarious trauma differs from compassion fatigue in that with vicarious trauma the helper only hears of the traumatic events. With compassion fatigue, the helper actually is a witness to the person in crisis as the crisis unfolds. One example would be witnessing a victim immediately after a car crash occurs, seeing the victim at the scene of his or her traumatic event. Vicarious trauma and compassion fatigue have the ability to permanently change the psychological structures of the crisis worker and are an inevitable occupational hazard of working with persons in crisis (Saakvitne & Pearlman, 1996).

<p align="center">Post Traumatic Stress Disorder</p>

Post traumatic stress disorder (PTSD) is a complex disorder in which the diagnosis must meet five conditions. The individual must first have been exposed to a traumatic event, which includes actual or threatened death, serious injury to self or others, or a threat to self or others physical well being. Secondly, the individual must persistently

reexperience the trauma in one of several ways. Some examples of this would be reexperiencing the trauma through nightmares, flashbacks, intense psychological distress on exposure to cues that symbolize or resemble the initial trauma, or recurrent and intrusive recollections of the trauma (American Psychological Association, 2000). The third condition is that the individual avoids situations and persons that may remind the individual of the trauma. This may include avoiding talking about the trauma, feelings of detachment and numbness and the inability to recall important aspects of the trauma. The fourth condition is that the individual may have increased nervous system arousal that was not present before the trauma such as difficulty in falling or staying asleep, difficulty concentrating on tasks, exaggerated startle responses, and hyper-vigilance. The fifth condition is that the disturbances caused by the trauma must cause clinically significant distress or impairment in social, occupational, or other critical areas of the of individual's life. Police officers are also at risk for developing PTSD. The main difference between compassion fatigue and PTSD is that with PTSD, the trauma happens directly to the police officer. One example would be the officer being shot as opposed to dealing with someone else who has experienced a traumatic shooting.

Complex PTSD

Complex PTSD was first coined by Herman (1992) and is described as prolonged and repeated exposure to trauma. Some examples of where complex PTSD may occur are victims of long term domestic violence, long term child abuse, and prisoners of war. Police officers can develop complex PTSD because of repeated exposure to traumas.

Police Culture

In the following section, the physical, social, and emotional impact of police culture on police officers will be discussed. The effect of police culture on a police officer's life can lead to greater compassion fatigue as well as burnout and lower compassion satisfaction. Police officers are regularly under stress and experience stressful situations (Paton, et al., 1999; Violanti, 1999c). These high levels of stress extend to their work lives, family lives, and personal lives (Iwaskai, Mannell, Smale, & Butcher, 2002).

Social Norms Theory

Perkins and Berkowitz (1986) developed the Social Norms Theory. Social Norms Theory contends that it is not what the peers actually think about a situation but what people perceive their peers think about the situation that influences people. Applying this theory to police culture, many police officers participate in activities, both social and duty related, because of what they believe their peers think about the activity. In police culture, there is great pressure to conform to the norms within the culture. There can be a great amount of pressure for officers to participate in social and duty related activities if they did not work that day. If an officer chooses not to participate in these various activities, they can be looked down upon by other officers and treated differently. Additionally, not participating in these bonding activities makes the officer suspect to their fellow officers. There are many factors in police culture that may be related to this theory, including the language the police use, their view of family life, the "blue wall of silence" and the use of alcohol. For instance, it is not uncommon to hear officers excuse the actions of another officer by saying "but he or she is a good police officer" or "that is

what makes him or her a good police officer". This may lead to officers overlooking another officer's behavior in their personal or work life when they might not ordinarily do so. Conforming to the police cultural norms can be a life or death situation for police officers. Police officers must rely on each other in dangerous situations and if their fellow police officers cannot trust them, it could cause a dangerous situation to become lethal. Thus, conforming to what they believe their peers think is "right" can be a major contributing factor to police stress.

Social Locations

Police officers must decide how their personal values and how their social locations fit into their police work. Brown (2009) describes social locations as all of the factors that make people different from each other. Examples might include where a person was born, where they grew up, the places they have worked, and how they were reared. These past experiences all play a part in how the person interacts with others. With police officers, each of these effects how they go about performing their police duties. For instance if a police officer experiences a car crash while chasing a suspect, that will become one of their social location and may affect their response when put in a similar situation.

Physical Stressors in Police Culture

The Dangers of Police Work. Police work is dangerous work. This dangerous work puts the officers at greater risk for stress. There is little that can be done to prevent the stress that is related to the dangerous nature of the job (Tang & Hammontree, 1992). Experiencing traumatic and stressful situations is inherent to the police profession (Dantoft, 2011; Schaible & Gecas, 2010). The work of policing can include rapid

decision making, quick action, and specific task orientation so police officers tend to be action oriented, want to get things done, and want immediate results (Paton, Violanti, & Schmuckler, 1999).   Some officers get addicted to the excitement of police work and cannot function without the emotional highs in their lives.

Death and Policing.   Police officers in the United States are more likely to die from accidental death at work than any other occupation (Southwick, 1998). In a study for the U.S. Department of Justice, it was found that between 1995 and 2004, 636 police officers were killed in the line of duty (Fox & Zawitz, 2006). It was further found that 26% of these officers were killed in arrest situations; 18% were in ambushes, 16% were on disturbance calls, and an additional 16% were killed in traffic pursuits or stops. The majority of these officers were killed with firearms (Fox & Zawitz, 2006). Violanti's (1997) study found that, 93% of police departments reported that an officer's death had an emotional impact on other officers. Seventy three percent of the departments reported trauma in the officers who were at the scene of the death and only 25% provided psychological services for the officers (Violanti, 1999a). Furthermore, police departments tend to see themselves as families and the death of an officer can deeply affect other officers, dispatchers, and civilian personnel (Violanti, 1999a).

Police Shootings. There is a misperception by the public that police involved shootings are a routine part of police work when in fact, they are rare (Anderson, 2009). The effects of a shooting could be far reaching for the officers. The officer usually will wait days, weeks, or even months to know if the shooting was ruled justifiable. If not ruled justified, the officer could face criminal charges, disciplinary charges or termination as a result of a split second decision he or she made (Anderson, 2009).

Police Suicide.   Police in the United States are more likely to die from suicide than by any type of crime or criminal activity (Levenson, et al., 2010). For police officers, work place trauma and organizational stressors are the two main factors in police suicides (Stuart, 2008).

Social Stressors in Police Culture

The Blue Wall of Silence. Policing has traditionally been slow to change its subculture of "taking care of their own" (Stephens, 2005). The "blue wall of silence" is a term used to describe how police officers protect each other by not discussing another officer's behaviors, particularly when an officer does something that goes against policy and procedure. Officers tend to protect each other from potential administrative sanctions. Additionally, police officers are often drawn to each other because of the uniqueness of their jobs and because of the particularly stressful nature of the job (Figley, 1999).   The officers use their loyalty to one another to overcome their survival instincts and enter into dangerous situations that most people would run from (Richards, 1993).

Police and Family.   It is important for the officers to have family support for their job (Morris, Shinn, & Dumont, 1999). Paradoxically, this culture can also lead to family difficulties for the officers. Some police officers also find it difficult to separate police work from their personal lives and transfer from their "police personalities" to their "family personalities" (Paton, et al., 1999; Violanti, 1999b).   Figley (1999) found that increasing the quality of disclosure about work related stressful events to their spouses helps to reduce police stress and positively impacts the marriage. Many officers do not disclose this because they believe that their spouse can not handle hearing

information about their job. Often times, they have been told not to share by other officers and supervisors (Figley, 1999).

Negative Dynamics in Police Families.   Police families are at a greater risk for negative outcomes that derive from the demanding work culture of policing. Alcoholism, domestic violence, divorce, and suicide seem to be greater in police families because of the stressful nature of police work (Lott, 1995).   When these situations occur, they can put stress on police families. Officers are taught to control their emotions and cognitions to better manage the constantly changing and potentially dangerous situations (Lott, 1995). This training can be detrimental to family life because the officers may seem cold and uncaring.

Changes in Police Officers.   As officers go through police training and once they have been on the police force for some time, they might experience personality changes. Their values, behaviors, and personalities may begin to change as they grow farther into the role of police officers (Figley, 1999). One problem that happens in police families is that the officer's spouse and other family members do not go through the same cultural changes. This often times causes stress in the relationships. Further, police officers have to shift everyday from being a police officer at work and come home to be a spouse, family member, and parent and this stress transfers to home. These roles are conflicting at times and the officer may have difficulty not being a police officer at home (Figley, 1999).   Problems arise in marriages when the marriage is entered into with one set of expectations and then one spouse changes after becoming a police officer. There may be some resentment towards the career because the values associated with being a good police officer and being a good family member and parent are not always congruent

(Figley, 1999). Additionally, police officers spend much of their careers preparing for the worst in every situation as a means of survival at work. This in turn may lead to them acting in all work, family, and social situations with caution and suspicion (Paton, et al., 1999).

Schedules and Police Families. Most police officers have rotating days off that inflict stress on families. The police officer's rotate days off every four weeks. The irregular work schedules cause problems with child care and can lead to family and marriage stress (Walker & Eisenberg, 1995). Having to work weekends regularly can lead to family stress because of the cultural view of Saturdays and Sundays being "off" days (Walker & Eisenberg, 1995). Police officers also work odd work hours and work holidays which also puts stress on families.

Death and the Police Family. Officers face dangers everyday that can cause injuries or death (Violanti, 1999a). When an officer is killed in the line of duty, it is often violent and can be traumatic for all survivors. When a police officer is killed in the line of duty, the whole community mourns the loss but it is emotionally devastating to the family members (Violanti, 1999a). There is a belief that police families are somehow more prepared for the death of a loved one in the line of duty because of the nature of the job when compared to civilian workers who are killed while at work. The opposite may be true in that grief reactions to line of duty deaths of police officers may be severe. These deaths can be traumatic for police families and may put police families at a greater risk of psychological distress because of the sudden, violent, and public nature of the death (Violanti, 1999a). Also, police families may not seek professional help for their loss because they may feel that as part of police culture they should be able to handle the

crisis on their own. Often times, police departments do not have the necessary support systems to help the families through the crisis.

Organizational Issues in Police Work.   Police officers work in an environment where the stakes are often life or death. In this high stress environment, the officers are under additional stress to make sure everything they do is done the right way, in regards to police procedures, laws, and precedents being set in the criminal court system. The officers must make sure all guidelines are all followed so that the evidence stands up to scrutiny when the case goes to court (Paton, et al., 1999). These procedures and laws can change frequently and following them can be the difference in letting criminals goes free. To add to the foregoing, officers may have to work in an organization with rigid command structures, unreasonable policies and procedures, and inequitable treatment by superiors (Murtagh, 2010).

Emotional Stressors in Police Culture

Police Training and Recruiting.   Police training has not evolved in a way to help cultivate the skills, attitudes, and practices that would help officers become more well-rounded people. Further, the training has not worked to mitigate maladaptive behaviors that have been normalized by police culture (Feemster, 2010).

Resisting Police Stress.   The culture of police work can lead to either a sense of satisfaction with police work or can lead to the police officer having feelings of detachment from his or her work (Figley, 2001). Black (2000) found that in recruiting police officers, high performing recruits tend to be reliable, dependable, determined, self-confident, and goal oriented. They prefer to be busy, are willing to consider new ideas and other perspectives, and are forceful and assertive when required. They also possess a

belief that people are generally honest and have good intentions and possess a tolerance for personal frustrations and are resistant to stress. If officers possess these qualities, they are more resistant to stress and the negative aspects of dealing with stress.

Police Expectations.   Police officers are held to higher standards of behavior because they are not civilians but commissioned by the state to uphold the law. Private domestic problems can result in job loss and media scrutiny (Violanti 1999b).When an officer puts on his uniform, there is a level of respect or prestige that is associated with that. There is also a level of alertness that must be present because of the dangerous nature of the job. The officers are trained to look for the negative in every situation in order to better fight or prevent crime (Paton & Smith, 1999; Violanti, 1999a). It is often difficult for the officers to turn off this world view.

Organizational Sources of Stress. Police are subject to institutional and cultural controls that are beyond their control that also lead to stress and burnout (Louw, 2009; Schaible & Gecas, 2010). For law enforcement officers, one of the major sources of stress is organizational framework, which is semi-military in nature with a very clear and linear chain of command, where discretionary decisions are made (Woody, 2006; Zhang, Xu & Jiang, 2006a). This type of structure can lead to cognitive dissonance when the officer's intuition (gut) says to do one thing but it is contradictory to procedure and protocol and so they are prevented from taking action.   This elevated stress can lead to law enforcement officers to burnout, alcoholism, and substance abuse, marital discord, depression, suicide, and other personal problems (Woody, 2006).

Police and Community Support. Some of the major sources of stress for law enforcement officers include: dangers in dealing with law breakers, public suspicion and

disdain, and lack of community and organizational support (Zhang, et al., 2006a).

Liebkind and Eranen (2001) found that people who are traumatized or stressed because of

major life circumstances are in need of more understanding and support. Within the

police culture, there is a perceived lack of public support (Figley, 1999).   They are

frequently treated with hostility because they must intervene in domestic disputes or

family situations and other normal duties they must perform (Gerzina & Drummond,

2000). The criminal justice system may also be looking to find mistakes made by the

officers in order to help the person that the officer has arrested (Richards, 1993). The

police work diligently to uphold the laws put in place by the justice system and the justice

system often rejects the outcome of their work (Richards, 1993).   Public suspicion and

disdain and lack of community support are some of the major stressors for police officers

(Zhang, et al., 2006a).   Police officers believe that respect is something that should be

given to them as soon as they put their uniform on (Choongh, 1998). This view of

respect is seen as self-preservation because if the public do not respect the police and

respect their authority, there would be chaos and no order.

     Police Stress and Alcohol.   Maladaptive behaviors such as alcohol abuse does not

help to alleviate police stress but is used often by police officers (Patterson, 1999).

Many police officers turn to alcohol to deal with the stress caused by their day to day

duties (Murtagh, 2010).

     Aversion to Psychological Treatment.   Police officers are also known to have a

skeptical view of the mental health field and in general are skeptical of anyone who is not

a police officer.   There is no simple solution when trying to improve the mental health of

police officers (Hart, Wearing, & Headley, 1995). The challenges of working with police

officers are many, including getting accepted into their culture, overcoming the stigma of seeking mental health, and overcoming the "macho man" image. Police officers who seek mental health treatment can be stigmatized by being labeled, stereotyped, and discriminated against (Royle, Keenan, & Farrell, 2009). They may also suffer a loss of status. Police are reluctant to use mental health programs that are in place because of the machismo culture or fear of demotion (Dantroft, 2011). Furthermore, these programs may not be effective for this population because they may not be appropriately modified for police officers (Dantroft, 2011).

<div align="center">Summary of the Conceptual Framework</div>

Compassion Fatigue

According to Figley (2001), there are different ways of developing compassion fatigue. In order to have compassion fatigue, there first must be empathy. Exposure to suffering, empathic ability, and concern for others lead to an empathic response. These empathic responses can lead to residual compassion stress. A sense of satisfaction with work or detachment from those whom are helped by the worker can also lead to residual compassion stress. Residual compassion stress leads to compassion fatigue. A prolonged exposure to suffering, traumatic memories, and other life demands can also lead to compassion fatigue (Figley, 2001). Both immediate stressors and old stressors can cause compassion fatigue. Figley (2002) also states that in order for change to occur in those that are being helped, compassion must be present in the relationship. Compassion fatigue is a complex construct and the relationship that develops between the person being helped and the helper is difficult to measure and define when compassion fatigue is present. Compassion fatigue is a cognitive schema of the helper that affects the

relationship with the person being helped and all other aspects of the helper's life (Figley, 2002). Fear of being judged by others, a fear of discussing personal issues, a fear of being vulnerable, a distrust of other professions, and having a feeling of "nothing will ever happen to me" all contribute to a helper not seeking help for compassion fatigue symptoms (Gentry, et al., 2002).

Compassion Satisfaction

It is possible for compassion satisfaction (satisfaction with one's work) and compassion fatigue to be present at the same time. In this case, compassion satisfaction outweighs compassion fatigue and can neutralize it (Stamm, 2002). It is possible for the helper to have feelings of both compassion fatigue and compassion satisfaction. The helper may feel compassion fatigue, or feelings of secondary trauma but yet feel satisfied with the job they are doing. In this case, the compassion satisfaction mediates compassion fatigue.

Burnout

Burnout and compassion fatigue can also be present at the same time but are distinctly different. Burnout and compassion satisfaction will never be present together (Stamm, 2002). There is an inverse relationship between compassion fatigue and compassion satisfaction (Musa & Hamid, 2008; Van Hook & Rothenberg, 2009). If a helper feels "burned out" with their job or has feelings of hopelessness or difficulty in doing their job effectively, it is impossible for the helper to simultaneously feel satisfaction with the job they are doing (Stam 2002). Compassion fatigue and burnout will probably affect every helper at some point in his or her career.

Early Intervention Program

As a result of police stress at a large Mid-South Police Department a local program was created to help combat it. The Early Intervention Program targeted officers who were seen as "at risk" for some type of crisis. Although this research is not a study of the efficacy of this program, research data from this program was used to conduct this present study.

Therefore, because of the stress that police officers endure, and the recent interest in compassion fatigue, compassion satisfaction and vicarious trauma in the human services as it evolves into burnout, these psychological constructs seem worthy of study as they apply to police officers who may be seen in one light as the ultimate in human service providers.

Purpose of the Study

The purpose of this study was to determine if there is a difference between the level of compassion fatigue, compassion satisfaction, and burnout among police officers who have or have not experienced a previous perceived trauma.

Research Questions

Based upon these psychological constructs and the police officer stressors that lead to them, the following are the six research questions that were examined in this study.

1. Is there a difference in the compassion fatigue score between police officers who have experienced a previous perceived trauma from those who have not?

2. Is there a difference in the compassion satisfaction score between police officers who have experienced a previous perceived trauma from those who have not?

3. Is there a difference in the burnout score between police officers who have experienced a previous perceived trauma from those who have not?

4. Is there a difference in years of experience and compassion fatigue scores between police officers who have experienced a previous perceived trauma and those who have not?

5. Is there a difference in years of experience and compassion satisfaction scores between police officers who have experienced a previous perceived trauma and those who have not?

6. Is there a difference in years of experience and burnout scores between police officers who have experienced a previous perceived trauma and those who have not?

Significance of the Study

It is important to have some sort of early warning or intervention system in place to help detect compassion fatigue symptoms in officers. This early warning or intervention system will help them do their jobs more effectively and improve their mental health (Williams, 1996). For example, officers who use excessive force usually have some sort of history with similar behaviors that should have warned their supervisors that the behaviors were escalating (Williams, 1996). With this study, the Early Intervention Program was given a base line measure about the prevalence of compassion fatigue, compassion satisfaction, and burnout within the police department. The results allowed the Early Intervention Program to target groups of officers for interventions. For instance, if one particular shift or one particular precinct sees a higher level of compassion fatigue, that particular group of officers can be targeted for interventions, such as "ride alongs", where the counselor rides with an officer for his or

her shift. Additionally, if an officer is involved in some sort of incident, for instance a shooting or a particularly gruesome crime scene, that officer can be targeted for an intervention through the Early Intervention Program. In addition, police departments can use this study to help prevent or lessen the affect of compassion fatigue and burnout and increase compassion satisfaction. Police departments can also use this study to help educate the front line supervisory staff, the officers themselves and their family members to look for the signs and symptoms of compassion fatigue and burnout to help detect the signs and symptoms earlier or prevent them from occurring at all.

Chapter 2

Review of the Literature

This chapter will introduce the conceptual framework used to build this study. The literature review will explore the current literature available on police officers and police work and trauma, compassion fatigue, compassion satisfaction, and burnout.

Compassion Fatigue

Compassion fatigue is defined as work related, secondary exposure to extremely stressful events. The symptoms are usually rapid in onset and can be related to one event or several events over time (Stamm, 2005a). This concept infers that helpers can "catch" Post Traumatic Stress Disorder (PTSD) by being exposed to the PTSD of others over a prolonged period of time. Compassion fatigue is different from burnout in that burnout is defined as experiencing feelings of hopelessness and having difficulties in dealing with work or in doing the job effectively (Stamm, 2005a).

Compassion Fatigue and Coping Strategies

Police officers tend to use more problem focused coping strategies in order to change stressful job events instead of active coping strategies (Patterson, 1999). In a study of 764 emergency workers, it was found that burnout and compassion fatigue were correlated with the use of dysfunctional coping strategies (Cicognani, Pietrantoni, Palestini, & Prati, 2009). The dysfunctional coping strategies of distraction and self-criticism were the most correlated with compassion fatigue. How the helper reacts to situations, including survival strategies and coping mechanisms, contribute to compassion fatigue or compassion satisfaction. Valent (2002) contends that compassion

fatigue occurs when the helper's survival strategies or systems are insufficient to deal with the stressors of the victim.

Compassion Fatigue and Families

Families are an important part of preventing and treating compassion fatigue (Figley, 2001). In a 2008 study of Australian police officers (Davidson & Moss, 2008), it was found that officers who did not discuss their traumatic experience with their spouses experienced more psychological distress and traumatic stress than those who did discuss their traumatic experience with their spouse. Talking with spouses about the traumas they see everyday may lessen the effects of compassion fatigue in police officers. In 2008, Joseph (2008) conducted a study of married male police officers and found that higher PTSD symptoms were associated with higher levels of attachment anxiety and avoidance, stronger attitudes about traditional masculine gender norms, lower openness and self-disclosure with spouse, lower openness of communication and closeness, and higher levels of spousal intrusiveness. Joseph also found that attachment anxiety was the best predictor of higher PTSD symptoms.

Compassion Fatigue and Social Support

In a study of 568 Italian rescue workers, the researchers investigated how social support impacted the quality of life (compassion satisfaction, compassion fatigue, and burnout) of the rescue workers (Prati & Pietrantoni, 2010). The researchers found that the rescue workers felt less supported in times of crisis. This perceived social support predicted the quality of life of the rescue workers (Prati & Pietrantoni, 2010). Additionally, in a 2010 study of *t*rauma workers, it was found that trauma workers experience symptoms of secondary traumatic stress and that previous exposure to

traumatic situations, level of empathy, and level of perceived social support have a significant relationship with secondary traumatic stress symptoms (MacRitchie & Leibowitz, 2010).

<div align="center">Compassion Satisfaction</div>

Compassion satisfaction refers to getting pleasure from doing a job well (Stamm, 2005a). Higher scores on the compassion satisfaction subscale on the ProQOL indicate a greater satisfaction in the worker's ability to be an effective helper.

Compassion Satisfaction in Police Officers

In a study by Kohan (2002), job related issues were examined in relation to positive affect, negative affect, life satisfaction, self-esteem, and alcohol consumption in police officers. The study found that job satisfaction was primarily associated with positive affect, life satisfaction, and self-esteem (Kohan, 2002). Job stress was associated with negative affect, alcohol consumption and thoughts of quitting (Kohan, 2002). The result suggests that higher life satisfaction, having a positive outlook, and having higher self-esteem may lead to higher compassion satisfaction. Having a negative outlook, alcohol abuse, and thoughts of quitting may lead to lower compassion satisfaction.

Compassion Satisfaction and Policing

In a study of 180 police women, Grant, Garrison, and McCormick (1990) reported that those who feel their abilities and skills are being utilized are happier with their jobs. Equal opportunity for special assignments and training were also correlated with job satisfaction. Additionally, in a 2009 study of emergency workers, it was found that compassion satisfaction was positively correlated with efficacy beliefs and having a sense of community, (Cicognani, et al., 2009). This result indicates that an officer's sense of

work competency and a sense of community on the job may lead to higher levels of compassion satisfaction.

Compassion Satisfaction and Organizational Support

A study on community policing in Texas found that greater support from the police administration and the government resulted in less stress for officers and higher compassion satisfaction (Yates & Pillai, 1996). If the administration demonstrates that there is a genuine care about the officer's welfare and there is an appreciation of the job the officer does, the officer will have more job satisfaction. This can help reduce the effects of a traumatic experience (Solomon & Mastin, 1999).

Compassion Satisfaction and Coping Strategies

Picanol (2010) found that the coping style the officer uses has a significant relationship on mental health and job satisfaction. Using avoidance coping strategies may lead to lower compassion satisfaction. Inversely, using active coping skills may lead to higher compassion satisfaction. In a 2009 study of emergency workers, it was found that compassion satisfaction was positively correlated with the use of active coping skills (Cicognani, et al., 2009). Some of these active coping strategies include talking about stressors, seeking help when needed, and positive reframing.

Benefits of Compassion Satisfaction

A 2011 study of emergency management personnel found that compassion satisfaction was found to be a significant mediator in post traumatic stress disorder symptoms when they were exposed to trauma (LaFauci & Marotta, 2011). Additionally, Figley (1999) found that when compassion satisfaction and compassion fatigue are

present at the same time, compassion satisfaction mediates the compassion fatigue symptoms.

Burnout

Burnout generally affects those who are idealistic about their work and expect their work to contribute something to the meaning of their lives (Pines & Aronson, 1988). It also affects those who are highly motivated. Maslach (1982b) defines burnout as an internal psychological experience that includes feelings, attitudes, motives, and job expectations. If a worker is burned out, his or her total psychic energy has been used in trying to exist. The energy crisis is caused by the psychic demand exceeding the energy supply of the individual (Tubeson & Tubeson, 1982). At its extreme, burnout is manifested as complete physical, mental, and emotional exhaustion caused by the worker's involvement over a period of time in demanding situations. Burnout represents a breaking point in the individual in which he or she can no longer effectively cope with his or her environment (Pines & Aronson, 1988).

Burnout and Police Officers

Zhang and Jiang (2006b) studied 4855 police officers in China and found that high job demands and lack of job resources led to burnout. These high levels of burnout lead to physical and emotional problems for the officers. In a study conducted with Royal Canadian Mounted Police, officer happiness and life satisfaction correlated with burnout (Stearns & Moore, 1993). Additionally, the result suggested that when police officers are burned out, they experience their whole lives negatively. Stearns and Moore (1993) also found that health concerns and cynical attitudes were highly correlated with officer burnout. Higher levels of burnout lead to negative thinking, such as "everyone is

out for themselves" and "most people try to take advantage of others". As levels of burnout increased, officers reported less satisfaction with life and less happiness. When police officers are burned out with their job, they tend to perceive their entire lives more negatively, reporting lower overall life satisfaction (Stearns & Moore, 1993).

Burnout and Police Values

Police officers are at greater risk of job burnout than other occupations (Stuart, 2008). In a 2010 study of police officers in the Pacific Northwest, it was found that value dissonance, which is a difference in the officer's personal values compared to the values of the criminals they work with, increased levels of burnout (Schaible & Gecas, 2010). Additionally, Schaible and Gecas (2010) found that the dysfunctional coping strategies of distraction and self criticism were the most often correlated with burnout in police officers.

Emotional Exhaustion and Police Officers

Picanol (2010) found that, in a study of 47 officers from south Florida, there was a significant correlation between the level of the officer's emotional exhaustion and the level of job satisfaction, depersonalization, and marital discord. Additionally, emotional exhaustion was correlated with avoidance coping. This style of coping can lead to problems with mental health, job satisfaction, and marital satisfaction (Picanol, 2010).

Burnout and Self-Efficacy

In a study of Italian rescue workers (Cicogani, et al., 2009), it was found that rescue workers with higher levels of self-efficacy had lower burnout rates. Additionally, Wang, Wang, Li, and Cheng (2007) found that the higher the arrest rate, the higher the professional efficacy in police officers. Sack (2009) also found a significant correlation

in the number of arrests the officer made and the professional efficacy sub-scale of the

Maslach Burnout Scale when studying ninety two police officers in California. These

results suggested that greater the arrest rate, the more self-confident the officers become

in doing their jobs. This self-efficacy related to experience often leads to lower burnout

rates (Sack 2009).

Burnout and Families

Alexander (1999) found that there were increased marital and family conflicts

with those who are burned out. Perez, Jones, Englert, and Sachau (2010) found that

investigators of child pornography who had higher burnout scores were more protective

of family, more reliant on coworkers, had a general distrust of others and held higher

turnover intentions. Additionally, these investigators who had supportive relationships at

home had lower secondary traumatic stress and lower burnout (Perez, et al., 2010).

<div align="center">Trauma</div>

Trauma and Policing

Policing is the most trauma sensitive occupation of the high risk occupations in

the United States (Carlier, 1999). Being trauma sensitive means that it is more likely for

police officers to experience a traumatic event while at work when compared to other

occupations. When trying to define trauma within police officers, it is best to

conceptualize it as events that not only are traumatic but also have high potential to be

traumatic. What the officer thinks or believes about the event influences whether the

event is traumatic to them or not (Carlier, 1999; Paton & Smith, 1999). Once an officer

believes an event could be traumatic, it is important to identify when this event could

occur and how the traumatic event may affect the officer (Paton & Smith, 1999).

Additionally, how much the officers blame themselves over a violent crime or event affects how severe the trauma will be for the officers (MacLeod & Patton, 1999).

Trauma Symptoms in Police Officers

Martin, Marchand, and Boyer (2009) found that Canadian police officers who had been exposed to duty related traumatic events, and had PTSD symptoms were significantly more likely to develop depression, have medical appointments, consult a mental health professional, and score lower on a hardiness measure than officers without PTSD. Some additional symptoms that officers began to experience once exposed to a traumatic events were sweating, nightmares, irritability, problems with concentration, emotional instability, and other physical symptoms (Carlier, 1999). In extreme cases, traumatic stress in police officers can lead to suicide or suicidal thoughts.

Types of Crisis Witnessed by Police Officers

Colwell (2009) found that there is a vast variability in the number, type, unique perceptions, and impact of the officers' experience with trauma when studying 313 police officers. Police officers witness or are exposed to many traumatic events in the course of their career. These traumatic events can include natural disasters, sexually or physically abused children, dead children or infants, and abandoned children. Failure to save lives, shooting incidents, death of a fellow officer, injury to self, riots, hostage situations, motor vehicle accidents, burn victims, exposure to human parts are additional traumas police officers may witness (Carlier, 1999; Patterson, 1999).

Effects of Trauma

A 2004 study of police officers (Violanti & Gehrke, 2004) found that increased frequency of trauma, and type of trauma, especially if it happened to a coworker, may

eventually lead to compassion fatigue. It was also found that female police officers were most affected by abused children and male police officers were most affected by shooting incidents involving other officers.

Previous Traumas

Similar to other helping professions, police work tends to attract those who have suffered previous traumas, in particular those who have experienced violent traumas (Stephens, Long, & Flett, 1999). There is research to support that exposure to traumatic events predisposes the police officer to suffering from post traumatic stress disorder symptoms. In particular, exposure to traumas in childhood or those particularly violent in nature can predict post traumatic stress disorder symptoms. This is often the case if the person has been exposed to more than one trauma (Stephens, et al., 1999). In a longitudinal study of 119 healthy police officers who were followed for the first twelve months of police service, it was found that greater childhood trauma exposure, lower self-worth during training, and greater perceived work stress in the first year of police work lead to greater depression symptoms at twelve months of service in these police officers (Wang et al, 2010).

Police and Homicides/Suicides

In a 2007 study, Violanti found that police officers are at an increased risk for homicide-suicides. In a sample of 29 cases, police family homicide-suicides were found to have increased almost two fold from the previous year. Most of the victims of the homicides were women but five of the victims were men killed by female police officers. In 90% of the cases, the police officer's service weapon was used. Violanti (2007)

contends that police departments should establish strict domestic violence policies to reduce these incidents.

Trauma and Memory

Henning-Fast et al. (2009) studied 10 police officers who were traumatized and 10 who were not traumatized. The results indicated that memory related disturbances in brain activity were associated with trauma in police officers. Also, the results indicated that in traumatized male police officers, their memory was affected with slower reaction times during information retrieval and they exhibited impairments in context memory and in the use of positive cognitive coping strategies.

Traumatic Stress

Traumatic stress is one possible debilitating aspect of police work. A secondary concern is the level of traumatic experiences officers are exposed to during the regular course of their duties (Stephens, et al., 1999). An increased exposure to traumatic events can break down the coping abilities of officers. It is sometimes erroneously assumed that police officers are more adept at handling traumas (Stephens, et al., 1999). Sometimes it is not the actual traumatic event that causes problems for the officer but how the officer copes with the traumatic event (Patterson, 1999). Not Insufficient time to process these traumatic events can lead to further trauma for the officers and lead to ineffective coping methods (Carlier, 1999). Dunning (1999) points out that being exposed to traumatic events can actually lead to personal growth for police officers and it does not have to be a negative experience. One must know and use self care methods to ensure this positive mental health outcome.

Police Culture

Physical Stressors in Police Culture

In a study by Anshel, Robertson, and Caputi (1997), threat and challenge were found to predict overall stress levels in police officers. In this study, the most intense stressors for the officers were: 1) facing an unpredictable situation, 2) dealing with domestic disputes, 3) the probability of injury, and 4) confronting someone with a weapon.

Police Stress and Fitness

In a study of 533 police officers and emergency response service corps in Switzerland, it was found that increased stress was associated with poorer health and increased fitness was associated with reduced stress levels (Gerber, Kellmann, Hartmann, & Puhse, 2010). Exercise and fitness were associated with better health and exercise was found to be a more powerful tool against stress than the police officer's perceived physical fitness. This result suggests that exercise and fitness may lead to a healthier work environment and prepare officers to manage stress.

Police Suicides

Violanti et al. (2008) found that, in a cross sectional study of police officers, suicide ideation significantly increased in female police officers with higher depression symptoms and an increase in day shift hours. In police men with higher PTSD symptoms, suicide ideation significantly increased with increasing afternoon shift hours (Violanti et al., 2008. Chaudhary and Kumar (2010) also found a significant interaction effect between gender and suicide ideation in police officers.

Police Work Environment

     Maguen et al. (2009) studied 180 police officers, assessing them while they were in the police academy and again one year later. The researchers found that work environment stress was more strongly related to post traumatic stress disorder symptoms than trauma exposure, current negative life events, gender, ethnicity, and critical incident exposure. This work environment stress may include stressors within the chain of command, shift related stressors, and demands from supervisors.

Organizational Stressors in Police Culture

     Shane (2010) found that, in a cross-sectional study of police officers from New Jersey and Michigan, as perceived stressors increased, the officer's job performance was affected. It was also found that organizational stressors (stressors within the chain of command) differed significantly from operational stressors (day to day duties for officers) for officers (Shane, 2010). The result indicates that organizational stressors may be a greater source of stress for police officers. Additionally, Maguen et al. (2009) found routine work environment stress was the most strongly associated with PTSD symptoms.

Police Stress and Rank

     Also, the level of the police officer's post or rank can cause police stress. In a study of 90 police officers, it was found that the lower level of post the officer held, the higher the occupational stress levels were (Chaudhary & Kumar, 2010). This study also found a significant interaction effect between gender and level of post and suicide ideation in police officers.

Stress and Police Schedules

Police officers' work schedules also contribute to police stress. Shift work was associated with increased work discontentment, in a study of 460 Swiss police officers (Gerber et al, 2010). It was also found that shift work caused sleep complaints in police officers and a decrease in the use of primary care providers. Additionally, shift work in police officers caused increased social stress.

Police Stress and Social Support

It is important for the officers to have a good social support system for their job (Morris, et al., 1999). In a study of rural police officers in Oklahoma, it was found that support from friends was the strongest predictor of reduced life stress for the officers. Although social support from various sources was related to lower levels of life stress for the officers, support from friends was the only form of social support related to lessening police stress (Page & Jacobs, 2011). Adams and Buck (2010) found that social stressors from civilians and suspects (outsiders) and coworkers and supervisors (insiders) were related to turnover intentions, psychological distress, and emotional exhaustion among police officers.

Police Stress and Family

Police families are at a greater risk for divorce and domestic violence (Lott, 1999). A study of a large urban police department found that work stress was significantly associated with depression and intimate partner abuse (Gershon, Barocas, Canton, Li, & Vlahov, 2009). Police officers with higher stress levels were more at risk for depression and more likely to be involved in domestic violence situations.

Alcohol and Policing

In a study by Murtagh (2010), it was found that twenty-three percent of the officers that participated in their study had alcohol screen scores that suggested alcohol dependence. Additionally, 78% of the officers' scores indicated more hazardous drinking behaviors in the early to middle years of their careers when compared to officers toward the end of their careers.

Police Stress and Extroversion

Jensen (2010) found that, in a study of 100 police officers from a mid sized police department police officers who are extroverted and use the maladaptive coping strategy of avoidance had higher levels of stress. The objective of the study was to determine what influence coping skills (specifically avoidance), personality, seeking social support, and problem solving had on police officers' perceived stress. It was found that avoidance may increase police officer stress in extroverts and once it was controlled for, police stress was not affected by personality.

Use of Mental Health Services

Harvey-Lintz and Tidwell (1997) conducted a study on Los Angeles police officers after a civil unrest case in 1997. In this situation, the police were charged with maintaining social order but were also seen by the community as the cause of the unrest. These officers experienced extreme stress and a hostile environment after the unrest. Previous work related traumas increased the levels of post traumatic stress in some of these officers. Only 7.8% of the officers stated that they would seek professional help. They also stated that they did not believe that the department would support them in getting professional help. Most of the officers admitted to some difficulty in performing

their duties due to the stressful events during this time. Most of these officers were using various avoidance coping techniques in order to deal with the affects of this traumatic experience.

Police Stress

In a study of senior Brazilian police officers, 43% of the officers studied were found to have significant stress symptoms (Lipp, 2009). The most frequently reported stressor was interaction with other departments within the police force. Additionally, the quality of life of the police officers was found to be deficient within the police force

Perceived Stress in Police Officers

In a study of 400 police officers and homeland security officers, a causal relationship between higher levels of perceived organizational justice and lower levels of perceived occupational stress was found (Bohacik, 2009). Perceived work stress and perceived organizational justice have the same consequences for the police officer as real stress or real injustices in the work place. Additionally, Gershon et al. (2009) found work related critical incidents, discrimination, lack of cooperation among coworkers, and job dissatisfaction were significantly correlated with perceived job stress.

Police and Career Stages

In a study of 686 Massachusetts police officers, Murtagh (2010) followed officers as they progressed through their careers. Murtagh found that police stress increased in the early to middle years of their careers and declined toward the end of their careers. Organizational stressors were significantly higher than other sources of stress in the early to middle years of their careers but this difference was not present toward the end of their careers.

Police Suitability

Carlan and Nored (2008) conducted a study of sixteen Alabama police departments and found that although the majority of the police officers believed that stress signs did not predict police suitability, they indicated that they were still reluctant to share feelings and anxieties with other officers. This seems to suggest that the officers feared the stigma associated with receiving counseling services.

Summary of Research

The research presented in this chapter suggests that police officers are at a higher risk for compassion fatigue and burnout because of the nature of their job duties. Due to of police work, officers are at a higher risk to encounter stress. This stress can put the officers at a higher risk for developing compassion fatigue and burnout and lowering compassion satisfaction. The research also suggested that many people working in the field of police work have experienced prior traumas. Further, the research suggested that having experienced a previous trauma may leave police officers more vulnerable to developing compassion fatigue and burnout and having lower compassion satisfaction.

Chapter 3

Methodology

This chapter will address how the sample population was obtained and will describe how the information was collected. The testing material will also be discussed along with sample items from the measures. The research design is non experimental, descriptive, and correlational.

Population

A large urban police department in the Mid-South was the population used in this study. The sample included officers who attended the yearly in service training required by this police department.

Location

The urban location selected was a large metropolitan city and the 18th largest city in the nation. According to the FBI, this department investigated 12,629 violent crimes in 2005. There were 137 murders, 400 forcible rapes, and 7,628 aggravated assaults (Department of Justice, 2006).

Sample

The sample was obtained through the training academy. The sample included officers who had been commissioned, those officers certified by the state to be police officers. Every officer is required once a year to attend a one week in service training to learn the new laws and to reinforce skills that have already been taught in order to maintain their commission status by the state in which they work. During this time period, data was collected from 2,200 police officers and supervisors for a previous research study for the Police Department. This previous research project was conducted

through the early intervention program to target precincts for crisis intervention services. The data was used to conduct this analysis. The officers who were eligible were those who work for the Police Department, had obtained commission status, and who were attending in service training during the training sessions. Those officers who did not complete the demographic page and/or complete the test were excluded from this study. The total number of officers who participated in this study was 1,390.

Measurements

Trauma. Trauma was defined as a self-perceived trauma by the police officers, measured by a self report of the police officer. The officer determined if he or she had experienced a previous trauma by answering a question on the demographic survey of "Have you experienced a previous trauma", answering yes or no. This study looked at previous perceived traumas suffered by the officers and compared that to the rate of compassion fatigue, compassion satisfaction, and burnout. The following definition and examples of trauma were explained to the officers before they were given the trauma indicator. Trauma was defined as having experienced an extremely stressful situation in the life of the officer. This definition could include situations from the officer's personal life such as a death in the family, an illness, marital problems, house fire, domestic problems, family problems (Carlier, 1999). Trauma can also include events from the officer's professional life such as natural disasters or other calamities, confrontations with adult or children who have been sexually abused, suicide by cop, shooting incidents or other violent confrontations, death of a fellow officer, riots, and hostage situations (Carlier, 1999). Additionally, with police officers, research shows that it is how the

officer interprets the event as to whether or not it is traumatic (Carlier, 1999) so a self report is a better measure of trauma with this population.

Years of Experience. The officers were divided into three groups in regards to years of experience. The first group will be those officers who have less than 3 years of commissioned experience. The second group will be those who have 3 years to 9years, 11 months of commissioned experience. The third group will be those who have 10 or more years of commissioned experience. These three groups of years of experience were chosen based on current research.

Demographic Survey.   A demographic survey was administered to the officers to measure variables. Specifically, information regarding precinct/work station, shift, age, years of experience, current marital status, if the officer had children, and rank were collected.

Trauma Indicator.   The survey also included a question regarding any previous perceived traumas suffered by the officer. The question was a yes/no question asking the officer if they had experienced a previous perceived trauma.

ProQOL. The Professional Quality of Life Scale: Compassion Satisfaction, Burnout, and Compassion Fatigue/Secondary Trauma Scales (ProQOL) was given to the officers in order to determine the level of compassion fatigue present. The ProQOL was designed to give compassion fatigue, burnout, and compassion satisfaction scores for working professionals, but in particular for first responders.   This test was the current version of the Compassion Fatigue test at the time the data was collected. This was the third revision of the scale (Stamm, 2005a). The test consists of three subscales: compassion satisfaction, burnout, and compassion fatigue.   The ProQOL does not yield a

composite score; each subscale stands alone. The test consists of 30 items, 10 for each subscale (Stamm, 2005a). The reported Alphas for the ProQol were: compassion fatigue subscale .80, compassion satisfaction subscale .82, and burnout subscale 72. The Alphas for this study were: compassion fatigue subscale .80, compassion satisfaction.91, and burnout .70. The scores on the instrument are designed to be continuous, although cutoff data is available if needed (Stamm, 2005a). Generally, high scores for compassion fatigue are seen as those over 17 and low scores are seen as those under 8. The mean is seen as 13 (Stamm, 2005a). High scores for compassion satisfaction are seen as those below 33 with a mean score of 37. High scores for burnout are seen as those scores that are above 22 and low burnout scores are those that are lower than 18. The mean burnout score is 22. These scores can be used to determine relative risks of compassion fatigue, compassion satisfaction, and burnout. The items are statements about the officer's work life. The officers respond to the questions on the instrument in a likert format with responses being 0= never, 1= rarely, 2= a few times, 3= somewhat often, 4= often, 5= very often. A sample question would be "I am preoccupied with more than one person I have helped" (Stamm, 2005b). The officers are asked to answer the questions thinking about the previous thirty days of the police officer's work life.

Procedure

The data was collected during an in service training period. The officers were handed a packet which included an informed consent form, the demographic survey, trauma indicator, and the ProQOL instrument. The researcher then explained the purpose of the instruments to the officers and explained informed consent to them. The police officers were told that participation was voluntary and results would remain confidential.

Each packet was randomly assigned a number. The officers were provided with their packet number and a phone number and email address for the researcher. If they wanted to get their results, the officers had to give their packet number. Referral sources were also made available to the officers which included the Early Intervention Program information and information from the employee assistance program. The officers were then asked to sign the informed consent form. The officers were then instructed to complete the demographic survey and the trauma indicator. Finally, the officers completed the ProQOL. The informed consent form was placed in a separate folder from the demographic survey and the ProQOL to further insure confidentiality.

Research Questions

     1. Is there a difference in the compassion fatigue score between police officers who have experienced a previous perceived trauma from those who have not?

     2. Is there a difference in the compassion satisfaction score between police officers who have experienced a previous perceived trauma from those who have not?

     3. Is there a difference in the burnout score between police officers who have experienced a previous perceived trauma from those who have not?

     4. Is there a difference in years of experience and compassion fatigue scores between police officers who have experienced a previous perceived trauma and those who have not?

     5. Is there a difference in years of experience and compassion satisfaction scores between police officers who have experienced a previous perceived trauma and those who have not?

6. Is there a difference in years of experience and burnout scores between police officers who have experienced a previous perceived trauma and those who have not?

Research Design

This research is a post hoc non experimental design on a follow up of police officers with independent variables on trauma and years of experience and dependent variables of compassion fatigue, compassion satisfaction, and burnout.

Statistics

A multivariate analysis of variance (MANOVA) was run for each of the questions. Years of experience was grouped in three sections: those who have been commission less than 3 years, those commissioned from 3 years to 9 years, 11 months, and those commissioned 10 or more years. The compassion fatigue, compassion satisfaction, and burnout scores of these three groups was compared to the group of officers who did not have a previous perceived trauma and the group of officers who did have a previous perceived trauma. An alpha of .05 was used because of the large sample size, it is better to have a type I error, rather than a type II error (Hinkle, Wiersma, & Jurs, 2003). Post hoc follow up of Tukey/Kramer's statistic was used to examine any significant interactions.

Assumptions

The major assumption in this study was that police officer's self-perception of trauma is more reliable than a quantitative measure of trauma. Carlier (1999) reports that with police officers, it is the officer's interpretation of an event that will predict if it is a trauma for the officer, not the event itself.

Another assumption of this study was that, because the information was received during in service training over the course of a year, the officer's scores would not differ much depending on the time of year the information was obtained.

Limitations

One major limitation of the study was that trauma was measured by a self-report of the officers. The officers answered the question "have you experienced a previous trauma" either by indicating yes or no. There was no quantitative measure of trauma.

Another limitation of this study was that the sample is taking one Police Department only. It was not a sample of many different police departments and was in no way representative of all police officers. The results of this study can not be generalized to other populations.

Chapter 4

Results

Overview

This chapter presents the results of the statistical analyses related to the 6 research questions. For the analysis of all six research questions, a 3 (less than 3 years of experience, 3 to 9 years, 11 months of experience, and 10 or more years of experience) by 2 (trauma yes, trauma no) multivariate analysis of variance (MANOVA) was conducted using the compassion fatigue scores, compassion satisfaction scores, and burnout scores on the ProQOL.

Demographic Data

The total number of police officers that participated in this research was 1,390. Of those officers, a large number were male (81.4%), had at least one child (81.7%) and were in non administrative positions (82.1%) (see Table 1). The race of the officers was evenly distributed between African Americans (45.9%) and Caucasians (45.3%) with limited numbers of Asian (6%) and Hispanic (1.1%) officers. The percentage of officers who responded as "Other" when asked about their race was 2.4% (see Table 1). In regards to current marital status, most of the officers were married (65.0%), 14% were divorced, and 12.9% were never married. A smaller percentage of officers answered widowed (.4%), separated from spouse (2.9%), and in a significant relationship (4.0%) (see Table 1). 56.8% of the officers reported having experienced a previous perceived trauma and 43.2% of officers reported not having experienced a previous perceived trauma. 9.7% of the officers had less than 3 years of experience, 41.6% of the officers had 3 to 10 years of experience, and 48.7% had 10 or more years of experience (see Table 1). The mean age of the police officers in this study was 39.67 with a standard

deviation of 8.74 and the mean years of experience for the police officers in this study

was 12.50 with a standard deviation of 8.24.

Table 1

Demographic Data for Police Officers in This Study

_____

Source		Freq.	%	Source		Freq.	%
Gender	Male	1132	81.4%	Children	Yes	1136	81.7%
	Female	235	16.9%		No	251	18.1%
Rank	Officer	1141	82.1%	Trauma	Yes	789	56.8%
	Administration	229	16.5%		No	601	43.2%
Race	African Am.	638	45.9%	Marital Status	Married	904	65.0%
	Asian	6	.4%		Never	180	12.9%
	Caucasian	630	45.3%		Divorced	198	14.2%
	Hispanic	15	1.1%		Widowed	6	.4%
	Other	33	2.4%		Separated	40	2.9%
					Sig. Rel.	55	4.0%
Years of Exp.	<3	135	9.7%				
	3-10	578	41.6%				
	>10	677	48.7%				

Research Question 1

Is there a difference in the compassion fatigue score between police officers who have experienced a previous perceived trauma from those who have not? The F-statistic, alpha, and partial eta squared for research question one are displayed in Table 2. The means, standard deviations are listed in Table 3. There was a significant difference on the compassion fatigue scores of those officers who have experienced a previous perceived trauma from those who have not [$F(1,1389) = 53.00$, $p < .0005$, partial $\eta^2 =$ .040] (see Table 2). The compassion fatigue scores of those officers who had experienced perceived trauma ($M = 13.75$, $SD = 7.45$) were significantly higher than those who had not ($M = 10.69$, $SD = 5.99$), indicating a higher level of compassion fatigue in officers who have experienced a previous perceived trauma (see Table 2), with an effect size of .22. Officers who had experienced a previous trauma had compassion fatigue scores on the ProQOL that were 3.5 points higher than those who did not experience a previous trauma.

The compassion fatigue subscale on the ProQOL has a maximum of 50 points (Stamm, 2005a). The average compassion fatigue score for the norm group, which included therapists, teachers, nurses, and child protective workers, is 13. Any score above 17 is considered in the clinical range. The mean compassion fatigue score for officers who reported that they had experienced a previous perceived trauma was 13.75 with a standard deviation of 7.45; the mean score for those officers who stated that they had not experienced a previous perceived trauma was 10.69 with a standard deviation of 5.99 (see Table 3). The officers who had experienced a previous perceived trauma were

three fourths of a point above average on their compassion fatigue scores when compared to national norm groups means as seen in Table 3. Memphis police officers who have experienced a previous trauma have higher than average compassion fatigue scores. Those officers who had not experienced a previous trauma had lower than average compassion fatigue scores.

Table 2

MANOVA Table for Trauma, Compassion Fatigue, Compassion Satisfaction, Burnout and Trauma

Source	df	M	SD	MS	F	Sig.	Partial Eta Squared
Comp. Fat.	1, 1390	13.75	7.45	2478.67	53.00	<.0005***	.040
Comp. Sat.	1, 1390	34.48	8.83	606.56	08.05	.005*	.060
Burnout	1, 1390	20.71	6.92	1549.99	34.85	< .0005***	.030

*p < .05. **p < .001. ***p < .0005.

Table 3

Means Table for Compassion Fatigue and Previous PerceivedTtraumas

	National Norms		Previous Trauma		No Previous Trauma	
Source	M	SD	M	SD	M	SD
Comp. Fat.	13.0	6.30	13.75	7.45	10.69	5.99
Comp. Sat.	37.0	7.30	34.48	8.83	36.16	8.50
Burnout	22.0	6.80	20.71	6.93	18.06	6.31

Research Question 2

Is there a difference in the compassion satisfaction score between police officers who have experienced a previous perceived trauma from those who have not? The F-statistic, alpha, and partial eta squared for research question 2 are displayed in Table 2. The means, standard deviations are listed in Table 3. There was a significant difference on the compassion satisfaction scores of those officers who have experienced a previous perceived trauma from those who have not [$F(1,1389) = 8.00$, $p < .0005$, partial $\eta^2 = .060$] (see Table 2). The compassion satisfaction scores of those officers who had experienced perceived trauma ($M = 34.48$, $SD = 8.83$) was significantly lower than those who had not ($M = 36.16$, $SD = 8.50$), indicating a lower level of compassion satisfaction in officers who have experienced a previous perceived trauma (see Table 2), with an effect size of .10. Officers who had experienced a previous perceived trauma had compassion satisfaction scores on the ProQOL that were 1.7 points lower than officers who had not experienced a previous perceived trauma.

The compassion satisfaction subscale on the ProQOL (Stamm, 2005a) has a total score of 50. The average score of the norm group, which included therapists, teachers, nurses, and child protective workers, is 37. Any score below 33 is considered low compassion satisfaction. The mean compassion satisfaction score for police officers who had experienced a previous perceived trauma was 34.48 with a standard deviation of 8.83. The mean compassion satisfaction score for officers who had not experienced a previous trauma was 36.16 with a standard deviation of 8.50 (see Table 3). Both groups were below the average score for compassion satisfaction when compared to the national norms group mean, as seen in Table 3, although the group that had experienced a

previous trauma was one and a half points above clinical range and the group that had not experienced a previous trauma was three points above the clinical range and 1 point below average. Officers who have experienced a previous perceived trauma had a significantly lower compassion satisfaction score from those officers who had not experienced a previous perceived trauma.

Research Question 3

Is there a difference in the burnout score between police officers who have experienced a previous perceived trauma from those who have not? The F-statistic, alpha, and partial eta squared for research question 3 are displayed in Table 2. The means, standard deviations are listed in Table 3. There was a significant difference on the burnout scores of those officers who have experienced a previous perceived trauma from those who have not [$F(1,1389) = 35.00$, $p < .0005$, partial $\eta^2 = .030$] (see Table 2). The burnout scores of those officers who had experienced perceived trauma ($M = 20.71$, $SD = 6.93$) was significantly higher than those who had not ($M = 18.06$, $SD = 6.31$), indicating a higher level of burnout in officers who have experienced a previous perceived trauma (see Table 2), with an effect size of .20. Officers who had experienced a previous trauma had burnout scores on the ProQOL that were 2.8 points higher than those officers who had not experienced a previous trauma.

The burnout subscale on the ProQOL (Stamm, 2005a) consists of a total score of 50. The average score for the norm group, which included therapists, teachers, nurses and child protective workers, was 22. Any score above 22 is considered in the clinical range of burnout. Any score below 18 is considered to be in the low range of burnout. The mean score for police officers who had experienced a previous perceived trauma was

20.71 with a standard deviation of 6.92. The mean score for officers who had not experienced a previous perceived trauma was 18.06 with a standard deviation of 6.31. Officers who had experienced a previous perceived trauma had significantly higher scores on the burnout subscale when compared to the national norm group mean as seen in Table 3. Although both scores were below the average, those who had not experienced a previous trauma were in the low burnout rate range of below eighteen points. Memphis police officers who have had a previous trauma have significantly higher burnout scores than those who have not experienced a previous trauma.

Research Question 4

Is there a difference in years of experience and compassion fatigue scores between police officers who have experienced a previous perceived trauma and those who have not? The mean, standard deviation, alpha, and F-statistic for research question 4 are displayed in Table 4 and Table 5. There was a significant difference in years of experience and the compassion fatigue scores of those officers who have experienced a previous perceived trauma from those who have not [$F(2,1388) = 3.83$, $p < .05$, partial $\eta^2 = .006$]. This result indicates that there was a significant difference between the groups of officers so Tukey/Kramer's statistic was conducted for the post hoc analysis to determine which of the groups differed. Officers who had not experienced a previous perceived trauma with three to 10 years of experience ($M = 11.58$) had significantly more (p<.05) compassion fatigue than officers with more than 10 years of experience ($M = 9.95$) and had not experienced a previous perceived trauma with a calculated effect size of .238. Officers with three years to 10 years of experience who had not experienced a previous perceived trauma also had significantly (p<.05) higher compassion fatigue than

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those who had less than three years of experience ($M = 9.98$) and had not experienced a

previous perceived trauma, with a calculated effect size of .249.   The officers with more

than 10 years of experience who had not experienced a previous perceived trauma were

not significantly ($p > .05$) different than the group with less than 3 years of experience (M

$= 9.98$) who had not experienced a previous perceived trauma.

Officers with 3 years to 10 years of experience who had not experienced a

previous perceived trauma had higher compassion fatigue scores on the ProQOL than

officers with 10 years or more of experience who had not experienced a previous

perceived trauma. Additionally, officers who had 3 to 10 years of experience and had not

experienced a previous perceived trauma had higher compassion fatigue scores on the

ProQOL than those who had less than 3 years of experience and had not experienced a

previous perceived trauma. This outcome appears to indicate that police officers with 3 to

10 years of experience who have not experienced prior perceived traumas have higher

compassion fatigue levels than officers who have less than 3 years and more than 10

years of experience who have not experienced a prior perceived trauma.

There was not a significant ($p > .05$) difference on the compassion fatigue scores

on the ProQOL in officers who had experienced a previous perceived trauma with less

than 3 years of experience ($M = 14.57$), officers with 3 to 10 years of experience ($M =$

14.02), and officers with 10 or more years of experience ($M = 13.47$) (see Table 5).

These outcomes suggest that when there is a previous perceived trauma, years of

experience does not have an effect on the compassion fatigue scores of police officers.

The interaction effect between trauma and years of experience was tested and it

was found that years of experience do not explain the trauma in police officers. The

MANOVA table for trauma and years of experience interactions on compassion fatigue is displayed in Table 6. Years of experience as a police officer does not explain whether the officer has experienced a previous trauma or not. This outcome indicates that their was not a significant difference in the officers who had experienced a previous trauma from those who had not across the three groups of years of experience (less than 3years, 3 to 10 years, and more than 10 years).

Table 4

MANOVA Table for Years of Experience, Compassion Fatigue, Compassion Satisfaction, Burnout and Trauma

Source	df	MS	F	Sig.	Partial Eta Squared
Compassion Fatigue	2	179.11	3.83	.022*	.006
Compassion Satisfaction	2	207.27	2.75	.064	.004
Burnout	2	65.13	1.46	.232	.002

*p < .05. **p < .001. ***p < .0005.*

Table 5

Means and Standard Deviation Table for Years of Experience, Compassion Fatigue, and Trauma

	Previous Trauma		No Previous Trauma	
Source	M	SD	M	SD
less than three years of experience	14.57	7.67	9.98	5.60
3 years to 10 years of experience	14.02	7.19	11.58	6.24
more than 10 years of experience	13.47	7.60	9.95	5.71

Table 6

MANOVA Table for Compassion Fatigue, Compassion Satisfaction, Burnout and Years of Experience Interaction

Source	*df*	MS	F	Sig.	Partial Eta Squared
Compassion Fatigue	2	80.32	1.72	.180	.002
Compassion Satisfaction	2	4.54	0.06	.942	.000
Burnout	2	9.55	0.22	.807	.000

*$p < .05$. **$p < .001$. ***$p < .0005$.

Research Question 5

Is there a difference in years of experience and compassion satisfaction scores between police officers who have experienced a previous perceived trauma and those who have not? The mean, standard deviation, alpha, and F-statistic for research question 4 are displayed in Table 4 and Table 5.   There was not a significant difference in the

years of experience and compassion satisfaction scores between police officers who have experienced a previous perceived trauma and those who have not [$F(2,1388) = 2.75, p > .05$, partial $\eta^2 = .004$].

There was not a significant difference in the years of experience and compassion satisfaction scores between police officers who have experienced a previous perceived trauma and those who have not. These results indicate that having experienced a previous perceived trauma or not and years of experience do not affect the compassion satisfaction scores of Memphis police officers.

The interaction effect was tested and it was found that years of experience does not explain the trauma in police officers. The MANOVA table for trauma and years of experience interactions on compassion fatigue is displayed in Table 6. Years of experience as a police officer does not explain whether the officer has experienced a previous trauma or not. This indicates that their was not a significant difference in the number of officers who had experienced a previous trauma from those who had not across the three groups of years of experience (less than 3 years, 3 to 10 years, and more than 10 years).

Research Question 6

Is there a difference in years of experience and burnout scores between police officers who have experienced a previous perceived trauma and those who have not? The mean, standard deviation, alpha, and F-statistic for research question 4 are displayed in Table 4 and Table 5. There was not a significant difference in the years of experience and burnout scores between police officers who have experienced a previous perceived trauma and those who have not have not [$F(2,1388) = 1.46, p > .05$, partial $\eta^2 = .002$].

There was not a significant difference in the years of experience and burnout scores between police officers who have experienced a previous perceived trauma and those who have not. These results indicate that having experienced a previous perceived trauma and years of experience do not affect the burnout scores of Memphis police officers.

The interaction effect was tested and it was found that years of experience does not explain the trauma in police officers. The MANOVA table for trauma and years of experience interactions on compassion fatigue is displayed in Table 6. Years of experience as a police officer does not explain whether the officer has experienced a previous trauma or not. This indicates that their was not a significant difference in the scores of officers who had experienced a previous trauma from those who had not across the three groups of years of experience (less than 3 years, 3 to 10 years, and more than 10 years).

Chapter 5

Discussion

Overview

The following chapter will discuss the results presented in the previous chapter. This chapter will also discuss any future implications for further research and treatment options.

Discussion Question 1

The first research question asked if there was a significant difference in compassion fatigue scores for police officers who had experienced a previous perceived trauma from those who did not.   The result indicated that there was a significant difference between the two groups. Police officers who had experienced a previous perceived trauma had statistically significant higher scores on the compassion fatigue subscale of the ProQOL measure than those who did not have a previous perceived trauma. Therefore, having experienced a previous perceived trauma does appear to lead to higher levels of compassion fatigue in police officers when compared to police officers who have not experienced a previous perceived trauma.   Police officers who have experienced a previous perceived trauma appear to be at higher risks of developing compassion fatigue. Within the norm group, the clinical range for compassion fatigue was scores of seventeen or higher (Stamm, 2005a).   Although police officers in this study who had a previous perceived trauma were not within the clinical range for compassion fatigue, they were significantly higher than those who had not experienced a previous perceived trauma and were above the mean of the norm group. This result suggests that officers who have had a previous perceived trauma are at risk for

developing compassion fatigue and having this prior trauma experience should be a factor in targeting officers for counseling interventions.

Police officers who had a previous perceived trauma had significantly higher compassion fatigue scores on the ProQOL than those who had not. This result is supported by current research. According to Figley (2002), both immediate and old stressors can cause compassion fatigue and a prolonged exposure to suffering, traumatic memories, and other life demands can also lead to compassion fatigue (Figley, 2002). In Figley's Compassion Fatigue Model, traumatic memories can lead directly to compassion fatigue (Figley, 2001). Violanti and Violanti (1999) added that the traumas that police officers see on a daily basis are enough to give them compassion fatigue but if they have any previous traumas it greatly increases their chances of developing compassion fatigue. Compassion fatigue could be a maladaptive response to trauma (or stressors) (Valent, 2002). Additionally, traumas challenge the helper's control and lack of control can cause psychological distress (Stamm, 2002). In a 2004 study of police officers, it was found that the increased frequency of trauma and the type of trauma, especially if it happened to a coworker, may eventually lead to compassion fatigue in police officers (Violanti & Gehrke, 2004). MacRitchie and Leibowitz (2010) found that, in trauma workers, previous exposure to traumatic situations, level of empathy, and level of perceived social support have a significant relationship with secondary traumatic stress symptoms. Stephens, et al. (1999) add that police recruits who have suffered previous traumas are at more risk for health problems and psychological disorders and those who have suffered higher levels of trauma are at a higher risk to prematurely leave the department. Exposure to traumatic events predisposes the police officer to suffering from traumatic

stress symptoms and that exposure to childhood traumas or those violent in nature (rape or military combat) can predict these symptoms in people, especially if the person has been exposed to more than one trauma (Stephens, et al., 1999).

Discussion Question 2

The second research question asked if there was a significant difference in compassion satisfaction scores for police officers who had experienced a previous perceived from those who did not. The results indicated that there was a significant difference between the two groups. Police officers who had experienced a previous perceived trauma had statistically significant lower scores on the compassion satisfaction subscale of the ProQOL measure than those who did not have a previous perceived trauma. This result suggests that the police officer who has experienced a previous trauma is more vulnerable to compassion fatigue and burnout than other officers who have not experienced a previous perceived trauma. Therefore, this result suggest that having experienced a previous perceived trauma leads to lower levels of compassion satisfaction in police officers when compared to police officers who have not experienced a previous perceived trauma. The result suggests that officers who have experienced a previous perceived trauma have low compassion satisfaction and are approaching the clinical range. This result indicates that experiencing a previous perceived trauma should be considered when targeting officers for counseling interventions. In particular, low compassion satisfaction can lead to compassion fatigue (Figley, 200; Stamm, 2002). This research indicates that officers who have experienced a previous perceived trauma are at a higher risk for compassion fatigue and are at risk for low compassion satisfaction.

Police officers who had experienced a previous perceived trauma had lower compassion satisfaction scores on the ProQOL than those who had not. This result is supported by current research. In addition to the research discussed on compassion fatigue and trauma, a 2009 study of emergency workers found that compassion satisfaction was positively correlated with efficacy of beliefs, a sense of community, and the use of active coping skills (Cicignani, et al., 2009). Also, Brown, et al. (2009) found that there was a positive relationship between job satisfaction and mental health.

Discussion Question 3

The third research question asked if there was a significant difference in the burnout scores of police officers who had experienced a previous perceived trauma from those who did not. This result indicates that there was a significant difference between the two groups. Police officers who had experienced a previous perceived trauma had statistically significant higher scores on the burnout subscale of the ProQOL measure than those who did not have a previous perceived trauma. Therefore, having experienced a previous perceived trauma appears to lead to higher burnout rates in police officers when compared to other police officers who have not experienced a previous perceived trauma. The mean score for the norm group on the burnout subscale was 22 (Stamm, 2005a). Both groups of officers (had experienced a previous perceived trauma and had not experienced a previous perceived trauma) were below the norm group means. Police officers who did not have a previous perceived trauma were in the low burnout range. This research suggests that officers who have not experienced a previous perceived trauma feel as if they make a difference with their work and feel positively about the work they do (Stamm, 2005a). Officers who have experienced a previous perceived

trauma are more likely to experience symptoms of burnout than officers who have not experienced a previous trauma. These results indicate that experiencing a previous perceived trauma should be considered when targeting officers for counseling interventions.

Police officers who had a previous perceived trauma had significantly higher levels of burnout on the ProQOL than those who did not. This result is supported by current research.   According to Alexander (1999), some factors that help foster burnout are the officer's personality, how they handle stress, the work environment, the officer's perception of stress, and family pressures. Additionally, burnout occurs in officers because there may be an idealistic attitude to protect and serve the public but the reality of being a police officer, including the stressors, is very different (Alexander, 1999). In a 1999 study of police recruits, it was found that those who had suffered previous traumas were at more risk for health problems and psychological disorders and those recruits who suffered from higher levels of trauma were at a higher risk to prematurely leave the department (Stephens, et al., 1999). In a 2010 study of Italian rescue workers, it was found that those rescue workers with higher levels of self-efficacy had lower compassion fatigue, lower burnout rates, and higher compassion satisfaction (Prati, Pietrantoni, & Cicogani, 2010). Savicki (2002) found that chronic stressors, stressors that occur over a period of time, may wear down workers and eventually lead to burnout. Additionally, Savicki found that dealing with stress by only trying to reduce the unpleasant side effects was related to emotional exhaustion and depersonalization in workers (Savicki, 2002). Lee and Ashforth (1996) conducted a meta analysis on Maslach's Burnout Inventory

showed that, among other stressors, work role stress and the number of stressful events were related to emotional exhaustion and depersonalization.

Discussion Question 4

The fourth research question asked if there was a significant difference in years of experience and the compassion fatigue scores in police officers who had experienced a previous perceived trauma from those who had not. There was a significant difference in the multivariate tests between the groups so post hoc tests were conducted to determine where between group differences laid. On the univariate level, there was a significant difference between the groups (less than 3 years, 3 to 10 years, and more than 10 years of experience).

No Previous Trauma and Years of Experience. In officers who had not experienced a previous perceived trauma, police officers with 3 to 10 years of experience had higher levels of compassion fatigue than officers with less than 3 years of experience and more than 10 years of experience. Therefore, officers with 3 to 10 years of experience had higher levels of compassion fatigue than other police officers when there is no previous perceived trauma present. There was no difference in police officers with more than 10 and less than 3 years of experience.

Previous Trauma and Years of Experience. There was not a significant difference in police officers with less than 3 years, 3 to 10 years, and more than 10 years of experience when a previous perceived trauma was present. This outcome indicates that when there is a previous perceived trauma present, years of experience are not a mitigating factor.

The research is mixed on years of how years of experience and trauma affect police officers compassion fatigue. In a sample of 103 police officers, it was found that officers with 6 to 10 years of experience reported the highest overall combined stressor mean score (Violanti & Aaron, 1995). Additionally, a study by Anshel, et al. (1997) found that a police officer's years of experience influenced their belief in whether they could cope with stressful events or not. In a study of 25 police officers who were evaluated at their recruitment, two years of job experience and then again at four years of job experience, found that within the fourth year of job experience, their scores on the Minnesota Multiphasic Personality Inventory showed significant changes over time, with their vulnerability to alcohol abuse in the critical range by the fourth year (Beutler, Nussbaum, & Meredith, 1988). In a study of 507 police officers, it was found that stress was perceived at its highest in the sixth or seventh year of service and did not reach those heights again until the 18th or 19th year (Boyd, 1995).   Conversely, in a 2004 study of police officers' reactions to traumatic events, it was found that officers with zero to five years of service were less likely to be distracted by the trauma than officers with 6 to 13 or 14 or more years of experience (Cameron, 2004). Additionally, in a 2000 study of police officers, it was found that the perceived stress of police officers was at its highest in officers with zero to five years of service (Daniello, 2000). In a study of experienced and inexperienced police officers, it was found that inexperienced police officers showed lower scored of emotional reactions to stress using the MMPI-2 than experienced police officers (Laguna, Linn, Ward, & Rupslaukyte, 2010).

Discussion Question 5

The fifth research question asked if there was a significant difference in years of experience and the compassion satisfaction scores of police officers who had experienced a previous perceived trauma from those who had not. There was a not significant difference in the multivariate tests between the groups, less than 3 years, 3 to 10 years, and more than 10 years of experience. Therefore, there is not a significant difference in years of experience and compassion satisfaction scores in those police officers who had experienced a previous trauma from those who had not. It appears that years of experience is not a mitigating factor in compassion satisfaction in police officers when compared to those who have experienced a previous trauma from those who have not.

The research was mixed in support of this result. In a study of police officers, it was found that years of experience, autonomy and feedback were the best predictors of job satisfaction (Miller, Mire, & Kim, 2009). In a 2005 study of police officers in Taiwan, it was found that no demographic variables, including age, were correlated with job satisfaction (Chiou, 2005). According to a 2009 study of mid level police managers, it was found that they were overall satisfied with their jobs and that organizational factors were better predictors of job satisfaction than demographic variables (Erckiti, 2009).

Discussion Question 6

The sixth research question asked if there was a significant difference in years of experience and the burnout scores in police officers who had experienced a previous perceived trauma from those who had not. The results indicated that there was not a significant difference in years of experience and burnout scores for police officers who had experienced a previous perceived trauma from those who had not. Years of

experience are not a mitigating factor in burnout in police officers when compared to those who have experienced a previous trauma from those who have not.

Results were mixed in the support of this conclusion. In a study of 4855 police officers using the Maslach Burnout Inventory – Human Services Survey, it was found that officers with 6 to 15 years of experience had highest burnout scores (Zhang, Xu, & Jiang, 2006b). Additionally, in a 1983 study of police officers using the emotional exhaustion subscale of the Maslach Burnout Inventory, it was found that years of experience did not significantly affect scores the frequency of emotional exhaustion (Gaines & Jermier, 1983). Savicki (2002) found that length of time in a job was not related to burnout configurations.

Recommendations

Based on the outcomes of this study, the following recommendations are made:

1. This research supports Dantoft's (2011) contention that the existing programs used for psychological treatment of police officers should be modified to account for the difference in culture, attitudes, lifestyles, and experiences that police officers have when compared to other populations. A study by Carlan and Nored (2008) found that police officers feared the stigma of getting therapy for their stress but police officers who received therapy had reduced stress levels and a reduced need for counseling. The authors suggested that all police departments require mandatory and periodic counseling services to police officers so that the need for counseling is met. Additionally, having required periodic counseling for everyone helps to remove the stigma associated with getting therapy and may allow police officers get the help they need (Carlon & Nored, 2008). Police officers can experience recurring traumatic and stressful situations as part

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of their jobs (Dantoft, 2011) but the effectiveness of treatment options may be suspect because they do not take into considerations the nuances of police culture or the police officers may not even use them.

2. This research supports the need for family treatment programs for police officers. Figley (1999) contented that a family treatment program would be beneficial to police officers. Figley developed the Police Family Treatment Program that has four different phases to help in treating police compassion fatigue. The first phase involves creating specific and achievable goals with the officer. The second phase is helping the officer tell their story involving the traumatic event. Next, the officer will reconsider their story including examining new information and insight. Finally, the officer will create a healing theory based on all the new information and insight gained from the other phases and the officer will create a plan for dealing with future traumatic events.

3. This research supports the need for a "cradle" to "grave" approach to treating police officers. In 2008, the Badges of Life Psychological Survival Program for Police Officers was founded with a goal of trying to find an effective suicide awareness and prevention program for police officers (Levenson, et al., 2010). This program is set apart from other programs because it is a "rookie to retiree" program and has an emotional self-care component to help teach the officers how to care for his or her own emotionally well being. Departments who use this program begin teaching this to officers while they are recruits in the training academy and also emphasize the importance of yearly voluntary, confidential mental health check ups.

4. This research supports the need for a hybrid program for police officers based on the Comprehensive Soldier Fitness (CSF) program used by the United States Army to

help police officers with compassion fatigue and burnout and help to increase compass

satisfaction and inoculate them against PTSD. The CSF program was created ensure that

the soldiers, family members, and Army civilians are prepared both physically and

psychologically to continue to serve (Casey, 2011). The entire army community is

participating in this program. It consists of four components which are a Global

Assessment Tool, an online self-help module, training master resilience trainers, and

mandatory resilience training for every leadership school. This program runs through

basic training to retirement.

Police Departments and CSF

Police department's shift leaders should be trained in recognizing the signs and

symptoms of compassion fatigue and burnout. They should also be trained in teaching

resiliency methods. This would allow for the shift leaders to take this training to the shift

level and help to instill this training in the police officers everyday. The shift leaders

could also help to identify officers who are experiencing difficulties sooner using these

techniques. Additionally, annually during in in-service training, every officer should be

educated on these signs and symptoms and prevention and treatment methods. The

department could also develop an online screening tool or use a self-scoring tool, such as

the ProQOL for every officer to complete annually. One of the challenges for the

department will be gaining the trust of the police officers. It is recommended that the

department work with the police union and the Employee Assistance Program to help

develop this program and implement it. A 2008 study (Carlan & Nored, 2008) suggests

that police departments that promote counseling benefit from a reduction in officer stress.

Being aware of the signs and symptoms of compassion fatigue and being aware of how

past traumas affect present day behaviors can help to prevent compassion fatigue or allow the helper to get the necessary help.

5. This research supports the need for a hybrid program for police families based on the CST program used by the United States Army. The premise is that family members play an important part in the soldier's performance, resilience, and well being. This program will include a Global Assessment Tool and program modules based on the results of the assessment using strengths based approach (Park, 2011). The Global Assessment Tool focuses on the emotional, social, familial, and spiritual aspects of the families (Peterson et al., 2011). The program is designed to address not only common family problems and family issues but also the unique issues and challenges that effect military families (Park, 2011).

Family Component to Police Departments and CST

Police departments could also use a hybrid version of the Family CST plan to help police families. As discussed previously, police families face many challenges. This program could be set up similar to the program they use for the officer with web based assessment tools. Additionally, informational meetings and/or training for police families could be conducted prior to the recruit graduating from the police academy and be offered during the course of the year at the police academy for the families of veteran officers. A support group for police wives/families could also be beneficial to help police families through challenges.

6. This research supports the need for a better understanding of how organizational stressors affect police officers. Shane (2010) contends that organizational stressors in police work may be a greater source than operational stressors in police

officers. The author suggested the need for structural changes to police departments to help combat this (Shane, 2010). A study by Maguen et al. (2009) suggested that if the work environment is not stressful, it will protect the officers against the effects of duty related critical incidents and negative life events in the officer's personal life. A 2010 study by Shane found that Police administrations may want to consider ensuring that they are taking all the steps necessary after officer experiences a trauma, either work related or personal, to help the officer receive help. This could include providing information about the employee assistance program offered through the city and promoting the early intervention program within the department.

7. It was Arter's (2008) contention that reassignments may help combat compassion fatigue and burnout in police officers. Using general strain theory, a qualitative study of police stress found that police officers with high levels of stress reported more acts of deviance and when the stress was reduced through reassignment from high stress duties, the acts of deviance decreased so reassignments may be useful in reducing police stress (Arter, 2008). Additionally, a study of public safety officer found that cross training the officers lead to lower levels of burnout and higher levels of job satisfaction (Starr, 2009). This may help with job satisfaction among the officers. One of the predictors of job satisfaction is how the police administration handles the officer after a traumatic event (Figley, 1999; Kohan, 2002; Soloman & Mastin, 2002).

8. This research also supports the need for a better understanding how returning to work after a trauma may affect police officers. After responding to a traumatic event, police officers may find it therapeutic to return to work and get back to a normal routine. This allows the officer to have access to their social support network and put the incident

into perspective in the police world, although care should be taken to help officers gradually return and reintegrate into work so that there is not a retraumatization of the officer (Paton, Flin, & Violanti, 1999). Further, police administrations should not try to determine if a stressor is occurring. Bohacik (2009) found that perceived stressors in police officers cause the same symptoms as a real stressor.

      9. This research also supports the need for police administrations to offer more support to police families. Police officers highly value the time they have to spend with their families because of the extreme demands of their jobs and the dangerous nature of their jobs. Family time helps to balance their lives (Iwaskai, et al., 2002). Additionally, greater flexible and accommodations by police departments for the family needs of officers helps to build loyalty to departments by reducing work and family conflicts. Being flexible and accommodating helps to reduce job distress from becoming a family stressor and helps to increase family support for the job (Morris, et al., 1999). Also, in order to help reduce trauma and psychological distress for police families, police departments should be more sensitive in the death notification of officers, provide emotional support during and after the crisis for the family, and offer referrals for further psychological help for the family members (Violanti, 1999a).

Leisure Coping

      10. This research supports the need for a better understanding of how the use of leisure coping helps police officers. Iwaskai, et al. (2002) stated that leisure coping seems to regulate mood and is essential for police officers to be able to manage stress from emotional disturbances or daily problems and those stressful situations that are central to their lives, such as work and family problems. Leisure coping seemed to

produce immediate coping outcomes for the officers by keeping them from thinking

about the stressors and keeping their bodies busy, which lets them temporarily escape the

stressors. In a 2010 study of 533 Swiss police officers, it was found that exercise and

fitness can help foster a healthy and productive workforce that take less sick days and

feel better prepared to help deal with stress (Gerber, et al., 2010). In particular, moderate

exercise better helped reduce stress than vigorous exercise. This type of coping can

increase positive mood and reduce negative moods. The mental health of police officers

can be predicted by their use of leisure coping, not by general coping skills (Iwaskai,

Mannell, Smale, & Butcher, 2002).

11. This research also recommends that the Early Intervention Program within

the Memphis police department may want to consider targeting officers who have

experienced a trauma, either work related or personal, for an evaluation. Counselors can

evaluate the officers to determine if there are signs and symptoms of compassion fatigue

or burnout and provide the appropriate interventions. The program currently receives self

referrals, referrals from supervisors, and referrals from other officers. The program may

also want to consider receiving referrals from the team conducting the critical incident

stress debriefings. These referrals may help with increasing compassion satisfaction

among officers because they are receiving interventions.

12. This research also supports the need to educate officers in the use of active

coping strategies. Police officers are at more risk of stress when compared to other

occupational groups because they are prone to use avoidance strategies when dealing

with stress which is a less effective way of dealing with stress than acceptance,

mindfulness, and emotional awareness (Williams, Ciarrochi, & Deane, 2010). The

coping strategies that police officers use are directly linked to compassion fatigue. Learning about coping strategies will allow the helper the opportunity to deal with stressors and teach them to anticipate and learn to cope with the symptoms of compassion fatigue (Woodward-Myers & Cornille, 2002). Cicognani, et al. (2010) found in a study of emergency workers that compassion satisfaction was positively correlated with active coping strategies. Further, they found that compassion fatigue and burnout were correlated with the use of dysfunctional coping strategies (Cicognani, et al., 2010). In a study of over 1,000 police officers in a large suburban police department found that officers who used negative or avoidant coping strategies had higher levels of perceived work stress and adverse health reactions (Gershon, et al, 2010). Police departments and therapists should consider working with officers to develop active coping strategies and help to reduce the negative or avoidant coping strategies the officer's use.

13. This research supports educating officers on how previous traumas affect their work and personal lives. It is important for the helpers to understand how their previous traumas affect future traumas and how the helper will handle the situation (Woodward-Myers & Cornille, 2002). Understanding previous traumas can help to prevent compassion fatigue (Valent, 20020).

Implications for Future Research

It is recommended that future research be conducting on a larger randomized sample of officers from around the country in order to generalize the results. The departments could be grouped in to sizes, crime rates, and locations. It is also recommended that research be conducted on differing ranks of officers within police departments to determine if there are differences in compassion fatigue, compassion

satisfaction, and burnout. Additionally, it is recommended that future research be

conducted on firefighters and EMT's. Also, an implementation of an adaptation of the

Army's CSF program for police department should be researched.

References

Adams, G., & Buck, J. (2010). Social stressors and strain among police officers: It's not just the bad guys. *Criminal Justice and Behavior, 37*(9), 1030-1040.

Alexander, C. (1999). Police psychological burnout and trauma. In J. M. Violanti & D. Paton (Eds.), *Police Trauma: Psychological aftermath of civilian combat* (63rd ed., Vol. 54). Illinois: Charles Thomas.

Anderson, B.J., (2009). *A qualitative study on the impact of police post-shooting trauma*. Retrieved from ProQuest database. (UMI No. 3351802).

Anshel, M. H., Robertson, M., & Caputi, P. (1997). Sources of acute stress and thier appraisals and reappraisals among Australlian police as a function of previous experience. *Journal of Occupational and Organizational psychology, 70*(4), 337-357.

American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed,. Text Rev.). Washington DC: Author.

Arter, M. L. (2008). Stress and deviance in policing. *Deviant Behavior, 29*(1), 43-69.

Beehr, T. A., Ivanitskaya, L., Glaser, K., Erofeev, D., & Canali, K. (2004). Working in a violent environment: The accuracy of police officers' reports about shooting incidents. *Journal of Occupational and Organizational Psychology, 17,* 217-236.

Beutler, L.E., Nussbaum, P.D., & Meredith, K.E. (1988). Changing personality patterns of police officers. *Professional Psychology, 19*(5), 503-507.

Black, J. (2000). Personality testing and police selection: Utility of the 'Big Five'. *New Zealand Journal of Psychology, 29*(1), 2.

Bohacik, D. (2009). *Assessing the effects of distributive justice and procedural justice on occupational stress.* Retrieved from ProQuest database. (UMI No. 3334046).

Boyd, J.S. (1995). *Police stress and police officer length of service.* Retrieved from ProQuest database. (UMI No. 90304).

Brown, J., Cooper, C., & Kirkcaldy, B. (1996). Occupational stress among senior police

    officers. *British Journal of Psychology, 87*(1), 31-42.

Brown, L. (2009). *Cultural competence in trauma therapy: Beyond the flashback.*

    Washington, DC: American Psychological Association.

Cameron, J.L. (2004). *Police officers' reactions to a traumatic event.* Retrieved from

    ProQuest database (UMI No. 3112975).

Carlan, P.E., & Nored, L.S. (2008). An examination of officers stress: Should police

    departments implement mandatory counseling? *Journal of Police and Criminal*

    Psychology, 23(1), 8-15.

Carlier, I. V. (1999). Finding meaning in police traumas. In J. M. Violanti & D. Paton

    (Eds.), *Police Trauma: Psychological aftermath of civilian combat* (pp. 227-239).

    Illinois: Charles Thomas: A vision for the psychological resilience in the U.S.

    Army. *American Psychologist, 66*(1), 1-3.

Casey, G.W. (2011). Comprehensive soldier fitness

Chaudhary, M., & Kumar, S. (2010). Occupational stress and suicidal ideation in police

    personnel. *Indian Journal of Community Psychology, 6*(2), 282-289.

Chiou, J.C. (2005). *A study of job satisfaction/dissatisfaction in Taiwan's police (China).*

    Retrieved from ProQuest database (UMI No. 3159485).

Choongh, S. (2006). Policing the dross. *British Hournal of Criminology, 38,* 623.

Cicognani, E., Pietrantoni, L., Palestini, L., & Prati, G. (2009). Emergency workers'

    quality of life: The protective role of sense of community, efficacy of beliefs and

    coping strategies. *Social Indicators Research, 94*(3), 449-463.

Colwell, L.H. (2009). Police officers' experience with trauma. *International Journal of*

    Emergency Mental Health, 11(1), 3-16.

Danieli, Y. (1999). Intergenerational legacies of trauma in police families. In J. M.

    Violanti & D. Paton (Eds.), *Police Trauma: Psychological aftermath of civilian*

    combat (pp. 175-184). Springfield, Illinois: Charles Thomas.

Daniello, R.J. (2000). *Police officer perceived stress and police officer length of service.* Retrieved from ProQuest database (UMI No. 9961017).

Dantoft, K. (2011). *Police trauma and the utility of appropriate psychological services: An improved method to support those who serve and protect.* Retrieved from ProQuest database. (UMI No. 3421003).

Davidson, A.C., & Moss, S.A., (2008). Examining the trauma disclosure of police officers to their partners and officers' subsequent adjustment. *Journal of Language and Social Psychology, 27*(1), 51-70.

Dunning, C. (1999). Post-intervention strategies to reduce police trauma: A paradigm shift. In J. M. Violanti & D. Paton (Eds.), *Police Trauma: Psychological aftermath of civilian combat* (pp. 269-286). Springfield, Illinois: Charles Thomas.

East, T.W., James, R. K., & Keim, J. (2001, April). *The best little vicarious trauma prevention program in Tennessee.* Paper presented at the Twenty-Fifth Annual Convening of Crisis Intervention Personnel, Chicago.

Edelwich, J., & Brodsky, A. (1982). Training guidelines: Linking the workshop experience to needs on and off the job. In W.S. Paine (Eds.), *Job stress and burnout* (pp. 133-154). Newbury Park, CA: Sage.

Erckikti, S. (2009). *Major determinants of job satisfaction among mid-level police managers.* Retrieved from ProQuest database (UMI No. 3333808).

Federal Bureau of Investigations. (2006). Crime in the U.S. *U.S. Department of Justice.*

Feemster, S.L. (2010). Addressing the urgent need for multi-dimensional training in law enforcement. *The Forensic Examiner, 19*(3), 44-49.

Figley, C. R. (1999). Police compassion fatigue (PCF): Theory, research, assessment, treatment, and prevention. In J. M. Violanti & D. Paton (Eds.), *Police trauma: Psychological aftermath of civilian combat* (pp. 37-51). Springfield, Illinois: Charles Thomas.

Figley, C. R. (2001). Renewing Spirits: Lessons From Thirty Years of Trauma Work, Invited keynote address to the William Wendt Center for Loss and Health Conference on Illness, Grief & Trauma, Washington, DC, October 6.

Figley, C. R. (Ed.). (2002). *Treating Compassion Fatigue.* New York: Brunner-Routledge.

Forney, D.S., Wallace-Schutzman, F., & Wiggers, T.T. (1982). Burnout among career development professionals: Preliminary findings and implications. *Personnel and Guidance Journal, 60*, 435-439.

Fox, J. A., & Zawitz, M. W. (2006). Homicide: Trends in the U.S. *U.S. Department of Justice.*

Freud, S. (1963). Introductory lectures on psychoanalysis XVII. In J. Strachey (Ed. And Trans.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 16). London: Hogarth Press. (Original work published 1917).

Gaines, J., & Jermier, J.M. (1983). Emotional exhaustion in a high stress organization. *Academy of Management Journal, 26*(4), 567-586.

Gentry, J., Baranowsky, A. B., & Dunning, K. (2002). The Accelerated Recovery Program (ARP) for Compassion Fatigue. In *Treating Compassion Fatigue* (pp. 123-137). New York: Brunner-Routledge.

Gerber, M., Hartmann, T., Brand, S., Holsboer-Trachsler, E., & Puhse, U. (2010). The relationship between shift work, perceived stress, sleep and health in Swiss police officers. *Journal of Criminal Justice, 38*(6), 1167-1175.

Gerber, M., Kellmann, M., Hartmann, T., & Puhse, U. (2010). Do exercise and fitness buffer against stress among Swiss police and emergency response service officers? *Psychology of Sport and Exercise, 11*(4), 286-294.

Gershon, R.R., Barocas, B., Canton, A. N., Li., X., & Vlahov, D. (2009). Mental, physical, and behavioral outcomes associated with perceived work stress in police officers. *Criminal Justice and Behavior, 36*(3), 275-289.

Gerzina, M. A., & Drummond, P. D. (2000). A multimodel cognitive-behavioral approach to anger reduction in an occupational sample. *Journal of Occupational and Organizational Psychology, 73*(2), 181.

Grant, N. K., Garrison, C. G., & McCormick, K. (1990). Perceived utilization, job satisfaction, and advancement of police women. *Public Personnel Managment, 19*(2), 147-155.

Hart, P. M., Wearing, A. J., & Headey, B. (1995). Police stress and well-being: Integrating personality, coping, and daily work experiences. *Journal of Occupational and Organizational Psychology, 68*(2), 133-157.

Harvey-Lintz, T., & Tidwell, R. (1997). Effects of the 1992 Los Angeles civil unrest: post traumatic stress disorder symptomatology among law enforcement officers. *The Social Science Journal, 34*(2), 171-184.

Henning-Fast, K., Werner, N.S., Lermer, R., Latscha, K., Meister, F., Reiser, M. Engel, R.R., & Meindl, T. (2009). After facing traumatic stress: Brain activation, cognition and stress coping in policemen. *Journal of Psychiatric Research, 43*(14), 1146-1155.

Herman, J.L. (1992). Complex PTSD: A syndrome in survivors of prolonged and repeated trauma. *Journal of Traumatic Stress, 5*(3), 377-391.

Hinkle, D., Wiersma, W. & Jurs, S. (2003). *Applied Statistics for the Behavioral Sciences*. New York: Houghton Mifflin Company.

Iwasaki, Y., Mannell, R. C., Smale, B. J., & Butcher, J. (2002). A short-term longitudinal analysis of leisure coping used by police and emergency response service workers. *Journal of Leisure Research, 34*(3), 311-340.

Jackson, A. (2004). *The impact of cognitive development on compassion fatigue in emergency response personnel* (Doctoral Dissertation). Retrieved from ProQuest database. (UMI No. 3135651).

James, R., & Gilliland, B (2005). *Crisis Intervention Strategies*. CA: Brooks/Cole.

Jensen, M. (2010). *Patrol officer personality, stress, and coping*. Retrieved from ProQuest database. (UMI No. 3367975).

Joseph, D. (2008). *PTSD in married police officers: Associations with individual attachment style, couple attachment behavior, and masculinity*. Retrieved from ProQuest database. (UMI No. 3303043).

Kohan, A. (2002). Police officer job satisfaction in relation to mood, well-being, and alcohol consumption. *The Journal of Psychology, 136*(3), 307-319.

Kopel, H., & Friedman, M. (1999). Effects of exposure to violence in South African police. In J. M. Violanti & D. Paton (Eds.), *Police Trauma: Psychological aftermath of civilian combat* (pp. 99-110). Springfield, Illinois: Charles Thomas.

LaFauci Schutt, J. & Marotta, S. (2011). Personal and environmental predictors of posttraumatic stress in emergency management professionals. *Psychological Trauma: Theory, Research, and Policy, 3*(1), 8-15.

Laguna, L., Linn, A, Ward, K., & Rupslaukyte, R. (2010). An examination of authoritarian personality traits among police officers: The role of experience. *Journal of Police and Criminal Psychology, 25*(2), 99-104.

Lee, R.T., & Ashforth, B.E. (1996). A meta-analytic examination of the correlates of the three dimensions of burnout. *Journal of Applied Psychology, 81*, 123-133.

Levenson, R. L., O'Hara, A.F., & Clark, R. (2010). The badge of life psychological survival for police officers program. *International Journal of Emergency Mental Health, 12*(2), 95-101.

Liebkind, K., & Eranen, L. (2001). Attitudes of future human service professionals: The

    effects of victim and helper qualities. *The Journal of Social Psychology, 141*(4),

    457.

Lipp, M. E. (2009). Stress and the quality of life of senior Brazilian police officers. *The*

    Spanish Journal of Psychology, 12(2), 593-603.

Lott, L. D. (1995). Deadly secrets: Violence in the police family. *The FBI Law*

    Enforcement Bulletin, 64, 12-17.

Louw, G. (2009). *Dynamics of individual vigour and burnout in the police service.*

    Retrieved from ProQuest database. (UMI No. 0821143).

MacLeod, M. D., & Paton, D. (1999). Police officers and violent crime: Social

    psychological perspectives on impact and recovery. In J. M. Violanti & D. Paton

    (Eds.), *Police trauma: Psychologial impact of civilian combat* (pp. 25-34).

    Illinois: Charles Thomas.

MacRitchie, V., & Leibowitz, S. (2010). Secondary traumatic stress, level of exposure,

    empathy, and social support in trauma workers. *South African Journal of*

    Psychology, 40(2), 149-158.

Maguen, S., Metzler, T.J., McCaslin, S.E., Inslicht, S.S., Henn-Haase, C., Neylan, T.C.,

    & Marmar, C.R. (2009). Routine work environment stress and PTSD symptoms

    in police officers. *Journal of Nervous and Mental Disease, 197*(10), 754-760

Maslach, C. (1982a). *Burnout: The cost of caring.* Englewoods Cliff, New Jersey:

    Prentice Hall.

Maslach, C. (1982b). Understanding burnout: Definitional issues in analyzing a

    complex phenomenon. In W.S. Paine (Ed.), *Job stress and burnout* (pp. 29-40).

    Newbury Park, CA: Sage.

Martin, M., Marchand, A., & Boyer, R. (2009). Traumatic events in the workplace:

    Impact on psychopathology and healthcare use of police officers. *International*

    Journal of Emergency Mental Health, 11(3), 165-176.

Memphis Police Department. (2007). Policy and Procedure Manual.

Miller, H.A., Mire, S., & Kim, B. (2009). Predictors of job satisfaction among police officers. *Journal of Criminal Justice, 37*(5), 419-426.

Ming, Y. (2009). A preliminary research on the sources of job burnout of police officers. *Psychological Sciences, 32*(3), 755-757.

Moran, C. C. (2002). Humor as a Moderator of Compassion Fatigue. In *Treating Compassion Fatigue* (pp. 139-154). New York: Brunner-Routledge.

Morris, A., Shinn, M., & DuMont, K. (1999). Contextual factors affecting teh organizational commitment of diverse police officers: A levels of analysis perspecive. *American Journal of Community Psychology, 27*(1), 75-78.

Murtagh, C. (2010). *Police Stress and Alcohol abuse.* Retrieved from ProQuest Database. (UMI No. 3404784).

Newell, J., & MacNeil, G. (2010). Professional burnout, vicarious trauma, secondary traumatic stress, and compassion fatigue: A review of theoretical terms, risk factors, and preventive methods for clinicians and researchers. *Best Practices in Mental Health: An International Journal,* 6(2), 57-68.

Page, K.S., & Jacobs, S.C. (2011). Surviving the shift: Rural police stress and counseling services. *Psychological Services, 8*(1), 12-22.

Park, N. (2011). Military children and families. *American Psychologist, 66*(1), 65-72.

Paton, D., & Smith, L. (1999). Assessment, conceptual and methodological issues in researching traumatic stress in police officers. In J. M. Violanti & D. Paton (Eds.), *Police Trauma: Psychological impact of civilian combat* (pp. 13-21). Illinois: Charles Thomas.

Paton, D., Flin, R., & Violanti, J. M. (1999). Incident response and recovery management. In J. M. Violanti & D. Paton (Eds.), *Police Trauma: Psychological aftermath of civilian combat* (pp. 124-136). Springfield, Illinois: Charles Thomas.

Paton, D., Violanti, J. M., & Schmuckler, E. (1999). Chronic exposure to risk and trauma: Addiction and separation issues in police officers. In J. M. Violanti & D. Paton (Eds.), *Police Trauma: Psychological aftermath of civilian combat* (pp. 78-85). Springfield, Illinois: Charles Thomas.

Patterson, G. T. (1999). Coping effectiveness and occupational stress in police officers. In J. M. Violanti & D. Paton (Eds.), *Police Trauma: Psychological aftermath of civilian combat* (pp. 214-224). Springfield, Illinois: Charles Thomas.

Pearlman, L.A., & Mac Ian, P.S. (1995). Vicarious traumatization: An empirical study of the effects of trauma work on trauma therapists. *Professional Psychology, 26*(6), 558-565.

Perez, L.M., Jones, J., Englert, D.R., & Sachau, D. (2010). Secondary traumatic stress and burnout among law enforcement investigators exposed to disturbing media images. *Journal of Police and Criminal Psychology, 25*(2), 113-124.

Perkins, H.W., & Berkowtitz, A.D. (1986). Perceiving the community of norms of alcohol use among students: Some research implications for campus alcohol education programming. *The International Journal of Addictions, 21*, 961-976.

Peterson, C., Park, N., & Castro, C.A. (2011). Assessment for the U.S. Army comprehensive soldier fitness program: The global assessment tool. *American Psychologists, 66*(1), 10-18.

Picanol, J.R. (2010). *Coping styles that have a negative influence on police marriages.* Retrieved from ProQuest database. (UMI No. 3385059).

Pines, A., & Aronson, E. (1988). *Career burnout: Causes and cures.* New York: Free Press.

Prati, G., & Pietrantoni, L. (2010). An application of the social support deterioration deterrance model to rescue workers. *Journal of Community Psychology, 38*(7), 901-917.

Prati, G., Pietrantoni, L., & Cicogani, E. (2010). Self efficacy moderates the relationship between stress appraisal and quality of life among rescue workers. *Anxiety, Stress, and Coping, 23*(4), 463-470.

Richards, N. (1993). A question of loyalty. *Criminal Justice Ethics, 12*(1), 48-56.

Royle, L., Keenan, P. & Farrell, D. (2009). Issues of stigma for first responders accessing support for post traumatic stress. *International Journal of Emergency Mental Health, 11*(2), 79-86.

Saakvitne, K.W., & Pearlman, L.A. (1996). *Transforming the pain: A workbook on vicarious traumatization.* New York. Norton.

Sack, R. (2009). *Rethinking use of force: A correlational study of burnout and aggression in patrol officers.* Retrieved from ProQuest database. (UMI No. 3362256).

Savicki, V. (2002). *Burnout across thirteen cultures: Stress and coping in child and youth care workers.* Connecticut: Praeger Publishers.

Schaible, L., & Gecas, V. (2010). The impact of emotional labor and value dissonance on burnout among police officers. *Police Quarterly, 13*(3), 316-341.

Shane, J.M. (2010). Organizational stressors and police performance. *Journal of Criminal Justice, 38*(4), 807-818.

Showalter, S. (2010). Compassion fatigue: What is it? Why does it matter? Recognizing the symptoms, acknowledging the impact, developing the tools to prevent compassion fatigue, and strengthen the professional already suffering from the effects. *American Journal of Hospice and Palliative Medicine, 27*(4), 239-242.

Solomon, R. M., & Mastin, P. (1999). The emotional aftermath of the Waco raid: Five years revisited. In J. M. Violanti & D. Paton (Eds.), *Police Trauma: Psychological aftermath of civilian combat* (pp. 113-122). Springfield, Illinois: Charles Thomas.

Southwick, L., Jr. (1998). An economic analysis of murder and accident risks for police

    in the United States. *Applied Economics, 30*(5), 593-606.

Stamm, B. (2002). Measuring Compassion Satisfaction as Well as Fatigue:

    Developmental History of the Compassion Satisfaction and Fatigue Test. In

    Treating Compassion Fatigue (pp. 107-119). New York: Brunner-Routledge.

Stamm, B. (2005a). *The ProQOL Manual.* Sidran Press.

Stamm, B. (2005b). *Professional Quality of Life Scale.* Sidran Press.

Stearns, G. M., & Moore, R. J. (1993). The physical and psychological correlates of job

    burnout in the Royal Canadian Mounted Police. *Canadian Journal of*

    Criminology, 35(2), 127-147.

Stephens, C., Long, N., & Flett, R. (1999). Vulnerability to psychological disorder:

    Previous trauma in police recruits. In J. M. Violanti & D. Paton (Eds.), *Police*

    Trauma: Psychological aftermath of civilian combat (pp. 65-74). Springfield,

    Illinois: Charles Thomas.

Stephens, G. (2005). Policing the future: Law enforcement's new challenges. *The*

    Futurist, 39, 51-58.

Stuart, H. (2008). Suicidality among police. *Current Opinion in Psychiatry, 21*(5), 505-

    509.

Sutton, L. (2007). *Counselor emotional expression through written essays: Mitigating*

    effects on vicarious traumatization. Retrieved from ProQuest database. (UMI

    No. 3280273).

Tang, T. P., & Hammontree, M. L. (1992). The effects of hardiness, police stress, and life

    stress on police officers' illness and absenteeism. *Public Personnel Management,*

    21(4), 493-494.

Terr, L.C. (1995). Childhood traumas: An outline and overview. In G.S. Everly, Jr. &

    J.M. Lating (Eds.), Psychotraumatology (pp. 301-320). New York: Plenum.

Tehrani, N. (2010). Compassion Fatigue: Experiences in occupational health, human

      resources, counseling, and police. *Occupational Medicine, 60*(2), 133-138.

Tehrani, N. (2011). *Managing trauma in the workplace: Supporting workers and*

      organizations (pp. 100-114). New York: Routledge/Taylor and Francis Group.

Tubeson, N.L., & Tubeson, D.A. (1982). The treatment of choice: Selecting stress skills

      to suit the individual and the situation. In W.S. Paine (Ed.), *Job stress and*

      burnout (pp. 155-172). Newbury Park, CA: Sage.

Valent, P. (2002). Diagnosis and Treatment of Helper Stresses, Traumas, and Illnesses. In

      Treating Compassion Fatigue (pp. 17-37). New York: Brunner Routledge.

Violanti, J. M. (1999a). Trauma in police work: A psychosocial model. In J. M. Violanti

      & D. Paton (Eds.), *Police Trauma: Psychological aftermath of civilian combat*

      (pp. 88-93). Springfield, Illinois: Charles Thomas.

Violanti, J. M. (1999b). Death on duty: Police survivor trauma. In J. M. Violanti & D.

      Paton (Eds.), *Police Trauma: Psychological aftermath of civilian combat* (pp.

      139-156). Springfield, Illinois: Charles Thomas.

Violanti, J.M (1999c). Alcohol abuse in policing: Prevention strategies. *The FBI*

      Bulletin, 68(3), 3.

Violanti, J.M. (2007). Homicide-suicide in police families: Aggression full circle.

      International Journal of Emergency Mental Health, 9(2), 97-104.

Violanti, J.M., & Aron, F. (1995). Police stressors: Variations in perception among

      police personnel. *Journal of Criminal Justice, 23*(3), 287-294.

Violanti, J.M., Charles, L.E., Hartley, T.A., Mnatsakanova, A., Andrew, M.E.,

      Fekedulegn, D., Vila, B., & Burchfiel, C.M. (2008). Shift-work and suicide

      ideation among police officers. *American Journal of Industrial Medicine,*

      51(10), 758-768.

Violanti, J.M., & Gerhke, A. (2004). Police trauma encounters: Precursors of
compassion fatigue. *International Journal of Emergency Mental Health, 6*(2), 75-
80.

Violanti, J. M., & Violanti, J. M. (1999). Police Trauma: psychological impact of civilian
combat. In J. M. Violanti & D. Paton (Eds.), *Police Trauma: Psychological
aftermath of civilian combat* (pp. 5-9). Springfield, Illinois: Charles Thomas.

Walker, R. B., & Eisenberg, C. (1995). The 12-hour, fixed shift: Measuring satisfaction.
FBI Law Enforcement Bulletin, 64, 18-21.

Wang, C., Wang, L., Liu, Q., & Cheng, L. (2007). Relationship of police's burnout with
correlative influencing factors. *Chinese Journal of Clinical Psychology, 15*(4),
401-402.

Wang, Z., Inslicht, S.S., Metzler, T.J., Henn-Hause, C., McCaslin, S.E., Tong, H. Neylan,
T.C., & Marmar, C.R. (2010). A prospective study of predictors of depression
symptoms in police. *Psychiatry Research, 175*(3), 211-216.

Williams, H. (1996). Cops on the edge. *Nieman Reports, 50*(fall), 38-40.

Williams, V, Ciarrochi, J., & Deane, F.P. (2010). On being mindful, emotionally aware,
and more resilient: Longitudinal pilot study of police recruits. *Australian
Psychologist, 45*(4), 274-282.

Winter, B. (2007). Early Intervention Program. *Memphis Police Department.*

Woodard Meyers, T., & Cornille, T. A. (2002). *Treating Compassion Fatigue* (pp. 39-
55). New York: Brunner-Routledge.

Woody, R. (2006). Family Interventions with law enforcement officers. *American
Journal of Family Therapy, 34*(2), 95-103.

Yates, D. L., & Pillai, V. K. (1996). Attitudes toward community policing: A causal
analysis. *The Social Science Journal, 33,* 193.

Zhang, S., Xu, Y., & Jiang, J. (2006a). Relationship of police officer's job burnout with job demands, job resources, physical and mental health. *Chinese Journal of Clinical Psychology, 14*(4), 391-392.

Zhang, S., Xu, Y., & Jiang, J. (2006b). Revision and application of MBI-Human Services Survey in Chinese police officers. *Chinese Mental Health Journal, 20*(2), 85-88.

Appendix A

Demographic Survey Given to Police Officers

Demographic Survey

Age _____ **Race:** African American Asian Caucasian Hispanic/Latino Other

Gender: Male Female **Years Commissioned**:____ **Years in current position**:___

Rank: POII Sgt Lt Major Inspector Chief **Shift:** A B C D Admin

Work Station/Precinct: _____

Please Check	Yes	No
CIT		
FTO		
Have you ever been injured while on duty?		
Was it the result of violence?		
Was it the result of an accident?		
Was it the result of chasing a criminal?		
Have you ever inflicted an injury as a police officer?		
Have you ever had to use deadly force?		
Have you ever felt your life was in danger?		

In the last 30 days, how many times have you pulled your gun: _____

On a scale from 1 to 5, five being the highest, how stressful is your job: 1 2 3 4 5

Marital Status:
never married married divorced widowed separated significant relationship

Children: Yes No **How Many**: ___ **How many times have you been divorced**: __

Would you ever see a mental health professional: Yes No

What is your view of the mental health profession:

Useful Somewhat Useful Not Useful at All

Have you experienced a previous trauma: Yes No

How often do you think about the trauma (s)?

A lot of the time   Some of the time   Not at all

Appendix B

ProQol Scale Given to Police Officers

ProQOL R-IV

PROFESSIONAL QUALITY OF LIFE SCALE

Compassion Satisfaction and Fatigue Subscales—Revision IV

Helping people puts you in direct contact with their lives. As you probably have experienced, your compassion for those you help has both positive and negative aspects. We would like to ask you questions about your experiences, both positive and negative, as a police officer. Consider each of the following questions about you and your current situation. Select the number that honestly reflects how frequently you experienced these characteristics in the *last 30 days*.

0=Never   1=Rarely 2=A Few Times 3=Somewhat Often 4=Often   5=Very Often

_____ 1. I am happy.

_____ 2. I am preoccupied with more than one person I help.

_____ 3. I get satisfaction from being able to help people.

_____ 4. I feel connected to others.

_____ 5. I jump or am startled by unexpected sounds.

_____ 6. I feel invigorated after working with those I help.

_____ 7. I find it difficult to separate my personal life from my life as a police officer.

_____ 8. I am losing sleep over traumatic experiences of a person I helped.

_____ 9. I think that I might have been "infected" by the traumatic stress of those I help.

_____ 10. I feel trapped by my work as a police officer.

_____ 11. Because of my police work, I have felt "on edge" about various things.

_____ 12. I like my work as a police officer.

_____ 13. I feel depressed as a result of my work as a police officer.

_____ 14. I feel as though I am experiencing the trauma of someone I have helped.

_____ 15. I have beliefs that sustain me.

_____ 16. I am pleased with how I am able to keep up with police techniques and protocols.

17.   I am the person I always wanted to be.

_____ 18.   My work makes me feel satisfied.

_____ 19.   Because of my work as a police officer, I feel exhausted.

_____ 20.   I have happy thoughts and feelings about those I help and how I could help them.

_____ 21.   I feel overwhelmed by the amount of work or the size of my work load I have to deal with.

_____ 22.   I believe I can make a difference through my work.

_____ 23.   I avoid certain activities or situations because they remind me of frightening experiences of the people I help.

_____ 24.   I am proud of what I can do to help.

_____ 25.   As a result of my police work, I have intrusive, frightening thoughts.

_____ 26.   I feel "bogged down" by the system.

_____ 27.   I have thoughts that I am a "success" as a police officer.

_____ 28.   I can't recall important parts of my work with trauma victims.

_____ 29.   I am a very sensitive person.

_____ 30.   I am happy that I chose to do this work.

_____