

Background

Exposure to traumatic circumstances is a danger faced by the majority of police officers, with particularly acute exposures being faced by officers involved in front line police work, forensic police work and vehicle pursuits. This exposure seems, within the framework of the current inquiry, to occur at three levels, firstly by frequent exposure to low level trauma and stress associated with police work, secondly by attendance at or involvement in critical policing incidents, particularly where fatalities are involved, and thirdly which is directly relevant to this enquiry, in attendance at major natural disasters.

The following submission is structured as follows; firstly the current response of WA Police and the Western Australian Police Union to assist officers, secondly, barriers perceived by officers to accessing the service are discussed, thirdly, and related to the first point, measures to mitigate the effects of trauma and how they are experienced by officers and finally, recommendations.

The submission does discuss the current responses and access to services for police officers who are exposed to trauma in the course of their police work, rather than in response to disasters (although disasters do form part of police work). It does so as the traumas faced by police officers in the course of policing can be similar to those experienced by volunteers in facing natural disasters, and thus lessons can be learnt from police experience. Further, we believe it to be of serious concern to the enquiry that the response to police trauma is in some ways inadequate and support resources are stretched during normalcy. Thus it follows that in the event of a major disaster, the capacity to support a large number of officers traumatized and in need of support in a compressed period of time will not exist.

In order to gather substantive data for the submission, the WA Police Union commissioned a survey of its members, attached as Appendix 1. The survey sought to discover the frequency of exposure to traumatic events by police officers, how prepared they were in the circumstances, if and how officers accessed support services, how effective they found them and some of their attitudes towards them. Finally, officers were asked what they think should be done *“to make [their] experience of dealing with trauma better”*. All questions asked were open ended, and as such, the researcher has at times made judgments in order to present the data in an effective manner; however the integrity or nature of the data was never altered. 141 officers responded to the survey, 140 of whom believed they'd been exposed to traumatic events (the other reported that they were a new recruit), and the data they provided will be referred to below.

Whether existing agency responses adequately address the trauma experienced by staff and volunteers during and after declared natural disasters which have occurred since 2001

The Western Australia Police have provided the inquiry substantial evidence as to the support which officers receive, including anonymous counselling, WA Police Psychologists, WA Police Chaplains, the WA Police Union's Welfare services, formal peer support and informal peer support.

In addition to this service, support after traumatic events has also been provided by the Western Australian Police Union through a Welfare Officer. The WA Police Union has very recently reached agreement with WA Police that the Vice President of the WA Police Union be permanently seconded to the WA Police Union. This role will incorporate responsibility for welfare, and thus having someone with Constitutional authority to make decisions directly accountable for welfare reflects the importance the WA Police Union places on supporting our members who are in need of this assistance.

The trauma suffered by officers is extensive and varied, however the main reported exposures to trauma involved dealing with death in the form of accidental deaths, particularly road accidents, suicides and murders; particularly where children and fellow officers were involved. In addition, sexual assault cases, assaults or threatened assaults on officers were widely reported as traumatic incidents. It should be noted that the definition of trauma was left up to the officers, and respondents varied on what they considered to be a traumatic event. What is noteworthy is the frequency of these events, with some officers working in high risk areas dealing with these issues many times a week. An officer who had worked with forensics reported that *"The photos we take [in the normal course of duty] aren't even shown in court because they're too graphic for the jury see"*. Officers at the 'front line' reported differing frequency of trauma, however there was the capacity for many serious, traumatic incidents in a short period of time. A few examples reported include, this list has been heavily condensed for brevity, cutting down a person who had hanged themselves who was known to the officer, witnessing suicides, having to remove internal human organs from public view, witnessing traffic and boating accidents which had killed children. Another officer reported *"[having] attended literally hundreds of serious & Fatal traffic crashes and have subsequently had to knock on doors to tell next of kin their loved ones have either died or been seriously injured"*. The researcher notes anecdotally that cases which are reminiscent of the officers' life are those which seem to have the greatest traumatic impact on officers, however it was frequently reported that officers are not affected the same way by similar circumstances, and different traumatic events can have extremely different impacts on police.

The barriers to those suffering trauma from accessing available assistance services

A key point to note with regard to access to support services, including anonymous counselling, WA Police Psychologists, WA Police Chaplains, the WA Police Union's Welfare services, formal peer support and informal peer support, is that in many cases access to these services is self selecting. Whilst this may not appear to be a barrier, it is real concern to the WA Police Union, given that many officers may be experiencing mental anguish from exposure to trauma, and not aware that what they are going through is connected to the trauma and that seeking help is an appropriate response. This can lead to officers who could benefit from seeking help.

It was also reported by the outgoing Welfare Officer that there are a number of barriers, in their experience, to people seeking appropriate assistance. Firstly, there is a group of officers who have been exposed to trauma and are unaware that they have a problem. Secondly, there are those officers who are aware that something is wrong and are either in denial as to what the issue is, or are unaware of what the issue is. Thirdly, there is a group who do not trust support services provided by the employer and thus do not engage with the support services.

From the survey, eight key barriers were identified by police officers which prevent, limit or delay their access to support services. It should be noted that some officers also found great benefit from

Health and Welfare, many saying they'd recommend colleagues to use these services. As a culture of acceptability of accessing services such as counselling develops, the need for more, higher quality support services becomes increasingly important.

1 – Insufficient resourcing of Health and Welfare

Many officers, those who were both praising and critical of WA Police Health and Welfare, noted how short of resources they were, stating that they don't contact enough officers, and that the support was inadequate due to the circumstance where it was reported *"there are 5800 police and barely a handful of support officers"*, *"they were so busy they couldn't see me straight away and it got put off and forgotten"*, *"WA police psychologists are expected to cover an extraordinary number of staff given their small volume"*, *"seriously they have 5 people to cope with 5000+ coppers – they cannot possibly be there for you. Everything flows back to poor old health and welfare"*, *"in fact our H&W branch are under resourced and under staffed"*.

This, either actual or perceived, lack of resources of Health and Welfare leads to officers not using their support as they do not see the point in asking for help as it is not possible for their case to be given sufficient resources to deal with it properly.

2 – Poor level of support for officers

As related to the first point, officers who had used Health and Welfare services reported that at times the level of support was poor, with cases not followed up, being forgotten, feeling alienated by the process which was reported as ineffective. This prevented officers from seeking subsequent assistance in the event they were exposed to further traumatic experiences.

3 - Lack of confidentiality in Health and Welfare

There exists amongst respondents a deep distrust in the confidentiality of their dealings with Health and Welfare, with 14 respondents (10%) responding unprompted that this was a real reservation in using Health and Welfare, particularly their counseling services. This is a serious issue and barrier to using the services, as there is a fundamental level of distrust from many officers.

4 – Damage to career due to medical records being exposed

Related to this, officers reported a reluctance to contact Health and Welfare for support as they feel that the discussions, if not held confidential, could damage the career prospects of the officer involved. Officers reported that *"there's a perception that the police counseling services are extremely dangerous to use... could result in you being boarded out as medically unfit"*, *"if you do [use H&W it] may affect operational status and/or transfer and promotion status"*, *"[I] fear that if services were used WAPOL would use findings to take away operational status"*, *"I'm a bit concerned that ... it might effect promotional opportunities"*, *"my status as an operational officer is in jeopardy by seeking council services"*, amongst others.

5- Perception that Health and Welfare act in the interest of the Department

A perception was also held that Health and Welfare's primary concern and motivation was staffing concerns, i.e. returning officers to duty as quickly as possible rather than supporting officers' mental health and optimal recovery from exposure to traumatic events. The impression of respondents was

that the role of Health and Welfare was to get officers back to work as quickly as possible (supported by comments such as the only phone call was to question when an officer could increase their working hours) and to ensure that the department had safeguarded themselves against possible future legal claims (one officer noted *“they [exist] only so that the agency can say they have complied with HR requirements”*). This feeling that their mental health was not the priority of Health and Welfare was a reason given for not utilizing available support services.

6 – Stigma from other officers of being labeled ‘soft’ for seeking help

Further to this, it has been reported to the WA Police Union that there is a real stigma attached to seeking counselling amongst frontline officers. This is corroborated by a number of survey respondents; with 37 out of 98 respondents (to this question) answering that their colleagues’ opinion of them would be damaged if they knew the officer had sought counselling or other services in response to trauma. It was reported that those *“who use these services are weak”* and *“the perception [existed] that you would be labelled soft or unfit for duty [which] stopped you from contacting them”*. Those who used the support services included one officer reporting that *“the stigma [associated with using the services] upset me”*

That said, it is a positive that most officers reported that this stigma was diminishing over time, with comments such as *“police officers in general are a mature group of people who would show solidarity not derogation to a colleague who was effected by a traumatic incident”* and *“[counselling] seems accepted now however was not in the past”*. There were also generational effects, with many officers reporting that the stigma was less for younger officers, who would be more likely to use the services.

7 – Difficulty Accessing Services in Regional WA

Officers in regional WA noted that accessing services, particularly face to face services was extremely difficult with officers reporting *“living in regional WA... the services were just not available”* and *“[services] are too Perth centric”*.

8 – The Impersonal and Unreliable Nature of Contact

A final reported barrier was the impersonal and unreliable nature of the contact from Health and Welfare, in that respondents were often not contacted by Health and Welfare after exposure to trauma, or if they were it was by email. This resulted in officers reporting they did not feel welcome or willing to use the services available, and that they were not really encouraged by Health and Welfare to seek help.

The measures to mitigate any health impacts from trauma to those State Government workers and volunteers who responded to a declared disaster

Noting that experience of trauma, reaction to trauma and response to treatment differs across people. Due to the personalized nature of trauma the more agencies and people offering support services that treat people as individuals, the better outcomes will be obtained.

The following is again derived from the survey of officers, it commences with key points of positive feedback about the process, followed by statistics of how officers experience the mitigation measures, and finally some of the shortcomings of the system as it is experienced by officers.

Firstly, officers who spoke to their colleagues informally about their issues seemed to have very positive experiences, one reported *"my superintendent at the time was brilliant, he'd ring me every week to let me know taking time off... was fine and I wasn't going to lose my job... he kept me sane"*, another *"many times I have sat down with my peers after work with a few beers to debrief and I feel this is much more accepted and effective than [counseling]"*, yet another *"people become reliant on ... your work colleagues not WAPOL itself"*. Another officer reported *"phone calls from the Superintendent, Inspectors and staff made ... me feel like an important part of the team – It was very much appreciated"*, "

Secondly, as discussed above, officers have had good experience using support services. One reported *"[my experience was] Good - The health person [after a recent incident] had previously been a police officer so knew about the job, the tasks we perform, the pressures we're under"*, *"[services accessed] saved my life, my marriage"*.

The culture of the force seems to be moving to one where officers encourage colleagues to use counseling, either within WA Police systems or externally. Further to this, officers reported *"I have encouraged other members to use the services available to them if I have suspected they need assistance"*, *"[the impacts of exposure to trauma] is talked about a lot more than in the past"*, *"I have promoted the use of services for both work related and personal issues [colleagues] have encountered. I have received nothing except positive feedback"*, *"I would hope so [that colleagues would use the services], I would recommend it to them"*, *"I would have advised [colleagues] if I had accessed the services, because we all need this support mechanism, and colleagues need to know it is alright to access the services"*.

The survey data tracked, typically, how officers experienced trauma support services.

In terms of preparedness to deal with the trauma, of the 129 respondents to this question 39 indicated that they were very unprepared, 28 that they were underprepared, 22 that they were reasonably prepared, 19 that they were reasonably well prepared and 21 that they were well prepared¹.

85 of 135 respondents indicated that they had been informed of available support services before the incident(s); with advice mostly coming from WA Police including Health and Welfare (31) and from the academy (15). Other sources were from broadcasts (4), supervisors (7), colleagues (7), and the WA Police Union (2).

After the incident, 10 officers reported being made aware of services immediately, 31 within a day, 22 within a week and 52 not at all. The most common party making officers aware of the services was WA Police (42), followed by immediate supervisors (21), WA Police Union (6) and then colleagues and self (2 each).

¹ This scale was determined by the researcher interpreting responses to the open ended question.

The most common service used was no service (77), followed by contact with Health and Welfare and counseling (23 each), private medical services (15), the chaplain (7) and police psychologists and psychiatrists (6).²

28 officers responses to the effectiveness of their respective measures said that it was very ineffective, 4 that it was somewhat ineffective, 14 that it was reasonably effective, 13 that it was somewhat effective and 14 that it was very effective.³

74 officers reported having reservations about using these services, 38 did not. 46 officers stated that at least 1 colleague knew they'd used the services, 28 did not, 37 officers stated that their colleagues opinion of them would be diminished if they knew they'd accessed the services, 61 did not and 62 officers stated they thought their colleagues would use these services in similar circumstances, 25 did not.

In terms of the subjective experience, officer reported that they received insufficient contact with Health and Welfare (as per point 2 above), that Health and Welfare were under resourced and this contributed to services being ineffective. As per point 5 above officers reported that the focus of Health and Welfare seemed to be to do with increasing working hours rather than officer wellbeing, and that the process was based around risk limitation by the department rather than positive health outcomes. Email contact, as discussed above and below was found to be very impersonal.

Interestingly, those who stated they used external support services (such as private doctors and counselors) stated that this was very effective. However, officers found it difficult to talk to a counselor who was a stranger or who didn't understand policing, and that at times the service provided (a set number of appointments per financial year) was too limited, and that counselors with whom an officer had built a rapport leaving their position was difficult to cope with.

Recommendations

Recommendation 1 – Granting Police Officers Access to External Post-Trauma Services

It was widely reported by officers who engaged private medical services, such as doctors, counseling, psychologists or psychiatrists, that they were very satisfied with the efficacy of the treatment. Therefore offering officers the opportunity to seek treatment through external and private providers will both encourage officers to seek help and also to achieve better health outcomes after exposure to trauma.

Recommendation 2 – Ensuring Anonymity for Officers Seeking Counseling

It was a widespread response (74 of 112 respondents) that officers had reservations about accessing support services. The majority of these officers reported distrust as to the confidentiality of their sessions with counselors, and that this may jeopardise their career progress and relationships with colleagues. It is thus recommended that it be publicized that engagement with Health and Welfare be anonymous unless it is expressly stated otherwise (e.g. for a medical to determine an officer's

² Note – some officers used multiple services.

³ Again the researcher has applied these measures to aggregate open ended responses.

readiness to return to duty). This will aid in breaking down a major barrier to officers' using the services available.

Recommendation 3 – Providing Access to Counselors with Police Experience

It was reported by many officers that they found it difficult to trust or engage a counselor who doesn't have an understanding of the trauma experienced by police officers. It was commented that access to someone who *"has been there and understands what the person has and is going through"* would assist in increasing access to counseling. While it is not the view of the WA Police Union that all counselors must have been police officers, a move to increase the number of counselors with similar experiences would be welcomed.

Recommendation 4 – Providing Access for Informal Debriefing with Peers

Related to Recommendation 3, the provision of time for officers to share their responses to a traumatic experience with colleagues who understand the experience would be beneficial.

Recommendation 5 – Providing Compulsory Counseling both After Traumatic Incidents and Generally

Many officers reported the stigma associated with attending counseling, as reported above. It is the view of the WA Police Union, and at least 31 unprompted respondents, that compulsory counseling should be introduced after trauma, in order to *"eliminate the judgment placed on those officers who do need the service but are too afraid to step forward"*, *"break down the barriers to using the services"*, *"at least get the officer to talk about the incident"*, *"[make it that] the other officers will not judge, as everyone will be made to attend"*, *"[allow individuals] to benefit from the veneer of saying they have to go... [and might] reduce the powder keg/cumulative effect of trauma"*. This recommendation was suggested by over 20% of respondents in response to an open ended, general question, and that itself should be an endorsement of the recommendation.

Further to this, in order to attempt to identify delayed responses to trauma, and to maintain the mental health of officers, the WA Police Union recommend that every officer receive counseling at least annually. Again, it is the opinion of the Union (and its members) that this would help remove stigma associated with 'asking for help' and also remove some of the issues about officers self selecting when they require assistance.

Recommendation 6 – Increased Resources for Police Health and Welfare

In order to implement many of the recommendations the WA Police Union have suggested, such as increased counseling, employment of new staff and increased scope for Health and Welfare in terms of roles and case load, it therefore logically follows that more resources would be required to be allocated to Health and Welfare. Given the issues discussed above, we believe that these resources would provide great value for money, given the current shortcomings in post-trauma support for officers.

It is also suggested that a portion of money from the Road Trust Trauma Fund be utilized to give compulsory counseling to officers involved in attending serious and fatal vehicle accidents. Accessing this money would allow for increased provision of post-trauma services for officers without using

Health and Welfare resources. This resource could also be used by other emergency response services, for example firefighters and paramedics, who also attend traffic crashes.

Recommendation 7 – Increased Education for Officers about Recent and Previous Trauma

It was reported by many officers that they were not aware of the risks associated with exposure to traumatic events. It was particularly noted that few officers were aware of the existence of illnesses such as Post Traumatic Stress Disorder. It was also widely reported that this is improving, notably from the 1980s and 1990s to the early 2000s. This is represented also by a cultural change where officers are more likely to seek support. One issue with this is that those officers who became officers before the early 2000s are less aware of the impacts of being exposed to repeated traumatic incidents and what services are available. However, officers still are not aware of the risks associated with dealing with traumatic incidents, particularly where there is a time lag involved between the event and its impact. Therefore the WA Police Union recommends that training programs for serving officers are improved in order that officers are better educated as to the risks they face, and what can be done to mitigate these risks.

Recommendation 8 – Provision of Support for Officers Who Have Left the Job

It was repeated by several officers that support from Health and Welfare ceases when officers leave their job. This has a couple of impacts, firstly if the reason the officer left the job was trauma related, this can further intensify the damage related to the trauma, but also generally means the officers may be having difficulty coping with their experiences as an officer without the support network an officer would have access to. The WA Police Union thus recommends initiatives are employed to periodically engage with former police officers (with their consent) in order to ensure they have access to appropriate support, where required.

Recommendation 9 – Health and Welfare Being More Proactive When Interacting With Officers

It was reported that the receipt of an email from Health and Welfare asking if an officer was OK after a traumatic experience was the main method of being informed of support services. However, it was also reported that the receipt of emails seemed quite arbitrary; they'd be received for some events, but not others, some officers who attended an event would receive emails and others wouldn't. It was also reported that when Health and Welfare were made aware of an incident by a supervising officer they were very good at ensuring all officers received the email. The WA Police Union thus recommends that, in accordance with recommendation 5, that Health and Welfare more actively seek to identify (or be informed of) traumatic events and ensure that contact is made with all effected officers in a timely manner. It is noted that in order to do this, it is likely Health and Welfare will need to be provided with more resources in terms of time, allocation of staff and budget.

Recommendation 10 – Health and Welfare Making Personal Contact with Officers Who Experience Trauma

It was widely reported that receipt of a mass generated email (this was how they were understood by officers) was a very impersonal method of engaging officers at a time where they had just been exposed to traumatic experiences. This, as discussed above, became a barrier to officers seeking help, as the attitude of *"[it] is very [impersonal] and really does discourage anyone coming forward"*

was common. Thus it is recommended that Health and Welfare actually visit officers who are exposed to trauma, and if this is not possible, telephone impacted officers personally.

Recommendation 11 – Increased Follow-Up of Cases by Health and Welfare

WA Police Union recommends that the role of Health and Welfare be expanded to include periodic, systematic follow-up of officers who experience trauma, particularly for officers who are returning to work after extended absences in response to trauma.

Recommendation 12 – Health and Welfare Staff Attendance at Disasters

It was noted in a particular case, with a disaster with multiple fatalities, that their attendance at the disaster was, logically, very traumatic. It was the opinion of this officer, which is endorsed by the WA Police Union, that in order to reduce the impact of trauma on officers attending disaster situations, that a representative of Health and Welfare actually attend the disaster to give immediate, on-site support to officers attending the event.

Recommendation 13 – Engagement with other Models of Support

The WA Police Union recommend that a relevant authority explore all responses to trauma exposure from organizations across the state such as FESA, Veterans Affairs and Hollywood Hospital PTSD support services in order to review best practice of how to support officers exposed to traumatic incidents.

Recommendation 14 – Increased Trauma Related Information for Recruits

It was noted by officers with a wide range of experience that they were not prepared for the trauma they faced. 67 of 129 respondents to the question *“How adequately prepared do you feel you were to deal with the incident(s)?”* responded that their preparedness was less than adequate, with many of those who felt they were prepared put this down to prior life experience and personal traits, rather than Police training. One of the major issues with this was inadequate preparation of recruits *“don’t seem to provide a realistic job preview”*, and that there is a requirement for *“preparation of new officers of what they can expect would assist as some officers may not understand how much they will be required to examine and handle deceased bodies and violent crime scenes”*. The WA Police Union recommends that officer training ensure that as realistic a job preview as practical be given to new recruits, in close conjunction with the explanation of what services are available to officers facing trauma.

Recommendation 15 – Better Information and Integration with Health and Welfare for Supervisors

It was reported by officers that have been recovering from the impacts of trauma that those supervising officers who did not understand the nature of their experience of trauma would result in decisions and directions being made by supervisors which were detrimental to the officers’ mental state. It was not reported as a criticism of individual supervisors, but more a comment that they did not have access to relevant information about how to assist the recovery of these officers. It is thus recommended that supervisors be given training about how to assist their staff at a day to day, operational level in their recovery from trauma.

Recommendation 16 – Increased Awareness of the Impact of Media in High Profile Cases

The WA Police Union recommends that WA Police maintain awareness of the detrimental impact extensive media coverage of events attended by police can have on them as individuals.

Recommendation 17 – Development of a Culture of “Asking if People are OK”

The WA Police Union recommends that all possible measures are taken to encourage collegiate support for officers who are exposed to traumatic events.

Recommendation 18 – Health and Welfare Employing Field Officers

As per Recommendations 4 & 6, the WA Police Union recommends that Health and Welfare employ field officers who visit stations in order to conduct informal chats, post incident debriefs at stations for officers. It is also recommended that some of the role of these field officers be quarantined for assisting and visiting police officers based in regional WA.

Recommendation 19 – Systematic Visits from Colleagues for Officers Absent From Work After Trauma

The WA Police Union recommends that officers who are absent from work after facing a traumatic experience are periodically visited by colleagues while they are off work, as part of their coping with trauma. This would be both while in hospital and at home rehabilitating, in order to avoid the feelings reported by officers who were off work for extended periods of feeling ‘forgotten’ while not at work, and that visits would have improved the speed and quality of their recovery.

Recommendation 20 – Exploration of the Feasibility of an Integrated Organization to Assist Emergency Services Personnel from Police

The WA Police Union recommend the Committee consider whether the creation of a separate organization dealing with post-trauma support for emergency services personnel (such as Police, FESA, St John’s Ambulance etc) would be of benefit to individuals impacted by trauma and to WA generally.

Recommendation 21 – Provision of Optional Respite after A Trauma

It was recorded by some officers that after exposure to a trauma, they have little recollection of the subsequent shift and commute, and that one supervisor reported a very positive response when they offered officers a break after exposure to a trauma. However, it was also noted that other officers reported a benefit from ‘getting back on the horse’ and returning to work immediately after exposure to traumatic experiences. In light of this, it is recommended officers are given the option of a short (1 or 0.5 shifts) respite after exposure to traumatic experiences.

Recommendation 22 – Increased Support for Immediate Families of Police Officers Impacted by Trauma

It is the understanding of the WA Police Union that WA Police are currently undertaking measures in line with this recommendation, which is endorsed and expansion of current programs should be explored.

Recommendation 23 - Greater Flexibility for Returning Officers to Operational or Non-operational Duty (depending on case) after Trauma.

The WA Police Union recommends WA Police demonstrate greater flexibility in providing both non-operational and operational roles for officers in consultation with impacted officers on a case by case basis.

APPENDIX 1 - SURVEY

Do you believe you've been subjected to one or more traumatic situation(s) as part of your police work?

How long ago did this (these) event(s) occur?

How adequately prepared do you feel you were to deal with the incident(s)?

Prior to the incident had you been made aware of what support/counseling services were available to police officers who are subjected to trauma? If so, by who?

How soon after the incident were you informed or reminded of services which were available? If so, by who?

What service/s did you use?

How effective do you feel these services were?

Did you have any reservations or doubts about using any of the services?

Do your colleagues know you used these services?

Do you think your colleagues would use these services if faced with a similar trauma?

If they do not, do you think that their opinion of you would be damaged if you told them?

How useful did you find the services?

Do you think that anything could be done to make your experience of dealing with trauma better?