

A Study of Stress Affecting Police Officers in Lithuania

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Abstract: This research study aims to identify the key stresses encountered by police officers in Lithuania in 2003. A questionnaire was distributed to officers working in police departments throughout Lithuania. The 2003 results were compared with a similar study carried out among male and female police officers in Lithuania 1999. The stressors determined to have the greatest negative effects were administrative problems, family problems, and an ineffective criminal justice system. Identified consequences of police stress included depression, alcoholism, physical illness, and suicide. Dealing with stressful situations led to more frequent physical illness in female police officers and higher alcohol consumption in male police officers. This paper confirms the findings of previous studies and adds to the knowledge of the unique stresses affecting police officers. It chiefly explores the consequences of stress in police work. Since the study represents a small sample of the 13,000 police officers in Lithuania, caution is urged in the application of the findings to other police departments. [International Journal of Emergency Mental Health, 2009, 11(4), pp. 205-214].

Key words: police, stress, suicide, gender, alcohol

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Police work is as an extremely stressful occupation not only in terms of critical incident exposure (Miller, 2009; Johnson, 2009), but also in “routine work” or occupational stress (Hanson, 2004; Liberman, Best, Metzler, Fagan, Weiss, & Marmar, 2002). Police officers work in extreme and unique conditions, even when compared to other emergency services personnel (Ward, Lombard, & Gwebushe, 2006). They are typically exposed to a variety of physiological, psychological, and behavioral stressors, resulting in various conditions that result from traumatic exposures. These posttraumatic conditions include, but are not limited to,

panic attacks, substance abuse, withdrawal from contact with others, depression, self destructive thinking and actions, and personality alterations. Police officers are also vulnerable to high levels of posttraumatic stress disorder (PTSD; Stephens & Miller, 1998; Green 2004). Other consequences of police stress reported in the literature include: suspiciousness, emotional detachment from various aspects of daily life, job dissatisfaction, reduced efficiency, "burn out," absenteeism, early retirement, temper flare-ups, excessive aggressiveness, alcoholism, marital or family problems, sleep difficulties, cardiovascular, gastrointestinal, and musculoskeletal disorders, cancers, weight gain, and suicide (Anderson, Litzenberger, & Plecas, 2002; Violanti, 1994; Finn, 2000; Burke, 2005; Violanti, 1996; von dem Knesebeck *et al.*, 2006; Mohr, Vandantham, Neylan, Metzler, Best, & Marmar, 2003; Ramey, Frank, & Shelley, 2004).

Stress reactions vary according to gender, individual personality characteristics, social support structure, life experiences, years of service, level of education, work-family conflict, use and type of coping strategies, intensity of the stressful event, and other unique features of the organization including culture and workload (O'Connor, 2004; Brooks & Piquero, 1998; Morash, Kwak, & Haarr, 2006; Kincaid, Brown, & Cooper, 1998; He, Zhao, & Archibald, 2002; Collins & Gibbs, 2003; Deschamps, Paganon-Badanier, Marchand, & Merle, 2003; Gershon, Lin, & Li, 2002). Although some job stressors can be reduced by organizational changes police departments are, in general, slow and reluctant to make significant changes (Martelli & Walters, 1999; Toch, 2000). The consequences of police stress not only affect police officers, but also their families (Firschman, 2006).

The aim of our present study was to determine which factors were the most stressful for male and female police officers in Lithuania at the present time and to compare these findings to those of a previous study conducted in 1999 (Žukauskas, Taljunauskas, Jasmonaitė, & Susinskas, 2000).

METHODS

A specific questionnaire developed to identify police work-related stress problems in Lithuania, was distributed amongst officers working in police departments. Among those included in the sample were customs officers, commissioned officers (leaders), and regular officers. Also included were students, who were pursuing their education under the Police Faculty of Law at the University of Lithuania. The

questionnaire was distributed in 2003 and its results were compared to the results of an identical survey conducted in 1999. We used a χ^2 test to calculate the significance of any differences between the groups on the relevant parameters.

RESULTS

Age distribution and length of service

A total of 314 police officers (210 males, 104 females) were drawn from different age groups. They represented different experience levels. All officers completed the questionnaires anonymously. (Figures 1 and 2).

Figure 1. Age distribution of police officers.

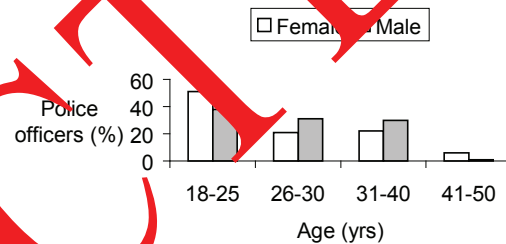
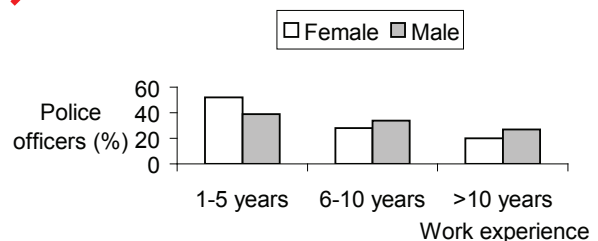


Figure 2. Work experience of police officers.



Stressors associated with police work

A total of 58% male and 48% female police officers replied that the most important stressor in their work was the level of violence. There were statistically significant differences between male and female police officers in the following situations: violence against colleagues, hoax calls, crowd control, and dealing with rape victims (Figure 3). Dealing with the mentally unstable or the mentally ill was perceived as stressful by 69% of male and 63% of female officers, dealing with the homeless by 75% and 69% respectively; and dealing with drug addicts by 73% and 63% respectively. Male police officers reported experiencing personal danger and insecurity when using force, during raids, and during unsafe calls as

Figure 3. Stressors associated with police work.

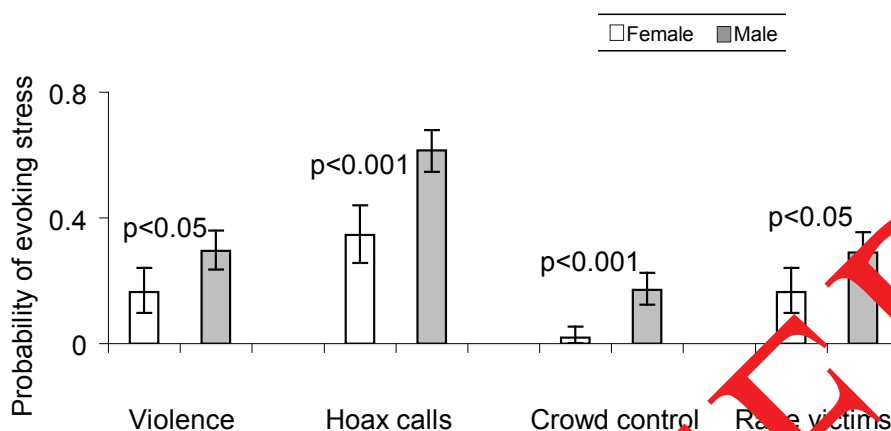


Figure 4. Stressors associated with police work.



stressful, there were statistically significant differences compared to female officers. A total of 43% of male and 35% of female police officers responded that the inability to convict guilty persons because of lack of evidence was a stressful factor. Autopsies were perceived as stressful situations for 51% of male and 42% of female police officers.

External stressors associated with police work

There are many external stressors in police work. The main finding was that 30% of male and 36% of female officers perceived that the mass media portrayed the police as ineffective and perpetrated a negative opinion of the police.

Of the respondents, 75% of male and 64% of female officers reported that public opinion was a stressful factor (Figure 5). A total of 77% of male and 66% of female officers felt that the negative opinions could be improved by changing the public's view of the police officers' code of conduct; a total of 41% of respondents thought that this could be achieved if police officers modified their behavior with citizens. Rotating shift work was significantly more stressful for males than for females. A total of 43% of male and 39% of female police officers felt that the ineffectiveness of the criminal justice system was a stressful factor. Respondents also indicated that workload was too great and work demands were too numerous; this factor was significantly more stressful

for female compared to male police officers (67% vs 55% respectively). A total of 26% of male and 17% of female police officers reported that the goals of police work and their individual level of responsibility were unclear. Most police officers (74% of males, 73% of females) were dissatisfied with their salary, but admitted that they were also lacking knowledge and experience (28% of males, 32% of females). Respondents complained (69% of males, 58% of females) about “bureaucratic” procedures, i.e. too much paper work, and 44% of male and 36% of female police officers pointed out a lack of equipment and its low quality.

Figure 5. External stressors associated with police work.

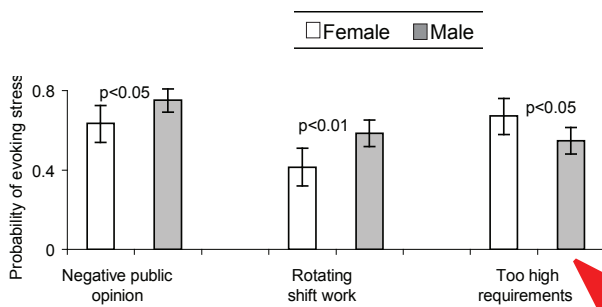
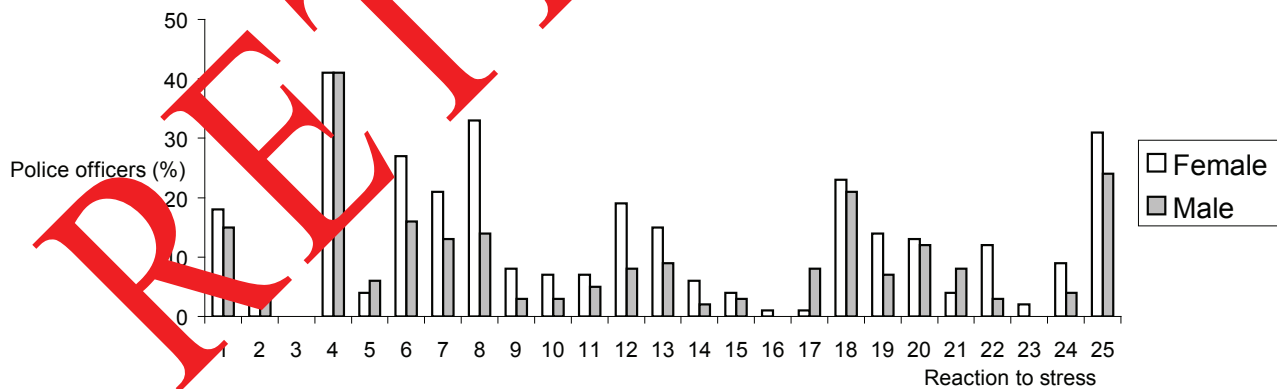


Figure 6. Reaction of police officers to stress.



1. Recollections of the event; 2. Dreams about the event; 3. Striking/Resigning; 4. Avoiding thoughts of the event; 5. Avoiding work; 6. Sleep problems; 7. Anger; 8. Concentration difficulties; 9. No longer taking pride in work; 10. Difficulties in making decisions; 11. Feeling upset; 13. Increased desire for social contact; 14. Feelings of guilt/helplessness; 15. Inability to control feelings and emotions; 16. Thoughts of suicide; 17. Drinking alcohol; 18. Efforts to suppress emotions; myalgia, etc; 19. Isolating oneself from others; 20. Unwillingness to talk about event; 21. Feeling of aggressiveness; 22. Headache; 23. Breathing problems; 24. Fear, anxiety, suspiciousness; 25. Impaired appetite.

Reactions to stress

A total of 41% of both male and female police officers reported avoiding thinking about stressful events. Both male and female police officers attempted to suppress emotions (21% and 23% respectively), and reported stress-evoked disturbances of appetite (24% and 31% respectively) (Figure 6). Male and female officers differed significantly on five measures – sleep, health, and concentration problems, tiredness, and alcohol use. (Figure 7)

Mechanisms for coping with stress

Male and female police officers coped with stress similarly, but male officers were twice as likely to play sports than female officers (49% vs 23% respectively; Figure 8). In general, police officers preferred to relax at home and reported that being with friends reduced stress. Other methods of coping with stress included autotraining and meditation (2% of males and 3% of females), but rarely religion (Figure 8). Recourse options after stress (family, colleagues, psychologist, or coping on one’s own) were not significantly different between male and female officers. More than half of police officers (63% males and 52% females) coped with

Figure 7. Reaction of police officers to stress.

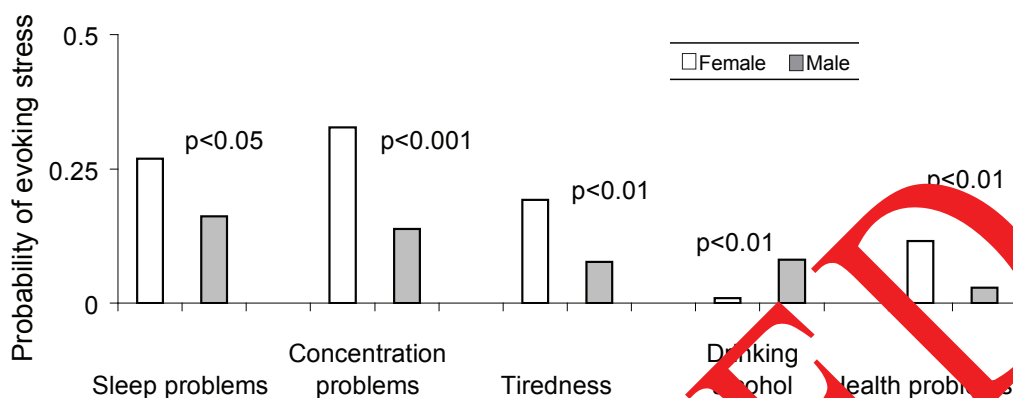
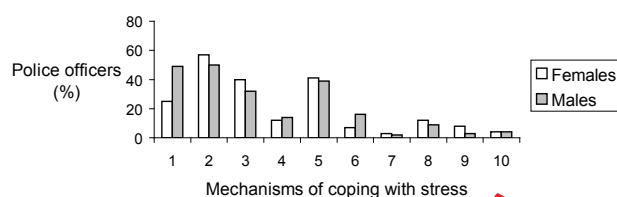


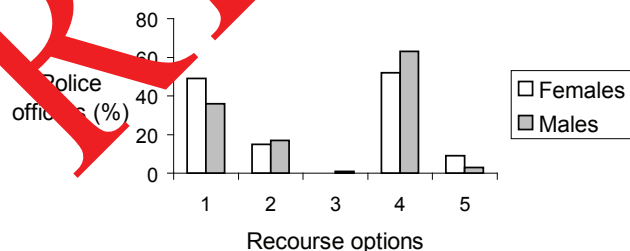
Figure 8. Mechanisms of coping with stress.



1. Sports; 2. Home/Family; 3. Going out for walking;
4. Going to pub, club, restaurant etc.; 5. Meeting with friends;
6. Drinking alcohol; 7. Using autotraining, meditation;
8. Being alone; 9. Going to church; 10. Other.

stress alone, 36% and 49% of male and female officers had recourse to family members, and about 16% police officers went to colleagues. Less than 1% of officers consulted with a psychologist (Figure 9).

Figure 9. Recourse options after stress.

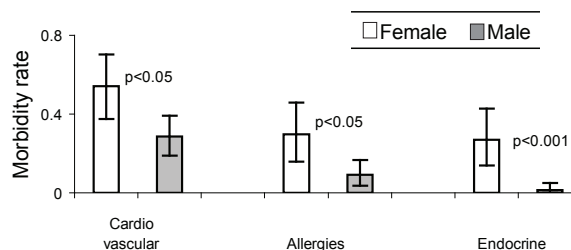


1. Family members; 2. Colleagues; 3. Psychologist; 4. One's own; 5. Other.

Physical symptoms

No police officer admitted to mental illness (past or present), but 37% of male and 36% of female reported physical morbidity (past or present) including cardiovascular diseases, allergies, endocrine problems, pulmonary diseases, digestive troubles, etc. The morbidity rate was significantly higher for female than male police officers (Figure 10).

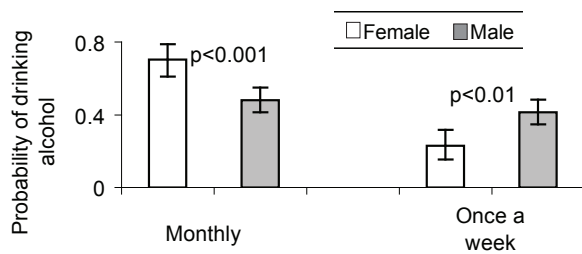
Figure 10. Physical morbidity differences between male and female police officers.



Use of alcohol

There were significant differences in alcohol consumption between male and female police officers (Figure 11). A total of 48% male and 70% of female police officers admitted drinking alcohol once a month, 41% of male and 23% of female police officers drank alcohol once a week, and 11% of male and 6% of female police officers drank alcohol several times a week.

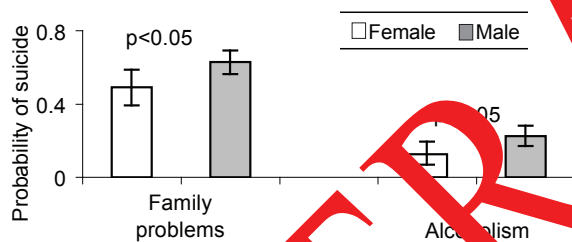
Figure 11. Differences in alcohol consumption between male and female police officers.



Suicide

Police officers were asked to identify the main causes of police officer suicides. Family problems were considered to be a major factor by 63% of male and 49% of female police officers. A total of 65% of male and 50% of female police officers thought that suicide was directly related to health problems such as alcoholism (Figure 12).

Figure 12. Causes of suicide as identified by police officers.



DISCUSSION

The potential sources of occupational stress for male and female police officers in Lithuania were identified in this study. In general, work-related situations were associated with more stress for male (45%) than for female police officers (37%) and specific situations: violence against colleagues, hot calls, crowd control, rape victims, unsafe calls, raids, using force, negative public opinion, rotating shift work. Only one situation — insufficient time to conform with “too high requirements,” was more stressful for female than for male police officers. These data support other studies showing that level of personal life threat (particularly involving firearms), duty-related violence, exposure to death, and dealing with physical and sexual assault victims, as well as “routine work” environment stress are among the

most important factors associated with the development of stress-related symptoms in police officers (McCaslin et al., 2006; Marmar et al., 2006; Bar, Pahlke, Dahm, Weiss, & Heuft, 2004). Other particularly traumatic situations involve officer suicide, civilian death, and child abuse (Bar et al., 2004, Wolfersdorf, 2003). In terms of gender differences, it has been reported that female officers experience job stressors less frequently, but evaluate them as more severe than male officers (Berg, Hem, Lau, Haseth, & Ljungberg, 2005). Female officers have a higher trauma risk dealing with abused children, whereas male officers experience greater trauma risk in association with officer homicide in the line of duty (Violanti & Gehrke, 2000).

Reaction to stress

Many respondents reported that after a stressful incident they experienced intrusive recollections and avoided thoughts and feelings about stressful event. These particular symptoms are consistent with the major diagnostic criteria of PTSD and are described frequently by emergency responders (Hyman, 2004). It has been reported that PTSD rates in police officers may be up to sixfold that of community prevalence rates (Green, 2004). Maia and colleagues (2007) found that the prevalence of “full PTSD” and “partial PTSD” were 9% and 16% respectively in a study of Brazilian police officers while Carlier and colleagues (1997) reported prevalences of 7% and 34% respectively in Dutch police officers for the same conditions. The officers suffering from “full PTSD” were significantly more likely to report poorer physical health, seek more medical consultation, and endorse suicidal ideation than those officers who did not have any PTSD (Maia et al., 2007). Female officers are more likely to be diagnosed with mental illness, but the risk of PTSD is greater in male officers (Bar et al., 2004; Collins & Gibbs, 2004). In our study, there was higher probability for female officers than male officers to report sleep difficulties, concentration problems, tiredness, and physical health problems such as headache, myalgia, etc. musculoskeletal pain has been correlated with adverse psychosocial and physical environments (von dem Knesebeck et al., 2006; Centemeri et al., 2005), and the relationship between PTSD and somatic symptoms is mediated at least partly through sleep (Mohr et al., 2002; Neylan et al., 2002).

In terms of reaction of police officers to stress, female officers endorsed significantly more response options than male police officers; one female officer reported that after

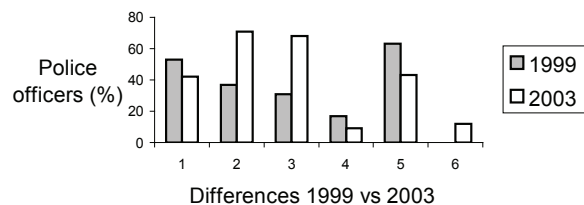
stress she had thoughts of suicide. Male officers were less predisposed to talk about problems, more likely to isolate themselves, more likely to use alcohol, as well as feeling more aggressiveness after a stressful event. Male officers were more likely to play sports. The type of leisure activity is predictive in terms of adaptional outcomes with relaxing leisure being the strongest predictor of coping with stress (Iwasaki, Manell, Smale, & Butcher, 2005). Fewer than 1% of police officers consulted with a psychologist. According to Levenson and Dwyer (2003) negative perceptions exist concerning the acceptance of professional psychological help because many law enforcement personnel believe that requests for such help reflect weakness, cowardice, and an inability to perform one's job effectively. The authors suggested, however, that peer participation in debriefings and peer support programs may be the most effective intervention following critical incidents.

Differences between 1999 and 2003

We compared the results of this study with a previous study carried out with police officers in Lithuania in 1999 (Žukauskas et al., 2000). In both studies, work situations (violence against colleagues, hoax calls, dealing with rape victims, etc.) were noted as the most stressful. On the other hand, administrative problems were reported to be the most prevalent source of stress, e.g., “bureaucratic procedures, poor working conditions, lack of good quality equipment, etc. Problems resulting from an ineffective criminal justice system were more important in 1999 than in 2003 (Figure 13), followed by problems associated with negative public opinion, again higher in 1999 than in 2003. Negative media coverage of police work was endorsed by 51% of police officers in 1999 and 48% in 2003. More police officers felt that their colleagues did not pay enough attention to the job and were lacking in professionalism in 1999 than in 2003. In contrast, more responders in 2003 expressed the need for additional education (Figure 13).

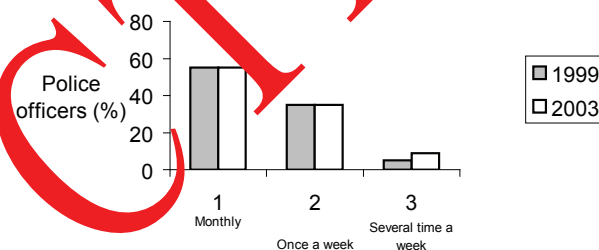
Consumption of alcohol by police officers was similar in 1999 and in 2003 (Figure 14). It is likely that frequency of alcohol consumption was under-reported particularly when compared to the literature (Rallings, Martin, & Davey, 2005; Kohan & O'Connor, 2002; Richmond, Kehoe, Hailstone, Wodak, & Uebel-Yan, 1999). Interventions that focus on excessive alcohol and tobacco use are important given both the physical health risks as well their relationship with

Figure 13. Differences in police officers opinion (1999-2003).



1. Ineffective criminal justice system; 2. Negative public opinion; 3. Negative mass media coverage; 4. Poor attention to work; 5. Lacking professionalism; 6. Needing more education.

Figure 14. Differences in alcohol consumption of police officers (1999-2003).



stress and depression, alcohol-related disease, and suicide (Žukauskas, Dapsys, Jasmontaite, & Susinskas, 2001; Smith et al., 2005).

A police officer is not an ordinary member of society and police officers are exposed chronically to extreme and unique stressors. The type and level of stress together with the availability of firearms likely increase the risk of suicide; and the overall prevalence among police officers appears to reflect this (Violanti, 1996; Collins & Gibbs, 2003; McCafferty, McCafferty, & McCafferty, 1992; Schmidtke et al., 1999). In Lithuania, there were 71 police suicides during the years 1993-2004 giving a suicide rate 43/100,000 police officers per year, approximately double the age-adjusted rates for a comparable population (Hem, Berg, & Ekeberg, 2001; Police Department Republic of Lithuania, 2005). An important feature of police suicides during recent years in Lithuania is that younger police officers are committing suicide. While the problem of police suicide is a complex one, police officers' opinions about the main causes of member suicides in 1999 were similar to those in 2003 and related primarily to problems associated with family and police work.

CONCLUSION

These findings represent warning signals; they underline the need for more effective stress reduction programs through improving awareness and developing individualized treatment strategies. Clearly, there is not enough attention paid to the stress associated with the work of police officers in Lithuania, but we hope that after more extensive research and collaboration with other countries that this situation will improve over time. While stress is an inherent part of the work of emergency service personnel, it is important to recognize that conditions resulting from traumatic exposures, especially PTSD, is particularly prevalent in police services and thus requires the development of appropriate and effective strategies to address law enforcement critical incident stress (Miller, 2006, Levenson and Dwyer, 2003).

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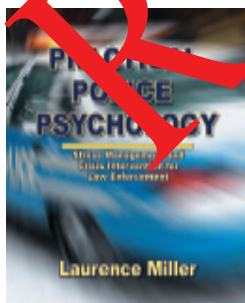
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