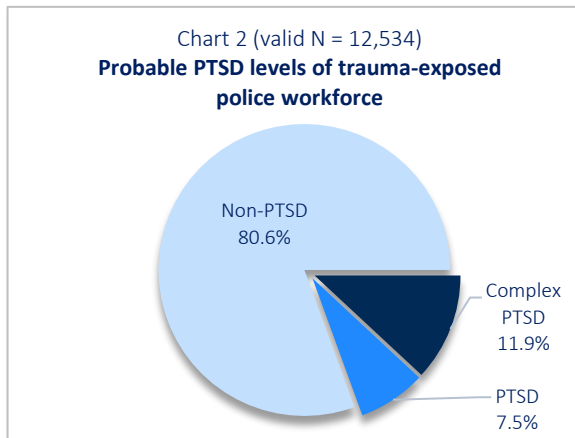
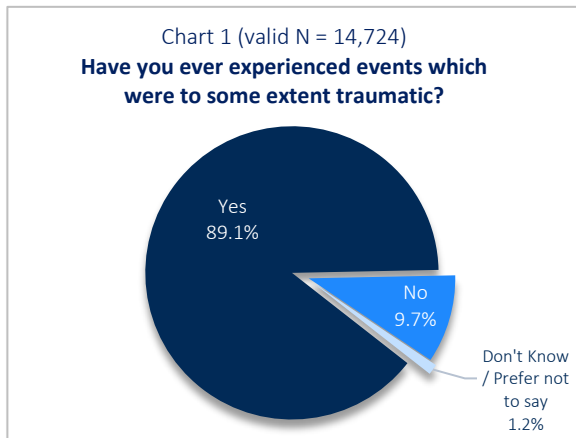


Policing: The Job & The Life

University of Cambridge, sponsored by Police Care UK (PCUK)

www.policingtrauma.sociology.cam.ac.uk

The online survey covering issues about trauma management, wellbeing and working conditions collected 18185 responses between 15 October – 16 December 2018 (and its two pilots 14- 25 August and 29 August – 20 September). After rigorous data cleaning, a sample of 16857 serving UK officers and staff provides a reliable UK evidence base from which to benchmark force-level data for 22 forces. The phrase ‘police’ is used in this document to describe serving UK police officers and staff in operational roles. Definitions of PTSD (Post Traumatic Stress Disorder) and Complex PTSD are provided. EWCS refers to the UK data from the European Working Conditions Survey (2015) from which several questions within the survey are taken.



Nearly 17000 serving police officers and staff¹ have been screened for trauma exposure, Post-Traumatic Stress Disorder (PTSD) and Complex Post-Traumatic Stress Disorder (CPTSD)². Ninety percent³ reported trauma exposure (Chart 1) and 98% of this was work related.

Twelve percent of police officers and staff who have experienced traumatic events report symptoms in the past few weeks that are consistent with Complex PTSD (CPTSD) and 8% PTSD according to our measures.⁴ Only 31% of these officers and staff self-report having post-traumatic stress in the past twelve months. Also 27% of those with CPTSD or PTSD have ever been told they have PTSD. This means that for every 100 police officers (or staff) who have experienced traumatic events, 20 are likely to have a current diagnosis of either PTSD or CPTSD, yet only 5 will have ever been told and only 1 or 2 of those are likely have to have been clinically diagnosed.

Those with CPTSD reported having threefold the rate of cardiovascular disease (11%) and twice the rate of gastrointestinal issues (53%) and immune disorders (11%) than those without PTSD or CPTSD.

The majority (80%) of the policing population who have experienced trauma do not have clinical levels of PTSD or CPTSD (referred to as 'Non-PTSD' in Chart 2). Nearly a third (27%) of those with no PTSD are 'moderately' to 'extremely' affected by re-experiencing traumatic incidents, 28% reported a moderate to extreme level of avoidance and 43% reported a moderate to extreme sense of threat (Chart 3).⁵ Many of those without PTSD or CPTSD self-reported overall fatigue (53%), anxiety (48%), and daily or weekly sleep disturbance (51%) over the last 12 months and there will be *other disorders* (that have not been clinically measured in this survey) present in this group as a result of trauma exposure.

Sixty-six percent of all respondents⁶ reported a psychological or mental health issue which they felt was a direct result of police work and yet the majority of them (93%) said they would go to work as usual if they were suffering psychological issues such as stress, depression or anxiety, rather than take time off.

¹ Eighty percent of responders were police officers and 20% police staff.

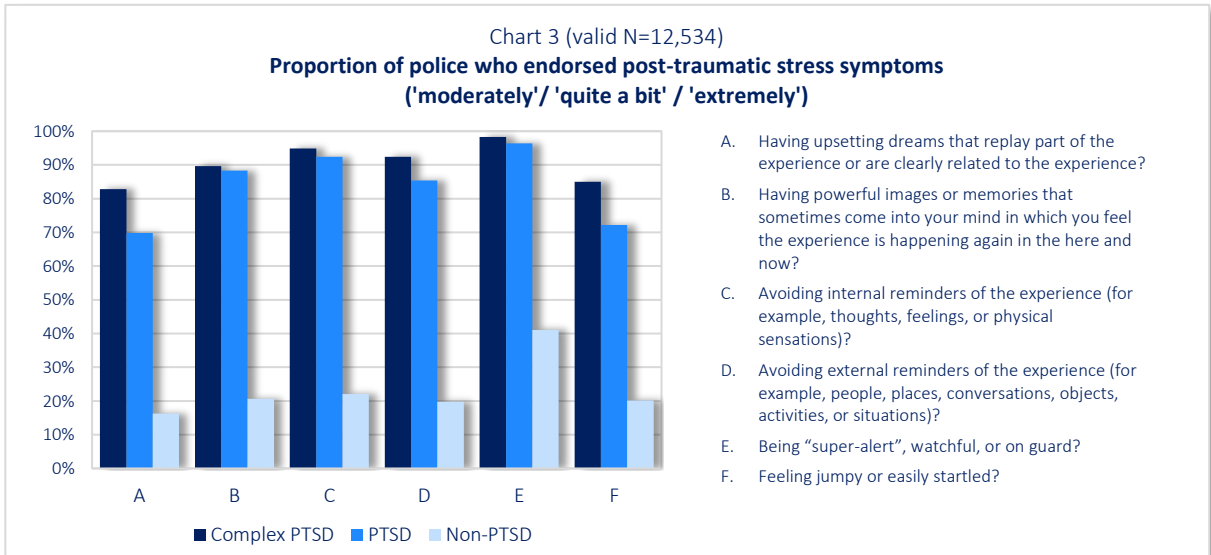
² PTSD and CPTSD as defined in the 11th version of the International Classification of Diseases (ICD-11) are measured with the International Trauma Questionnaire (see Cloitre M, Shevlin M, Brewin CR, Bisson JI, Roberts NP, Maercker A, Karatzias T, Hyland P. 2018. "The International Trauma Questionnaire: development of a self-report measure of ICD-11 PTSD and complex PTSD," *Acta Psychiatr Scand*, 1-11, DOI: 10.1111/acps.12956). PTSD involves re-experiencing, avoidance, and sense of threat. Complex PTSD involves these symptoms plus chronic trauma impacts on sense of self, emotion regulation, and relationships. In addition to the distressing personal impact of PTSD, the condition affects competency in threat perception, situational awareness and memory and this has operational implications for many policing roles (see Miller JK, McDougall S, Thomas S, Wiener JM. 2017. "Impairment in active navigation from trauma and post-traumatic stress disorder," *Neurobiol Learn Mem*, 140:114-23. <https://doi.org/10.1016/j.nlm.2017.02.019>).

³ This was 95% among police officers, and 67% among police staff.

⁴ Among police staff, the prevalence of Complex PTSD was 9%, and 6% PTSD.

⁵ For non-PTSD police staff, the prevalence of symptoms of re-experience, avoidance and sense of threat was slightly lower: 22%, 26% and 37% respectively.

⁶ Specifically, 69% of police officers and 52% of police staff.

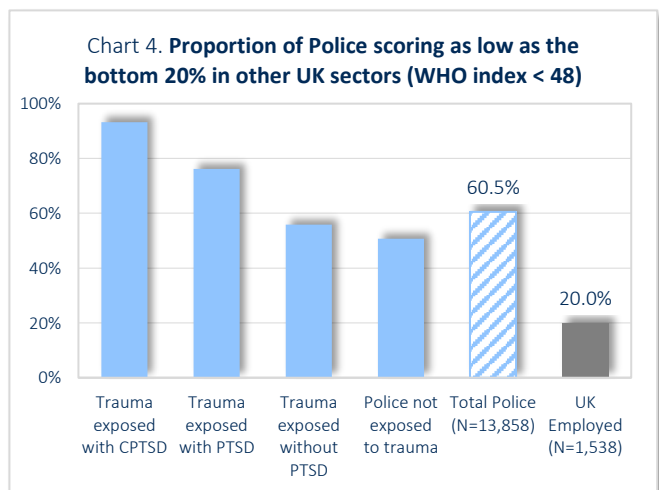


Of those who reported mental health issues associated with their police work, 73% said they accessed some sort of help –formal or informal- for those issues. Only 16 % of formal help came from within their force (either Occupational Health or staff association) and this typically included counselling or CBT, TRiM and EMDR. The majority of support was sought independently and typically included medication, counselling or CBT and mindfulness. Talking, being signed off, and still waiting to access treatment featured prominently in comments about help-seeking

Over half of respondents said they had been absent from work at least 1 day due to sick leave or health-related leave in the past 12 months. The average sickness absence among these police was 20 days over the past 12 months.⁷ The most frequent reason for absence was ‘health problems caused or made worse by work’ and the longest duration of absence (48 days on average) was attributed to ‘psychological injury as a result of a traumatic incident’.

Among the majority of police that have been exposed to trauma, 55%⁸ reported hardly ever having time to process such impact at work and 65%⁹ expressed the opinion that trauma impact was not well managed in their force.

UK police and staff score significantly lower on WHO wellbeing indices¹⁰ than employed persons in other sectors in the UK. Whilst the 20% with the poorest well-being in the UK score below 48 (on a 0-100 scale), the proportion of police officers and staff that fell below that score was 60% (Chart 4). This proportion is even higher among those with CPTSD (93%). Wellbeing indices included feeling cheerful and in good spirits, feeling calm and relaxed, feeling active and vigorous, waking up refreshed, and having a daily life filled with interesting things. The lower scores for police and staff occur in all the five items (Chart 5).

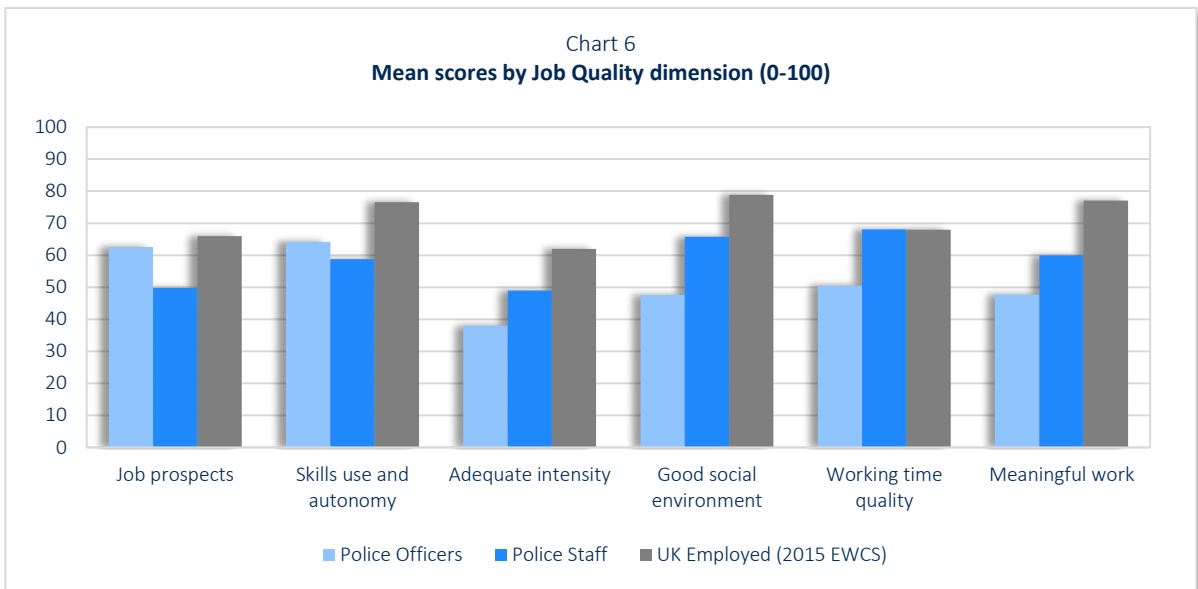
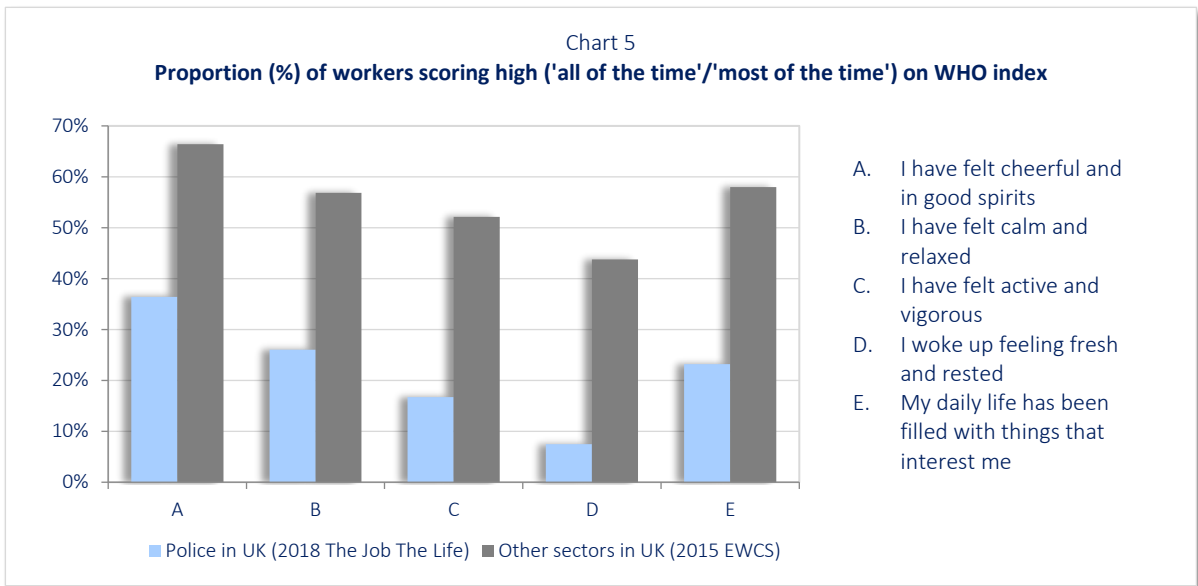


⁷ Actually, 21 days for police officers and 16 days for police staff.

⁸ This was 57% among police officers and 46% among police staff.

⁹ This was 69% among police officers and 55% among police staff.

¹⁰ Subjective well-being was measured through the World Health Organization’s well-being index – WHO-5. A high score is associated with a good level of psychological well-being while a low score indicates that the person is at risk of mental health problems, including depression.



Job quality measures on prospects, skills use and autonomy, intensity of work, social environment, working time, and meaningful work for UK police were all significantly lower than EWCS benchmarks (Chart 6). In measurements such as opportunities for career advancement, the ability to apply their own ideas in the job, emotional demands, exposure to abusive behaviour, flexibility to take time off, and the feeling of doing useful work, the proportion of police who report favourable working conditions was lower than in other UK sectors. These measures of job quality have been widely used for national labour markets but this usage for a specific line of work is novel, and may have missed compensating, positive features of policing. Further in-depth research will shed more light on this.

Questions about home life revealed that nearly half (47%) of the police had young families with children under the aged of 16yrs, 76% have a partner or spouse working full time and 32% have a partner or spouse who is also a serving or former police officer or police staff.