

NSWPF: Unveiling reality

The New South Wales Police Force (NSWPF) has come a long way since its inception in 1835. In the twentieth and twenty-first centuries, policing in NSW had undergone several changes of destination and image. Whilst they are currently the 41st largest police force in the world (or 9th largest in the British Commonwealth), the ratio of police to population has declined significantly. In 2007, my research indicated (Baker 2009b) one police officer to 449 people of NSW (1:449) compared to 1:182 in 1981 and 1:133 in 1941 (Finnane 1996).

This paper seeks to raise two important matters within the NSWPF: (1) the complex issues surrounding police suffering from post trauma; and (2) the volunteer nature of the police chaplain as a support person for officers. The enormity of the problem and the complexity of a system that is failing to support officers maybe considerably bigger than the police force may realise or indeed the Labor State Government might want to admit. I write this from a factual perspective of someone who has travelled with many officers through the system.

It is imperative that the police culture does change in the future. The police system is likely to continue to be hierarchal, large political organisation with a constrained budget, making interaction and communication difficult. Currently, there are approximately a thousand career cops (in the pre-88 system) working alongside the self-interested cop typical of today's generation. The two cultures, the old copper with work ethic toward a long career and the new copper who may last five years, make up today's police force in the State of NSW.

In my role as a volunteer NSWPF police chaplain, as Lead Chaplain in Post Trauma Support, I have supported well over 200 officers across NSW with trauma related incidents stemming from their work. Symptoms of Post Traumatic Stress Disorder (PTSD) can be present, yet remain hidden for many years, as officers continue to carry on their duties not realising that traumatic events have subsequently affected them (Mckay 2005; Parkinson 2000). When PTSD hits, police officers at this point feel totally alone, unable to cope and they have no idea why they cannot do the job they love. They often go off on long-term sick leave with no support. The officer is 'lucky' if s/he has a GP who can diagnose PTSD and send them to a psychologist for treatment. However, unfortunately because officers did not receive adequate education and support from their employer, a majority of them go through the

laborious medical discharge process having to prove their condition and reason for their condition to Allianz TMF appointed “independent” psychologists. An officer, whether a pre-88er waiting for their pension for HOD or a post-88er waiting for a medical discharge payout, can wait on average for two years for an outcome (and for some it can take five times as long as this without any level of income or support from NSWPF).

During this wait, the officer sits at home, struggling to leave the house and face such tasks as driving to “independent” psych appointments in Sydney, whilst suffering from often chronic post-traumatic symptoms. My volunteer role in helping those officers have included: (1) caring for the officers and their family who often do not understand what is happening to their partner; (2) be available for calls 24/7; (3) helping the officer through moments of extreme pain and suicidal thoughts; (4) supporting them before, during and after an psychological interviews lasting anything from 45 minutes to 6 hours; (5) helping them through the steps of the process and finding out information (with their permission) on their behalf from PANSW, their solicitor and/or Commanding Officer; (6) finding a good local psychologist for ongoing treatment; (7) visiting them in hospital or when attending a PTSD course at St John of God Richmond for ongoing support and encouragement; and (8) countless other tasks that officers have needed at the time.

I have been astonished that officers do not have support or even a phone call from their Team, Supervisor and/or Peer Support officer within their LAC. One recently retired police officer said to me:

“There is a major deficiency in the support given by staff at the LAC. Not once did my LAC speak with me, visit me, or ring me from the time I went off to my last day of service. Zero contact” (2009).

The number of “hoops” they have to jump through to prove their case, when these officers were once trusted and respected, served their community with dignity and gave of themselves into a role they enjoyed has also surprised me. This is just one of many stories where an officer finds Injury Management offering an appalling service:

“My first contact with an Injury Management Advisor was January 2009. This was 3 months after Allianz accepted liability and it was only because I rang them! Several phone calls later over the next month and it looked like someone had taken an interest in my case, but then she went onto maternity leave and I was transferred to another Injury Management Advisor. I have

spoken to her twice by telephone between February and July. We have emailed back and forth no more than 6 or 7 times. I have little idea about what she is doing, or intends to do.

“The police Injury Management Advisors should not be taking a wage if my case is anything to go by. They have been extremely disappointing and have not kept me abreast of what is going on or what is required. That has been the same from day one, until today. I still have not been formally told where my case is at the moment. I rely on updates from the association. No one has told me of entitlements or what to expect when I am discharged” (2009).

All of the officers I have support through their ordeal have loved the job and it broke them when they had no choice but to give it away due to psychological injury caused by the job. Hearing their stories can break anyone’s heart. In fact, it is a privilege to have sat with so many officers and heard their story as they do not share these deeper trauma stories with many people in fear of being labelled and/or reliving the experiences. Without the specifics, here are their words, their stories:

I always remember their anniversaries... The body was in bits all over the road... I had to draw my weapon and make that split second decision... I reached my hand out to save him but it was too late... The body went through the shredder bits of flesh & bone scattered through the room... I can still smell that rotting flesh... If I had the guts to kill him when I had the chance, then the others he killed would have been alive today... It was such a small child, the mother hung on as long as she could... I was first at the scene, I recognised the deceased immediately, she was a friend of the family... I drive past the place where it happened and all I see is the blood, the carnage... They held the gun to my head and pulled the trigger, I couldn't believe I was still alive, the gun had backfired...

It is bad enough that they hold these images and repeated nightmares and flashbacks making sleeplessness a part of their life. The officer is constantly tormented by the tough roles they have carried on the job. They have carried them for a long time and often have not discussed them with anyone. The officer gets to the end of the road, unable to carry on, and it seems to them suddenly the system is against them. The commitment they have given and bravery they have shown in saving countless lives in the community now go unnoticed in the fall of their pride and esteem. Who is there for the fallen police officer?

NSWPF provides peer support, EAP and police chaplains. Many officers do not talk in-depth to peer support officers in fear that it will go back to their direct Supervisor or around the Station. Many officers do not talk to EAP psychologists in fear it might go onto their record and destroy any chance of a promotion. Some officers do talk to police chaplains; however, as they are voluntary, they are not always available and

officers feel they are interrupting a chaplain if they call so they tend to wait until they attend the station, by then an officer could go off on sick leave and the chaplain cannot easily get access to those records.

The psychologists contracted for EAP services have little understanding of PTSD and little or no understanding of policing. The few psychologists that do have experience in PTSD and/or emergency services see a system that does not work. One contracted EAP psychologist for NSWPF stated in a PTSD conference I attended recently:

‘I’m called to attend a critical incident within 2 hours in the NSWPF. I feel the system doesn’t work as I’m a stranger to the officers. I find they rarely talk to me, so my time at the scene is pointless. What is best practice?’

Dr Jonathon Bisson, a leading psychiatrist from Cardiff University, replied ‘it is far better in early intervention to have someone empathetic to attend the scene who has already established a relationship with the officer’ (Bisson 2009).

I have not heard one good story from an officer who has used EAP. To illustrate my point, I will give two real life examples. In 2009, one officer was feeling suicidal late one night, doing the right thing, s/he sought help. The officer rang EAP, having been told that a psychologist was not available, but would call them back. The officer told the person on the phone that s/he was suicidal. A psychologist called 24 hours later. Fortunately, this officer contacted a mate in the job who knew me and I called him/her immediately. The officer is doing well. Another officer rang EAP in a time they had gone off on sick leave and they did not understand why s/he kept on weeping for no reason and could no longer perform his/her duties. The psychologist on the phone started the conversation with ‘How was your relationship with your mother?’ From there the questions got worse, unrelated to policing and of no help to the officer. The officer hung up in frustration ten minutes later. It was a year later that this officer heard about the care and support I offered policing suffering from trauma.

I started my role as a volunteer police chaplain in June 2004, and like all other volunteer police chaplains across the State (approximately 100), I gave 2-4 hours per week. In May 2007, I moved to a new position, Lead Chaplain in Post-Trauma Support for NSWPF. The paid Senior Chaplains, seeing the need for continued support in this area, wrote a proposal to pay me for this role 3 days a week (\$40k plus a car) because as the proposal stated ‘Melissa already gives many hours per week to this role, in a voluntary capacity – a situation that we cannot allow, in good

conscience, to continue' (April 2008). By December 2008, NSWPF agreed in principal to the position. It then went to the Expenditure Review Committee, which finally gave the answer in July 2009, 'we cannot sustain this role at this time'. Following this decision, I tried to pull my voluntary hours back, although enormous amounts of officers were still in need of support.

I have given on average 53 hours per month (with 4 months in the last year giving over 72 hours per month). Of these hours, I gave from 16 to 53 free counselling sessions per month to serving and retired officers. In the last twelve months alone, on average I have received 76 phone calls and/or emails per month from officers needing support. The largest number of calls I received was in July 2009 – 142. The counselling sessions and phone calls in are equivalent to some of the full-time paid Senior Chaplains. The NSWPF reimburses my phone expenses, which is on average 72 phone calls from my personal phone and/or mobile I make per month and they reimburse the kilometres I travel in my private car, which on average has been 780 kilometres per month to numerous destinations across the State.

Even though I have worked tirelessly in a voluntary capacity, I have gladly supported and cared for these officers through adverse circumstances. I am honoured to have been beside them and entered their lives in their time of need. My hope is that my work has not gone in vain and that there will be better support systems in place in the future to help officers deal with stress and trauma. As a qualified adult educator as well, I hope that education and training in this area will take place in LACs and/or Regions, particularly helping the officer understand the warning signs. I also hope that the Early Intervention report on post-trauma support I wrote in October 2009 following a MasterClass on the subject will be followed up. The Recommendations included (Baker 2009a):

1. Ensure social interventions are available and officers and staff are aware of the support provided by NSWPF;
2. Provide adequate support at critical incidents AND more importantly following incidents, particularly for the 18% who are prime candidates for chronic PTSD (currently there are no support avenues for officers who are suffering long-term PTSD and many officers once on sick leave feel isolated and abandoned by the system);
3. Implement an *Impact of Event Scale* (IES-R) for all serving officers (this scale is more than just indicating on a spreadsheet if an officer has attended a critical incident or not (like some LACs are piloting), as every officer can react differently to the same incident, it is cross-

checking whether s/he has been affected by the incident on three levels (intrusion, hyperarousal and avoidance) making the scale personalised); and

4. For officers on long-term sick leave, ensure adequate treatment is in place, such as a bio-social approach – a combination of social support (chaplain and support group), therapy treatment (e.g. CBT, EMDR and/or reinforcement therapy) and medication (if chronic).

Dr Jonathon Bisson (2009) stated that critical to early intervention is to have access to resources and social supports from the beginning. Trials have suggested that having supporting elements at the beginning of trauma is essential and then having access to other therapy improves the chances of PTSD not becoming acute or chronic (Bisson 2009). The practice of implementing an adequate support system in LACs, such as the IES-R, is not that difficult to put in place and it will not cost the State Government money. However, if such non-practice of support to fallen officers continues, then the Government will lose good officers and their wisdom, in the end costing them money for not doing anything.

Police chaplains do have a role to play in supporting and caring for officers when they feel their world is falling apart; however, there is only so much a volunteer police chaplain can give. If NSWPF wants to keep good officers for the future of the local communities in the State of NSW, then it is imperative that a system is built to support officers through difficult circumstances, including physical or psychological injury, and establish better practices. Without this, there may not be any decent police left.

Rev Dr Melissa Baker

Lead Chaplain in Post-Trauma Support, NSWPF (volunteer)

References:

- Baker, M. 2009a, *ASTSS Early Intervention: the way forward – Report for NSWPF*, 4-5 September 2009.
- Baker, M. 2009b, *The Heartbeat of the Community: becoming a police chaplain*, EdD thesis, UTS, Sydney (<http://epress.lib.uts.edu.au/dspace/handle/2100/854>).
- Bisson, J. 2009, *Early Intervention: the way forward MasterClass*, Australasian Society for Traumatic Stress Studies, 4-5 September 2009, Sydney.
- Finnane, M. 1996, *Police and Government: histories of policing in Australia*, Oxford University Press, Oxford.
- Mckay, E. 2005, *Crime Scene*, Penguin Books, Camberwell.
- Parkinson, F. 2000, *Post-Trauma Stress*, DaCapo Press, Cambridge, MA.