7. Violence Against Police Officers: The Victims' Perspective

Bettina Zietlow

7.1 Introduction

Violent assaults are part and parcel of a police officer's working world. How various forms of violence are perceived and experienced, and how the experience is dealt with in the context of additional (job-related) stress, is the focus of a study in which 35 police officers (men and women) provided input on their personal experience. The aim of this qualitative study, funded and promoted by the German Police Union (GdP), is to provide a detailed insight into personal experience with violence and how the experience is processed. It thus concentrates on factors which help officers dealing with potentially stressful situations.

The findings can be used to address factors which can be influenced by the police authorities – supervisors and colleagues, and altered structures – in their dealings with victims of violence and (job-related) stress.

7.2 Conceptual reflections

In the everyday lives of police officers, stressful situations can arise that have no direct relation to police activities. These include interpersonal conflict, dissatisfaction with supervisors or exposure to bullying. There are, however, other stressful situations that are directly linked to police work, such as changing shifts, and confrontation with extreme situations (Reinecke et al. 2006). The level of stress involved can be categorised into two groups (Nörenberg et al. 2006, Sennekamp/Martin 2003). There is the stress that arises in the performance of normal duties, often resulting from the type of incidents officers are called upon to attend (operative stressors). These include confrontation with the death or injury of others, especially children, and confrontation with danger to one's own life. Secondly, there is the stress experienced in connection with police force structures (administrative stressors). These involve the pressure of work, staffing

shortages, dissatisfaction with police leadership, an imbalance between work and family life, and shift work (cf. Hallenberger/Mueller 2000, Sennekamp/Martin 2003). Assaults on one's own person are an operative stress factor for the police officers involved.

Not every potentially stressful event is perceived as stressful and not every potentially stress-inducing situation sparks a stress response in all individuals. Perception and evaluation processes play a role in the development of stress. This underlying notion matches the transactional model used by Lazarus (1966). In a primary evaluation, it is assessed whether a situation is irrelevant, positive or stressful. In a next step, situations perceived as highly stressful are assessed as to whether they involve loss or damage, or pose a threat or a challenge. The secondary evaluation serves in verifying the stress management options and a person's ability to cope with the situation. This information is then used to re-evaluate the situation. If the stress management options and ability to cope are perceived as inadequate, a stress reaction occurs (Wittchen/Hoyer 2006, Klemisch 2006).

Stress factors can be divided into three categories: daily hassles, critical life events, and traumatic events. Daily hassles – everyday pressures – are not as intense as crisis or traumatic events but, due to their frequency, they have a high risk of becoming chronic and thus heighten the risk of a person developing physical and mental ailments. In everyday police work, these can take the form of verbal attacks or behaviour perceived as disrespectful to one's own person.

Critical life events have a clear time span. The person affected must adjust accordingly and may have to reorganise their life (Filipp 1990). Examples of critical life events include the death of a dependant, divorce, and job loss, and also events that are not necessarily negative in nature, such as promotion or getting married. Even positive critical events can often be perceived as stressful.

Traumatic events are characterised by great intensity and the lack of adequate coping mechanisms. The affected individual is unable to adapt to the situation. Traumatic events are "undesired, unpredictable, extremely negative, […] and are difficult to control if at all", (Klemisch 2006, p. 6). Such events heighten the risk of acute stress-related disorders, adjustment disorders, and post-traumatic stress disorders.

Apart from (general) interpersonal conflict arising from dissatisfaction with supervisors and colleagues, police work can also give rise to duty-specific stress (shift work, and confrontation with extreme situations)

(Reinecke et al. 2006). Among the situations perceived as the most stressful are exposure to bullying, the death of a personal acquaintance, the death or injury of a child, and exposure to a life-threatening situation. Police officers perceive critical events as particularly stressful when they cannot be prevented or controlled (Wagner 1986). This corresponds with the general finding that such an event is experienced as especially aversive, as uncontrollable or unpredictable (cf. Barlow 1988, Ehlers et al. 1997, Mineka/Kihlstrom 1978).

What is known as 'perceived self-efficacy' could thus, by way of contrast, be a protective factor in traumatic situations. Bandura's concept is based on an individual's belief that their abilities can help them influence a situation to reach a successful outcome (Bandura 1997, Benight/Bandura 2004). Internal convictions of being able to deal with a situation also have a positive influence on stress management (Lefcourt 1983).

By nature of the type of duties performed and the associated frequent confrontation with critical and stressful events, police officers are at greater risk of developing a psychological disorder (such as post-traumatic stress disorder, depression, alcohol abuse, and alcoholism) (Klemisch 2006). However, it is not only single dramatic events that can trigger psychological and physical illness. Less intense, but ongoing exposure to stress can deplete an officer's ability to cope because they are nonetheless constantly in a state of alarm. If this feeling of heightened alert, fear and danger collides with an officer's need to appear and actually be in control, their stress levels rise again (McCafferty et al. 1992). Especially for officers working nights and shifts, the adjustment needed in such situations leads to psychosomatic complaints such as anxiety, disturbed sleep patterns, and gastro-intestinal problems (GdP 1988). Efforts to cope with stress can also result in aggressiveness, impulsiveness, bad temperedness, and an increased need to take control (Klemisch 2006), which in turn can result in further stress. However, compared with work-related stress, job satisfaction and the degree of job dissatisfaction appear to be the better indicators of physical well-being. Klemisch (2006) showed that job satisfaction has a negative correlation with fear, depression and psychosomatic disorder. The experience of violence can be both stressful and traumatic.

Post-traumatic stress disorder (PTBS)

A trauma is defined as a "potential or real threat of death, serious injury or bodily harm to one's own person or to another which triggers a reaction of intense fear, helplessness or shock" (DSM-IV, APA 1996, p. 487). This includes accidents with injuries and/or deaths, natural disaster, hostage-taking, rape/sexual abuse and torture (Hallenberger 1998, 2001, Maercker 2003).

After being confronted with such an event, those affected often show immediate reactions that fade away within a matter of hours or days. In colloquial terms, these reactions are known as 'shock'. If the symptoms (constant flashbacks, e.g. dreams or intrusive thoughts, avoidance behaviour relative to thoughts about the trauma or places and situations associated with it, and a heightened state of anxiety in the form of sleeplessness, hyper-vigilance, bad temper and startled responses) last for a minimum of two days (but no more than four weeks), they are defined as an acute stress response. If the disturbances last for more than a month and the symptoms cause clinically significant impairments to key functions, then post-traumatic stress disorder (PTSD) can be diagnosed (Wittchen/ Hoyer 2006). Most police officers experience at least one potentially traumatic event during their police career (Gasch 1998, Klemisch et al. 2005, Sennekamp/Martin 2001, Teegen 2003). The lifetime prevalence for a post-traumatic stress disorder is said to be eight percent for the general public. For police officers, statistics range between seven and 21 percent (Klemisch et al. 2005).

Among the factors that influence the likelihood of an individual developing PTSD after experiencing a violence assault are variables that exist before the traumatic event occurred. Such 'pre-traumatic' factors include previous stressful events, gender, educational level and age. A further group of variables describes what are known as peri-traumatic factors – states displayed by an individual at the time of the traumatic event (such as intoxication), and characteristics of the trauma itself. Yet another group of post-traumatic factors involves psychological and social processes in coping with the trauma. Research findings on this group have been so far inconsistent. None of the groups of factors studied so far provided an adequate explanation as to how post-traumatic stress disorder evolves (Wittchen/Hoyer 2006, p. 828). It is possible that cumulated, stressful events at work and in private life are a risk factor for the occurrence of post-traumatic stress disorder (Myrtek et al. 1994). Job routine does not,

therefore, provide a stronger psychological shield, but rather the experiences encountered on the job lead to greater sensitivity.

The question of protective factors is addressed by Schneider and Latscha (2010) in their study of police culture. They assume that police officers have access to a good social network which serves as a protective factor. In duty situations, collegiality and team spirit among police officers has a preventive effect (cf. Engel 1995). They also assume that police officers possess personal traits that allow them to cope with their experiences, thus preventing the development of post-traumatic stress disorder (Schneider/Latscha 2010). This personality structure is shaped by police work and being part of police culture. For police officers, standing up to the threat of physical assault is an everyday occurrence (Waddington 1999). The risk of falling victim to a violent assault is seen as part of the job. The personality structure of police officers should be characterised by a high degree of assertiveness, strong self-confidence, good communications and problem-solving skills, heightened self-efficacy belief, and resilience (Schneider/Latscha 2010). In the study conducted by Schneider and Latscha (2010), the police officers surveyed demonstrated significantly greater resilience and self-efficacy belief when compared to members of the general public. Within the group of police respondents, those who did not become ill after a stressful experience achieved higher scores on the resilience scale and demonstrated a stronger perception of social support. Both resilience and perceived social support (especially within the police community) can be seen as protective factors in relation to post-traumatic stress disorder. This is in line with findings from earlier research (Schützwohl/Maercker 1997, Solomon/Horn 1986,). "A lack of respect and recognition can contribute or lead to advanced re-traumatisation" (Maercker 2003, p. 27).

Further, through various forms of prevention, the impacts of work-related stress can be reduced and self-efficacy and assertiveness can be heightened. Primary prevention – prior to the occurrence of a stressful event – in the form of vocational and further training serves to supplement both skills and resources. Better preparation for specific events and their potential consequences should ensure that those affected perceive their feelings as normal and do not hide themselves behind a tough façade (Hallenberger 2006, p. 33,). Behavioural training is a form of prevention. Having received such training, officers retain their assertiveness in extreme situations regardless of disrupting factors (stressful cognitions). This is achieved by means of highly automated processes, which must be practiced more intensively the more complex the required behaviour (Hallen-

berger 2006). The idea is to be able to withstand the "laming effect of shock" (Hallenberger 2006, p. 39). This involves regular practice at interactive shooting ranges, which enjoy great acceptance among police officers on account of the near-reality experience. During the training, stress levels should be higher than those expected in the real-life situation in order to build up stress resistance (Ungerer 1999). When decision-making processes are practiced for dealing with critical situations, they become automatic and require less conscious attention (Hallenberger 1995, Schmidt 1982). To select the best approach in these decision-making processes, specialist skill is needed to avoid the selection process being exacerbated by an excess of information and knowledge, and acute time pressure. Standardised rules and checklists can be used for the purpose (Eckert 1996, Lasogga/Gasch 2000, Ungerer 1999). Secondary prevention – immediately following a stressful event – is primarily defined in terms of crisis intervention. Tertiary prevention, in the form of psychotherapy and supervision, is more of a long-term measure (Nörenberg et al. 2006).

Coping

People respond differently to stress situations. They have their own way of coping with stress. Some use problem-orientated approaches, while others apply emotion-orientated coping strategies (Lazarus/Launier 1981). When applying problem-orientated coping strategies, individuals try to change either the situation or their own attitude to it. With emotion-orientated coping mechanisms, they try to alter negative feelings such as fear and anger in order to reduce tension (e.g. by means of denial or avoidance behaviour). Efforts to cope are influenced by personality traits, stressor characteristics and available social resources (Klemisch 2006).

According to Teegen (2003), constructive strategies in dealing with stressful situations of a police nature include good collegiality, the feeling of being able to rely on colleagues, the belief in one's own strength, and recognition of the purposefulness of the activity in question. Dysfunctional strategies include a grim sense of humour, and thoughts of one's own family. Important in processing traumatic situations are the perception and expression of emotions. If in everyday working life it is expected that officers are professional, neutral and have their emotions under control, this can result in dysfunctional coping behaviour, as shown by Schütte et al. (2009). They also show that when compared with non-traumatised col-

leagues, traumatised police officers achieve significantly high scores for coping criteria such as depressive processing, regressive tendencies, mistrust and pessimism. Scores for controlled emotions and social withdrawal were, however, only significantly high in some traumatised police officers. If critical events are interpreted and evaluated as purposeful, this tends to result in reduced stress levels (Antonovsky 1987, Frankl 1999).

Problem-solving coping strategies are also of benefit, such as taking a positive attitude and seeing the situation as a challenge. A selective perception of positive factors of the crisis event is helpful. Constructive expression and communication of emotion is also seen as effective. In the case of especially stressful situations, intellectualisation and distance are useful coping mechanisms. Less of benefit in processing the experience are self-blame and self-deprecation (Laux/Weber 1990). Many of these coping strategies (intellectualisation, distancing, re-assessment) can be grouped under the heading of cognitive control (Averill 1973). This also includes self-instruction such as 'I can deal with this', and 'I have to help' (Hermanutz/Buchmann 1994), and the attempt to regulate one's emotions (Eckert 1996). Police officers often use talking with close friends and relatives as a means of coping with stressful situations (Steinbauer 2001). The way in which colleagues and supervisors react to the problems of fellow officers plays a decisive role in how the officers cope with a situation (Mittendorff 1996, quote from Steinbauer 2001). According to Hallenberger (2001), the inhibition threshold in accepting help from others can have a negative effect on any subsequent performance evaluation by an officer's supervisor or can give the supervisor a false impression: "… the boss thinks I'm mad!" (Ziehme/Müller-Cyran 2011).

When it comes to how police officers perceive, evaluate and process a violent experience, it is less a matter of looking at isolated events, and more about events which are embedded in a professional and social context, and which can bring their own set of problems and conflicts (Ziehme/Müller-Cyran 2011), while also providing useful resources. To identify these complex events, it appears necessary to take a qualitative research approach. This is the only way to obtain an insight into why, despite apparently beneficial objective circumstances, a violent experience is processed in a less than beneficial way.

7.3 The study

The survey on violence against police officers conducted by the Criminological Research Institute of Lower Saxony in ten German federal states[1] was supplemented with a qualitative section. The aim was to illustrate isolated cases in their entirety independent of the known objective factors, and to use the knowledge gained to develop preventive measures. A qualitative research approach was chosen with problem-focused, semi-structured interviews which allowed comparison of the survey findings while still being open enough to illustrate the characteristics of the cases in question. The research question to be answered on the basis of the interviews is: How are violent assaults on one's own person perceived and what factors foster positive processing of the experience? To obtain answers to these question, the survey looked at factors which make it possible to analyse similarities and differences separately from the findings arrived at with the main study. The analysis of the interviews allows inclusion of the subjective assessment of the affected officers, and identification of helpful intervention and influencing factors in addition to the traditional measures used.

7.3.1 Sample

The participants questioned in the quantitative study provide the basis for the sample. The 1,289 respondents who stated that, following a violent assault, they had been unfit for work for a period of five days or more between 2005 and 2009, all received a questionnaire with the following invitation:

> "Before we present a range of questions on further training measures, personal assessments and demographic factors, we would like to offer you the opportunity to take part in a personal interview about the violent assault. From this, we hope to obtain a detailed insight into what you experienced and how you coped with the situation. Violent assaults cannot be adequately documented on the basis of pre-formulated questions alone. A member of our team will conduct interviews with 30 randomly chosen officers. The interviews will be held on your premises. If you are interested in participating in a personal interview, please let us know by sending us a brief message."

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1 See Ellrich and Baier in this volume.

Some 78 police officers (four women and seventy-four men) responded to the invitation. The benefit of this self-activation sampling methodology is that it guarantees voluntary participation coupled with increased motivation, although there is an element of automatic selection in favour of individuals who show heightened initiative (Reinders 2005). Of these 78 responses, a sample of 32 individuals was chosen. All responses from women polices officers were taken into account, as were those from the six German states which were under-represented in terms of their share in the overall sample. For the remaining places, a (proportionate) random selection was made for three German states with the aim of maximum diversity. Because the purpose of qualitative research is not necessarily to reach general conclusions on the individuals questioned in the survey, but rather to analyse and describe complex environments and interactions, no attempt was made to achieve a sample representative of the population. The aim of the sample was instead to achieve a heterogeneous group of people who contrasted in the relevant traits, thus providing the information needed for the survey (Patton 2002). In the course of the survey, the sample was expanded to include an additional woman police officer who had responded to the interview invitation at the recommendation of a colleague. Two male police officers who had been assaulted while on duty but had not been rendered unfit for work had also responded to the online questionnaire. Both had stated that it had been a 'lucky break' that they had avoided serious or fatal injury, and that the assault had a lasting effect. Because it cannot be ruled out that the criterion of being rendered unfit for work does not necessarily reflect the degree of assault or the extent of its impact on those involved, interviews were also held with these police officers. The 35 interviews held were conducted in the period March 2010 to February 2011.

To save interviewees time and to spare them the need to travel, the interviews were conducted in their immediate vicinity – at their duty police station or another location. Some 29 officers were interviewed at their duty police stations, four at the institute in Hanover, and two in their homes. The interview were mostly held during officers' working hours and were arranged in such a way that they could not be interrupted by a third party. The interviews held in police stations were made easier in that all respondents said that their colleagues and supervisors had been told about the survey and the interviews, making it possible for the interviewees to speak openly and frankly. For the most part, the officers said they had wanted to take part in an interview because "it was important for them to tell their

stories, to bring the phenomenon of violence against police officers to the public's attention, to help researchers study it more closely, and to assist in developing preventive and supportive measures for those affected" (Zietlow 2011).

Most respondents were on the beat or on vehicle patrol at the time of the assault (29 respondents). One of these officers was driving an unmarked vehicle, while another was off duty and attending personal business. Four officers were members of special deployment units, while two were assigned to other duties (one as a scout in a federal police team, the other on traffic control).

Ten of the police officers questioned (including three women) are midgrade civil servants, and 25 (including two women) were higher-intermediate grade. None were in higher grades. The average age of respondents was 39.4 years. The youngest was 25 and the oldest 56. Splitting the officers into three age groups (under 30, 30 to 50, and 50 plus), the majority (30) fall in the middle category. The respondents' length of police service ranged from six to 39 years, making for an average 20.1 years of service. Ten respondents policed rural areas, eight urban, and 17 were on duty in large cities (500,000+ inhabitants) at the time they experienced the assault.

7.3.2 Method

The interviews were transcribed in full and anonymised. The evaluation of the data collected focused on qualitative content analysis according to Mayring (2008). Content analysis serves the purpose of systematic processing of communicative material (in verbal, picture or musical form). This must not necessarily be limited to the content of the material to be processed – the analysis can also take in formal aspects and underlying meaning. Three different approaches can be taken in qualitative analysis: summary, explication and structuring (Mayring 2008). For the purposes of this survey, a summarising content analysis was used. This methodology aims to "reduce the material to such an extent that the key content remains intact and, by means of abstraction, create a manageable corpus which still reflects the original material" (Mayring 2008). Repeated patterns of meaning were revealed – based on the interview guidelines – which were coded using the MAXQDA software program and then transferred to evaluation categories. The key statement patterns were then summarised using representative quotes to provide a result. The interview evaluation focused in

terms of content on similarities and differences in police officers' stand-points.

7.4 Findings

7.4.1 The assault and its impact

Interviewees repeatedly spoke of an 'assault out of the blue' (Schmalzl 2008, p. 21). The assaults on the respondents arose from routine incidents which had so far gone smoothly and calmly. The police officers involved had not expected the situation to escalate.

> "I don't know, I mean I just wasn't prepared. Not even mentally. No, I certainly wasn't prepared mentally. We were really relaxed. Even when the guy started to get a bit out of hand, I thought, uh oh, but even then I didn't really think any more about it. I just, well, I wouldn't say I went in completely clueless, but well, yeah naïve. Based on all my, let's say the years of positive experience I've had up to now." (Interview No. 3).

When asked why assaults often come as such a surprise, one officer offered an explanation:

> "Because when nothing's happened for such a long time, you get sort of complacent. That's just the way it is. And then it's often the case, that, well, I can imagine that in many incidents a sort of carelessness creeps in, where, if it hadn't, lots of situations just wouldn't arise." (No. 12).

This corresponds with respondents' statements about the conclusions they drew from the assault or what advice they would give to younger colleagues. Issues named here include avoiding routine, being more alert and being more aware that something unexpected could happen at any minute.

7.4.2 Thoughts and feelings during the assault

Some of the police officers questioned talked about their thoughts and feelings during both the incidents they attended and the assaults they experienced. One of the most common statements involved the feeling of helplessness – having the impression that one's own behaviour ('measures taken') had no effect.

> "… you just can't respond any other way, you can't, well, just pull your gun, that's just not an option. That would be a complete over-reaction, and, well,

you just can't react, all you can do is just sort of stand there and let it all happen […]. I mean, you just, well, there are situations and moments when, you, erm, just have to deal with things." (No. 10).

"… like helpless when some goes berserk, how helpless you are right then, […] it's like they get a rush of adrenaline and have super-human strength, it doesn't matter what you do, you just can't stop them…" (No. 12).

Another officer went into the issue of the availability/lack of support and the influence of over-arching police strategies:

"… and when you're out there on your own, especially when you're sitting in a vehicle monitoring a radar trap, when there's no-one else around and you know it'll take about half an hour for colleagues to reach you, then you have to tussle and fight for half an hour, and it might not be just one assailant, there could be a few of them, until you get some assistance and support. That's all still at the back of my mind…" (No. 30).

The extent of the responsibility involved is also perceived as stressful.

"…what really put me under pressure was, well, the tension, the responsibility of dealing with the incident. You've just called for the SWAT team and they'll get hold of this person at some point and, there's the risk that they'll be seriously hurt, and there's also the risk that a colleague will be seriously hurt, and in the end, well, the first thing anyone will ask you is how it all came about, isn't it?" (No. 9).

A woman police officer described in some detail how helpless she had felt and how she feared for her life during an assault in which both she and colleagues were involved:

"… he was like a robot, felt no pain, I've never seen anything like it. It was just horrible. It was just like being in a film, fighting against a machine. I lost all hope, I thought, we'll never get this under control […] it was just the worst because I just knew I could die any minute. If he gets hold of my baton, he's already beaten me half dead just with his fists, he'll hit me twice on the head and I'll be dead." (No. 3).

The situation described here and the helplessness and fear of being killed underscore that an assault on one's own person can meet the criteria to indicate a trauma.

7.4.3 Impact on future behaviour

The respondents stated that their own behaviour changed after the assault. They are more cautious, more alert and keep a safer distance from others.

> "… well, I approach people really cautiously, and as soon as I start talking to them, as soon as I have the slightest indication […] that they're, well, reacting a bit strangely, even if it's just someone on the street, I take a step back. I keep a safe distance between us so I can react straight away."

Some officers became more aggressive after the assault and placed higher priority on their personal safety.

> "… I don't care, if he raises his hand or tries to hit me, then I make sure I get him down on the floor and get the handcuffs on, I don't think, oh my God, the poor guy, that's bound to hurt. No. That's all over. I used to think like that, but, erm, no. Who knows what he's got in the other hand, maybe he's got a knife…" (No. 16).

Other respondents said the assault had made them afraid of future physical confrontations, and that their colleagues noticed their insecurity.

> "… I couldn't be out on the street. The mere thought of any resistance and I'd start to shake. […] I was immediately filled with fear. […] And, erm, my patrol mate, who really knew me well, he noticed that I've changed. He said I'm becoming more insecure and that he didn't want to go out on the street with me any more because he knew I can't look out for him like I used to." (No. 3).

7.4.4 Impact on private lives

In many instances, officers described the impact of the assaults on their private lives.

> "… of course it's affected my private life, because when you're unable to sleep and you can't concentrate any more, when you're restless, when there's somehow […] a kind of listlessness about you, both in, well, in your sexual relations and in other activities, then it […] really puts a burden on your private life…" (No. 22)

One respondent feared he had been infected with the HIV virus during the assault. Apart from the mental anguish this caused, it also affected his family life.

> "… the whole time no-one was able to tell me whether or not my assailant was HIV positive. That means, well, our son was much younger then, he was smaller, and, well, we can't very well explain to him now what the problem is. Back then, I kept my distance for preventive reasons, and my wife did, of course, we both had to change how we went about things because I didn't know if I'd been infected …" (No. 20)

7.4.5 Psychological impact

The assaults cause psychological problems by many of the police officers questioned: disturbed sleep patterns, constant worrying, flashbacks to the assault, and heightened emotions in the form of uncontrollable bouts of crying.

> "…I kept thinking about it during the day, erm, and this restless sleep. […] it was more, this this constant nagging, asking myself if I'd handled it all properly. Could you, could you have prevented it, erm, it was like, like not being able to go to sleep and then waking up and then these thoughts kept coming through the night…" (No. 9)

Another policewoman was diagnosed with post-traumatic stress disorder following her assault.

> "… the guilt that remains […] and the feeling of fearing for your life, although, well, at first I was able to blot it all out, but my guilty conscience towards my colleague, I couldn't ignore that. […] after about three months I realised it was getting worse instead of better." (No. 3)

Another officer suffered post-shooting trauma following an incident in which his colleague fired a lethal shot:

> "Well, in the first few weeks after the shooting, it was awful. I had all the symptoms of trauma. I was restless, had problems concentrating, I couldn't sleep. I kept seeing these pictures before my eyes of the guy, who, erm, how he's […] hit by my colleague and then just collapses and dies. I'd keep hearing the the sound of the two shots in my head, I, well, well, when I'd go to bed at night, just when I'd settled down, that's when it was worst." (No. 20)

7.4.6 Support in the workplace and from colleagues

The officers made statements (sometimes upon request) about whether following the incident in which they were assaulted there had been any formal post-incident debriefing and processing in the workplace. Some said there had and assessed the measures taken as positive.

> "[Post-incident processing] really, with the whole group and, well, yeah our boss at the time had, erm, excuse the language, had the balls to stand up and say 'I really messed up'. 'I just did the wrong thing, and that can't happen again, we have to work that through', and, well, that's what he did, like." (No. 2)

Another group of respondents stated that there was no adequate or no post-incident debriefing and processing, which they perceived as negative.

"Like I said, in the post-incident debriefing […] everything was presented very differently, it wasn't at all like, erm, like we all experienced it, and of course no-one argued because you just don't. […] That was it, there wasn't any debriefing and the gushing praise they all give out afterwards, well, I don't want any part of that because there isn't usually any open and honest debriefing. I mean, if anyone has anything to say, any criticism, it's generally not taken on board. You just take note and act as if you haven't heard it." (No. 8)

Nearly all officers addressed the issue of support from colleagues following the assault. Many interviewees reported that they had received support from colleagues and said they welcomed it.

"… erm, at the court hearing I was lucky enough to have support from my duty station. Someone accompanied me so I didn't have to face it all alone. […] Outside the court, the press were naturally there with all kinds of questions, but my colleagues shielded me well from it all and […] well, for me personally, that was about the best thing they did for me… " (No. 16)

Support from supervisors following the assault was addressed by almost all officers questioned. Where they received such support, they said it had been helpful.

"… my supervisor, he set a perfect example […] I was in contact with my team leader more or less the whole time, I mean he called me more than usual […] he basically made sure I was okay. I'm still in contact with him today… " (No. 7)

Where no support was received from supervisors, officers reported the situation as extremely negative and doubly stressful. Only few respondents received professional help.

"… two women from social services, they'd been contacted by my family […] and, erm, were there to give me support […] I talked to them for about an hour, these two women from social services, and one of them still gives me support today…" (No. 22)

Other officers received no such support but would have welcomed it.

"Whether from a psychological standpoint and no-one offered the family any support, none whatsoever. I had to, we had to, cope with it all by ourselves. I thought that was really poor show. […] something has to be done there, that, well, colleagues are helped when they experience something like that. And not just a quick 'Oh yeah, how're you feeling?" […] after-care is really important, and after-care for the family is especially important." (No. 20)

7.4.7 Coping

Almost all officers questioned stated that they had coped with the assault by talking to family and friends.

> "… it's clear that, I took the longest to deal with this story, with this, this group of people who assaulted me, because I was the one who talked about it most with friends and family, to anyone who would listen or even when they didn't want to hear it, I told them anyway […] because I mean, it's, well, talking helps you get things off your chest, things that bother you and also things you didn't think were bothering you, but you talk about them and you rid yourself of them subconsciously… " (No. 10)

Some police officers reported that they had coped with the assault by taking convalescent leave or by going into therapy. Another coping strategy took the form of increased alcohol consumption.

> "Just to be able to sleep at night, I took to drinking alcohol, something I rarely do, a crate of beer usually lasts me a month, but suddenly it was gone in a week. […] Like I said, I couldn't get to sleep at night. I'd sit in front of the television until two in the morning, no idea what was on, what I was watching, I couldn't say. Because I just can't remember. […] Yeah, and then a beer, a stiffer drink, one after the other, until I couldn't stand up anymore, that I just needed to fall back on the sofa and then I'd fall asleep." (No. 30)

Some respondents said they tried to get back to everyday (working) life as soon as possible after the assault.

> "… but it's not as if, that I want to be sort of mollycoddled for the next six weeks or six months. There comes a point when you've had enough, that's when I just switch off. Erm, you know, being protected and wrapped up in cotton wool is okay at the start, it's really nice, but after a while, it gets to be too much." (No. 2)

> "… to be honest, I could have stayed home for three or four months, but I'd had enough after a week, I was thoroughly bored… " (No. 7)

Some (a few) officers chose a change of job as a way of coping with the stressful event.

> "… I wanted to get away from F, I couldn't stand it any more […] I decided at some point to tell my station head 'you know, I think I need to get away from here for a while, I can't cope' […] Yeah, that's how I ended up in R and I have to say that in the meantime, I really like it here, I've been well accepted […] I was able to go out on the beat quite normally and that really helped me to feel whole again, a true policeman, I might not have been fit for work in the city, but I am here." (No. 3)

Almost all officers said that to cope with the assault, it was important for them to think (critically) about the event and sort things out in their minds.

> "… you know, you think a lot, and you reflect on things for yourself, what could I have done better, what did I do wrong, and somewhere along the line you tell yourself it would have happened no matter what […] you couldn't have stopped it, that's just the way it is. But it's so important that you find closure at some point, that you say okay, some things just can't be explained, they just happen and you just have to get on with it." (No. 1).

> "My colleague thought the same, if we'd known that the [offender] was so aggressive, we'd have used the [riot stick] properly right from the outset […] I wanted to arrest him, but […] I don't really want to hurt anyone badly just in order to arrest them. If there's another way, I'll take it. But that was the wrong way to think at that moment. I should have just thought, yeah, I'll knock your head off, and that would've been it, maybe." (No. 3)

7.4.8 Legacy stress

A large number of officers reported that they had experienced other stressful situations prior the assault in question. These included other assaults and other negative events in the workplace or at home which had resulted in the officer seeking professional help.

> Stressfull experiences lots, lots. Well, a man died in my arms. I was in O on rotating shifts, and during that time, we knew right away there was nothing more we could do. He was trapped in his car I held his hand and I thought it was good, how he dealt with it and how I dealt with it at that moment, but it's something you never forget, you know. Erm, he even said 'yeah, I know, my time has come and give everyone my love' and he didn't even cry, not at all, only when suddenly, his his hand, it was lifeless, and it just slipped from mine. That was an awful moment. (No. 6)

7.5 Discussion

The interviews show that people react very differently to personal assaults. The duration and intensity of their feelings differ from person to person and depend on a variety of factors (Nörenberg et al. 2006). Apart from the physical severity of the assault, other influencing factors include the extent to which the individual concerned is otherwise affected (cf. Klemisch et al. 2005, Steinbauer 2001), the person's personality and the available personal and social resources (Schneider/Latscha 2011). Yet other influences

arise from the effectiveness of the coping strategies used (Neugebauer/ Latscha 2009, Reininger/Gorzka 2011), whereby the evaluation of whether the assault was severe or less severe need not necessarily be based on objective criteria. An individual's personal threshold plays a role, as does their previous experience with violence. Situations in which someone is repeatedly pushed, shoved and insulted can be just as stressful over time as being assaulted with a weapon. The experience of violence can also result in the development of post-traumatic stress disorder (Maercker 2009).

In the medium and longer term, the experience of a violence assault can have psychological effects such as burnout, exhaustion, listlessness, withdrawal from the workplace and inner resignation (cf. Bär et al. 2004, Nörenberg et al. 2006). But it can also lead to greater alertness, a more cautious attitude and more resolute action while on duty. Violent assaults change the way people act (at work). They are seen as a learning experience (as a source of professional and personal development), but they can also alter people's professional self-image to such an extent that it results in further negative experience. To deal constructively with such events, the police community and being part of police culture (Schneider/Latscha 2011) can be of help when they are experienced as part of a closed unit rather than out on the beat or during vehicle patrol. The predictability of the event, preparation for it and (direct) support from colleagues afterwards appear to be relevant factors. Here, it is important to identify the individual's personal needs as regards the type and level of support required.

Psychological after-care is provided at different levels directly following an assault. Firstly, in the case of 'typical incidents of overwhelming stress' (confrontation with injury, death, and the use of guns), officers can make use of emergency counselling (cf. Nörenberg et al. 2006) offered by a wide network of advisory organisations and services, and also pastoral resources. These services must be known and accessible at short notice. Secondly, supervisors and colleagues are assigned an important role (cf. Steinbauer 2001). It is seen as positive when they make themselves available as a point of contact, and when they are able to show empathy and create a protective atmosphere. The situation is less clear when it comes to dealing with events that are not understood as highly stressful. Anyone who suffers a violent assault that is seen as just 'part of the job' (Behr 2006, p. 134) is reliant on a supportive environment. To make sure communication becomes routine when dealing with difficult situations, systematic debriefing and after-care would appear helpful, although this does

not appear to be the norm following violent assaults (Ellrich et al. 2011, p. 98).

In the context of everyday routine, the moment when an officer returns to work after a period of sick leave is also important. Indifferent attitudes and 'funny comments' from supervisors and colleagues are all perceived as stressful. Those police officers who have access to a stable network in the workplace and at home, and who also have a strong feeling of coherence (they perceive the world as understandable and manageable, and see a meaning in what they do), see work-related stress less negatively and tend to remain healthy and capable following extreme events (Fährmann et al. 2006).

The situation thus differs depending on the case involved. Experience of violence is part of police routine. Not all assaults are perceived as stressful or traumatising. Discourse on the issue of adopting a professional attitude when dealing with aggression appears necessary, as does discourse on how police culture can be shaped to allow a supportive environment to develop without doing away with specific (apparently) unalterable traditional patterns of thinking and acting.

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