

FORCE SCIENCE[®] NEWS

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I. FSI's Lewinski to explore 6 key factors for timing OIS interviews at IACP conference

The critical and controversial question of when investigators should interview officers after a shooting or other high-intensity event will be addressed by Dr. Bill Lewinski, executive director of the Force Science Institute, at the annual conference of the International Assn. of Chiefs of Police this fall.

Lewinski will explain the "six key psychological factors" to consider in deciding when to take statements from involved officers to assure the most thorough and accurate account of the incident in question. His 90-minute workshop presentation will be based on findings from the latest research into human behavior and memory by FSI and other scientific institutions.

"There is considerable conflict between advocates for an interview immediately after an incident versus those advocating for a delay," Lewinski told *Force Science News*.

"The primary concern is how to obtain an officer's clearest recall while avoiding unnecessary memory 'contamination' and protecting the officer's physical and emotional well-being. And this is much more complex than just a memory issue."

The goal of his program, Lewinski says, is to "help administrators and investigators understand how to determine a realistic interview time, specifically tailored to the officer and circumstances, given the prevailing psychological factors and the potential legal and media implications involved."

Lewinski, along with Force Science staff researchers and present and past instructors for Force Science courses, have collectively authored more than 400 research papers for peer-reviewed scientific journals in the fields of psychology, ergonomics, and medicine. These reports, with strong implications for law enforcement investigations, training, policy, and litigation, all have been critically evaluated by independent experts prior to assure that they conform to the highest scientific standards. Information gleaned from this work will be used as the foundation for Lewinski's presentation.

The relevance of Lewinski's IACP topic was driven home recently by the culmination of a controversial police shooting case that has dragged on for more than seven years.

On a bitter cold night back in 2011 in one of the city's most dangerous neighborhoods, a Chicago officer fatally shot a drug felon who allegedly attempted to run over the officer and his partner during a high-risk vehicle stop. The first of several sworn statements was taken from the veteran patrolman immediately after the shooting.

Subsequently, as the case crept its way through the investigation and a civil trial, conflicts and inconsistencies arose regarding the officer's accounts of events. He was suspended without pay, the deceased felon's family was paid \$3.5 million in a settlement, and the police superintendent sought to kick the officer off the force.

Last month, the city's Police Board finally saved the officer's job (if he still wants it!) by clearing him of allegations that he violated department policy by deliberately giving "false, misleading, and/or inconsistent" sworn statements.

In its exoneration, the Board "considered the fact that [the officer] had worked nearly 40 hours straight before giving his initial statement about the shooting," the *Chicago Tribune* reported.

The Board's 20-page report noted: The officer "had been through a highly stressful situation of being knocked down by a car and fatally shooting [the suspect, which] could have caused him to mistakenly include details within his statement."

Lewinski's session, which will include discussion of such cases and the importance of considering human-performance factors when interviewing critical-incident survivors, will be presented to the IACP's Police Psychological Services Section at 12:30 pm Oct. 6 in the Orange County (FL) Convention Center in Orlando. All IACP registrants are eligible to attend and a large audience is anticipated.

II. New study: Prison workers have PTSD symptoms at war-zone level

Prison employees have a rate of Post-Traumatic Stress Disorder roughly equivalent to war veterans who've served tours in Iraq and Afghanistan, according to newly reported findings from a study in Washington State.

Nearly one-fifth (19%) of prison workers surveyed "reported symptoms that were severe enough to be diagnosed as PTSD"—a rate six times higher than that found in the general population and slightly above what previous studies have discovered among police officers (18%). The PTSD rate among veterans from America's most recent wars is estimated at 11-20%.

Interestingly, the impact of trauma in the penal environment does "not appear to differ based on occupational characteristics such as facility type (minimum, medium, maximum security, or male vs. female facility), job classification (corrections officer vs. other staff), or percentage of time spent in direct contact with inmates," the new research shows.

These findings add to the strong body of evidence that prison employees in general experience “some of the highest rates of mental illness, sleep disorders, and physical health issues of all U.S. workers,” states Dr. Lois James, who conducted the current study through the Sleep and Performance Research Center and College of Nursing at Washington State University in Spokane. Co-author of the study was Dr. Natalie Todak, as assistant professor in the Criminal Justice Dept. at the University of Alabama at Birmingham.

“PTSD is a critical social problem affecting a sizeable portion of people working in our criminal justice system that deserves immediate and serious attention,” they write.

PROBING QUESTIONS. James canvassed 355 employee volunteers from a dozen Washington correctional facilities, using a 76-point trio of questionnaires well recognized for surfacing PTSD symptoms. Participants spent about 30 minutes completing the anonymous survey.

The majority of the subjects were white males between the ages of 30 and 60, with 6 to 15 years on the job and working day- or swing-shifts in medium security, male-populated institutions. Most (65%) were COs, although medical professionals, counselors, administrative staff, and those in other services were well represented. Their contact with inmates ranged from 10% to more than 90% of their typical workday, with fully a third of the sample falling into the maximum-contact category.

On sliding scales, the volunteers were asked to rate such things as their satisfaction with the “safety and effectiveness” of their equipment...whether they often felt “placed in unnecessary danger” ...their frustration level with the job...whether they had good relationships with co-workers and supervisors...whether they discussed their work with their families...and the nature of any “critical incidents” they had experienced.

The latter included whether they had been “seriously injured,” including being “seriously bitten” or “seriously beaten” ...received threats to themselves or loved ones...seen an inmate dying or attempting suicide...had to “kill or seriously injure someone” ...watched a fellow worker get seriously injured...been taken hostage...ever made a life-threatening mistake, and so on. The checklist included 17 types of critical incidents.

SYMPTOMS REVEALED. Even among prison workers whose symptoms did not meet PTSD criteria, the questionnaire scores still revealed “a high rate of stress” from the “violent and chaotic nature of prison work,” James and Todak note. Of the 19% who did reach the PTSD level, “notable symptoms” included routinely experiencing “bad dreams of work-related events...disturbing flashbacks...and avoiding memories or reminders of workplace traumas.”

On average, women seemed more susceptible to PTSD symptoms than men, black employees more than white or Hispanic, day and evening shift employees more than night workers, and those with over 10 years’ experience more than those with less, the researchers report.

The critical incidents that most strongly and directly correlated with high PTSD indicators, the study found, were:

- Being seriously injured
- Receiving serious threats to self or loved ones
- Encountering an inmate recently sexually assaulted
- Encountering an inmate attempting suicide, and
- Being trapped in a life-threatening situation.

As to frustrations with prison work, being “often placed in unnecessary danger” and being “often unclear about what is expected of me” were responses also associated with “significant and clinically higher” risk of PTSD symptomology, James and Todak say. They note the “highly stressful job demands but low decision authority” of most prison workers.

On the other hand, their research suggests that certain “satisfactions with prison work are potential protective factors against PTSD.” Having “positive relationships with co-workers and supervisors, being happy with work assignments, being able to discuss prison work with family members, and believing that prison work makes an important contribution to society”—all these were associated with a significantly lower incidence of PTSD symptoms, “suggesting that they may mitigate” the risk of trauma disorder,” the study concludes.

BEHIND THE WALLS. James and Todak place their findings in context with vivid description of the “uniquely stressful” realities of work behind the walls.

“Prison employees,” they write, “face a constant threat of exposure to inmate criminality, mental illness, gang membership, and drug use, making acts of violence difficult to predict and even more difficult to control. They also work under an almost constant state of threat to their own personal safety. This fact is significant, considering that the degree of perceived threat has been identified as the best predictor of PTSD....

“[A]pproximately a quarter of prison employees routinely experience serious threats to themselves or their families, almost half have witnessed co-workers being seriously injured by inmates, over half have witnessed an inmate dying or encountered a recently dead inmate, and the vast majority have dealt with inmates who have been recently beaten and/or sexually assaulted....” Staffing shortages and inadequate training have added to the adverse working conditions, James and Todak say.

“Chronic exposure to these kinds of stressors represents a significant risk factor for mental illness. Indeed, close to one-third of corrections officers report serious psychological distress.”

Previous studies have well documented the “clinically significant” high rates of depression and anxiety among prison workers but the prevalence of PTSD symptoms have been less well explored and understood, the authors observe.

They are hopeful that the study, though admittedly limited in scope, will be an impetus for deeper and broader investigations that will ultimately result in “interventions that promote resilience to stress and trauma” for the nation’s 500,000 prison and jail personnel.

“A better understanding of the prevalence and causes of PTSD in prison employees is critical to guide the development” of high-quality intervention programs,” they write.

Their paper, titled “Prison employment and post-traumatic stress disorder: Risk and protective factors,” appears in the *American Journal of Industrial Medicine*.

Dr. James can be reached at: lois_james@wsu.edu. She conducted initial groundwork on which the current analysis is based with Dr. Suzanne Best of Lewis & Clarke College in Portland, OR.