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Crisis Management

~ CHAPTER 27 ~

Topics and concepts included in this chapter:

1. What is stress?
2. Difference between eustress and distress
3. Homeostasis and the body's response to stress
4. Effects of stress in law enforcement
5. Practice of stress management
6. Suicide awareness
7. Stages of alcoholism and the barriers to treatment of alcoholism among police officers
8. What is a crisis?
9. Proper police response to persons in crisis
10. Proper response to victims of sex offenses
11. Procedure for death notifications
12. Crime victim resources



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PART I: WHAT IS STRESS?

When you accepted this job, you began a process designed to make you adapt and conform to life in a para-military organization. The approach used at the Academy to teach and discipline, which is unfamiliar to many, is designed to help you become acclimated to the demanding nature of police work. The rules and regulations may seem petty or even unfair at times, however there are valid reasons for them, and when taken in conjunction with the academic and physical training, they will help mold you into an effective police officer.

Police work is a stressful occupation, and as such, it has the potential to have a negative impact on your life. However, you would not have been chosen to become a New York City police officer, if we did not believe that you have the ability to adapt to the demands this job will place on you. At this early stage of your career, it is critical that you lay a proper foundation on which to build throughout your career. This must include the careful and thoughtful development of a strong support system of family and friends, both on and off the job, and the purposeful understanding of the effects of stress on our bodies as well as our minds. This preparation will help you, should stress of any kind, become an issue.

All human beings encounter stress on a daily basis. Sitting in traffic, having a new baby, moving, changing jobs: all are stressful situations that we face during our lives. Stress is a normal reaction to daily existence. Some of us handle stress with a positive outlook, while others have more difficulty dealing with stressful situations. Each of us should recognize the conditions in our lives that are particularly stressful. We must be aware that constant stress can have unproductive, and possibly, even destructive results.

Because of the nature of their work, police officers usually are under a great amount of stress and should be able to recognize the conditions that can lead to unhealthy stress management, alcoholism or worst, suicide. As a police officer, you will often deal with people at their worst. Some will have problems that cannot be solved. In this section, we will try to help you anticipate and deal with these stressors and be aware of associated behaviors that can lead to problems. The first step to being able to deal with stress is to understand and identify it; so what is stress?

- Stress is the non-specific response of the body to any demand.
- Stress is the arousal of the mind and body in response to demands made upon them.
- Stress is the mental and physical responses of our bodies to any type of change.
- Stress is the psychological reaction to excessive stimulation in comparison with



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an individual's resources for coping.

- Stress releases powerful neurochemicals and hormones that prepare us for action (fight or flight).

OVERVIEW OF STRESS THEORY

Some of you probably have the idea that stress is a bad thing. This is not the case. Stress is whatever response your mind and body has to the demand, changes, or challenges you experience during the course of your life. As such, stress is an inevitable and necessary part of our lives which we experience every day. Think about getting to the Academy today in time to stand muster. It may very well be that you left your house on time, encountered no traffic, and found the perfect parking space; or maybe you just caught the train or subway in plenty of time to arrive early to muster. Sounds like a stress free morning? It wasn't.

The demand was placed on you to be somewhere by a certain time. Your mind and body responded to the demand by getting you ready and out of the house on time. This is the kind of stress we experience all day long. But we don't think of it as stress because it is manageable and produces a positive result. Think about the amount of electricity needed to run a computer and how a surge of electricity can burn out its hard drive. Experienced at the right levels, stress is a catalyst for productivity. At the wrong levels, at minimum, it can lead to burnout.

When your mind senses changes or demands, it identifies them as **stressors**. Stressors can be tangible, such as a torn Achilles tendon, or indiscernible, such as emotions experienced during an interview for a job promotion. Tangible stressors can be much easier to deal with because you can see, touch, and feel them. Most of the time, these type of stressors have an identifiable beginning and end, making them more tolerable. Even the torn Achilles tendon will get better in time. Other types of stressors are more troublesome, partly because they seem unpredictable and you may feel as if you're powerless to change them.

Picture yourself walking into your precinct while a sergeant who does not particularly like you is adjusting the roll call. As you walk by the desk, the sergeant looks up and makes a face when he sees you before going back to making the roll call changes. Suddenly you feel uncomfortable and begin to feel a little anxious. At roll call you're told you've been assigned to a good sector, a new RMP and a good partner for the tour. The next day you come in and experience the same reaction from the same sergeant. What should you make of their expression this time? At roll call, you learn that you're on a foot post in the rain. The sergeant later changes your post, assigning you to a bad smelling DOA and tells you to be thankful you're out of the rain. By the end of the tour you're wishing for the torn Achilles tendon.



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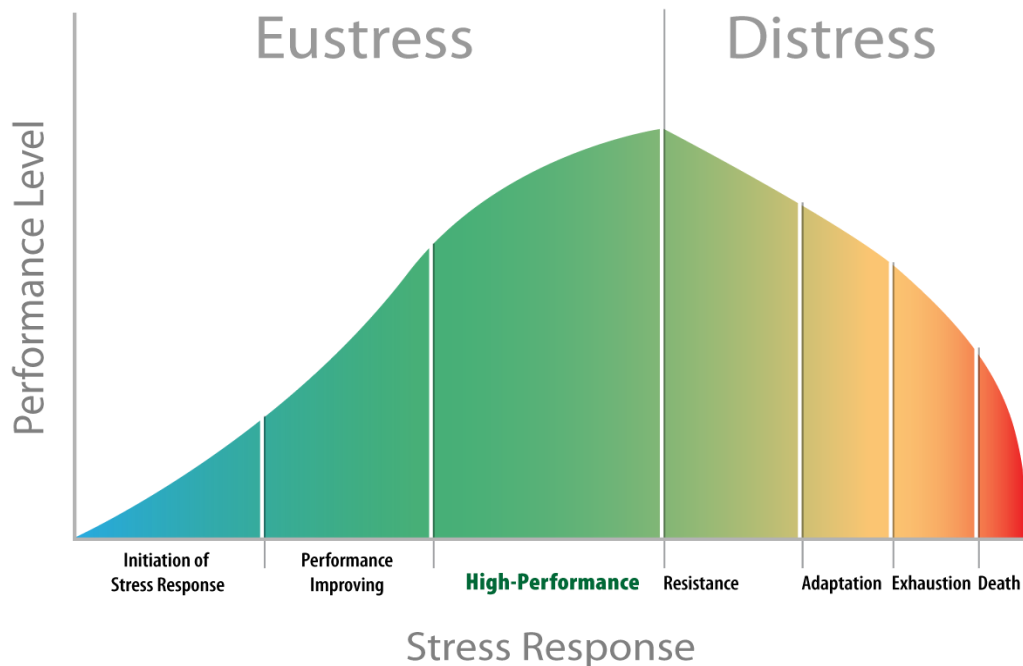


Illustration above: The Human Function Curve, Nixon 1982 ([Yerkes](#))
-Dodson Curve 1908

PART II: EUSTRESS AND DISTRESS

Demands or stressors can be placed into two categories: **eustress** and **distress**. **Stress that presents the opportunity for personal growth and satisfaction is known as eustress.** Completing all the necessary paperwork and complying with Applicant Processing during the hiring process is a prime example of eustress. Other examples would be a daily fitness routine or the completion of the requirements to earn a degree. This stress challenges us and pushes us to become better people. Productivity increases as a result of increased stress, but only up to a point. That point or peak is different for each of us, but once it is hit, the effects of stress become rapidly problematic. **Stress that leaves you feeling drained and irritable because it presents no opportunity for personal growth or is caused by troubles, is known as distress.** The loss of a job or relationship, or uncertainty over assignments falls into this category. Because eustress produces positive results, we often do not recognize it as stress at all. On the other hand, because distress has such negative consequences, it has come to be thought of as the only form of stress.



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PART III: BODY'S RESPONSE TO STRESS

HOMEOSTASIS

We respond to stress both physiologically (with the body) and psychologically (with the mind), and the two domains work together to try and deal with stress. In order to understand how the two work together, imagine the following: someone accidentally knocks into you as you're walking down the street and you begin to fall. Your mind and body register the event simultaneously and you respond by moving in a way that helps you regain your balance or **homeostasis**.

Your mind and body respond similarly to mental stressors. They must work together to restore physical as well as emotional balance. Imagine, instead of being knocked into, the event is a death in your family. This stress can leave you feeling physically unbalanced, drained, irritable, sad, or even cause a head or stomach ache. It may take some time before you regain your equilibrium and can return to feeling a sense of normalcy.

Distress is not usually the result of one single event. Instead, it often involves a series of demands or cumulative stressors placed on an individual. Everyone experiences those mornings where anything that can go wrong does go wrong, for instance, knocking over a coffee cup which spills onto your uniform shirt which you now have to change. Finally, you get out of the house only to be stuck in a traffic jam. You get to work too late to find a parking space, which almost makes you late for muster. The cumulative effect made the morning a stressful one.

Our bodies respond to stress on two levels, physiological and psychological. On the physiological level, your brain signals for the release of adrenalin, which in turn causes your heart rate and blood pressure to increase, your liver to release more sugar, and your breath to come faster. All of these things allow for highly oxygenated, energy rich blood to reach your muscles and ready your body for action. Additionally, your brain signals for the release of cortisol, which keeps blood pressure and blood sugar up, to aid in the body's response to the stress.

In the short term, our body's stress response is perfect for handling the variety of situations presented. However, over the course of weeks and years, elevated levels of cortisol can damage your immune system, decrease brain cells, and negatively affect blood pressure and blood sugar. For this reason, understanding and managing stress, especially in a profession that presents a great deal of it, is of paramount importance.

GENERAL ADAPTATION SYNDROME

General adaptation syndrome (GAS) is an outline of how a person responds to any stimuli which causes stress. The body follows a three-phase progression: an alarm



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phase, which initiates sympathetic nervous system activity; a resistance phase, in which the body exerts effort to manage the threat; and an exhaustion phase, which ensues if the body depletes its resources before the threat is managed.

THE BODY'S RESPONSE

- **Alarm Phase.** The first stage is the alarm phase, also known as the “fight or flight response.” When the body senses a threat, such as being physically harmed, the autonomic nervous system (ANS) is triggered. The ANS has two branches, the sympathetic and parasympathetic nervous systems that balance the response of the body to the threat. The sympathetic nervous system energizes the body while the parasympathetic nervous system controls the output of energy.
- **Resistance Phase.** The second phase is the resistance phase. The ANS has gotten the body ready to deal with the perceived threat by adapting body systems. The body continues to resist the perceived threat until it is over or the body has depleted all of its energy supplies and can no longer fight the threat.
- **Exhaustion Phase.** If the demands continue over a period of time and the physical and psychological stores of energy are depleted, the body enters the last phase, exhaustion. It is at this point that an individual is susceptible to serious illness and, if not checked, they may die.

THE MIND'S RESPONSE

- **Alarm Phase:** Your mind is presented with a situation (stressor) with which it is not familiar, and reacts with surprise and anxiety because of inexperience in resolving anything like it.
- **Resistance Phase:** We learn to cope with the task effectively. A balance has been reached, where by, we can address the stressor productively and manage other aspects
- **Exhaustion Phase:** After prolonged exposure to the stressor you've come to no effective solution and you have depleted your internal resources. This leads to a state of emotional fatigue.

YOUR UNIQUE RESPONSE

It is during the resistance phase that the ability to adapt or cope (regain your balance effectively) often becomes inhibited and the situation now becomes *distressful*. What determines which situations you perceive as stressful is shaped by your assessment of past experiences and the meanings you have assigned to them? This is



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known as the **theory of cognitive appraisal**.

It may seem that some of us handle some stressors with ease, while others have more difficulty dealing with the same stressor. It is important to realize and *respect* that what is stressful to one person is not necessarily stressful to another. For example, no matter how hard you work out on your own time you can't quite seem to keep up in the gym. As you get dressed in the locker room your body reacts to this stressor by bracing itself, your heart beats rapidly, your upper lip is beaded with sweat, and your stomach becomes upset. Yet the recruit next to you is happily changing into gym attire while announcing that this is their favorite part of the day.

Individuals also have different response to stressors that might appear negative to the majority. Some individuals view an involuntary change in their work place as a threat because they have to learn new things and redefine who they are. Others view such an event as a challenge, which will allow them to broaden their knowledge and make them a better person. Those who view stress positively, as an inevitable and an essential aspect of daily life, will be less likely to suffer its unfortunate physical and emotional consequences. In Summary:

- Stress is a healthy, normal part of life. It is what helps us meet goals and remain productive.
- There are two types of stress: *eustress*, which helps us meet daily challenges; and *distress*, which brings negative physiological and psychological reactions.
- Your body's need to maintain homeostasis, or balance, is what makes adaptation to stressful situations possible.
- When a life event, or "stressor," takes place that may require you to adapt, you are knocked off balance.
- The way you perceive and interpret a stressor – ***your paradigm*** – will determine how you react to the stressor physiologically, emotionally and behaviorally.

PART IV: STRESS IN LAW ENFORCEMENT

From a slightly different perspective, stress can be understood as the psychological reaction to an excessive stimulation in comparison with an individual's resources for coping. Whatever is troublesome, overwhelming, or uncomfortable about a job can simply be labeled the stress (distress vs. eustress) of the job. This notion is in line with the **theory of cognitive appraisal**, that if you perceive a stressor negatively, you will experience it as distressful.

As a recruit officer you will experience stress at the academy level. You are in



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the process of learning new material, acquiring new physical skills, and polishing old ones. You came on the job knowing how to drive but we will challenge you to drive safer and better. You know how to write but we will require that you articulate concepts on paper, so that they conform to Department standards. All of the stressors you will be exposed to at the Academy are aimed at making you a polished, competent professional.

The responsibility to maintain peace in a community and enforce its laws is in itself a difficult task. Leading experts in the field have separated the stressors experienced in police work into several different categories. Examples of low stress events are excessive or unplanned overtime and working through the holidays or important family occasions. These stressors are common to the profession and often cumulative in effect. This means that, one at a time, these stressors may not be serious, but that they add up over time. High-level stress events need only happen once to have a tangible effect; examples of these are suspension, dismissal and taking a life in the line of duty.

Another stressor in policing involves issues of mobility and advancement, and the perception some officers have regarding the limitations of career opportunities. One of the ways to deal positively with this concern is to plan your career carefully. You can start by asking yourself what kind of shield you think you will be turning in when you retire. Do you want to pursue a promotional or investigative track, or both? Ask yourself what skills you can develop which would be beneficial to you after retirement then set your goals.

Plan a long-term career path while keeping in mind the short-term accomplishments that will lead the way. Remember, the failure to plan a career by setting goals is a mistake many officers make. Working towards something rather than not having goals or plans will give you a better sense of control and direction. As you pursue these goals, be sure to work to create positive relationships with the people around you. Both uniformed and civilian members of the Department in all ranks may be essential for your success.

Whatever you do in this Department, do not wish your life away by counting the days until retirement. Too many officers fall into this trap, imagining that retirement will somehow put them into some ideal life where all will be roses and sunshine: you may meet these individuals after you graduate from the Academy. The problem they have is that, in living for tomorrow, they do not enjoy today and their careers and opportunities in the biggest, best, most successful, and most highly regarded police department in the country. In this job, as in the rest of life, getting to a goal should be at least half the fun. Enjoy it as much as you can.

Psychological stress in law enforcement, real or perceived, has a rippling effect similar to a flat stone tossed in a pond. Your squad, significant other, family and friends can all be touched by the distress experienced in this demanding lifestyle. Managing



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stress at this stage of your career is about identifying what stresses you and keeping it at a challenging yet containable level. To do this you must be aware of what types of things you stress over, why you stress over them, and how you can better manage your stress reactions so that they do not interfere with your job performance and personal relationships.

External Stressors- stressors from outside the law enforcement agency

- Frustration with the American judicial system;
- Officer's dislike of the decisions and interests of administrative bodies affecting law enforcement work;
- Lack of public support and negative attitudes towards law enforcement;
- Negative or distorted media coverage of law enforcement.

Internal Stressors - stressors from within the law enforcement agency

- Policies and procedures that are troublesome to officers;
- Sense that career development opportunities are inadequate;
- Lack of recognition for good performance;
- Poor economic benefits;
- Excessive paperwork;
- Inconsistent discipline.

Stressors in law enforcement work itself

- Frequent exposure to life's miseries and brutalities;
- Boredom, alternately interrupted by the need for sudden alertness and mobilized energy;
- Fear and dangers of the job;
- Constant responsibility for protecting other people;
- The fragmented nature of the job, in which one person rarely follows a case through to conclusion;
- Work overload.

Stressors Confronting the Individual Officer

- Fears regarding job competence, individual success, and safety;
- Necessity to conform;
- Necessity to take a second job or further education;
- Being criticized by peers;
- Altered social status in the community due to attitude changes toward a person because they are a police officer (US Department of Justice, 1992).



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CRITICAL AND CHRONIC STRESS

The stress experienced by a law enforcement officer can be divided into two different areas: critical and chronic. **Critical stress results from an incident that places demands on an officer that are above and beyond the normal call of duty.** Examples are shooting an offender; death of a partner; hostage situations; and involvement in natural or man-made disasters. **The chronic stress experienced by law enforcement personnel is often cumulative over time and affects an individual physiologically and psychologically.** This can be caused by constant exposure to pain, suffering, violence, poverty, and death.

Research suggests that there is a strong influence of distress on an individual's physical and emotional well-being. It's worth noting, that large numbers of law enforcement officers suffer from cardiovascular, respiratory and digestive disorders, as do workers in many other occupations. This may be linked to the experience of distress.

PSYCHOLOGICAL EFFECTS

The extreme level of psychological distress in police work is known as burnout. **Burnout occurs when your reserves of adaptability and energy are totally depleted and despite a vacation, you find it difficult to return to work.** Inherent in the law enforcement culture is the belief that an officer alone can handle everything and anything emotional. Until very recently, seeking out professional help would put an officer in the precarious position of being placed on modified duty.

Prior to suffering burnout, an officer experiences **overload**, which occurs over time as stressful events cited as stressors to a police officer accumulate. There is also the possibility of **underload**, occurring when little or no demands are made on the officer leading to boredom. Both show up in symptoms such as sleeping difficulties, irritability, and difficulty in "getting started" at work, decreasing recreation, increasing family difficulties, inattention, and inefficiency. Often, dealing with the symptoms is done in self-destructive ways such as alcohol and/or substance abuse, sexual promiscuity, and isolation from friends and relatives.

EFFECTS ON THE FAMILY

Most studies on police officers' marriages are with the wife being the non-member of law enforcement. Research found that wives had serious concerns regarding:

- Infidelity;
- Lack of quality time with self and children;



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- Jealousy on both parts;
- Developing an adversarial relationship;
- Death or injury of spouse from police work;
- Isolation from social friends and the decline into alcoholism.

Initial research on this subject was conducted a generation ago, and found that police officers experienced a high rate of divorce. One study of that era suggested that, in large police departments, it was not difficult to find police officers on their third marriage by the age of 30. The fact is that the all-encompassing nature of law enforcement cannot help but affect family relationships. This Department, like others across the country, has long recognized these problems, and has done enough to address them that it is unlikely that these same statistics apply today. But there is no doubt that policing remains a stressful occupation.

Initially, you and your family may have little trouble adapting and coping with the demands of the job. When asked whether family or the job come first, new officers inevitably answer that family is their first priority. However, in time officers commit more of themselves psychologically to their career. The family takes a back seat to the demands of law enforcement. A competition between the Department and the family occurs. In order to achieve recognition, acceptance from peers and advancement in rank, the officer devotes more and more time to *The Job*. It is your responsibility to strike a balance between the two.

Strain also occurs as the officer may change attitudes and values due to experience on the street. There is an increase in cohesiveness with other officers, and an **“us vs. them”** mentality may develop as officers become angered by repeated criticism by the media, officials and community. The officer often comes home tense and wound up inside but cannot, or does not want to, share their feelings with the family. Perhaps the officer fears their family won't understand what they have experienced, or perhaps the officer wants to protect them. In either case, avenues of communication are strained. The result is that the family comes to feel more and more isolated, as if they aren't a part of the officer's life.

Police work tends to accentuate the personality characteristics of control, dominance, and authority. These characteristics are incongruent with what is needed to maintain harmonious relationships at home. In order to maintain control and reduce the possibility that street situations cause personal pain, detachment from emotions is sometimes necessary. Unable to easily turn this protective device on and off, police officers may carry it home with them. As a result, their isolation is increased.

Police officers often are exposed to incidents that trigger a **fight or flight** response. In order to control such reactions, the officer must maintain tight control.



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Failure to do so could result in complaints, the use of excessive force, or injury to another or the officer. There are also those times when the officer may experience feelings of animosity towards the bureaucracy of the Department, as a result of the frustrations they encounter on the job. Some officers then start to take out their frustrations on their families and become verbally or even physically abusive to them. Retired Los Angeles police officer and noted author, Joseph Wambaugh stated: *“Police work is not particularly dangerous physically, but the most dangerous job in the world emotionally.”*

FAMILY, FRIENDS, AND SUPPORT SYSTEMS VS. “THE JOB”

At times it may seem nearly impossible to balance relationships and “the job.” The truth is, that with a little thoughtfulness and self-awareness, it is not as difficult as it may seem. The first step is to maintain clear and open lines of communication with the people who care about you. Many officers make the mistake of shutting their loved ones out of their careers. Your career is an important part of your life, and while you may not want to share certain details with family members, there is plenty to talk about which will not cause alarm or make them fear for your safety. By sharing this type of information, your loved ones are less likely to feel they have to compete with your career for your attention.

PART V: MANAGING STRESS

The ways people best manage stress vary depending on personality, cultural background and social milieu. The truth is that when someone is really suffering, stress management is one of those things that is probably easier said than done. Nevertheless, there are some things you can do to handle mild to moderate stress. Exercise is one. Meditation and relaxation techniques may also be helpful, although they required some training.

Chronic or severe stress is less easily managed, particularly when it is indicative of other issues that are unresolved. In such instances, it may be useful to talk to a counselor. Although there is no longer a stigma in the larger New York society linked to seeing a psychotherapist, many police officers remain hesitant. Part of the reason lies in their belief that counseling will negatively affect their career. Typically they fear that Psychological Services will be notified and their shield and firearms removed if, for example, they use their insurance to pay for outside services.

The truth is that no such notification takes place. The cost of counseling can be enormous if private insurance is used. Many officers who decide to pay out of pocket drop out of counseling before completing their treatment because of the cost. It is important that you know that you have an absolute right to confidentiality. Confidentiality can only be circumvented by your signature on a release.



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Another issue that has received much attention is medication and whether its use will compromise full duty status. Unlike the medication commonly used many years ago, the newer medications available for the treatment of depression, for example, do not necessarily impact an officer's ability to remain full duty. As a result, there is no notification made to the Department should you be placed on any of these medications. While the dole test does not detect many of them, it is important to remember that you are asked to provide a list of medications you are taking just prior to submitting to the test.

Left untreated, problems that could have been resolved at an earlier stage may evolve into complicated issues that come to the attention of supervisors who feel they have no recourse other than to remove weapons. These situations can be avoided by obtaining the support and guidance of a trained counselor who can lend some objective insight into your problem.

CRITICAL INCIDENTS

A critical incident is any event that is sudden, out of the realm of the ordinary, usually life threatening, and that has the ability to overwhelm your normal coping mechanisms. It may be a shooting, serious line of duty injury, or death, the death of a child, or a "close call." It may hit the papers or go without comment. You may lose sleep over it or not give it a second thought. You may be directly affected by the incident or be a witness to it. The bottom line is that a critical incident has the ability to affect how you function and feel-even years from now.

Critical incidents are typically outside the range of ordinary human experience. As a result, only a small percentage of the population has the ability to respond and function when they occur. As a trained, experienced police officer you will most likely be able to handle yourself during a critical incident. Afterwards, it is another matter. These types of events are likely to have a strong psychological effect on even the most prepared emergency service worker.

REACTIONS TO CRITICAL INCIDENTS

Not everyone will experience a critical incident in the same way. One-third of the officers involved in shootings experience a mild traumatic reaction or none at all. Another third experiences a moderate reaction, and the rest experience a severe reaction. It's important that you go through a critical incident debriefing regardless of whether you turn out to be one of those officers who has only a mild reaction. Symptoms of critical incident stress may emerge long after the incident and interfere with your life. Reactions may include:

- Nightmares;
- Flashbacks;
- Distressing memories;



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- Increased irritability;
- Obsession with the incident;
- Self-doubt;
- Second guessing oneself;
- Feelings of inadequacy;
- Difficulty concentrating;
- Withdrawal from others;
- Sense of isolation.

WHAT TO DO IF YOU HAVE BEEN EXPOSED TO A CRITICAL INCIDENT

It is normal to experience any of the above listed reactions after exposure to a critical incident. Should these reactions persist for more than a month after the incident, you should seek professional help. Talking about your experience will help you put your reactions into perspective. Left untreated you may develop Post Traumatic Stress Disorder, or **PTSD**. The Department's Employee Assistance Unit provides critical incident stress debriefings for those who have been involved in critical incidents. Officers that attend a debriefing usually experience reassurance and encouragement from their peers. Another option is to seek out a mental health care provider who is trained in the treatment of trauma.

PART VI: SUICIDE AWARENESS

Suicide is the ultimate, desperate act for some police officers as they attempt to deal with personal problems. Unfortunately, suicide is often perceived to be the only answer. What makes suicide especially tragic is the fact that people who complete suicide sometimes exhibit warning signs indicative of their intentions. If the warning signs are recognized, steps can be taken to get the person help and avoid tragedy for themselves, their family and fellow officers.

Police officers are often perceived as brave, heroic and able to solve all problems. The public does not realize the ongoing stressors officers encounter daily. Responding to arrest situations, domestic violence, rape, emotionally distressed persons and assaults place unseen psychological strains and tension on police personnel. Officers often do not realize that these conditions can have a cumulative effect on the psyche over time.

Suicide is the taking of one's life and comes about when people are in an intensely painful emotional state and cannot clearly think their way out of the situation. They lose hope and see no resolution to their difficulties. To them, suicide may appear to be the only way out of their overwhelming pain and frustration. UMOS of all ages, races, sexes, ranks and years of service have taken their own lives.



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CONTRIBUTING FACTORS AND WARNING SIGNS

It is rare to find a single cause of suicide, often many factors are combined together. Marital and relationship problems tend to be the major characteristic linked to suicide for both men and women officers. This proves the importance of maintaining healthy relationships with the people you love. Your spouse and your family are your major support groups outside of the job. Further contributing factors that are encountered with police work are social isolation, domestic issues at home, stress, depression and potential alcohol abuse.

Some warning signs of suicide are depression and may be exhibited by an unrelenting low mood, pessimism, hopelessness, irritability and anxiety. Some often show dramatic mood swings, being sad one moment then happier and calmer the next, taking unnecessary risks by driving too fast, becoming reckless and failing to use proper and safe tactics (always first at a 10-13, rushing into a job without backup). Become aware of behavioral disturbances like angry outbursts, rage, isolation, absenteeism, multiple sick days and lack of personal hygiene or appearance.

The New York City Police Department is concerned about its officers' emotional wellbeing. You should be alert to signs of depression and suicidal tendencies among your friends and fellow officers, yet it is not always easy to fully detect suicidal intentions. A suicidal individual generally does not want to die; they just want the pain to go away. Speaking openly with that person often grounds them and offers an outlet for their troubles. A statement of intent to commit suicide or any reference must be taken **SERIOUSLY!** If you think a fellow officer might be suicidal you should approach and talk to the officer and/or alert a supervisor immediately. You would rather have that person mad at you and alive then you keeping it a secret and attending their funeral.

You should not be afraid to talk about suicide and the issues surrounding it with a person who is depressed. Talking about suicide does not plant the idea in someone's head or increase the likelihood that person will end their life.

Remember that ***you are not responsible for someone who commits suicide.*** Some people who kill themselves deliberately hide their intentions, making it extremely unlikely that you or anyone else will be able to alter the course of events. Others act impulsively, often while under the influence of drugs and alcohol. Keep in mind that suicide assessment is even difficult for mental health professionals and they often only see indicators after the fact, when a psychological autopsy is performed which analyzes all aspects of behavior.

DEPRESSION

Most people who commit suicide are depressed. Depression is a medical condition which is typically characterized by intense sadness, hopelessness, despair, low self-esteem, lethargy, loss or gain of appetite, disruption of sleep, irritability,



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decreased ability to perform one's usual tasks, and loss of interest in once-pleasurable activities. The suicidal thoughts that may accompany depression are symptoms of a treatable illness linked to fluctuations in the chemistry of the body and brain. They are not signs of personal weakness or character flaws, nor are they conditions that will just go away by themselves.

If you have begun to think of suicide, it is important to recognize that these thoughts are expressions of a treatable medical illness. Don't let embarrassment stand in the way of vital communication with your physician, family or friends. Take immediate action and talk to someone today. Remember, ***suicide is a permanent solution to a temporary problem.***

IDENTIFY WARNING SIGNS OF SUICIDE

- **Observable signs of depression.** Unrelenting low mood, pessimism, hopelessness, desperation, anxiety, inner tension, sleep problems, irritability and agitation. (Untreated depression is the number one cause for suicide.)
- **Taking unnecessary risks.** Reckless and dangerous behavior, driving too fast, not using proper tactics (e.g., always first at a 10-13, 10-85, rushing into dangerous situations without backup.)
- **Dramatic mood swings.** Sad or agitated one moment, then happier and calmer the next.
- **Behavioral disturbances.** Angry outbursts or feeling rage, isolation from family and friends, stealing, lack of personal hygiene/appearance, multiple sick days/absenteeism, talking or writing about death or suicide, acquiring new firearms and gathering medications.

Due to the unique, stressful work environment that all police men and women share on a daily basis, and our access to firearms on and off duty, it is our responsibility to assist our fellow cops in times of need. A depressed person feels that they are alone, but they are NOT! They have family, friends and co-workers who care about them. If you spot something wrong, ASK them if anything is wrong or confidentially call the Employee Assistance Unit. The life you save could be someone on the street, a family member, your partner's life or your own.

PART VII: ALCOHOL AND THE POLICE OFFICER

The New York City Police Department's philosophy regarding members with alcohol-related problems is one that offers rehabilitative service for those who are in need of help. The rehabilitation service is offered by this Department for the purpose of



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returning the members in need to a functioning, productive member of this Department. Co-workers' referrals take place, to a large extent, because persons referred to this program, in most cases, will not be in jeopardy of losing their job. This was further discussed in your "General Regulations" chapter.

The rate of alcoholism is no higher among law enforcement officers than any other occupation. However, alcohol abuse among police officers is particularly troublesome because of the nature of their responsibilities and the fact that they carry weapons. As unarmed personnel at the Police Academy, you are in a special position.

Violations of Department policy regarding the consumption of alcohol are almost certain to result in the loss of your job. Imagine yourself at home having a few drinks after a hard day at the Academy. You think that nothing will happen because you are over 21 and are not violating the law. You hear a loud noise and step out on your porch and observe that your neighbors are having an argument out on the street. You try to calm them down and someone calls the police. It's too late now to return to the house and suddenly it dawns on you that you are a few hours from losing your job. The same thing is likely to happen if you are caught walking down the street, intoxicated after spending the evening at a bar with your friends.

Let's say that nothing comes of this situation and you graduate from the Academy on time and are sent to a precinct. You complete every shift without touching a drop and only have a few drinks off-duty at social occasions like parties, family affairs, and weddings. Then one night, after your best friend's birthday, you get in your car after drinking just a few beers. You get on the highway and keep at a responsible 50 mph when, out of nowhere, a speeding car suddenly comes and collides into your passenger side. You go spinning into the guardrail. When the police come, they smell alcohol on your breath and then you realize that your career has just taken a negative turn.

A small percentage of you will get into trouble for reasons other than having a few drinks followed by freak collision. Let's imagine that you are one of the few. For your first few years on patrol, you will stay out of trouble and won't take a drink while on-duty. Maybe you'll also survive those nights you and your buddies spend hanging out at a bar. You're convinced that you don't have a problem because you know that you can stop drinking any time. When you wake up, feeling like hell, and tell your partner you've got the flu, you still believe you can stop whenever you want. Sometimes it does cross your mind that you've got to scale down your drinking because the headaches are doing you in. The thought is fleeting and the guys insist that you join them with a six-pack of beer. After all, police work is stressful and all you are doing is winding down after a very rough tour.

Even when you begin to drink right after work before you've left the parking lot to go home, you're denying you have a problem. Only when you get into a vehicle collision on your way home, do you realize that you have *chosen* to destroy your life and



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your career and that you have taken the life of one of the people you have sworn to protect. It's too late now because you are just another statistic, one more of one too many cases in which New York City police officers have injured or killed innocent people while drunk. Only as you walk out of the courtroom in handcuffs does it occur to you that no one forced you to drink. Then you remember what you were told at the Police Academy before they gave you your gun: ***The biggest obstacle to your completing your career in the New York City Police Department is alcohol.***

Without conscious awareness a small portion of police officers will follow the pattern described above and go from being an occasional social drinker, to a heavy or dependent drinker, to a problem drinker. Problem drinkers typically deny they have a problem, even when drinking begins to interfere with their lives at home and at work. Their denial is reinforced in the context of a peer culture in which drinking is viewed as an acceptable way to *unwind* at the end of a day. Fellow officers frequently contribute to the officer's problem by keeping silent about their behavior out of misplaced sense of loyalty.

The best thing that you can do for a police officer with a drinking problem is to ensure that they get help. Remember, as long as the officer is drinking, the individual is a danger to themselves and innocent others, including the people with whom they work. Remember, the police organization is responsive to officers who have problems with alcohol, particularly if they seek help before encountering situations that put people at great physical risk. These include drinking while driving, losing their temper on the street, and domestic abuse involving a firearm or serious physical threat.

TYPICAL STAGES OF ALCOHOLISM AMONG POLICE OFFICERS:

- **On the job sobriety** – During the first few years, the alcoholic police officer may try to complete their shift in sobriety. Their drinking is confined to off-duty hours.
- **Self-control weakens** – The officer begins to drink before their shift and perhaps on their meal break.
- **The problem becomes visible** – As the officer begins to drink more frequently on-duty, their ability to function and cope on the job diminishes.

SIGNS OF ALCOHOLISM:

- Absenteeism;
- Memory lapses;
- Leaving work early;



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- Progressively lower job performance;
- Repeated accidents, particularly involving a vehicle.

Physical Effects of Alcoholism. Alcohol is a mood-changing drug that is physically and psychologically addictive. It is a “downer” or a depressant like barbiturates and tranquilizers, which affect the body in various ways.

- **Blackouts:** Blackouts are times of temporary amnesia occurring in a person suffering from alcoholism. While experiencing the blackout, the victim functions normally; yet later, he cannot remember the episode.
- **Tolerance:** Alcohol tolerance develops from its constant use. Tolerance is the need to take increasing doses to produce a given effect.
- **Anxiety:** The consumption of large amounts of alcohol over a prolonged period of time produces a correspondingly progressive rise in anxiety. Anxiety, in turn, is responsible for such conditions as irritability and nervousness.
- **Depression:** Depression is characterized by feelings of hopelessness, futility and unhappiness, and is very common among alcoholics.
- **Neurological Problems:** Prolonged, excessive drinking has long been associated with the loss of functioning brain tissue.
- **Liver Disease:** Alcoholism is associated with such liver problems as enlargement of the liver, cirrhosis, and liver hepatitis.
- **Heart Disease:** Heart disease, including congestive heart failure, is common among alcoholics.
- **Gastritis:** Heavy drinking is a major cause of serious inflammation of the lining of the stomach, possibly resulting in the development of ulcers.
- **Esophageal Cancer:** Heavy drinkers have a far greater chance of developing cancer of the esophagus (throat).
- **Neuritis:** Prolonged intake of alcohol has a direct poisonous effect on the nerves in the arms and legs. Symptoms include tingling, pins and needles, itching, etc.
- **Delirium Tremens:** Withdrawal from alcohol can cause extreme physical and emotional suffering. The **DT's** begin with tremors, sweating, and



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nausea. They can then progress to insomnia, profound confusion, delusions, hallucinations, and convulsions. This serious complication is fatal approximately ten percent of the time.

GETTING COUNSELING

If you have never had to seek out a therapist where do you start? A good place to start is by asking someone who has been involved in treatment. They can give you insight not only into their mental health care provider but can provide information about the therapeutic process as well. When you've picked a therapist and have an appointment date, give some thought to why you've decided to get professional help and what you expect from the counselor. Be sure to communicate your expectations to the therapist during your first visit. If you get the sense that you are not interacting well with the counselor, don't be afraid to say so and move on to someone else.

WHAT TO EXPECT

When you first go to a counselor, you will be asked a number of questions designed to help the counselor understand the issues that are of concern and how they can help you. During the first visit you will be asked to describe why you have come. You will also be asked questions regarding your personal history, which will help the therapist understand how your past is impacting your present.

At this point, some people drop out of counseling because they feel they do all the talking and all the therapist does is nod their head. The truth is that the therapist can't get to know you and what your issues are unless they listen to you and assess what you're saying. If their silence bothers you, tell them. Let them know that you need them to be a little more interactive.

- Once your problem is identified, the therapist may ask you to go back and clarify a few things you've said in order to help you identify patterns of behavior you may need to address.
- Some therapists may give you assignments such as taking one night a week of just for yourself.
- Be prepared to work on your issues even if they seem unrelated to what you first came in for.
- If you sit there and say, "I don't want to talk about that today," be prepared to be asked why not. The therapist's observations should help you talk. If you find they do not, take it up with the therapist. **Fit** is crucial to any relationship, including a therapeutic one. It's important for you to have a **good fit** with whomever you choose to work.



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There is free help for police officers who wish to see counselors outside the Department. Clinicians will assess and refer officers to appropriate mental health providers. At no point in time will the Department be informed of who is participating in this program.

TYPES OF MENTAL HEALTH PROFESSIONALS

- A **Psychiatrist** is a medical doctor whose emphasis is on treating mental health issues through medication. Some psychiatrists also do talk therapy.
- A **Psychologist** is a doctoral level mental health professional who is trained in talk therapy, as well as in conducting evaluations and testing.
- A **Clinical Social Worker** is a master's level mental health professional whose training is in talk therapy.

PART VIII: CRISIS

Police work involves dealing with different kinds of people in a wide range of situations; a five year old child who's lost at Rockefeller Plaza at Christmas time; a girl who has been beaten by her boyfriend; a woman who has just witnessed the murder of her husband; a man who has been sexually assaulted; a man whose wife has just been killed in a vehicle collision. While these situations are different, they share an underlying theme: all involve people who are experiencing a crisis. In order to resolve any one of these situations you not only need to learn police procedure and the law, but also a sophisticated set of communication skills. These skills will help you tend to the complex needs of the victims. How you deal with persons in crisis has implications for the quality of information that you gather at the scene. It also has implications for the apprehension and conviction of the offender in instances where a crime was committed. Equally important, your handling of a person in crisis strongly affects the psychological recovery of the victim.

CRISIS- DEFINED

A **crisis** is an unexpected or arbitrary event so overwhelming that it temporarily destabilizes an otherwise healthy individual. The psychological mechanisms the person normally uses to handle problems cease to work and functioning is impaired. Crisis states are commonly experienced among victims of accidents, crime, injury, illness, and disasters. As the figure shows on the following page, the person's actions can be taken over by their emotions to the detriment of rational thinking.

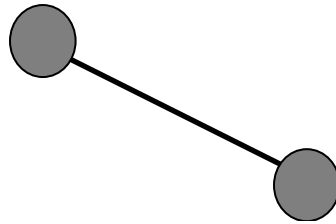
Victims may include family and friends as well as persons directly affected by the crisis event. The crisis experience is subjective, and individuals may react differently.



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Take for example a vehicle collision in which an infant has been seriously injured. The mother of the child (the driver of the car) might be calm and collected, dazed and unresponsive, crying, screaming, or physically uncontrollable. Another person involved in the collision might not be affected by it at all. The mother's state of mind could rapidly shift from subdued shock to agitation. Similar variations can be seen among victims of crime, injury, illness, and disaster.

**Actions
Controlled by:
Emotions**



**To the Detriment of:
Rational Thinking**

THE CHALLENGE TO POLICE

Police officers may find it challenging to work with people in crisis. The traumatic event, along with the raw emotion and behavior displayed by the victim, may make the officer feel uncomfortable, helpless, annoyed, awkward or over-identify with the victim. Officers may then engage in self-protective behaviors that increase the distance between themselves and the victim, resulting in the impairment of communication. This may occur if both officer and victim become frustrated when they are unable to recover property and apprehend the perpetrator. Victims sometimes blame the police for their disappointment in the criminal justice system. This may contribute to the officer's sense of victimization, making it harder for him to maintain empathy.

Police officers have far more influence than they realize in the healing process and ultimate recovery of the victim. While the restoration of property and conviction of the perpetrator may bring some relief to victims, they do not reduce the psychological effects of the crisis event; a police officer can. By providing the right kind of assistance to the victim, you can help diminish the negative effects of the trauma before it scars the individual for life. The officer can help reduce the person acting from their emotions and bring back a more rational thinking process. This is accomplished by possessing empathy, not rushing through the process, and by using active listening.



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Person in Crisis Actions	Police Officer Actions
<p>Verbal</p> <ul style="list-style-type: none"> • Yelling • Screaming • Cursing • Silence • Not able to articulate what happened <p>Physical Movement</p> <ul style="list-style-type: none"> • Moving around erratically • Immobile • Flailing or waving their arms • Crying 	<p>Verbal</p> <ul style="list-style-type: none"> • Use language the person will understand • Speak slowly • Non-judging language • Not minimizing what happened • A voice tone that is understanding and not sarcastic • Take the situation seriously and avoid joking <p>Physical Movement</p> <ul style="list-style-type: none"> • Maintain eye contact/gaze • Open-handed gestures • Direct body orientation • Straight posture • Body language consistent with the words being spoken • Restrain the victim only when necessary for safety

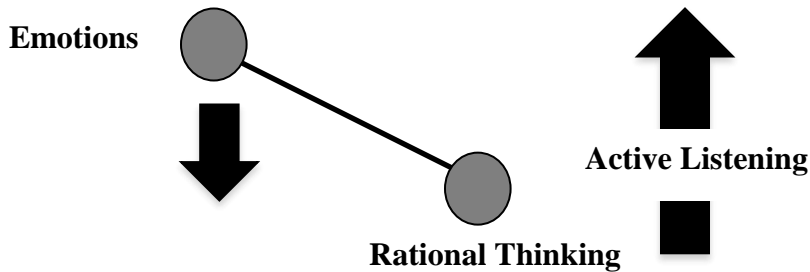
Crisis victims may experience an assault on their dignity, power, and security. The **loss of dignity** manifests itself as a sense of shame, embarrassment, humiliation, and possibly guilt; **loss of power** as a sense of confusion, helplessness, and indecisiveness; **loss of security** as a pervasive sense of anxiety. The police can play an important role in helping the victim regain their sense of control, personal wholeness, and belief that the world is safe. This helps the victim deal with the crisis event and helps them go forward in their lives. The police may not always be able to apprehend a perpetrator but a police officer’s ability to demonstrate empathy and offer help by giving referrals, for example, can assist the person in dealing with the event that occurred.

PART IX: CRISIS BEHAVIOR AND POLICE RESPONSE

The behavior of people experiencing a crisis can be identified through their verbal and nonverbal communication and their physical actions. Through your training, and eventually your experiences in handling these situations, you can provide assistance to the person. Your actions can acknowledge what the person has experienced reducing the degree to which a person’s actions are being dictated by their emotions, and returning them to a more rational thinking process. This is achieved by using active listening skills to demonstrate you understand the person, you are not rushing through the process, and you are there to help.



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ACTIONS OF A PERSON EXPERIENCING A CRISIS

Considering a crisis is unique to the individual, there is not a specific set of words or actions a person will display. Below are examples of what you might see displayed when a person is in a crisis and what you can do to provide assistance.

DECISION MAKING

A crisis victim's behavior may appear to shift indecisively back and forth as if they're asking, "What should I do?" Be patient. You can help the victim overcome their sense of helplessness by allowing them to make inconsequential decisions. At this point you may provide general procedural information; e.g., court procedures, compensation board information, court dates, etc.

ABSENCE OF CONFIDENCE

The victim may engage in behavior that demonstrates a lack of confidence. The victim is likely to have their "antennae up" and be looking for confirmation that they did something wrong. The victim may second-guess previous decisions and is sensitive to any display of blame. The nature of police fact-finding and report writing has a "blaming element," which can be hurtful. In an effort to gain control and initiate orderly behaviors, the officer may appear moralizing and critical. Avoid such behavior. Efforts should be made to de-emphasize blame. **Make clear what the victim did right rather than wrong**, such as calling for help.

RESTORING DIGNITY, POWER AND AUTHORITY

When you arrive at the victim's home, introduce yourself and ask permission to come inside. This empowers the victim by giving them the authority to say yes or no. Ask the victim if they are ready to talk about what happened. Such questions have



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restorative powers because they restore the victim's freedom of choice. Let the victim know that they are both physically and emotionally safe to tell you what happened. Reminding victims that they are safe helps restore a sense of security. Create a "safe haven" and interview victims in private.

Try to balance the victim's desire for support with their need to maintain distance. Don't use the victim's first name while talking to them: this shows inappropriate familiarity and positions you too close to the victim to be professionally objective. At the same time, you should not act disinterested in the victim's problem because this would position you too far away. Let the victim know that they have "permission" to say what they want, and make sure that you react in a way that makes them comfortable.

Recognize that "ventilation" (expression of strong emotions) brings relief to the victim, legitimizes their experience, and helps restore dignity. Do not constantly interrupt while the victim is telling their story.

Avoid using commands such as "Sit Down!", "I need to know what happened!" etc. Instead empower the victim by validating their experience. Statements like, "That must have been very upsetting," "This must be very painful for you to talk about," aid the victim's recovery.

If the victim's behavior does not support resolution, it may be useful to ask them to do things that will help redirect their behavior. For example, ask them to call relatives or friends.

ACTIVE LISTENING

Using active listening skills will help you communicate with the victim to display that you are interested in what they have to say. While interviewing a victim, utilize the techniques of active listening mentioned below. They will enhance communication and facilitate the victim's recovery.

Below are the active listening techniques (note: they do not have to be used any particular order):¹

Open-ended Questions: Asking open-ended questions solicits the person to speak longer and thus it can help diffuse the tension as well as provide you valuable information and insight into their perspective of the situation.

"What happened?" "Then what happened?" "Can you tell me more about...?"

¹ Adapted from Jeff Thompson. (2014). Active Listening: Using "PRIME SOS" To Recall The Critical Skills of Crisis & Hostage Negotiators.



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Emotion Labeling: It is important for the emotions of the person speaking to be acknowledged. Identifying the person's emotions validates what they are feeling instead of minimizing them. During an interaction, people can act with their emotions and not from a more cognitive perspective. By labeling and acknowledging their emotions, it helps restore the balance.

"You sound frustrated" "You're aggravated by this" "That made you upset"

Reflecting/Mirroring: When the person is finished speaking, reflecting and mirroring is a much shorter option compared to paraphrasing as it includes repeating the last few words the person said. If the person concluded by saying, "...and this really made me angry," you would say:

"It really made you angry."

Paraphrasing: This involves repeating what the person said in a much shorter format that is in your own words while also making sure to not minimize what the person has experienced. Be sure to include the emotion the person is experiencing as well.

"You lost your wallet and it's really upsetting because it had important things in it."

"You are annoyed because you feel like you didn't do anything wrong."

Minimal Encouragers: Verbal actions such as "mmm," "okay," and "I see," and nonverbal gestures like head nodding further establish the building of rapport with the person by you subtly inviting the person to continue speaking.

"mmm" "I see" "okay" "really" "yeah" "uh-huh"

Silence/Effective Pauses: Part of listening includes utilizing silence and pausing before taking your turn to speak. Also described as part of dynamic inactivity², silence allows the other person to continue speaking while combining it with pausing prior to speaking helps calm a situation. Silence is also effective by allowing the person to get the last word. Remember, calming the situation is critical as it helps move the person from acting out of their emotions to a mindset that is more rationally based.

Remember, the skills need to be used genuinely in order to let the person know you care about what has happened and you are there to help. Just going through the process can leave the person feeling confused and further upset thinking the police do not care. Keep in mind, even if you think there is not much that can be done for the

² Dynamic Inactivity is a term coined by NYPD HNT co-founder Dr. Harvey Schlossberg. It refers to a negotiation tactic where it seems no overt activity is occurring but in reality there is planned and calculated subtle actions and words being used to reduce the need for physical force to be used.



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victim, providing the victim an opportunity to talk, and letting them know they have been understood, can help the person on their path towards recovery.

To use these skills takes practice. Keep in mind, you will frequently respond to incidents where people are victims of crimes and you will need to communicate with them. Although it is not going to be a crisis situation for you, it can be for them. Your words and actions, when used professionally and with empathy, can have a positive impact on assisting a victim of crime. This is achieved by not rushing through the process but rather when you slow down, actively listening, and by acknowledging the story and emotions that the person experienced.

PART X: VICTIMS OF SEX CRIMES AND POLICE RESPONSE

THE FACTS ABOUT SEX CRIMES

It's important for police officers to understand that rape and sexual assault are crimes of power and domination rather than sexual gratification. Rape and sexual assault not only involve a violation of the most private regions of the victim's body, but also an assault on the victim's self, identity, and sense of safety in the world. The fact is that victims often sustain more psychological, than physical, damage.

The assault may or may not include overt violence or threats of violence and weapons may or may not be used; in either case, rape or sexual assault are experienced as life-threatening events. During the event, most victims view their rapists as potential murderers and fear for their life.

Sexual assaults are vastly underreported crimes. There are many reasons that sexual assaults are underreported and that victims hesitate to alert the police. They include embarrassment; reluctance to report a friend or family member; fear of reliving the trauma at the hands of police, doctors and lawyers; fear of social ostracism; fear of repercussions if the rapist is in a position of authority (a boss at work); fear that the rapist will return; fear of being discredited and fear of being blamed.

Cultural stereotypes and biases surrounding the issue of sexual assault reinforce victims' fears about calling the police. Such biases include the notion that some people aren't real victims or "deserve" to be raped because of their sexual history, lifestyle, dress code, or behavior prior to, or during, the crime (e.g., they went into a stranger's car or apartment, were intoxicated prior to being assaulted, dressed in revealing clothing or have no visible injuries that would have suggested they struggled).



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VICTIMS OF SEX CRIMES

Not so long ago, it was believed that married women were the sexual property of their husbands and could not be raped. This view was reinforced by a law stipulating a “marital exemption” for rape and sexual assault. This has since been found unconstitutional and the marital exemption for “Rape 1st Degree” (P.L. 130.35) and “Criminal Sexual Act 1st Degree” (P.L. 130.50) has been eliminated. A spouse who forcibly rapes or sexually assaults their spouse is therefore subject to prosecution.

Sexual assault affects women, children and men of all ages and racial and cultural backgrounds. Most victims of rape and sexual assault know their assailant. There is no *correct* way for a victim to react during a rape or sexual assault, nor any *right* way to handle an attacker. One woman may be paralyzed by fear and rendered mute and helpless by circumstances that would inspire another to fierce resistance. One rapist may run from a woman who resists, while another may kill the victim who resists. How an individual will respond to an attempted sexual assault is also unpredictable. This is because response involves the utilization of largely involuntary psychological mechanisms of survival.

You may encounter a rape victim who is mentally ill. The rape may lead to the onset of symptoms or the person could have been raped when they were already symptomatic. In either case, the officer should not assume that a person demonstrating symptoms of mental illness has not *really* been raped.

POLICE RESPONSE TO COMPLAINTS OF SEXUAL ASSAULT

You may encounter a rape victim who has been drugged. Certain drugs (Rohypnol and GHB) result in significant memory loss so the victim remembers little about the rape. Be alert for descriptions that indicate the possibility that the perpetrator has drugged then raped the victim. Statements like “I went home. The next thing I remember is waking up and my vagina hurt...” or, “I just saw a blur”; “I think something happened but I don’t remember,” may indicate that the victim has been drugged. It’s important that you tell the doctor handling the **Sexual Offense Evidence Collection Kit** that the victim may have been drugged so the doctor can promptly collect urine and blood using the **Drug Facilitated Sexual Assault Blood and Urine Specimen Collection Kit** to analyze for drugs.

A complainant may initially say they were assaulted. Do not assume the assault was sexual without investigating what happened. Look for cues which indicate disbelief (“I can’t believe this just happened”), the feeling of being degraded or contaminated (“I want to wash”) or what psychiatrists call a “spontaneous denial” – when the officer asks if the victim was sexually assaulted, they quickly and insistently negates the possibility (“Nothing like that happened!! I was just assaulted.”).



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Perpetrators of rape and sexual assault come from every race, class, ethnicity and occupational category. Statistics show that most rapes occur within the same ethnic, racial, and class group. White rapists tend to victimize whites, blacks to victimize blacks, college students to victimize other students, and so forth.

It is essential that police officers put aside biases and stereotypes when dealing with victims of sexual assault. Failure to do so is likely to negatively impact upon your ability to communicate with the victim, reducing your access to important information, impede the efforts of subsequent investigators, and compound the victim's psychological distress. Think of the rape victim as if she were your mother or daughter. That will help you overcome your biases, and facilitate empathy.

SEXUAL VIOLENCE AGAINST PEOPLE WITH DISABILITIES

A recent study found that individuals with disabilities were three times more likely to be raped or sexually assaulted than individuals without a disability. Individuals with multiple disabilities have a higher likelihood of experiencing sexual assault than those with a single disability type. The factors that increase the risk of physical and sexual abuse in individuals with disabilities include social isolation, lack of easy mobility and dependency (physical, emotional or financial).

Romantic partners, past and present, accounts for a great percentage of sexual assaults of women with disabilities. When an individual with disabilities is being abused by a primary support, such as a caregiver, nurse or spouse, leaving the relationship can mean losing support necessary for life functions. Abuse of individuals with disabilities is often not recognized by service providers. Many times, survivors fear coming forward because they do not feel they will be believed.

VICTIM RESPONSES TO RAPE

- *Sexual Activity:* The survivor may temporarily lose or become overly interested in sexual activity.
- *Social Withdrawal:* The survivor may terminate friendships and refuse to participate in social events.
- *Shock:* The survivor may be calm, collected and/or distant.
- *Disbelief:* Did this really happen to me?
- *Embarrassment:* Reluctance to notify family or friends for fear of how they will react.
- *Shame:* Feeling dirty, unclean.



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- *Sleep Disorders:* Sleeplessness, nightmares and/or flashbacks.
- *Guilt:* What did I do to cause this? If only I had...
- *Depression:* Feeling hopeless and/or extreme fatigue.
- *Loss of Control:* Feeling unable to control surroundings. Inability to make decisions.
- *Disorientation:* Inability to concentrate or to put things in perspective.
- *Denial:* Block out and deny the experience. Resist talking about the assault.
- *Fear:* Fear of being in a similar area to where the attack occurred. Fears for safety and reluctance to go out.
- *Anxiety:* Nervousness and physical symptoms such as muscle tension, sleep disturbances, nausea, and/or stomach problems.
- *Anger:* Anger toward anyone, including the rapist or those who haven't been supportive.
- *Self-blame:* The survivor may irrationally blame themselves for the attack.
- *Symptoms of Post-Traumatic Stress:* Flashbacks

PART XI: DEATH NOTIFICATIONS

These will be some of the most stressful jobs you will encounter as a police officer. In a study of homicide detectives, one senior officer reported that during his first death notification he became so nervous that he was literally unable to speak and was forced to ask his partner to deliver the message for him. Continual performance of death notifications do not appear to reduce the associated anxiety: *this is a very tough job, even for veteran officers.*

In an effort to contain an unpredictable and demanding situation, some police officers develop their own procedure for delivering death notifications. One officer regularly asked the family some general questions. This opening encouraged the family to anticipate being told that something terrible had happened. The officer then disclosed the news while his partner observed the family's reaction, in case a member should respond aggressively to the news.



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Developing a personal routine for the delivery of death notifications can be useful as long as it does not involve the type of defensive detachment that protects you, but not the survivors. For example, the “I don’t pull any punches,” approach which pits police against the next of kin, will greatly increase the emotional upset experienced by the deceased family and friends.

The importance of properly conducting death notifications cannot be overlooked. An officer’s ability to deal effectively with such situations can substantially assist survivors in resolving their loss. A poorly conducted notification or one that is performed in a seemingly callous or unsympathetic manner can intensify the personal suffering to the survivors.

DEATH NOTIFICATION PROCEDURE

1. Prior to making the notification, talk about your reactions to the death with your partner or other officer. This will enable you to better focus on the family when you arrive.
2. Before the notification, try to determine whether adult members of the immediate family are at home.
3. Present credentials and ask to come into the residence.
4. If possible, suggest that the next of kin or family members sit down. Then proceed with the notification in the most relaxed manner possible. Speak in a slow, calm manner, and proceed with the notification until completed.
5. Do not make a notification to children. Children should be out of the room when the notification is given. Parents or other adults previously known to the children should make such notifications.
6. Inform simply and directly with warmth and compassion.
7. The pace of your delivery will be dictated by the actions of the survivor. If permitted, it is best to deliver your message in a gradual but direct manner. For example, you may begin by saying, “Mr. Smith, your son has been in a bad accident this evening.” The survivor may query by asking, “Is he all right?” or insist on knowing straight off “Is he dead?” In both examples the officer should respond truthfully.
8. When making a notification, *do not use police jargon*. Do not use expressions like “expired,” “passed away,” “decapitated,” or “killed.” Such words detract from a competent and compassionate notification. Being too graphic at this stage can



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create an emotional overload for the survivor that will complicate an already difficult situation.

9. Continue to use the words “dead” or “died” throughout the conversation. Continue to use the victim’s name, not “body” or “the deceased.”
10. *Sample script:* “I’m afraid I have some very bad news for you.” Pause a moment to allow them to prepare. “(Name) has been involved in _____ and (s)he has died.” Pause again, “I am so sorry.” Adding your condolence is very important because it expresses feeling rather than facts, and the survivors to express their own.
11. Do not blame the victim in any way for what happened, even though they may have been fully or partially at fault.
12. Do not discount feelings, theirs or yours. Intense reactions are normal. Expect fight, flight or other forms of regression (behaviors characteristic of early periods of life). If people go into shock, have them lie down, elevate their feet, keep them warm, monitor breathing and pulse, and call for medical assistance.
13. Join the survivors in their grief without being overwhelmed by it. Do not use clichés. Helpful remarks are simple and direct; they validate, normalize, assure, empower, and express concern. Examples: “I am so sorry.” “It’s harder than people think.” “Most people who have gone through this react similarly to what you are experiencing.” “If I were in your situation, I’d feel very _____, too.”
14. Answer all questions honestly (requires knowing the facts before you go). Do not give more detail than is asked for, but be honest in your answers.
15. Depending on the situation you can offer to make calls to clergy, relatives, and employer. Provide survivors with a list of the calls you make, as they will have difficulty remembering what you have told them.
16. When a child is killed and one parent is at home, notify that parent, then offer to take them to notify the other parent.
17. As the person making the notification, it is your responsibility to evaluate the physical and emotional condition of the survivor(s) and their overall environment. Do not leave survivors alone. Arrange for someone to come and wait until they arrive before leaving.
18. Let the survivor(s) know you care. If there is anything positive to say about the last moments, share them now.



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19. Be sure you know how to procure immediate medical or mental health care should family members experience a crisis reaction that is beyond your response capability.
20. It is important to note that if the deceased is a victim of homicide, the death notification will be made by the assigned detective investigating the case.

PART XII: CRIME VICTIM'S RESOURCES

CRIME VICTIM'S COMPENSATION PROGRAM

Crime victims are entitled to compensation by the State Crime Victim's Compensation Program. The New York State Office of Victim Services (OVS) may grant a monetary award for a wide variety of circumstances. Awards are granted for medical expenses, lost earnings, burial expenses, counseling services, cost of repair or replacement of essential personal property, relocation expenses for victim and family, transportation expenses for court appearances related to the crime and if the victim dies as a result of the crime in a shared residence, the surviving family member who resides with the victim may apply for an award for crime scene clean-up. Inform them that applications are available at any precinct station house or on the OVS website.

A member of the service who receives a report of a crime involving personal physical injury to an innocent crime victim will comply with the following procedures regarding the Crime Victim's Compensation Program:

- Notify the victim, or a dependent or a surviving relative of the State Crime Victim's Compensation Program;
- Provide the victim or relative with the brochure application;
- Indicate this notification under the "Details" section of the Complaint Report Worksheet;
- The New York State Office of Victim Services is authorized by Article 22 of the New York State Executive Law, and has an office at 55 Hanson Place Room 1000, Brooklyn, NY. The telephone number is 1-800-247-8035. <http://www.ovs.ny.gov>

WHO MAY BE ELIGIBLE FOR COMPENSATION?

- An innocent victim of a crime.
- Victims of crime who were physically injured as a result of the crime.



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- Victims of crime who are under 18, 60 and over, or disabled, who were not physically injured.
- The surviving spouse, child, parent, brother, sister, stepbrother, stepsister, stepparent or person primarily dependent on the victim for support.
- Those who paid for or incurred burial costs for an innocent crime victim.
- Certain stalking victims.
- Certain victims of unlawful imprisonment or kidnapping.
- Certain victims of labor trafficking or sex trafficking.
- Victims of terrorist acts outside of the U.S. who are a resident of New York State.
- Victims of frivolous lawsuits brought by a person who committed a crime against the victim.

WHAT IS THE DEADLINE FOR FILING?

Claims must be filed within one (1) year after occurrence or death. This time may be extended for good cause for a period not exceeding one year.

WHAT TESTS WILL THE OFFICE OF VICTIM SERVICES APPLY?

Police records must show that a crime was committed and such crime was promptly reported. Awards will not be made if police records show that such report was made more than seven (7) days after the crime, unless the Office of Victim Services determines that the delay in reporting the crime was unavoidable.

SAFE HORIZON

Safe Horizon is a not-for-profit corporation established by the Mayor in July 1978, to reduce the trauma, cost and inconvenience associated with being a crime victim in New York City. By building on existing services in the community (law enforcement and social service agencies), Safe Horizon's goal is to offer a comprehensive array of services to all types of crime victims throughout the city. The agency seeks to strengthen and expand services now provided to victim groups with particular problems, such as battered women, senior citizens, families of homicide victims, victims from out-of-town and rape victims.

The Safe Horizon Hotline provides crisis counseling, services (such as relocation and transportation), information and referrals for crime victims 24 hours a day. Project SAFE, a home security program for victims of crime, provides emergency burglary repair, lock installation and lock exchange.

Safe Horizon has also developed neighborhood-based programs to provide services to victims in their own communities whether or not an arrest has been made.



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Neighborhood offices are open on the Upper West Side, Bedford-Stuyvesant, Kingsbridge, Washington Heights/Inwood, Jamaica and in the Claremont Village Housing Development in the Bronx. Working with NYPD, Safe Horizon offers counseling, assistance in obtaining emergency food, shelter, money and other emergency services; assistance in replacing stolen documents, information and referral to appropriate community agencies, and assistance to merchants who have been victimized or who are potential victims.

Safe Horizon operates a program for families of homicide victims in Brooklyn. Families are contacted and offered counseling, assistance with funeral arrangements and help in applying for financial aid.

A Visitors' Assistance Center has been developed to facilitate the cancellation and replacement of stolen credit cards, travelers' checks and airline tickets for victims from out-of-town. The Project also offers interpreter services, when possible, and provides counseling to traumatized victims.

Safe Horizon operates court-based services in Criminal Courts in Brooklyn, the Bronx, Queens, and Staten Island and in Family Courts in the Bronx, Brooklyn and Manhattan. Court projects offer counseling and other services (in English and in Spanish). Staff counselors explain the court process, answer questions about the criminal justice system, and attempt to alleviate fears victims may experience. Among the court-based services are: transportation; a reception center which provides a secure, quiet room for victims and witnesses awaiting court appearances; counseling and referral to social service agencies; a children's center which provides day care for child victims and children of victims and witnesses; assistance in getting recovered stolen property returned; restitution for crime victims and alternatives to adjudication through mediation at a dispute settlement center.

LIFENET

LifeNet is a treatment referral program for individuals or families in need of counseling assistance or intervention which falls outside the purview of this Department. If you encounter such individuals or families, you are directed to give them a **LifeNet Information Card (misc. 4203)** which contains the program's telephone numbers: (1-800-LIFENET or 1-877 AYUDESE [Spanish line]). The card can also be given to anyone who is distressed by how mental illness or substance abuse is affecting their family or household.

LifeNet personnel are accessible 24 hours a day, 7 days a week, and 365 days a year. LifeNet is not intended as an alternative means by which to handle mentally or emotionally distressed persons who may pose a danger to themselves or others.



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The anonymous, toll-free hotlines are staffed by mental health professionals who are trained to listen to callers' problems, assess the nature and severity of their concerns, and connect them to appropriate services in communities throughout the city.

LifeNet should be contacted when you encounter an individual who doesn't require any additional police involvement, is not a danger to themselves or others and who might benefit from speaking to a LifeNet counselor to discuss their options for counseling and/or treatment. Examples of persons who may benefit from receiving a LifeNet card include:

- Non-dangerous people who suffer from mental illness
- Family members of people with mental illness who are non-compliant with their medication/treatment
- Depressed or anxious people
- Confused/lonely elders
- Traumatized persons
- Substance abusers
- Chronic callers
- Crime victims
- Persons with eating disorders
- Persons experiencing bullying or dating problems

NOTE: LifeNet is not to be used as an alternative to police action. LifeNet referrals are intended to enhance the options available to police officers when called upon to handle non-crime conditions, or to supplement the appropriate police action an officer is obligated to take.

POTENTIAL BENEFITS OF A LIFE NET REFERRAL INCLUDE:

- **Reduced liability** – Referrals may decrease the likelihood that the situation will escalate, necessitating the NYPD return to a dangerous encounter. This will reduce potential harm to officers as well as the client. If an officer is able to help someone connect to the treatment they need, it is less likely the officer will need to return to the same household, where the person/situation may be more dangerous.
- **Good for public relations** - This referral will help the public view the NYPD as a helpful community service, especially considering that many E.D.P. calls result in the officer being unable to legally take any action. A person displaying signs of mental illness may in fact need some assistance, but unless acting in a manner likely to result in serious injury to themselves or others, the officer cannot legally take them into custody and transport them to a hospital against their will. Instead of telling a family member, "There is



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nothing I can legally do for you,” a LifeNet referral card allows an officer to provide assistance to somebody in need. It is of paramount importance that officers take this service seriously and understand that offering information, such as the LifeNet Hotline number, is one of the ways the NYPD can build community relations.

- **Time Savings** – Helps reduce repeat visits to a person who is non-dangerous but clearly in need of psychiatric help.
- **A one stop, 24 hour phone number** – One number to call for mental health and substance abuse services in every neighborhood saves an officer time. Officers may recognize when a person suffers from a mental health or substance abuse problem, but may not know what kind of services the person would benefit from. LifeNet can assess the person’s problem and connect them to the services that best suit their needs.

If you feel strongly that a person may benefit from some type of counseling and the individual is unable or unwilling to contact LifeNet, you can call directly and forward the pertinent information to a counselor. The counselor will review the information and will make the appropriate referrals.

The LifeNet card is intended to assist and provide relief in a difficult situation that has been determined to be of no imminent risk to self or others. Moreover, appropriate use of a LifeNet card can save you time by relieving you from returning to the scene later, perhaps when it has escalated to the point of presenting risk or harm to others in the community.

For more info: <http://www1.nyc.gov/nyc-resources/service/1976/lifenet-counseling-referral>

CONCLUSION

Your obligation to respond to the needs of crisis victims cannot be overlooked. Police officers are viewed as the defenders of a civilized society and the manner in which we react to persons who request our assistance has far reaching effects on every facet of the victim’s recovery, our investigation, and trust between the Department and the community. Thus, you must make every effort to perform your duties professionally, thoroughly, and with compassion and respect for the people of New York City.