

POLICE WORK ON DOMESTIC VIOLENCE: IMPACTS ON THE POLICE OFFICERS

*O TRABALHO POLICIAL NA VIOLÊNCIA DOMÉSTICA:
IMPACTOS NOS POLÍCIAS*

*LABOR POLICIAL EN MATERIA DE VIOLENCIA
DOMÉSTICA: REPERCUSIONES EN LOS AGENTES DE
POLICÍA*

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ABSTRACT

In Portugal, domestic violence (DV) is currently one of the main types of criminality recorded by the police forces and it is not a recent phenomenon. According to the Annual Internal Security Report 2021, there was a total of 26,520 reports of DV in 2021. All protection services and professionals to victims of this type of crime (and others), in which police officers are included, are characterised by the systematic exposure to traumatic situations. The manifest or latent violence they usually face may result in problems at the level of physical and psychological health of police officers, making them potential secondary victims. These consequences were studied in a qualitative research of exploratory nature. We present the results of the content analysis of 14 semi-structured interviews conducted with police officers of the Portuguese Public Security Police who systematically work with victims of DV.

KEYWORDS: domestic violence; police officers; secondary victimisation; traumatic situations.

RESUMO

Em Portugal, a violência doméstica (VD) é, atualmente, dos principais tipos de criminalidade registada pelas forças policiais, não sendo um fenómeno recente. De acordo com o Relatório Anual de Segurança Interna 2021, registou-se um total de 26.520 participações de VD em 2021. Todos os serviços e profissionais de proteção a vítimas deste tipo de crime (e doutros), nos quais se inserem os polícias, são caracterizados pela exposição sistemática a situações traumáticas. A violência manifesta ou latente que habitualmente enfrentam pode resultar em problemas ao nível da saúde física e psicológica dos polícias, tornando-os potenciais vítimas secundárias. Estas consequências foram estudadas numa pesquisa qualitativa de carácter exploratório. Apresenta-se os resultados da análise de conteúdo de 14 entrevistas semiestruturadas, conduzidas de forma semidiretiva junto de polícias da Polícia de Segurança Pública portuguesa que sistematicamente trabalham com vítimas de VD.

PALAVRAS-CHAVE: violência doméstica; polícias; vitimização secundária; situações traumáticas.

RESUMEN

En Portugal, la violencia doméstica (VD) es actualmente uno de los principales tipos de criminalidad registrados por las fuerzas policiales y no es un fenómeno reciente. Según el Informe Anual de Seguridad Interior 2021, hubo un total de 26.520 denuncias de VD en 2021. Todos los servicios y profesionales de protección a las víctimas de este tipo

de delitos (y otros), en los que se incluyen los policías, se caracterizan por la exposición sistemática a situaciones traumáticas. La violencia manifiesta o latente a la que suelen enfrentarse puede acarrear problemas a nivel de salud física y psicológica de los policías, convirtiéndolos en potenciales víctimas secundarias. Estas consecuencias se estudiaron en una investigación cualitativa de carácter exploratorio. Presentamos los resultados del análisis de contenido de 14 entrevistas semiestructuradas realizadas a policías de la Policía de Seguridad Pública portuguesa que trabajan sistemáticamente con víctimas de VD.

PALABRAS CLAVE: violencia doméstica; policía; victimización secundaria; situaciones traumáticas.

INTRODUCTION

The origins of domestic violence (DV) are lost in time and the phenomenon knows no borders. In contemporary societies, despite growing levels of literacy and contact with information on equality and equity issues, even among the youngest populations there is a (at least apparent) growing tolerance towards aggression of all kinds.

In Portugal, in 2020, domestic violence, through the Criminal Policy Law (Law no. 55/2020, of 27 August, in compliance with Law no. 17/2006, of 23 May, which approves the Framework Law on Criminal Policy), was considered a criminal phenomenon of priority prevention for the biennium 2020-2022. Thus, the law enforcement agencies should develop proximity policing and special programmes aimed at preventing crime and its recidivism, without ever neglecting the protection of elderly people, children and other especially vulnerable victims in the scope of domestic violence (article 9, no. 1 of Law no. 55/2020, of 27 August). According to the Annual Report of Internal Security 2021, there was a total of 26,520 reports of DV, corresponding to a decrease of 1,117 reports compared to 2020, possibly due to the Covid-19 pandemic.

As the first line of response to situations of domestic violence, the police officers of the Portuguese Public Security Police (PSP) play a vital role not only in preventing, but also in assisting and accompanying the victims (CORCORAN; STEPHENSON; PERRYMAN; ALLEN, 2001). They are systematically confronted with violent situations, especially because they often involve the so-

called indirect victims, such as children and the elderly. On the other hand, some domestic scenes configure a history of an abusive relational dynamic that can lead to violence between partners and to homicide (MATIAS; GONÇALVES; SOEIRO; MATOS, 2020) (SPENCER; STITH, 2020). These situations cause disbelief, shake the foundations of anyone, and generate distrust... even in the most prepared ones, as the police officers are supposed to be.

Either directly confronted with the occurrences or attending and following-up the victims, the police officers are repeatedly involved in very demanding situations. The responsibility of accompanying and protecting the victim (be it an adult, a child or an elderly person) from all the surrounding violence and the fact that the police officer himself may be subject to confrontations with the aggressor, configures a set of stress-inducing factors that may jeopardise police performance. In a study using the Spielberger Police Stress Scale (SPIELBERGER; WESTBERRY; GRIER; GREENFIELD, 1981), Violanti, Fekedulgen, Hartley, Charles, Andrew, Ma and Burchfiel (2016) found that responding to family disputes constitutes the most frequent stressor for police officers, and that the most stressful occurrences relate to shootings, robberies, domestic violence, and child abuse. The systematic exposure to these situations leads to increased stress levels, since police action is influenced, even today, by “doubts about their legitimacy to interfere in couples’ relationships, as well as by the notion of dangerousness, due to unpredictability, chaos and high emotional tension” (MARTINELLI, 2019, p.46).

In any case, “In addition to chronic job stress, police officers are also exposed to traumatic work events. Such events may involve shootings (by oneself or other officers), riots, hostage situations, and other threatened or actual violence” (VIOLANTI, 2015, p. 48). The impacts of the exposure to these critical situations may translate into negative consequences at the individual level, manifesting themselves at the physical, psychological or behavioural level, and also at the organisational level (PASSEIRA, 2011), which leads to the classification of the police profession as a fast-wearing profession, with consequences at the psychological and physical levels. van der Velden, Rademaker, Vermetten, Portengen, Yzermans and Grievink (2013) explain that the police are a high-risk profession due to the possibility

of developing mental health disorders as a result of exposure to traumatic situations.

All professionals acting in the first line of response to serious, violent, and/or catastrophic occurrences, such as police officers, firefighters, health and emergency services professionals, share the characteristic of being frequently exposed to traumatic situations (FRAESS-PHILLIPS; WAGNER; HARRIS, 2017) (PATON; VIOLANTI, 2006), and potentially develop moral injury (LENTZ; SMITH-MACDONALD; MALLOY; CARLETON; BRÉMAULT-PHILLIPS, 2021). In particular, police officers are expected to be heroes or super men and women, bringing to an end the violence that was at the basis of their call. Police officers themselves tend to neglect the risk and the impact of the acute stress involved in certain situations, because they consider that “it is part of the profession” and that it is their “duty” to overcome it all. In addition, research shows that police officers tend to be reluctant to seek professional mental health help (COPENHAVER; TEWKSBURY, 2018) (LANE; LE; MARTIN; BICKLE; CAMPBELL; RICCIARDELLI, 2022) (PRICE, 2017) (WHITE; SHRADER; CHAMBERLAIN, 2016). However,

“If law enforcement officers believe the symptoms, they experience are a standard part of their job and do not warrant seeking help, the responsibility lies with the department to teach their officers about the mental health struggles particular to the profession” (DOCKSTADER, 2019, p. 6).

Therefore, issues such as physical and psychological impacts, vulnerability and psychological fragility arising from the function should not be distant from discussions about police activity and the conditions of its performance.

“Policing is a psychologically stressful work environment filled with danger, high demands, ambiguity in work encounters, and exposure to human misery and death” (VIOLANTI, 2006, p. 17), also because it deals with violence against children and has to make decisions of great responsibility (VIOLANTI; CHARLES; MCCANLIES; HARTLEY; BAUGHMAN; ANDREW; FEKEDULEGN; MA;

MNATSAKANOVA; BURCHFIEL, 2017), and also because of the fatigue generated by the constant confrontation with the high expectations of citizens, and scrutiny both internal to the organisation (peers, leadership) and external (media, courts and the general public through citizen journalism) to which they are subjected. White e Honig (1995) mention the existence of stressors in the organisation itself (e.g. training, lack of supervision, workload, difficulty in obtaining promotions, recognition and remuneration, parenting issues) and also external stressors such as the judicial system and the constant media scrutiny. These characteristics thus constitute risk factors for increased stress, psychological and muscular problems, and cardiovascular diseases (e.g. VIOLANTI, 2006, 2014, 2015).

Gonçalves (2011) summarised and categorised the sources of stress arising from police work, referring, for example, to the duration of stress (chronic or acute), the level of control over the sources of stress (controllable and uncontrollable) and the source of stress (work context or work content). In particular, she mentioned that “physical danger and frontline work, such as arresting violent people, dealing with victims of violence, reporting the death of a relative” (GONÇALVES, 2011, p. 119) are sources of stress for police officers.

Research points out that stressors in this profession can be divided between those resulting from the “content of work” (operational) and those resulting from the “context of work” (organisational) (COLLINS; GIBBS, 2003; SHANE, 2010; VIOLANTI; CHARLES; MCCANLIES; HARTLEY; BAUGHMAN; ANDREW; FEKEDULEGN; MA; MNATSAKANOVA; BURCHFIEL, 2017): the former include working hours, shifts, court appearances, traumatic events and threats to physical, psychological and emotional integrity; the latter include organisational characteristics and workers’ behaviour, for example bureaucratic problems, poor quality leadership (inconsistent or autocratic) and relations between police officers. It should be noted that the impact of organisational stressors on police performance is greater when compared to the impact of operational stressors (SHANE, 2010; VIOLANTI; FEKEDULGEN; HARTLEY; CHARLES; ANDREW; MA; BURCHFIEL., 2016). In fact,

“Organizational stressors are the niggling aspects of the work environment that pervade police organizations because of the structural arrangements and social life inside the organization. (...) The findings of this research are consistent with some of the theoretical principles of interactive theory that suggests humans and their environment interact to create stress. This provides a platform for internal policy reform and managerial change about how police leaders organize their agencies and treat their employees” (SHANE, 2010, p. 815).

Despite the changes that have been made to the way police officers are trained and educated to deal with different occurrences, every officer has his/her own way of reacting, “every officer has his/her breaking point” (MILLER, 2015, p. 203), which makes it difficult to design a standard response to minimize the consequences of stress for all police officers. The particular characteristics of each individual, the gender, age, length of service (experience in the function), quality of private life, among others, are variables that may make a difference in the impact of stressful elements (e.g., MILLER, 2015, 2020; THOMAS, 2011).

Meanwhile, “While disasters of great magnitude are unlikely to happen often (...), most emergency responders are nevertheless exposed to many gruesome and dramatic events” (REGEHR; BOBER, 2005, p. 13). Moreover, police officers may have vast experience of acting in traumatic situations – or critical incidents, in the case of police officers (KITAEFF, 2019) – managing to resolve each occurrence per se, but the accumulation of cases over time begins to weigh, until one event, even a minor one, can be “the final straw” (REGEHR; BOBER, 2005, p. 22) and have an overwhelming, lasting, unbalancing impact on physical and/or psychological health.

For Thomas (2011) critical incidents are divided between those that appear to be routine and those that have a strong impact on the lives of professionals:

“The routine cases would be an accident where the victims have died, a homicide, domestic violence, robbery, and/or rape. The unusual, or those that should be classified as serious, are officer involve shootings, the loss of a fellow officer in the line of duty, the rape and murder of a child,

and observing a suicide” (p. 27).

A critical incident or traumatic situation is any situation that triggers intense emotional or physical reactions, and soon after or later in life can compromise the ability to work or even to manage everyday tasks (e.g. KITAEFF, 2019; THOMAS, 2011). Digliani (2012) defined critical incidents as

“often sudden and unexpected, disrupt ideas of control and how the world works (core beliefs), feel emotionally and psychologically overwhelming, can strip psychological defenses, [and] frequently involve perceptions of death, threat to life, or involve bodily injury” (p. 4).

All these situations lead to what is called secondary traumatic stress, which “refers to the stress of witnessing or helping with the aftermath of traumatic events, such as medical emergencies or investigating domestic violence. These are stressors that produce symptoms similar to primary stressors” (DANIEL; TREECE, 2022, p. 133).

Due to the characteristics of DV cases, often involving children and the elderly, deaths, and direct threat to the physical integrity of the police officer himself, we consider police intervention in domestic violence and therefore exposure to domestic violence as a critical incident.

Although one might think that the police officers, due to their education and training, can distance themselves from the situations experienced in their daily work, the consequences of dealing with these occurrences end up being reflected in themselves, in their professional performance and also in all their family and social surroundings. So, at least, it should be considered if providing “mental and emotional health training at the beginning and throughout said law enforcement professional’s career” (DOCKSTADER, 2019, p. 4) could benefit police professionals.

The problem increases when the feeling of helplessness becomes conscious, implying a sense of loss of control over situations and of increasing worthlessness, which can ultimately lead to suicide (e.g. HEYMAN; DILL; DOUGLAS, 2018). Therefore, what defines a traumatic event / critical incident is primarily the impact it has on

the individual (and everyone has their own breaking point...). The way each person copes with these situations is unique and depends on: age; personality; life history; job experience; education and training; support and coping mechanisms; cognitive style; and, the quality of their private life (MILLER, 2020; THOMAS, 2011). In any case, after an event, individuals often struggle to regain a sense of normalcy and safety, and professional help is sometimes needed to help people cope (SPEARS, 2021).

This change in the perception of how each police officer can, or cannot, deal with the occurrences of domestic violence, whether real or imagined, induces stress and leads to the transformation of police officers themselves into “unwitting victims of the situations they should help manage (...) [accentuating the] grammar of powerlessness [that] is part of the pattern of police responses to DV” (DURÃO, 2013, p. 893).

The problem arises when time passes without police officers resolving the situation, which leads to the emergence of a “variety of maladaptive response patterns” (MILLER, 2015, p. 205).

“The officer all too often feels that the department does not fully support him and that there is nowhere else to vent his distress. So he bottles up his feelings, acts snappish with coworkers, superiors, civilians, (p. 203) and family members, and becomes hypersensitive to small annoyances on and off the job. As his isolation and feelings of alienation grow, his health and home life begin to deteriorate, work becomes a burden, and he may ultimately feel he is losing his mind, or going «squirrely»” (MILLER, 2015, pp. 203-204; see also MILLER, 2020).

Meanwhile, the pattern of biological, psychological behaviours and social responses demonstrated by individuals who are directly or indirectly exposed to these situations could be (The National Institute for Occupational Safety and Health, NIOSH; <https://www.cdc.gov/niosh/topics/traumaticincident/default.html>; YOUNG; FORD; RUZEK; FRIEDMAN; GUSMAN, 2001): emotional reactions; cognitive reactions; physical reactions; and, behavioural reactions. Hesketh and Tehrani (2018) also studied the pathologies associated with police work, namely: anxiety; depression; burnout; compassion

fatigue; primary trauma; and, secondary trauma.

In addition to the police officer, their family can also suffer devastating consequences, namely: interpersonal relationship problems; divorce; domestic violence; alcohol, drug and tobacco abuse; serious health problems; and, suicide and suicide attempts (e.g., ALEXANDER; WALKER, 1996) (COMRIE; ELKINS, 2020) (FINN; TALLUCI; WOOD, 2000) (HACKETT; VIOLANTI, 2003) (VIOLANTI, 2014) (WATERS; USSERY, 2007).

It is necessary to distinguish between cases in which people only experience symptoms over a short period of time and those in which symptoms build up, increase and/or diversify and ultimately interfere with the management of daily life.

The usual response to a traumatic situation is the acute stress reaction that arises between the first eight hours and the following 48 hours and is, in general, resolved with the effective activation of defensive and coping strategies. The acute stress disorder lasts between two days and four weeks; but when there is no resolution, we are talking about a severe form of stress that can last up to three months (or more in some cases), called post-traumatic stress disorder (PTSD). A delayed post-traumatic stress disorder (in which most symptoms appear up to six months after the traumatic situation) is also considered (e.g., AMERICAN PSYCHIATRIC ASSOCIATION [APA] 2013) (DANIELI; BROM; SILLS, 2005) (YOUNG; FORD; RUZEK; FRIEDMAN; GUSMAN, 2001; Violanti, 2015).

It is not possible to be certain about the development of PTSD in each individual (DOCKSTADER, 2019), or any other psychopathological disorder. Some researchers assume that the accumulated stress and trauma over time constitute a “police complex spiral trauma” (PAPAZOGLU 2013), and that the repeated exposure to critical /traumatic incidents lead to a “cumulative career traumatic stress” resulting in developing diverse PTSD symptoms (MARSHALL, 2006).

A “PTSD is a significant mental health issue and can be debilitating” (VIOLANTI, 2015, p. 47) and can reflect on police

performance. According with the Diagnostic and statistical manual of mental disorders (DSM-5), PTSD involves several criteria; (1) exposure to or witnessing a traumatic event; (2) presence of distressing memories of the event, dissociative reactions, dreams, or marked physiological reactions; (3) avoidance of stimuli associated with a traumatic event; (4) negative alterations in cognition; and (5) alterations in arousal and reactivity. A diagnosis is made if these disturbances last for more than one month” (VIOLANTI, 2015, p. 47).

“PTSD can thus lead to increased danger and poorer decision-making in critical police incident” (VIOLANTI, 2015, p. 57). Also, “law enforcement officers may be at increased risk for future CVD [cardio vascular disease] morbidity and mortality” (VIOLANTI, 2015, p. 49; see also VIOLANTI, 2014).

In an attempt to avoid absorbing the impacts of the situations to which they are exposed, the police officers tend to adopt their own coping/defence mechanisms, known as coping strategies. Coping is defined as cognitive and behavioural actions adopted by the individual which allow for stress management (LAZARUS; FOLKMAN, 1984). The Threat Assessment and Management Theory (LAZARUS; FOLKMAN, 1984) suggests that individuals exposed to stressors may use a set of healthy and unhealthy defence mechanisms. The former may help the person feel better immediately and have lasting benefits for health and well-being, involving exercise, rest, adoption of healthy eating habits, family and social support through workplace partners and religious support; while the latter, which may even help the person feel better immediately but increase the risk of developing health problems, may translate into increased alcohol and tobacco consumption, adoption of poor eating habits and caffeine abuse (CAN; HENDY, 2014).

The growing attention to these and other problems derived from the exposure of police officers to this type of events led to the creation of crisis intervention programmes already in the 1980s, such as the Critical Incident Stress Management (CISM) (MITCHELL, 1991) (MITCHELL; EVERLY, 2000), to mitigate the psychological stress of emergency and security services’ professionals so that they could restore their normal duties after a critical incident.

Research reports paradoxical results regarding the effectiveness of CISD (CARLIER; VOERMAN; GERSONS, 2000) (MCNALLY; BRYANT; EHLERS, 2003), suggesting that it may produce negative consequences for some people. Some consider the exposure of thoughts and feelings in front of co-workers (peers) a way of “ ‘pathologising’ or ‘medicalising’ normal responses to trauma” (COLLINS, 2019). On the other hand, it remains to be seen whether a structured and standardised intervention, mandatory in some cases (with the inherent ethical issues that arise), may bring benefits to those who, due to their own personality characteristics or because they already have professional help outside the organisation, have an effective capacity to manage and digest this type of occurrences. Some practitioners and researchers advocate the use of psychological first aid and psychoeducation, that is, teaching about the possible psychological symptoms that may be experienced after a traumatic event and the ‘normality’ of the occurrence of such symptoms in the face of situations that run away from it (COLLINS, 2019) (MCNALLY; BRYANT; EHLERS, 2003).

So, the added value of intervention with professionals who are in the first line of response to traumatic situations or critical incidents seems undoubted (e.g. DOCKSTADER, 2019), confirmed by the growing demand for psychological support services and helplines, as has been seen in these recent pandemic times. “Ideally, early intervention would prevent serious performance impairment” (PRICE, 2017, p. 120).

The prolonged and repeated exposure to situations of domestic violence, with scenarios of extreme violence, often involving children and the elderly, and confrontation with the aggressors, may contribute to highlighting a perception of threat to life and physical integrity which may not derive from a real threat, leading to an increased use of force to the detriment of coping mechanisms. The ability to adequately manage these situations may thus be influenced by an impossibility to digest traumatic situations, which will lead to some distortion of the perception of reality, with the consequent impairment of the quality of the service provided to citizens.

“The challenge lies in establishing that police officers are, like all human beings, affected by trauma without implying they are unable to do their jobs” (DOCKSTADER, 2019, p. 4). Police managers, experts, and psychologists working close with police officers have also to recognise that the repeated experiencing of critical incidents do not inevitably lead to pathological conditions that absolutely compromise officers’ lives. Rather, it must be acknowledged the silent and insidious presence of apparently insignificant symptoms that slowly erode individual well-being. Thus, it is not important to identify and diagnose in order to label and/or medicalise, but instead to ensure that they are listened to and welcomed in their difficulties. So, given that “Very little of the focus has been on prolonged exposure to traumatic events and the subsequent self-identification of negative impacts of individual mental health” (DANIEL; TREECE, 2022,, p. 133), the aim of this study was to give a voice to police officers by giving them time to speak about the impact that systematic exposure to situations of domestic violence has on their lives. It was to this research problem that an answer was sought.

METHOD

This study is of a qualitative nature, having approached the most personal perspectives of the professionals who deal directly with cases of domestic violence. It was carried out in accordance with the ethics guidelines of the Portuguese Board of Psychologists, and the Declaration of Helsinki (Ethical Principles for Medical Research Involving Human Subjects, of the World Medical Association).

PARTICIPANTS

Participants were pre-selected considering that they work in structures exclusively dedicated to supporting victims of domestic violence, specifically in the three spaces of the Integrated Response to Victim Support (RIAV) of the Portuguese PSP at national level: Casa da Maria, Espaço Júlia, in Lisbon; and, Gabinete de Atendimento e Informação à Vítima (Victims’ Support and Information Cabinet), in Porto. Of the 20 police officers contacted, 14 responded favourably to the invitation to participate in the study by agreeing to the interview request. Twelve are

male and two are female, with an age range between 30 and 50 years, and an average length of service of 4.4 years. They participated voluntarily in the study and signed an informed consent form.

CORPUS

The 14 interviews were audiotaped and transcribed verbatim to ensure accuracy of data. This documental corpus was submitted to analysis.

INSTRUMENTS

For data collection, an interview guide was used. Interviews (FONTANA; FREY, 1994) (GHIGLIONE; MATALON, 1993) were semi-structured, so interviewees were able to present their speeches freely.

The documental corpus was submitted for content analysis (BARDIN, 1977) (GHIGLIONE; MATALON, 1993) (KRIPPENDORFF, 1980) (WEBER, 1985). The analytical procedure was a mixed one, as it involved pre-established categories and new emergent ones derived from the interviews. To ensure the quality of the data analysis and the validity of the inferences made, all the analytic procedure followed rules of reliability and validity. So, intra and interobserver (or encoder) reliability, as well as the exhaustiveness and the mutual exclusiveness of the categories were guaranteed.

PROCEDURE

After identifying the spaces of the Integrated Response to Victim Support and obtaining the necessary authorisations, contacts were initiated by email, taking into account the current pandemic situation. The invitation to the participation of each police officer (20 in total) was sent individually to maintain the anonymous character of the participation. Each police officer who accepted to participate in the study (14 positive answers) was given an informed consent form that was explained to him or her prior to the interview. The form

specifically referred: 1) the objectives of the study; 2) the voluntariness of the participation; 3) an interview would be given; 4) the interview was audiotaped; and 5) even if the decision made was to participate, he or she could withdraw from the study at any time without suffering penalties, or negative or adverse career consequences.

Also because of the pandemic situation, all interviews were conducted using Zoom Meetings platform. As the interviews were conducted, data was transcribed, coded and the original voice recordings were destroyed to ensure confidentiality. Data was then saved in aggregate form so that no one could be individually identified.

The interview guide was designed to collect information to answer the main research question: what is the impact of domestic violence on the police officer who work with it? Other questions were asked as the interviews progressed, such as: Considering your experience, what psychological symptoms does the police officer experience as a result of systematic exposure to situations of DV that are considered violent? What are the essential defence mechanisms for those who periodically contact victims in the process of post-victimisation follow-up? What are the challenges in your work related to domestic violence? (for example: when it involves children; “taking the work home”; when there is confrontation with the perpetrator).

The 14 interviews were transcribed verbatim and the analytical procedure began with the definition of categories as follows: causes/ origin of impacts (category A), studied by Gonçalves (2011), psychological consequences (category B), based on the study by Hesketh; Tehrani (2018) and Young; Ford; Ruzek; Friedman; Gusman (2001); physical consequences (category C), according to Young; Ford; Ruzek; Friedman; Gusman (2001); behavioural consequences (category D), according to Young; Ford; Ruzek; Friedman; Gusman (2001); defence strategies (category E), taking into account the study by Can; Hendy (2014). These five categories were established according to the literature studied.

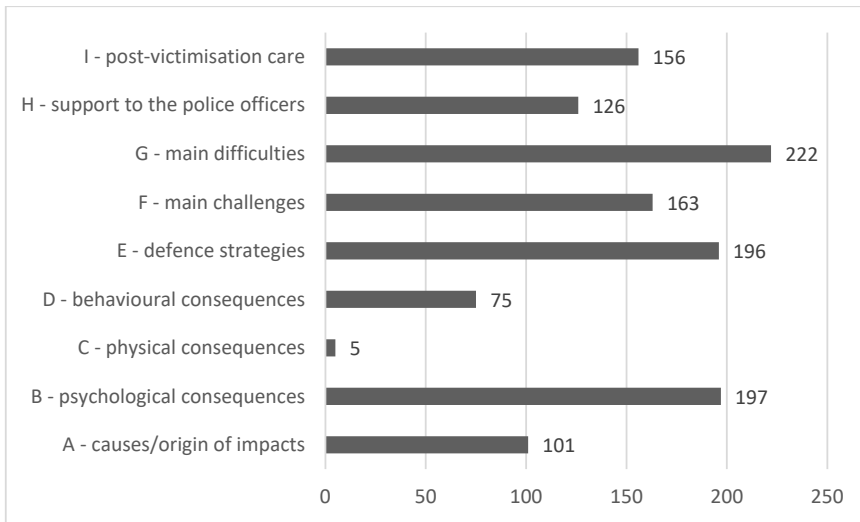
Four new categories needed to be created, as the analysis was being carried out, due to the new themes that emerged from the corpus: key challenges (category F); key difficulties (category G); support to the police officers (category H); and post-victimisation care (category I). All the categories were divided into subcategories (except to category C) with the respective indicators.

Each author of this paper served also as an independent judge in the analytic process. Disagreements in the coding process were consensually resolved after returning to the raw data in order to analyse the recording units in their context and, in particular, the indicators to which they referred. Finally, a statistical analysis was performed to allow for the examination and interpretation of the results following a descriptive approach.

RESULTS

About half of the participants' discourse in the study revolves mainly around the main difficulties experienced (G) and also the psychological consequences (B) and the defensive strategies (E) put into practice to better deal with cases of DV (see Figure 1).

FIGURE 1 – DISTRIBUTION OF THE CODING UNITS BY CATEGORIES OF ANALYSIS.



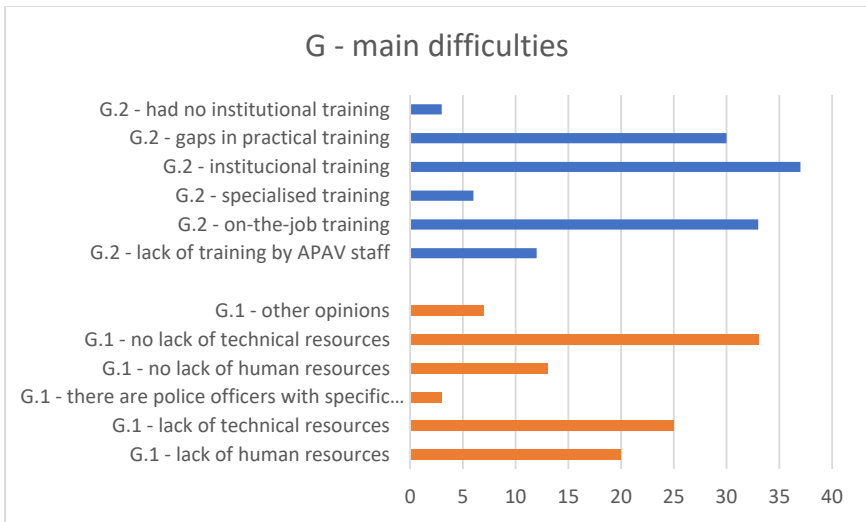
With less prevalence in the police officers' discourse, but equally important in terms of the contents conveyed, are the references to the main challenges (F) faced in the work on DV, as well as the characterisation of the functions of post-victimisation care (I) and the support to police officers (H).

Let's have a closer look (only) at the key results.

Main difficulties (see Figure 2)

The major difficulty police officers usually have to deal with concerns the training (G.2). They refer the training they have received in the domain of DV, both at institutional level and informal training. In particular, the interviewees mentioned the training gaps they consider to be essential to fill.

FIGURE 2 – DISTRIBUTION OF INDICATORS RELATING TO THE MAIN DIFFICULTIES (CATEGORY G).



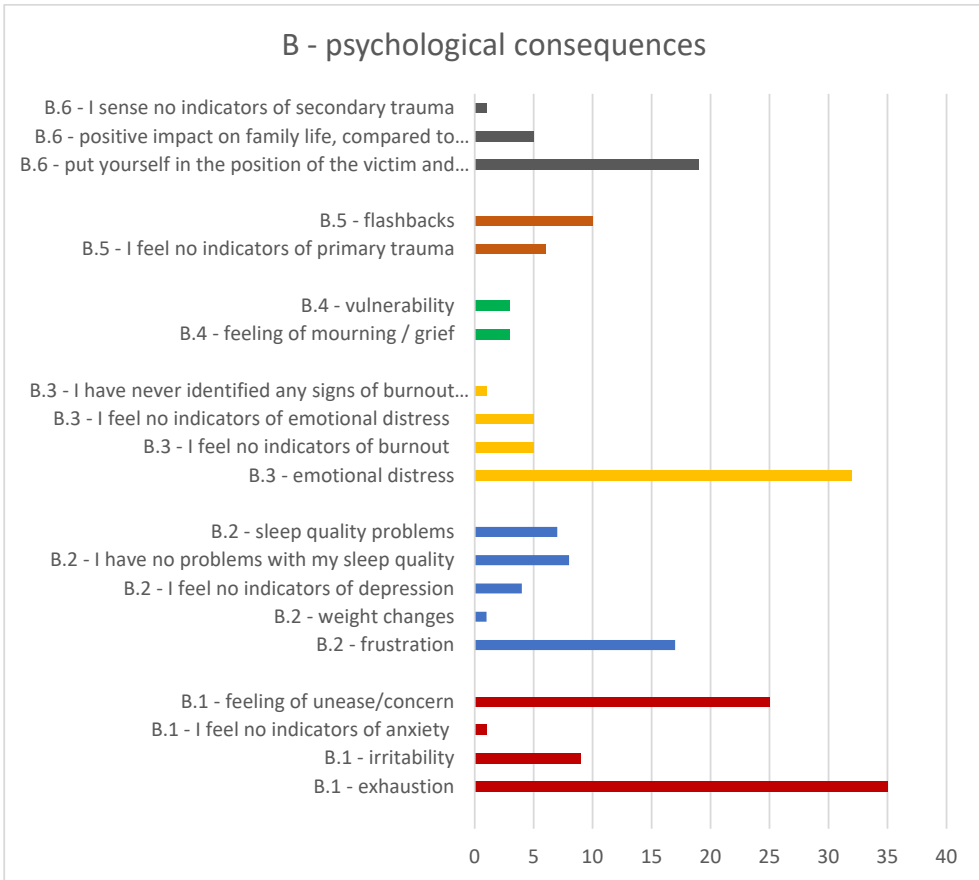
It was found that most police officers are trained at the beginning of their functions, however, the training informally received in the field, given by the more experienced police officers in the service, seems to be of the greatest importance (e.g. “The methods and knowledge we are acquiring through informal contact by work colleagues, the good practices we are adopting, of the elements we considered reference models” – S09), as it is considered closer to reality and not so much theoretical. In fact, the little practical training is pointed out as the main gap in the training received (e.g. “It’s dealing [with the victims] and not having a training that says on paper what we have to do, when in reality it’s not quite like that. Not be too much «by the book»” – S01).

Another difficulty that was referred in the interviews is related to the existing resources (G.1), and it seems that more people are needed to carry out this work: “Due to the lack of staff, there are no more [police] work partners” (S03).

Psychological consequences (see Figure 3)

The psychological consequences of working in DV translate into the presence of indicators of anxiety, depression, burnout, and primary and secondary trauma, although we cannot claim to have been in the presence of any specific type of psychological disorder, considering the participants in this study (e.g. HESKETH; TEHRANI, 2018) (YOUNG; FORD; RUZEK; FRIEDMAN; GUSMAN, 2001).

FIGURE 3 – DISTRIBUTION OF INDICATORS RELATING TO THE PSYCHOLOGICAL CONSEQUENCES (CATEGORY B).



Police officers report two main indicators of anxiety (HESKET; TEHRANI, 2018): the feeling of tiredness and psychological

exhaustion as a result of their duties, referring to the constant contact with the victims (“psychologically it is extremely exhausting” – S01; “at the time [of attendance] it is very exhausting” – S10; “we feel more this kind [of symptoms] but it is mental, not physical” – S01); and, the feeling of restlessness and worry felt at the end of the working day, noting that “sometimes I would leave the service and go thinking about what was left to do, things and signs, for example, when there were suicidal tendencies” (S06).

It was possible to verify a specific concern transversal to all police officers interviewed regarding the victim’s well-being and the assurance that they did everything within their power (within the limits of their functions) to ensure all victim protection procedures: “Of course, everyone fails, but I know what it is like in a police station and I know what it is like [here at place X], but one is always wondering «did I do that? What’s that missing?» and so you can’t turn the switch off” (S12). Besides these symptoms, it was also mentioned that “in terms of visible symptoms, perhaps we became more irritated, without patience” (S01), mainly when the victims intend to withdraw the complaint (“And it makes me extremely irritated when people come here today and cry for three hours and the next day ask to withdraw the complaint” – S12).

Moreover, these situations of desistance generate great frustration in police officers working in DV. In this study, the most commonly mentioned indicator of depression HESKET; TEHRANI, 2018) was the frustration that police officers feel in the performance of their duties, which is mainly felt when victims give up the criminal procedure and return to the offender (e.g. “when we warn them and the victims do not do what we advise them to do, it is very frustrating” – S06; “it’s just frustration, seeing that our work was no use” – S14).

Emotional distress was quite often mentioned by the interviewed police officers, and was, in fact, the only indicator of burnout noted as a symptom (e.g. “it is emotionally distressing because we hear stories that, perhaps, we didn’t know it was possible to happen in a couple” – S14; “since I had my daughters I feel more sensitive and emotional in these situations that involve minors” – S12; “the emotional burden that I experienced seeing the child and mother getting out of

the taxi without knowing where they are going is very big” – S10). The interviewees also reported not knowing any colleagues suffering from burnout (e.g. “I have never detected any burnout situation, but it can happen very easily and when we least expect it” – S09), leaving us with the idea that there is some knowledge about the identification of the symptoms in themselves and their peers.

Interviewees also refer to secondary trauma mainly while mentioning some negative thoughts that emerge when they put themselves in the position of the victims (e.g. “we go home thinking it might happen to someone in our family” – S01). However, they also mentioned a positive outcome: “sometimes, when I get home and there are problems, I feel I have to value this emotional stability and quality of life, even if there are always complaints” (S03). In this regard, it seems the interviewees have (developed?) some ability to positively manage certain problems on the basis of their professional experience. Furthermore, they mentioned experiencing flashbacks as the sole indicator of primary trauma.

Defence strategies (see Figure 4)

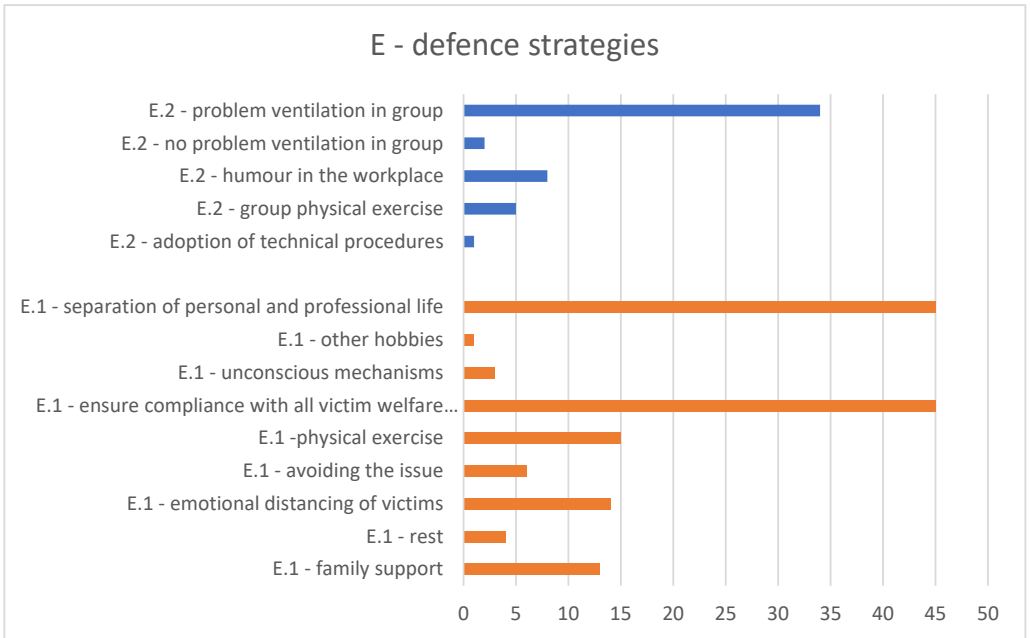
The defence strategies mobilised by the police officers to manage their work with DV cases and respective consequences are mainly individual ones. They allow avoiding the absorption of impacts.

Specifically, to be able to leave work and go home safe and sound, the police officers must be fully aware that they have taken all the steps within their power to ensure the protection of the victim (e.g. “take off your uniform and have a clear conscience” – S03; “what was within my power was done. From then on it's no longer my business” – S06). Besides, the separation of personal and professional life seems to be an important strategy that every police officer use (e.g. “take off the uniform and leave it here [at the police station]” – S04), as well as “not bringing work home” (S01).

Also, practicing individual physical exercise (which seems to be a regular practice, not a particular defence strategy), maintaining emotional distance from the victims (e.g. “go into cold and grey mode and that's it, limit yourself to writing everything coldly and not putting

on the victim’s skin” – S10; “here, the best way to help someone is not to live as they are living” – S01), and taking profit from family support constitute other individual defence strategies used by the police officers.

FIGURE 4 – DISTRIBUTION OF INDICATORS RELATING TO THE DEFENCE STRATEGIES (CATEGORY E).



On the other hand, problem ventilation is mainly a group exercise (e.g. “I can talk to them [co-workers] and that’s the most important thing, the working group that gives us that encouragement, and we help each other and that works” – S04).

Discussion

This study arose from the need to know the impact of DV on police officers who systematically attend to and assist victims in the post-victimisation phase, in order to better understand how the consequences of this work can be remedied and to promote the well-being of police officers working in this area.

As abovementioned, admitting some degree of psychological suffering and seeking professional mental health help are complicated

issues for police officers (COPENHAVER; TEWKSBURY, 2018) (LANE; LE; MARTIN; BICKLE; CAMPBELL; RICCIARDELLI, 2022) (PRICE, 2017) (WHITE; SHRADER; CHAMBERLAIN, 2016). Furthermore, within police organisations, there is a “police subculture that encourages silence and denial of serious mental health issues” (BISHOPP; BOOTS, 2014, p. 539). This leads to serious situations of psychological and physical suffering (e.g. PTSD, depression, suicide attempts) which finally obliges the police officers to seek for help. In the meantime, many symptoms are devalued and silenced though becoming a burden to the individual. “This silence and denial results in reactive policymaking rather than departments proactively addressing issues which could arise” (DOCKSTADER, 2019, p. 20).

Taking into account the consequences of being (systematically) exposed to critical incidents in the course of intervening in domestic violence occurrences, it is easily understood the importance of proper identification and intervention in this specific context to address the involved police officers. With the current underfunding police organisations face, it is enough to say that having the human factor suffering from health issues results in an increase in costs. Actually, besides

“the initial costs of hiring and training an officer, other costs may be accrued from the lack of addressing mental health in the department such as paid leave while healing from a traumatic event, transferring out of the department, or training imposed to address behavioral issues stemming from trauma” (DOCKSTADER, 2019, p. 7).

This research highlighted the importance of facing the effects of police work in DV cases from the perspective of the police officers, enabling us to underline some conclusions.

First of all, in situations of greater vulnerability of the victims the police officers say they do not know exactly how to act, denouncing the existence of gaps in the training provided (e.g. “DV, unfortunately, covers areas that may then take our focus away from areas that are really needed” – S04). According to the studies carried out in the scope of the European project IMPRODOVA: Improving Frontline Responses to High Impact Domestic Violence (<https://www.improdova.eu/>),

in Portugal these police officers are not considered experts in DV, despite the training they undergo. Independently of being considered specialists or not, the truth is that if they were indeed specialised, they would perhaps be better able to manage conflicts and prioritise the most urgent situations. In fact, one may ask the question: how much time is dedicated to training in the so-called soft skills? Precisely those skills that provide greater sensitivity and security in interpersonal contacts, and which involve aspects generally considered subjective and therefore not subject to training and discussion.

The main psychological reactions reported by police officers were tiredness and exhaustion, feelings of worry/restlessness, irritability, change in sleep quality, emotional exhaustion, development of negative thoughts derived from the victims' testimonies, flashbacks (remembering victims they have assisted and accompanied), and, feeling of pity. If left untreated, these reactions may develop into serious psychological disorders.

The situations involving children and the referral of victims and their children to shelters are the ones that cause the police officers the most emotional distress and feelings of unease/concern. On the other hand, the reactions of tiredness, exhaustion, and irritability, refer mainly to situations where the complaint is withdrawn, possibly because all the work with the DV involves a lot of bureaucracy and many hours of work, and the withdrawal on the part of the victims generates frustration and irritation.

Some interviewees said that police officers ask to leave the service after some time, transferring to other police functions, this being one of the strategies to deal with the consequences of working in DV. Perhaps this is why the mention of behavioural consequences was not very expressive in the interviews. Even so, the reference to the naturalisation of DV deserves attention. Some police officers revealed that there is a tendency for the perceived impact to begin to reduce over time. Although post-victimization support continues to be carried out with the same commitment and dedication, police officers start to become "anaesthetised" (S02) in face of the cases of DV and the victims' testimonies.

In order to fight all the negative impacts of DV, police officers mainly referred to the use of defence strategies they create over time. They explained that having a clear conscience that they have taken all the measures to ensure the victim's well-being is halfway to avoid or moderate the feeling of unease/concern they feel, this also being a way to separate personal from professional life. On the other hand, emotional distancing, although it has been referred to as a defence strategy, may also be seen as the form of assistance adopted by the police officer or as a challenge to overcome during the assistance. In fact, it allows the reduction of the impact, preventing the police officer from starting to experience the victim's problems, thus demonstrating awareness to not get emotionally involved.

It was also possible to conclude that the emotional burden influences the decision-making process, namely when police officers are no longer sensitive to cases of psychological violence given the accumulated experience of negative impact resulting from false complaints of crime, which affects the assistance given to victims (e.g. "More and more [cases] have been everyday [VD], shall we say, psychological VD" – S01).

CONCLUSION

The outcomes of this research can be summarised as follows: police officers are mainly concerned with the major difficulties that working with DV cases involve, its psychological consequences, and the strategies they can mobilise to mitigate them.

Interestingly, the interviewees didn't focus on the main psychopathological disorder commonly addressed in research, burnout. Rather, they have shared their thoughts about the quality of their performance and the costs to their well-being, and how they cope with the specific characteristics of their intervention.

Resilience is a current topic in almost every sphere of human life. For those working under complex and extreme conditions, such

as police officers, it is crucial to adequately assess, address, survive and recover from the events. “Police resiliency therefore includes the capacity of agencies and officers to draw upon individual, collective, and institutional resources to cope with demands, challenges, and changes encountered during and after critical incidents” (VIOLANTI, 2015, p. 58).

Investing in the human factor is crucial, even considering the costs to the organisation. As Dockstader (2019) have richly summarised:

“Not only is investing in officers morally responsible, but it is financially responsible as well. (...) Without providing adequate resources and care to trauma-impacted officers, departments are likely to experience a financial strain from lawsuits, early retirement, paid and/or unpaid leave, a psychological toll from officers impacted by officer-involved shootings and officer suicides, and physical toll from officers working overtime to cover for the officers who are on leave while dealing with trauma” (p. 20).

It is clear that such an investment, resulting in better quality police, would also benefit the taxpayers.

In addition to providing or facilitating psychological help services with no strings attached, the emphasis must also be put on education and training. From the first day at the police academy, and throughout their career (DOCKSTADER, 2019). In fact, “recruits go through an immense amount of training. (...) However, not enough time or resources have been allocated to officers learning about mental health within themselves” (DOCKSTADER, 2019, p. 17). That is to say that police organisations “may miss the mark because their focus is usually on police operations and they offer few if any suggestions about how to cope with the relentless and inescapable pressure generated by the organization” (SHANE, 2010, p. 815). Furthermore, the more naturalised contact with psychological services the less avoidance to search for help, as it seems that “prior exposure to mental health services may promote future utilization of services” (DANIEL; TREECE, 2022, p. 138). Education on how to identify symptoms and signs of physical and psychological strain is important, not only to act upon citizens in psychological decompensation but also to attend to and support working partners.

It is important to identify and describe DV occurrences stressing the reactions officers have, to analyse and widely discuss best practices and errors. To make this adequately, it is necessary to take into consideration the specific characteristics of the specific cases that are shaped by particular local and subcultural features (e.g. MACHADO; PAIS; MORGADO; FELGUEIRAS, 2021). On the other hand, let us not forget that not all the officers have the same background and the same beliefs, not all of them will attend education and training programmes with the same openness, not all of them will admit they are struggling with their psychological health, and not all of them will be sensitive to translating the psychological meaning of a physical symptom.

As such, the education and training as well as the psychological intervention programmes must be tailor-made to better suit the needs of the police officers. Also, this means that police organisations should assume they need to understand these issues to clearly identify what types of resources should provide to their officers, in terms of specialised support, and education and training. Police leaders “must ensure they create a space for their officers to cope with the critical incidents they are having, provide resources for when they are struggling, and address issues inside their organization which could be creating additional stressors” (DOCKSTADER, 2019, p. 19). Of course, attending this space should not be mandatory, as officers wouldn't feel obliged to talk about their problems and emotions, but rather that they feel they can talk openly in order to ventilate their problems. This practice would prevent stigmatisation and bring benefits, thus becoming an essential tool for mitigating the impacts and accelerating the recovery of a group of homogeneous individuals who experience normal reactions to a situation generating powerful and acute consequences. However, it should be taken into account that addressing psychological consequences may lead to a feeling of inferiority in relation to their peers for not being able to overcome certain stressful situations, and to consequences such as ‘de-gun’ and temporary suspension of duties.

In addition, today it is acknowledged that “traumatic events do not necessarily lead to damaged and dysfunctional lives (...) [and so] interventions for traumatized staff should not only seek to address the psychological problems (...) but also to promote post-traumatic growth” (JOSEPH; MURPHY; REGEL, 2015, p. 257).

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