THE IMPACT OF SPLIT SECOND DECISIONS III
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From the President

AFPA National President Jon Hunt-Sharman

From the start of the critical incident right through to the finalisation of all internal and external inquiries, the police officers involved suffer stress and anxiety as a result of a split second decision. This is the third series of the AUSPOL journal that focuses on the impact of those split second decisions on AFP police officers and AFP uniform protection officers and their loved ones.

In my career as National President of the Australian Federal Police Association (AFPA) and AFP investigator over thirty years, my greatest concern in relation to the policing profession is the impact on the mental health of AFPA members as a result of critical incidents.

The negative aftermath of media and public comment, Coronial inquiries, various investigations or government inquiries etc are the collateral mental damage for police officers who have executed their duties as officers of the Crown. The facts relating to critical incidents are often regurgitated and scrutinised over and over for a number of years before the affected employees are eventually cleared or, in the worst cases, found wanting.

The first in this series centred around the Police shooting in the ACT that involved a law suit with $8 million dollars damages awarded, criticism by the judge of the police officers involved, then to have this overturned by a full bench after 18 months of those police officers living with unfair and incorrect criticism and the subsequent stress that this had on them and their families.

The second series centred around police pursuits and the incorrect and inaccurate reporting by the media and public figures who blamed ACT Policing members for the death of Ms Clea Rose. We again looked at the negative impact on those police officers and their being totally cleared by the Coronial inquest into Ms Rose’s death some two years later. The edition looked at police pursuits in the ACT and the need for tougher offences for those who cause a police pursuit together with the need for Bail Act reform. It also looked at motor vehicle pursuit-related fatalities in Australia and anti-hooning laws.

This third series wraps up by looking at the policing environment and the high risk of suffering Post Traumatic Stress Disorder (PTSD) and the likely chance of it not being detected either by the individual themselves, or their colleagues within the workplace. Often the impact of the policing culture encourages AFP employees not to ‘show weakness’ or if they are courageous enough to say they need help, the subsequent stigma associated with a psychological injury and possible cynicism to overcome in seeking compensation. Sometimes the impact of trying to get help can be detrimental to the condition already being suffered.

This edition is not about looking for blame; instead it seeks to create greater awareness by encouraging preventative measures and self-assessment in the interest of our members, their colleagues and their families.

As AFPA National President, I work closely with ‘beyond blue’ and ‘soldier continued on page 5
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continued from page 3

on’. If you feel that you may need assistance and do not want to raise it directly, initially, with the AFP and its support services, please contact the AFPA and we will confidentially assist you to obtain professional advice.

PTSD has commonly been referred to as a normal reaction to abnormal circumstances. It is an injury and can be overcome. Never the less policing is a risky occupation that exposes members to some severe circumstances and PTSD is an injury that police, emergency service and defence personnel genuinely suffer, but often suffer in silence.

My experience in the AFP is that police develop very strong relationships with their police colleagues that continue for years and often into lifelong friendships. However, that is often at the expense of civilian friendships that can drop off as you become more immersed in the police culture. Over time civilian friends may perceive their police friend as pulling back and just socialising with other police. Police are often not able to go to planned social events due to shift work and the unpredictability caused by police operations etc.

As police officers career continues, they tend to rely more and more on the support and camaraderie found in the policing culture. After many years in the job some officers become socially isolated from everyone except other police.

For almost all police officers their career begins from a position of enthusiasm, excitement, motivation and idealism. Some however fall prey to a real or perceived lack of career and promotional opportunities, tiredness of the work environment and an eventual pessimistic outlook. This is not unique to the AFP, evidence of these changes are apparent by looking around at any law enforcement agency and seeing the wreckage, both personal and professional, affecting the lives of many officers and their spouses and children. Indeed such symptoms may be closely related to a PTSD condition in any workplace.

The AFPA has experienced, at the professional level, members who have displayed minor dissatisfaction with the AFP or its management becoming an all-consuming anger, hostility and open hatred. On the personal front, the costs can be measured in broken marriages, children in trouble and social isolation.

Medical studies have identified a high rate of police suicide. More needs to be to look at the causal affects. PTSD may well be one such cause!

Many Police fail to seek out or receive adequate treatment after various critical incidents, whether they be life threatening situations or situations resulting in a fatality or critical injury of police, an innocent bystander or even the offender. Police shootings although much less common, resulting in the death or critical injury of the often result in psychological harm for the police officer involved.

Hopefully this edition helps to shine some more light onto the issue in an effort to better help prevent, detect and address the impact of PTSD in policing.
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This edition we begin to shift the look of the AFPA’s official quarterly journal AUSPOL. AUSPOL has for some time been ‘issue’ focused, providing information and commentary generally on a single issue related to law enforcement.

We have decided to move to a broader model that, over time, will contain a feature article(s) on a particular issue(s) and we will increasingly include some regular segments such as employment, industrial and legal reports, advice for members on trends in the workplace, information about how to get the best out of your AFPA membership using our range of partner services and information on AFPA matters.

By changing our approach we hope to continue to provide interesting, informative features whilst adding other material that will appeal to a broader section of members, get our issues across to decision makers and report on ongoing industrial issues and outcomes.

**AFPA ADVOCACY NEEDS TO BE STRONG …**

Recently one of our bulletins contained a turn of phrase that inadvertently upset some members of a particular area. This was regrettable in that nothing critical was intended toward any individual or group.

Also, from time to time a member (or members) will disagree with certain AFPA representations.

We do appreciate that for every AFPA member seeking our advice or assistance, there are also AFPA members working to conduct internal investigations or on some other HR or administrative function. Members do so within a framework that sometimes is imperfect.

When it is apparent to the AFPA that a specific decision, policy or process needs to be questioned or challenged, it is important that the AFPA does its level best to genuinely and effectively do so in as constructive manner as possible. We seek the understanding and appreciation from our membership, and non-members too, that the AFPA is usually seeking to address an issue not an individual.

It is no easy ask to always avoid inadvertently upsetting someone in the business we are in. We are pleased, however, that weekly meetings between the AFPA and AFP HR management have recently been reinvigorated giving us the opportunity to regularly discuss matters on behalf of members and hopefully prevent some issues from escalating more than they need to.

**IMPROVING AFPA SERVICES**

The December 2013 member survey indicated that the AFPA service valued most is our industrial and legal support. An overwhelming majority of AFP appointees are AFPA members and the number is rising with a 10% increase since mid-2013. Most member service requests effectively constitute a form of grievance or complaint concerning some aspect of employment terms and conditions, management decisions or performance management issues.

This places the AFPA in the position of being a significant source of valid feedback to the AFP about how the organisation is operating, what its people (our members) are experiencing and what needs attention. To do this as effectively as possible, the AFPA has adopted a complaints handling methodology and our systems and processes have been upgraded to meet Australian Standards for Complaints Handling and Customer Satisfaction.

When I first became CEO, we had around 70 open matters between legal and industrial. More recently that number was approaching 300 concurrent matters.

To help us address the workload and provide additional knowledge and resources we recently welcomed three new staff, two within the Employment team and one in Member operations (delegate support, marketing and communications).

Ms An Li and Erin Byrne have joined the Employment team. An is a registered industrial lawyer having practiced in a number of national unions over recent years. Erin is in her third year of law and decided on a career change after 8 years policing with the AFP, predominantly in ACT Policing general duties and criminal investigations.

Tanya Klerks joined our member operations team having been a team leader in a large private health insurance company. Tanya has experience in leadership, finance and administration as well as tertiary qualifications in graphic design.

Already their presence and efforts have made a great difference. We look forward to them being part of the AFPA team in the future.

**PRIVACY PROBLEMS**

Most members will recall that when they joined the AFPA they completed a section giving their authority to the AFPA to represent them. Indeed this authority has been carried through to our online membership application too.

We updated our privacy policy recently in accordance with recent requirements which outlines how we will use your personal information and, that in relation to matters of AFPA business, your consent is given by your having completed our membership form.

Recently however, AFP HR have started asking the AFPA for evidence that we are representing members with their consent. This is a change to the

continued on page 9
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longstanding interaction between the AFPA and the AFP.

We have reached a common sense agreement where written consent will only be asked for in circumstances of a more personal nature rather than typical and clear cut industrial matters.

Nevertheless it seems sensible that we include such an authority on our AFPA Assist online form that reasserts your consent for the AFPA to represent your interests on specific matters as well. This will involve some extra work on our systems to implement.

So we apologise for any slight delays some of you will encounter as we add in a step of obtaining your signed consent in some cases.

SUPPORTING MEMBERS
Thanks to the generosity of AFPA members and AFP staff in numerous locations we were able to raise a substantial amount of money to assist a member in need of some specialised equipment following a devastating accident. AFPA Vice President Glen McDonald and Paul Welch of the AFPA office handed over the $16,400 raised to a very appreciative Marcus Sander at a morning tea hosted by Manager Melbourne Office, Cmdr Bruce Giles.

The AUSPOL Police Welfare Foundation was also grateful to have received a $5000 donation from the AFP - ACTP Golf Club’s charity day held in February. I attended to receive the cheque from CPO ACT Rudi Lammers and ACTP Golf Club President Sgt Jim Edwards.

This year also saw funds raised from the annual Wall to Wall ride shared with AFP legacy. This is the first time the PWF and AFP legacy have jointly benefitted from the funds raised and we hope that a joint effort between the PWF and AFP Legacy can be a fruitful one for our colleagues in need of assistance.
Rod Hannam earned plenty of public condemnation for a wrong he committed eight years ago. But, back then, not a soul knew of the childhood horror that led to his moment of poor judgement.

Article courtesy of Police Association of South Australia and Rod Hannam.
he talk had turned to the subject of coping mechanisms, those of child sex-abuse victims. And the more detail the TAFE lecturer went into, the more Detective Brevet Sgt Rod Hannam squirmed in his classroom chair. He sweated, became nauseous and could feel his heart thumping as he struggled to stay composed.

His overwhelming distress played out in the first few days of a two-and-a-half-week child-abuse investigation course in Adelaide in 2006. The lecturer outlined coping mechanisms as behaviours such as binge-eating and -drinking, distrust, hyper-vigilance, risk-taking and sabotage of relationships.

Hannam, then 50, found himself ticking each one of them off in his head. That was the reason for his anguished reaction: he recognized them instantly because he had practised them all himself – for 45 years.

The strongly built, invincible-looking son and brother had never told a soul that, from the age of five, he had suffered unspeakable brutality at the hands of a sexual predator. And he would continue to keep his dark, destructive secret both throughout and after the course.

At Fort Largs, where he stayed as a course attendee, he would endure not only sleeplessness but also nightmares. In them, he saw the face of his abuser and “other weird, violent stuff that made no sense” to him.

The course wound up with an exam on a Friday. Hannam sat for it and passed but was still reeling from the content of the previous two-and-a-half weeks’ topics.

After the exam, he had no recollection of what it contained. He realized that “everything was just autopilot” for the whole of the last week of the course, which he never wanted to attend.

“I certainly wasn’t looking forward to it,” he says, “and I didn’t expect it to have anywhere near the effect that it had. I thought of it as something I was required to do as a country CIB member, and that I’d just get it done and out of the way.”

In a mental state nowhere near conducive to wise decision-making, Hannam went out to a city pub with his classmates that Friday. The plan was to celebrate the end of the course with lunch and a few drinks but, for Hannam, it led to one of the worst mistakes of his life.

After more than a few drinks, he left the pub around 6pm, got into the unmarked police car he had driven to Adelaide and set out for Naracoorte, his home base.

“I drank because I just wanted to shut everything out,” he says. “And, by that stage, I was physically and mentally exhausted, and all logic had completely ‘left the building.’ ”

About 90kms to the south-east of Adelaide, just out of Tailem Bend, Hannam fell asleep at the wheel. The police car spun out before it ended up at the edge of the road. It had somehow stayed upright and hit nothing – no marker posts, animals or, worse, other cars.

Exhausted, and still stressed from the child-abuse investigation course, Hannam was now not capable of rational thinking. He continued on toward Naracoorte but a police patrol stopped him about 20km short of the town, after he had driven around 300km.

Embarrassed and humiliated, Hannam figured that he was sure to lose his job. And just the thought of that outcome was emotionally crushing to him.

“It wasn’t just the financial aspect of it,” he explains. “It was that I was going to lose something that I felt in my own mind I was pretty good at, and loved doing.”

He quickly understood – and felt ashamed – that he had embarrassed not just his Naracoorte colleagues but, “to some degree, everybody within the job”.

And much more shame was to come. There was his suspension from work, a court appearance on a drink-driving charge, the loss of his driver’s licence, a demotion, and a transfer to Mount Gambier police station.

Hannam would also have to live with coverage of his wrongdoing on the front pages of city and country newspapers, and in the electronic media. And he would not be able to walk the streets of Naracoorte or shop in a supermarket without coping stares of disapproval.

But his world seemed to collapse even before the fallout from his transgression. The next day after committing it, his wife wound up unwell and in hospital. Then, after another two days, his father suffered a stroke.

“What happened with the course and the drink-driving was one thing, but it just seemed to snowball and get worse and worse,” Hannam remembers.

“It was as if the whole world was just folding in on top of me. My head was ready to explode.”

After his wife, Bec, got home from the hospital, she pleaded with Hannam to explain why he had committed what seemed an insane act of irresponsibility. He knew that, now, he would have to reveal the secret of the sexual abuse he had suffered 45 years earlier.

Hannam had come close to telling Bec before but feared that, if he did,
he would shatter her image of him as her protector. She had often told him how safe he made her feel. “She was just saying: ‘Why? Why, did you have to do this?’ ” he remembers. “That’s when I felt like I had to tell her. I had to try to explain why I had done what I’d done, and why we were in the situation we were now in.”

So, for the first time in his troubled life, Hannam told his harrowing story. It started on the Callington farm he grew up on with his parents and younger brother and sister. Until they were born in 1960, when Hannam was five, he led a happy, carefree life. He loved the constant company of his beloved Border collie, Peter. And his parents often left him and his dog to find their own entertainment on the somewhat isolated farm.

But a twisted sex-abuser was about to bring pure evil into the life of the innocent Hannam. He (the abuser) was not only a regular visitor to the farm but also a relative. Hannam knew Darius (not his real name) to be a bully and to treat animals with extreme cruelty. He had seen him smash kittens’ heads against rocks.

Darius, a pre-teen, committed his first terrifying sexual assault against five-year-old Hannam in a sheep yard. The unsuspecting Hannam parents were in no position to protect their son. Mother was busy looking after her newborn twins and father was out working on the farm.

So their son’s abuser found it easy to isolate his victim, in whose brain that first brutal assault has remained seared. “I just knew it was wrong,” Hannam says. “I don’t know that, as a child, you process it in your mind. I think that’s the problem: you try to shut it out.”

And he would have to shut out about 50 more sexual assaults over the next four years, as Darius continued to prey on him in the sheep yards and farm sheds. On a few occasions, he attacked when the Hannams visited Darius and his family at their home. There, however, it was far more difficult for him to isolate his defenceless, tear-struck quarry.

Each time he did strike, he added physical assault to the sexual abuse. He restrained Hannam and often punched him to the body but left no telling marks.

Hannam chose not to detail exactly how Darius sexually abused him. But he told the Police Journal that the first of the vile incidents went on for an agonizing “couple of minutes”. That stretched out to periods as long as a quarter-hour over the ensuing months and years.

Many times, as he endured the abuse, Hannam pleaded with Darius to stop. But, from Darius, his cries for mercy brought nothing but story silence. Sometimes, in utter desperation, the little Hannam tried to fight back physically against the bigger, stronger Darius – “and got belted for it”. And his inability to save himself filled him with anger.

“Anger at myself,” he says, “because I couldn’t do anything about it.”

Although Hannam kept silent about the abuse for the next 45 years, he did at least threaten to tell his parents. But that prompted Darius to respond with threats of his own. “You’ll get into as much trouble as I will,” he assured his frightened victim. “You’ll get taken away from your parents.”

Another threat, the one Hannam found the most chilling, still brings tears to the eyes of the now 58-year-old. It came after he had turned seven and spoken again of telling his parents.

With Peter – the dog that Hannam loved so dearly – on the scene, Darius had extra scope for cruelty. He pulled a knife out of his pocket and exclaimed: “If you tell anybody I’ll cut your dog’s throat!” “That terrified me,” Hannam says in a quavering voice.

Without telling his mother – or anyone else – of the abuse, Hannam tried hard to avoid all contact with Darius.

“1 remember saying to Mum a couple of times that I didn’t want him to come over to our place, or that I didn’t want to go there, to his place,” he recalls. “But I could never come up with a justifiable reason for it.”

So, without a single suspicion or doubt about the interaction between the two boys, mother simply told her son to go and play with Darius. And she could never have known that, with that instruction, she was delivering her boy into the grip of a despicable sex-abuser.

Hannam became mindful of making sure that his young siblings were never alone with Darius. And, in quiet moments, particularly as he lay in bed at
night, he thought endlessly about telling someone of his secret horror.

“Two things really stuck in my mind,” he says. “One was that threat to my dog. The other was him saying that, if I told, I’d get into as much trouble as he would and end up taken away from my parents.

“As a five- or six-year-old, that’s the stuff that you believe. And he’d ingrained that into me so well.”

By the age of eight, Hannam had found comfort in binge-eating and become seriously overweight. That gave Darius cause to bully him at school, where he called him names such as fat pig and mummy’s boy.

“He used to physically belt me as well,” Hannam says. “I remember various occasions when that would happen at school. He practised humiliation. That was his public face.”

In 1964, after a change to his living arrangements, Darius left the school and stopped visiting the farm. He never got the chance to attack Hannam again. The abhorrent sexual and physical abuse of the previous four years was over.

But Hannam, then nine, could not know that for certain. “I remember just hoping that that was the end of it,” he says.

For another six years, he would live in fear of more sexual assaults; and recovering from the psychological trauma he had suffered was simply not going to happen.

After he turned 10, Hannam became interested in sport and, with the positive influence of his headmaster, took up footy and tennis. But, in the classroom, he had become disruptive, a class clown making “smart-arse comments”.

At home, he fought ferociously with his mother, arguing with her about issues as minor as closing a cupboard door. And nothing improved for him when he started high school. Still binge-eating and overweight, he suffered bullying by older kids.

They called him names and even threw punches at him. That sparked anger in him and, on the odd occasion, he tried to retaliate physically. “But,” he says, “simply because of the size and the age difference, I usually ended up even worse off.”

Bravely, he continued to front up for school but became intensely anti-authority and continued to disrupt classes, as he had in primary school. Teachers frequently kicked him out of the classroom but seemed not to look deeper into the reasons for his behaviour.

In their defence, however, it was never part of their training in the 1960s and early ‘70s to identify the signs of a sexually abused child. So, through no fault of their own, they were no help to Hannam.

And, as much as he tried to block out from his mind the abuse he had suffered, it always resided in his consciousness. “As they say about depression,” he says, “it’s a black dog that never leaves your side. It’s always there. I think that’s why I behaved as I did.”

“The real issue – and I’ve worked through this with my psychologist – is trust. From my early teenage years, I just had those huge arguments with mum. I would just go off.

“In part, it was anger that was probably directed at her because, somewhere in my mind, I had a feeling that she should have protected me from (Darius).”

As a 15-year-old in 1970, Hannam underwent a growth spurt, became obsessive about his sports, and managed to stop binge-eating. But, at the same time, he turned to alcohol – beer and spirits – and became a binge-drinker.

“Sometimes I’d drink at the local pub,” he recalls. “But, a lot of the time, my mates and I – country boys – would just buy stuff, jump in the car, drive somewhere and sit around and drink.

“In a country town back in those days, it wasn’t unusual for 15- or 16-year-olds to have a few beers. My parents knew I was drinking but I managed to keep the extent of it from them.”

Although he had played the class clown at school, Hannam scored high enough grades for entry to Adelaide Teachers College in 1974. But, as he undertook his study there, in physical education, he continued binge-drinking.

He also worked out obsessively in the gym, turning his body into a strong, imposing mass of muscularity. And, to equip himself with more than just self-defence skills, he took a rare opportunity to learn little-known street-fighting techniques from a former SAS soldier.

To live in Adelaide and attend college, Hannam received only “a pittance” in government support and some financial help from his parents. For extra cash, he took up work as a pub bouncer in 1976.

The then 21-year-old ended up in some of the most volatile entertainment venues of the day: the Buckingham Arms, Bridgeway, Largs Pier and Old Lion hotels. Already a binge-drinker, he was now immersed in the bouncer lifestyle.

That meant three or four fights per night and frequent casual sex. This, for Hannam, was a means of assuring himself that he had some worth.

“But there was that trust issue,” he says. “I didn’t want to get involved with someone to a point where I had to place trust in her. With some, I wanted to trust them and give myself to them, continued on page 14
but I would sabotage the relationship because I didn't want to get hurt.”

And at no time did Hannam ease up on the booze. “It's crazy the amount I used to drink,” he confesses. “If I went out for a party I'd take two bottles of brandy.

“I'd drink one within a couple of hours and that would never be enough. I had drinking sessions that lasted for 24 hours-plus.”

Research suggests that child sex-abuse victims do indeed suffer long-term consequences, such as those Hannam has endured. Darwin-based forensic psychologist Kerry Williams speaks of long-lasting effects on brain development, psychological and social functioning, self-esteem, mental health, personality, sleep, and risk-taking, such as substance use.

“Childhood sexual abuse can represent a form of chronic trauma,” she says, “as it’s often characterized by a pervasive threat and often chronic in nature.

“And it’s been suggested that one of the long term impacts on the nervous system’s response to stress might result in heightened sensitivity to stress in later life.”

Hannam never perceived a link between his behaviours and the sexual abuse he had suffered. He had managed to have, but in each case sabotaged, a few short-term relationships.

Afterward, he asked himself why he had played saboteur but “never came up with an answer”. “I was just thinking: ‘Well, that’s just me,’ ” he says.

In 1977, Hannam graduated from college. Back then, however, qualified PE teachers outnumbered available jobs, so he had to begin his teaching career with contract work in 1978. He taught mainly physical education but also biology and geography, and enjoyed the job.

But, at night, he continued to live the life of the heavy-drinking, sex-addicted pub bouncer. At times, he paid a price for it, too. One night, a pub patron stabbed him in the back with a screwdriver. It struck a rib, and only that prevented any more damage than blood loss.

In 1980, Hannam gave up not his role as a bouncer but as a teacher and took a day job managing a suburban gym. There, he met several police officers, as he had through footy and in other circles. And they all struck him as “good guys”.

So, after a falling-out with the gym management in 1982, Hannam quit and wound up at the recruiting desk in the old Angas St police headquarters. There, the 27-year-old applied to join SAPOL and, soon after, got the job and started recruit training at Fort Largs.

He loved police work from the start, serving as a suburban patrol officer and, later, with Southern Command Response.

But nothing about the job changed his practices of binge-drinking, casual sex and sabotage of relationships. If anything, the way he practised those coping mechanisms became more intense.

The four years of sex abuse had remained a continuing torment in his mind, but Hannam had become adept at masking it. He somehow managed to stay composed even when workplace conversations among cops turned to “rock spiders” (paedophiles) and their crimes.

So that he drew no attention to himself with silence, he actually joined in the conversations.

“I'd be aware of my own physical reaction to that sort of stuff,” he remembers. “My heart rate would be elevated and I’d start sweating. But you become very skilled in hiding it (your pain). You have your public face.”
Although Hannam never chose the path of many child sex-abuse victims — suicide — he “certainly won’t say that I never thought about it”. But his risky behaviours of binge-eating and -drinking threatened his life anyway, as did a couple of car accidents he was lucky to survive.

He was not the driver but knew the driving was life-threatening, and that he should never have been a passenger. “I’m extremely lucky to still be here,” he says.

In 1999, 44-year-old Hannam met his then future wife, Bec, a Flinders University student from country Victoria studying anthropology. Her impact on him was powerful enough to turn him away from binge-drinking.

And, still, today, Hannam cannot explain why he found her so different from every other woman whose interest in him he had rejected. The two married in 2000, aged 45 and 31.

In 2004, they set up a small Croydon Park shop, which Bec ran chiefly to sell flowers but also coffee and pastries. Just eight weeks after opening the newly outfitted place, a female customer of a nearby methadone-dispensing pharmacy burst in looking to do a stick-up.

She terrorized Bec, chasing her around the shop and threatening to kill her. The attack left Bec traumatized and feeling almost constantly unsafe.

Too afraid to go into a range of public places, she was never able to continue running the shop. She and Hannam had to sell it at a loss as Bec tried to recover.

In 2005, Hannam — who by then had four years’ experience as a detective — transferred to Naracoorte CIB. Bec liked the location, which she found similar to the country town she came from in Victoria.

But Hannam soon felt the pressure of on-call detective work out of a one-person CIB post. “You’re on call 24-7 covering from Bordertown to Penola,” he says.

“And, if the guy at Millicent was on leave or a weekend off, you were basically covering from Bordertown to Robe. It was just physically very demanding.”

Hannam struggled to stand up to the rigours of the job and the still haunting memory of 50-odd sex attacks on him. As an escape, he turned to the pokies.

“It’s one of those things you can’t explain to people, or to yourself,” he says. “You just want to be able to shut everything out. You know after you’ve lost money that it’s just complicating your life even more, but you go back to it. It’s something that just gets to you.”

Then came the child-abuse investigation course and, for Hannam, the disaster that followed it in 2006.

Bec, who demanded to know why he drank and drove, responded angrily after he opened up to her one afternoon with his horrific story of abuse.

She was upset that he had kept it from her throughout all their time together. But her anger soon turned to sympathy and the two spent hours talking, shedding tears and comforting one another.

Says Hannam: “That’s when I got to the point where I started to worry about my mental state. I went to see a GP at Naracoorte, and he was very understanding.”

The GP diagnosed Hannam as suffering from depression and post-traumatic stress disorder. He referred him to a psychologist and prescribed anti-depressant medication for him.

With a drink-driving charge and the prospect of losing his job confronting him, Hannam went to the Police Association for help.

The union’s then assistant secretary (and now president), Mark Carroll, took on his case.

“Rod was deeply concerned,” he recalls. “I’d always known him as a strong, fit, capable person, so to see him as the troubled, emotional human being in my office was quite a shock. And I was horrified by what had happened to him as a child.

continued on page 16
That good fortune, however, was not valve disease and had to undergo a demotion and transfer but he was grateful to have wound up sacked. That good fortune, however, was not

eventual underlying condition. Bec returned to Victoria, and, in 2007, Hannam got his licence back and returned to the front line, but as a Mount Gambier patrol officer rather than a detective. Still depressed, he continued to play the pokies – and lose "lots of money”. But Hannam hid this ruinous vice masterfully.

In early 2008, he and Bec returned to Adelaide, where he joined the Crime Gangs Task Force. After he woke one morning about a month later, he could not "take a decent breath". Bec rushed him to Flinders Medical Centre, where he underwent tests over the next few days.

He was suffering from a congenital condition known as bicuspid aortic valve disease and had to undergo open-heart surgery. Surgeons had to insert an artificial replacement valve, leaving Hannam to undertake a long, slow recovery.

After another month, he returned to work on light duties but, at home, his marriage was falling apart. Eventually, Bec stood up to announce that she needed time to herself and intended to move out of their home. While her decision did not surprise Hannam, it did hurt him, and he tried to dissuade her from leaving. She, however, stuck to her decision and left. The next year, Bec returned to Victoria, and, in 2010, the couple divorced.

Today, Hannam blames the split on the pressures police work brought to bear, his pokies addiction, and his failure to tell Bec of the sex abuse he had suffered. He also suspects that failed attempts the couple made to conceive through IVF played a part.

In 2011, Hannam transferred from Crime Gangs to Port Adelaide CIB, where he continues working today. But even more emotional pain stuck him in 2012, when his 52-year-old brother died of the genetic disease spinal muscular atrophy.

Now, he continues to undergo regular psychological counselling and feels as if his “head’s in a much better place than it was”. "I have to accept that I’ve got this burden (the memory of the abuse) and that I have to put up with it,” he says. "Every time I hear a news story about sexual abuse, it’s just there. But it’s there every day.”

Even as he prepared some notes for his interview with the Police Journal, Hannam struggled. "My heart rate elevated and I was sweating like hell,” he says. "I had to go for a walk for about 15 minutes afterwards.

"It isn’t something that ever goes away, but I still feel I’ve come a long, long way.”

Mark Carroll gives Hannam credit for not only seeking help but also fronting up to the consequences of his actions.

"It would have taken a lot for Rod to come back to work after all that’d happened to him,” Carroll says. "I just admire the gutsy way he fought his demons. That’s something we can all learn from.”

Difficult for many to understand is why Hannam, as a young adult, continued to keep his horror a secret from his parents. It was, in part, because he was intensely grateful to them for supporting him.

They were never wealthy people so, to buy him a car as encouragement to finish high school, his mother worked part-time. And, later, his parents gave him that financial support to live in Adelaide and attend college.

Hannam had also seen his parents work hard at caring for his sick brother, and the guilt his mother felt about the genetic aspect of the illness. "I just couldn’t possibly have loaded her with anymore guilt,” he says.

After the abuse, Hannam saw Darius a few times each year at gatherings of the extended family. He last saw him at a funeral in 2012, when each looked the other in the eye but exchanged no words.

The sight of Darius sparked not rage but certainly anger in Hannam who, as always, kept his composure. "I have no desire to seek retribution or anything like that,” he says.

"I’ve come to a point where I feel he’s interfered with my life more than enough. I don’t want to think about him anymore than I absolutely have to.”

Actor Michael C Hall, who plays Dexter Morgan in the TV drama Dexter, once delivered some lines which struck Hannam as describing precisely how he feels about Darius.

"Of the man who killed his mother, Dexter says: "I feel like he stole my life. I’m not the person I’m supposed to be. It’s like I’m hollow.

"I hide in plain sight, unable to reach out to people close to me, afraid I’ll hurt them. This is what he made me become.”

Hannam never believed charges against Darius would succeed. He formed that view in 2003, when he spent a short but excruciating time with Port Adelaide Child and Family Investigation Unit. There, he dealt with several historical cases involving children.

"Dealing with that stuff just brought it back,” he says. "Thankfully I was only there for a couple of months.”

Hannam asked the Police Association to tell his story through the Police Journal in the hope that it would help other abuse victims and PTSD sufferers. Several police officers have told him of their own painful experiences of a range of traumas, including sex abuse.

"It’s far more widespread than people are prepared to admit,” he says. "I’m putting my story out there to explain that there is always help available. And people will be amazed by the support that’s out there from pretty much everybody.

"If I get one person to seek help before they do something that either threatens their career, or worse, I’ll be happy. I don’t want anybody to have to go through what I’ve gone through.”

It isn’t something that ever goes away, but I still feel I’ve come a long, long way.

"So, as an organization, we made sure that SAPOL decision-makers understood the depth of emotions that had been stirred up in Rod throughout that sex-abuse investigation course.

"It was important that they understood the impact on Rod’s mental state and its link to the decision he took to drive that night.”

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Overpayments

In March the AFPA circulated a bulletin aimed at educating members on the issue of overpayments.

The bulletin seemed to strike a chord amongst the membership, so much so it is necessary to follow up with a further communiqué on the issue.

Being subject to an overpayment is not such an unusual thing and can quite easily occur. Following the first bulletin the AFPA has had some very productive discussions at various levels of the AFP from the CFO down.

The purpose of our first bulletin was primarily to highlight the technical and legal aspects of what happens when members find themselves subject to being notified of an overpayment.

Following that bulletin, there is a need to inject a sense of balance and perspective around some of the practicalities concerning overpayments without the legalistic or technical jargon.

The first and most important thing to appreciate is that a member has no lawful entitlement to keep an overpayment. Just because the AFP is generally “at fault” when it comes to overpayments, as a government agency it is also obligated at law and by Ministerial direction to recover the overpayment.

That said, there is an allowance sometimes when the amount and circumstances of some overpayments may be such that it is simply unreasonable to recover the amount and a delegate may choose to write the overpayment off.

For practical purposes though, and for integrity reasons, we would suggest it best to make every effort to enter into an agreement to repay an overpayment.

In defence of the AFP Pay team, it must be pointed out that in most cases of overpayment, Pay team are simply applying a direction regarding an allowance etc. that they are provided. Of all the transactions that Pay Team undertake, I am informed there is less than 1% error rate. Indeed it could be argued that when given incorrect information to process, pay team themselves are not really at fault, they too have an obligation to ensure that allowances they are told members are to be paid actually are paid.

For example; a duty sheet from a rostered area may mistakenly contain overtime which, perhaps was recorded against the wrong individual (and this is a made up scenario), a perfectly honest mistake. That duty sheet would then be entered into the system by a roster clerk resulting in payment to the wrong individual.

No one can seriously blame pay team members for the mistake, yet once an overpayment has been identified, the responsibility for notifying the member almost always falls to Pay team members as does the process of recovery.

Judging by the feedback from members, it is fair to say that one of the main problems concerning the recovery of overpayments is the manner in which it is communicated to the member. The tone is legalistic and the member almost always is made to feel “at fault” for the overpayment. Members need to appreciate that Pay team have not drafted the notice.

One of the things we would like to achieve as a result of this little episode is to inject some humanity and reasonableness back into the process, in the way the organisation communicates overpayments.

Charging a member interest when they are not at fault for an overpayment remains a contentious issue and we will continue to try and achieve some balance in those circumstances.

Where the amount of an overpayment is such that it represents quite an impost on the individual there are means by which members can make the payments over time. We urge members to engage with Pay Team to work out what the most reasonable and fair time frame and periodic amount will be.

If hardship is a reality for you, then you must engage with Pay team regarding your circumstances.

The message in the end is that Pay team are not the enemy, in fact they will do their best to advise members in regard to overpayments. And again, it must be appreciated that just because an overpayment is not the fault of the members in receipt of it, there is no entitlement to retain monies overpaid.

If members require any specific technical information again, please contact the AFPA Employment team online using AFPA Assist, alternatively email us at; employment@afpa.org.au.
Without us, you’re on your own

Legal protection
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PROUDLY SUPPORTING
THE FEDERAL POLICE
IN A JOB WELL DONE
In honour of a great mate

Craig Baird

Post Traumatic Stress Disorder is a real condition that a number of agencies still have difficulties coming to terms with! Members are exposed to incidents and stressors that are not experienced by the general population and they have long-term affects on personnel whether we accept it or not!

Having served nearly 15 years with the NT Police and now 11 with the Australian Federal Police mostly in operational policing, I am now classified inoperative with little prospect of that changing in the immediate future. I now struggle to get out of bed each day, let alone attend a job I truly loved and gave my heart and soul to!

I was exposed to incidents early on in my career but was totally oblivious to the emotional impact they had on me. The affects of the trauma never healed and continued to worsen with the more critical or traumatic incidents I attended. Eventually I reached a point where I became totally dysfunctional in both my work and home lives.

I had no idea what was occurring to my emotions – why I had changed – why I was continually anxious and continued to binge drink so heavily. I thought it was just the ‘job’ and something that was the norm that everyone else dealt with!

I look back now and am envious of the members who had the foresight to remove themselves from operational policing, or of the few who achieved promotions away from the ‘cold face’ of policing. I was never that organised and to be honest the longer I remained in operational policing (at Constable level) the more restricted my abilities became, to the point where my capacities regressed.

Looking back I now recognise I began experiencing worrying emotional difficulties whilst stationed in Katherine. This perpetuated after moving to Darwin before my partner and I decided to resign from the NT Police and move south. Initially I blamed everyone else for my emotional instabilities and in hindsight if I had of known and received treatment for what was occurring 12 years ago, I would have never left the NT or the NT Police for that matter.

I have battled through 11 years with the AFP all the time becoming more and more frustrated at my inabilitys to take on new challenges or to apply myself with the energies I had in the past. I became one of those members that ‘hated work, everything was negative, I became dispirited and uncaring about things and believed it was everyone else’s fault’. I blamed the service and became frustrated with management and put my family though unnecessary stressors.

It wasn’t until last year when I consulted professional help that I was diagnosed with a significant long term Post Traumatic Stress Disorder. To have a diagnosis was a relief, as I truly believed I was going mad and although I was reflective of my emotions I couldn’t control the anxieties or the depressed periods that followed. I now chose to no longer drink, as it on top of my condition it had become a subject with more negatives than positives. Again in hindsight I should have made that decision years ago, I mistakenly allowed the alcohol to become an emotional prop to my own detriment.

Up until recently I had attempted to remain in General Duties, however after a complete over reaction at an incident due to my issues, I recognised that it was time to ‘fall on my sword’. Time to stand up and admit to myself and others that I couldn’t do this any more!

It has been difficult for the AFP as the majority of my exposures occurred within the NT, however the side affects have had a considerable impact on my capacities as an AFP employee. Having said that my immediate AFP managers have been outstanding in their support, I can’t speak highly enough of them!

PTSD is not a new condition – but in the Policing industry I feel the acceptance of it, as a real issue within policing still has a way to go. Colleagues and management need to play a role in identifying officers experiencing concerns and support them rather than being dismissive of the issue as we have been in the past.

Earlier this year I contacted an old friend and squad mate in Vince Kelly and at the time he asked me to write something and share my story. I chose not to but after reading recent NT Police Association news I felt a need to contribute.

On the front cover is a picture of Shane Kappler’s resting place, something I found quite moving. Shane was a close friend and colleague who I worked closely with for a number of years. Looking back I wonder what emotional battles he had been through prior to becoming unwell, which in the end cost him his life. Kappy loved sharing a ‘war story’ and passing on his experiences to others - so I decided to share mine in honour of a great mate!

Ultimately through all my experiences I came to the realisation that we (police) are not robots with impregnable emotions and should not be expected to be such. The tide is turning with agencies identifying of the affects PTSD can have on individuals and let’s hope they continue to advance the detection and early intervention of the illness with members.

I recently read an autobiography written by a NSW Police Officer titled Jack Knife – The Crashing of a Police Officer (NSW Police & PTSD): Author Paul ‘Little Jack’ Horner. For anyone with an interest in this topic I highly recommend the book, you might be surprised how many similarities there is with his experiences to your own.
The Effects of Post Traumatic Stress Disorder (PTSD) on the Officer and the Family

Hal Brown, LICSW

The following letter is from an officer who wrote it in the Guestbook and kindly gave me permission to use it in an article in the hope that his experience will help others. He describes many of the classic symptoms of police PTSD, or post traumatic stress disorder. In fact, every distressing thought, feeling and behavior he relates below is a symptom of PTSD.

I am a (10 plus) – year police veteran and (30 plus) – years of age. I have become seriously concerned with some of the events that have been taking place in my life for the past two years. I have started having nightmares frequently and have great difficulty going to sleep at night. There is always a feeling of uneasiness at night and I have started to develop some unnatural habits associated with these uneasy feelings. At the slightest sound, I have to get out of the bed and check every room in the house.

I have two children who live with me and my wife and I have gotten to the point that I almost always make them come into my room at night because of the feelings I have. If I am the first one in the house to go to sleep, I am ok, but otherwise, the feelings surface about 0:00 pm. I usually end up passing out somewhere between 3 and 5 AM. I get up for work at 7 am and this has started causing me a great deal of problems in my job. I often find myself in a trance thinking about traumatic events that have taken place in my career and always find myself in a very disheartened state afterwards. During the recollection of these events, I often experience a shortness of breath and fear. I feel sad often and one specific event makes me feel very guilty. I know that I could have stopped a murder if I had taken other steps at the time of this incident. I often think about things while driving and end up going in the wrong direction before I realize where I am at.

Certain events that I have experienced cause me a great deal of emotion I distress when I think or communicate about them. My hands are shaking here at 1:06 AM as I write this letter. I have recently found myself to be very irritable, and my wife and I often argue because I don’t want to go to social gatherings with her. I am not being anti-social, I just don’t like to be around people. I just like being with my kids and taking care of them. I feel sad about some things that are happening to me. My daughter came into my room four nights ago and kissed me on the cheek while I was sleeping. I jumped and scared her to death. My wife came to bed one night and when she walked up to the bed, I drew my fist back to hit her. I get up all hours of the night and check the house over and over. I don’t even know what I am looking for. I was asleep about a month ago, and I just knew that someone had fired a gun in my living room. I hear people pound on my door in the middle of the night, when in fact there was never anyone there to my knowledge. One night I got up out of the bed and got my gun. I was about half-asleep. I don’t know what I was looking for, but on my way through the house, I cocked my weapon. On the way through the house, the .357 discharged and shot a hole through my floor. Some of the incidents that I remember the most seem vague. I remember every aspect of a shooting where I held the victim as he died. I can’t remember what he looked like. We do not have counselors to speak to about these things and I feel that the average doctor would not be able to understand what I am talking about. I Know I need help, but I have dealt with it for the past two years. It is getting harder to deal with.

An officer may develop PTSD after experiencing an critical incident, or being exposed over a period of time to stress that he was unable to alleviate. These are two basic causes of PTSD with police officers:

The first is what the public envisions when police PTSD is brought up, especially after 9-11. These are the single event traumas. Perhaps someone shot him (or, throughout him = and/or her), or maybe he had to kill someone himself. Or perhaps both. The critical incident stress management team might have made every effort possible to debrief the officer. They could have been skilled, they could have been novices. Everyone paid attention at the time, but their lives are like everyone else’s lives, and after a while they go about their business and while they still cared, the officer and his family are their own. Hopefully everything worked out and there were no lingering effects. Post traumatic stress disorder can sometimes be avoided even when an individual has the most traumatic, life threatening and life changing experience. Sometimes officers don’t get any treatment at all and never develop it. Other times they get what seems like the best treatment and they do.

But sometimes intervention isn’t as good as it should be. And other times even the best intervention doesn’t work. As far as CISM and CISD*, look at it like a vaccine that is effective a certain percentage of the time. You don’t want to be inoculated, but you have to realize the preventative...
measure isn’t 100%. So it is with critical incident stress management and debriefing. It doesn’t always prevent PTSD. Nobody really knows why, except that knowing this there’s no excuse for law enforcement administrators not to making sure officers are followed closely for at least two years after an incident. I would recommend at least a monthly half hour session with a good therapist and every other month a meeting which includes the spouse if there is one. Sometimes the individual doesn’t see his own symptoms. Either he is denying them or really doesn’t recognize how he’s changed. Or maybe he kind of sees how he’s different but it’s too painful to think about it for very long.

The second kind of trauma is addressed, in part, in some of the article list in the “Politics” section of Police Stressline, where the stress is caused by an aspect of the job over a long period of time that undermines the officers self-esteem, confidence and trust in his superiors and/or coworkers. This may occur where there is racial or sexual discrimination. It may occur with an honest officer in a less than honest department. It may occur in an officer that believes in proactive policing in a caretaker reactive department. It can occur in a department where decisions are made on the basis of favoritism, politics and ego. The term “hostile work environment” is generally used to describe this kind of internal police department atmosphere. Of course prolonged trauma that builds up and leads to PTSD can be caused by having to work day after day with an unappreciative or hostile public and being exposed to the worst aspects of the human condition.

Mild PTSD can disrupt a life, but moderate to severe PTSD is a nasty condition. For one thing, it involves a combination of psychological and physiological changes in a person. On the psychological side, it can shake a person’s very belief system to the core. It can produce overwhelming, illogical, guilt feelings. It can lead to an “I don’t give a crap” attitude. It can make a police officer question whether the job has any meaning or value. It can make someone so vigilant he becomes paranoid, unable to trust or let his guard down even when he’s completely safe. It can lead to suicidal thoughts and in rare instance actual suicides. On the physiological side, as noted in other articles here, it can produce anxiety, irritability, depression, insomnia and a host of physical problems from headaches to digestive problems.

But in the interpersonal realm, there’s where the family is really affected. PTSD can cause the sufferer to become emotionally withdrawn and distant from family members. The sex drive can go out the window. He can become overly needy and dependent, or on the other hand outrageously demanding and impatient. He can revert back to old habits like smoking or drinking, or become a newly hatched adolescent and engage in reckless, sometimes life threatening, hobbies. Sometimes hobbies like motorcycling can border on suicidal when officers test the limits of speed and good sense. I hate to say it, but PTSD can contribute to an officer thinking, “what the hell, I might as well have an affair.” He may not do it, but thinking it can be very distressing, and the spouse may pick up signs her mate is thinking of straying.

Needless to say, if an officer has turned into a devil-may-care adolescent or become sullen and melancholy, and his personality is different, he might as well be a different person than he was before the critical incident and the onset of PTSD. The family becomes the secondary victim. Loyalty is tested in the extreme. So spouses and kids ask themselves, “if husband or Dad isn’t the person he used to be, if sometimes it seems I hardly know him, what am I doing sticking with him?” Of course the families know when the changes occurred and why, and Dad was probably a hero, made the newspaper, got a distinguished officer award. So they stand by him, but the unhappiness is incredible.

What can the family do? First of all, make sure that nothing was missed as far as treatment goes. Especially whether or not there ever was or still is a need for medication. Sometimes law enforcement officers, especially men, are loathe to take meds. But they need to understand that PTSD may actually irrevocably alter the way their brain functions. Research into this is fairly new, but this is what the evidence suggests. Most people reluctantly accept when they’ve had a serious injury, say to their back, that they may never quite be the same again. But to think that the stress of a critical incident can essentially injure the brain so it will never return to optimal functioning is a horrendous thought. And it may be true.

We know that the efficacy of serotonin in the brain is drastically effected by stress, and by PTSD, which alters the receptor nerve cells. Medications like Prozac, Zoloft, Paxil, Wellbutrin, Cеlexa, and more recently Lexapro are often recommended and used very effectively to help people through rough times. They help the brain return to normal by making the neurotransmitters work the way they’re supposed to. If the officer was on them after the incident and they seemed to help, but he stopped using them in the hopes he wouldn’t need them anymore, and the symptoms returned, he should probably start using them again. And if he never was on them, family members should urge him to see his doctor to discuss a trial of at least two months.

The treatment of choice for PTSD is generally a combination of psychotherapy and medication. Officers should be advised that PTSD does not mean post traumatic stress distress. The “D” stands for disorder, and this indicates that one is having a serious reaction to a single incident or to a prolonged trauma.

In addition to finding a sympathetic and knowledgeable physician or psychiatrist, the officer will need to seek out a therapist who works well with police (or correction) officers. Any law enforcement therapist has seen officers who have developed PTSD after a critical incident or after exposure to prolonged trauma.

I wouldn’t recommend any drastic life or career changes for an officer until he (and again, it could be a female officer too) has had some therapy, and when appropriate some couple sessions with the spouse. Some officers do quite well when they move out of law enforcement into something completely different following a critical incident that resulted in PTSD, but because law enforcement is as much of a “calling” as medicine or the clergy (or therapy), it is not a decision to be taken lightly. And it is never too late to start.

In closing, the good news for those who suffer directly from it, and those family members who suffer indirectly, is that PTSD is very treatable like most police stress.

Finally it is being discussed and diagnosed.
Two Dirty

Police Officer suicide is a dark subject that many people prefer to avoid. The Martin Bouchard story brought back some painful memories for me.

Martin Bouchard (30) was an RCMP Officer who suffered from PTSD after working a posting in Shamattawa, Manitoba, a troubled Indian Reservation 1,200 kilometers northeast of Winnipeg known for substance abuse and suicide.

In 2007, seventy-four (74) youths attempted suicide and a further eighty-two (82) made suicide threats. In the first five (5) months of 2008 thirty-seven (37) youths and ten (10) adults attempted suicide. Fifty-two (52) others told health care workers they intended to kill themselves. The youngest person to attempt suicide was a nine (9) year old child. (Source: Gladu.org “Many suicides in Shamattawa.”)

According to Bouchard’s wife Krista, the suicides and attempt suicides were the most traumatic events for Martin. Quoted in a Winnipeg Free Press article by reporter Rebekah Funk, Krista got to the crux of the matter, “The biggest thing was the hangers, they called them. They were cutting people out of the trees weekly for attempted suicides.”

On November 8, 2012, just four (4) days after handing in his badge, Martin Bouchard committed suicide. Krista Bouchard links her husbands death to his ongoing struggle with PTSD and believes it was preventable if the RCMP had placed some priority on helping Martin cope with trauma he suffered as a result of his employment.

“It was his death, no, it was everyone’s death. He lost his career, his health, his family,” said Krista. “He was a pillar of our community, our police force, and he was gone.”

It seems to me the spokesman has unwittingly supported the stigma inherent in Police culture that officers who acknowledge they have suffered workplace emotional trauma have “limitations” and “restrictions,” words some might suggest infer they are “weak” or “less than.” The very stigma that prevents Police Officers from acknowledging trauma and seeking professional assistance in the first place. Police Wellness Officers will tell you the number one reason Police Officers fail to access help is the fear of the loss or destruction of their careers.

“The internalization of emotional injury or Post Incident Trauma often has deadly consequences. The fact is, Police Officers suffer as many or more deaths from suicides then they do from on duty incidents with dangerous offenders.”

My first experience with a Police Officer suicide came on September 20, 1989 with the untimely death of nineteen (19) year Police veteran Inspector Ken Dowson (43), a seasoned and respected member of the Winnipeg Police Department. Ken was embroiled in an enquiry into the 1988 death of an Aboriginal man who had been shot by Police. In fact, on the day of his death he...
was expected to take the witness stand and defend a controversial investigation that was under heavy scrutiny. Ken waited until 8:30 am when his wife and three teenaged children left their home. He then called his longtime friend and Police partner and shot himself with his service revolver.

With only two (2) years of Police Service under my belt at the time, I recall feeling shocked and disturbed by the news. I didn’t know Inspector Dowson well but I did have a meaningful tete a tete with him one day when I bumped into him by the back doors of the Public Safety Building. It was a ten-minute conversation filled with inspiration and encouragement for a hungry Rookie cop from a man who truly loved his profession and his role as a leader.

The tragic loss of Police Inspector Ken Dowson opened my eyes to the “not so obvious” dangers of Policing.

Sadly, Inspector Dowson would not be the last Police Officer we would lose to the tragic circumstances of suicide. I fondly remember our fallen brothers and think of them often.

Studies in the United States show that suicides in Law Enforcement occur 1.5 times more frequently than they do in the general population. Police Officers – 18/100,000 vs General Population – 12/100,000.

CONTRIBUTORY FACTORS INCLUDE:

- Relationship difficulties – often aggravated by Police profession
- Shift Work
- Alcohol or Substance Abuse
- Legal Issues
- Facing Prosecution
- Negative Public Image
- Financial Problems
- Physical Pain or Illness
- Inconsistencies in the Criminal Justice System

- Shame / Humiliation
- Unrealistic expectations of self or from others
- Easy access to highly effective means of suicide (96+% use firearms)

*Source: The Badge of Life Canada

I can’t say what, if anything, Post Traumatic Stress had to do with the deaths of these officers, but I can say with certainty that a career in Policing is a mind-altering experience. Police Officers see the dark side of humanity and are exposed to extraordinary brutality and horrific imagery. On top of that, Policing requires that Officers remain in a constant state of hyper vigilance.**

Rookie Police Officers quickly learn that in order to be successful at your job you simply can’t believe anything anyone tells you. Virtually everyone lies to Police Officers, victims, witnesses and suspects. A Police Officer’s primary job function is to seek the truth, to find out what happened, to determine who is responsible for a crime. That search for the truth requires that Officers place heavy scrutiny on every piece of information they receive.

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The ability to scrutinize becomes the Police Officers Achilles heel in his personal life when he fails to turn that “switch” off when he drops his gun belt at the end of his shift. I realized I had fallen into that trap after attending a seminar called Emotional Survival for Law Enforcement featuring Dr Kevin M Gilmartin Ph.D.

I was the hypervigilant cop Dr Gilmartin warned us about. I frequently interrogated my wife and daughters and placed heavy scrutiny on everyone one I met outside of the Police Universe. I was the quintessential cop both on and off duty. Ironically, I was everything the Police Service trained me to be, a top notch, hyper-vigilant cop who was slowly losing faith in humanity. I knew I had to change or risk alienating the very people who cared most about me. I’m thankful I got the message before it was too late.

I recently wrote a story called “Policing – A Career Full of Nightmares.” The story went somewhat viral on social media and recorded over 28,000 views. The topic was PTSD and the horrific imagery Police Officers are exposed to during their Law Enforcement Careers.

After reading the story a Facebook friend with Law Enforcement experience commented:

“The Military recognize the ‘cumulative’ results of these traumas and have treatments for the “Operational Stress Injuries” and/or “Post Traumatic Stress” – the Police Community lag years behind in their proper recognition and treatment holding on to outdated policies – I fear our members exist in a pressure cooker with the exponential increase and frequency of those types of incidents and calls, day in and day out. Add in the abject treatment of the Police by its citizens, the media and dare I say, its Management and Justice, and I see issues such as what you mention becoming worse over time. My hat goes off to those brave heroes who put on that uniform every day striving to help their fellow citizens and maintain peace and sanity in an ever increasingly chaotic and savage world.”

A HEARTFELT MESSAGE OF CONCERN THAT POLICE EXECUTIVES SHOULD BE ALERT TO

The “limitations” remark made by RCMP Spokesman reminded me of a conversation I had with a man I met while on vacation in Mexico in 2012. His name was Dave Fischl. He was an “Inclusion consultant,” who specialized in bringing diversity and inclusion into unionized workplaces. Mr Fischl had developed expertise in specialty hiring practices that include:

- Aboriginal employees
- Persons with cognitive issues
- Visible minorities
- Persons with “disabilities”
- Women – in non-traditional occupations

Dave told me a story about his advocacy for persons with perceived disabilities, how he pushed companies to stretch their boundaries and offer employment to people with physical and mental challenges. In a twist of fate, Dave received a phone call and learned his newly born grandchild had been diagnosed with Down Syndrome. The news shook him and he found himself struggling to cope with the reality of the situation. Dave was a leader in his family and realized he had the ability to shape his family members perception of the challenge of raising a child with significant issues.

That’s when he realized it was time he started practicing what he had been preaching. He realized the shock of the news had him fixated on the wrong information. His thoughts had been consumed by questions regarding “limitations” rather than focusing on abilities. The child’s abilities suddenly became much more important than his perceived disabilities.

“It’s all about looking at a persons abilities. It totally changes the way you look at people, it’s that invisible barrier that’s become much more important than his perceived disabilities.

People in Law Enforcement who are exposed to extraordinary horrific events will be injured and changed by their experiences. That, I’m afraid, is the inconvenient truth. It’s the responsibility of the employer to recognize the trauma and have effective protocols to assist employees cope with the trauma they experience by virtue of their employment.

When it comes to re-integration into the workplace, I would suggest Police Agencies start to consider the officers “abilities” and not their “limitations.”

To me, “limitations” is a dirty word, not PTSD or Police Officer Suicide. Let’s take care of each other.

Constable Raymond L’Heureux (37)
July 22, 1997

Ray was a hard working diligent Police Officer who kept to himself and seemed to shy away from the limelight. I was a rookie in field training when I met him and admired his quiet confidence. His death was another disturbing traumatic event for many officers.

Patrol Sergeant Jeremy Harewood (47)
October 29, 2007

Jeremy Harewood was born in London, England and came to Canada at the age of seven (7). His Police career began in 1992 and featured assignments in uniform patrol, Youth Division and Recruiting. In 2006 Jeremy was promoted to Patrol Sergeant and took a job working in District #6 where I was running the Crime Unit. Jeremy was the consummate professional and sought my advice on a number of Policing issues. Our interactions always stayed on the professional side and never ventured into our personal lives. It seemed that Jeremy wanted it that way and I respected his boundaries.

When the news of his death came I was filled with regret for not having pried into his personal life. I would learn that Jeremy was the proud father of two (2) beautiful daughters and that he was struggling with issues related to a marriage breakdown. As a divorcee who went to war for custody of my own two (2) daughters, I could have shared experiences with Jeremy that would have surely given him hope to keep fighting. His death will always weigh heavily on me.
A Job Worth Doing

Roger F. Peters RFD

1 INTRODUCTION
I thought I might begin by saying that my credentials are simply that for more than 20 years I have professionally assisted over 2000 cops. I am certainly appreciative for the awards and commendations I have received over the years, but these pale into insignificance compared to the profound sense of meaning this work has given my life. For that I thank my clients who have surely taught me as much about life as I ever taught them.

There are compelling human issues that need to be better understood and I propose to cover just two of these; i.e., firstly, the question of burnout. While it certainly was not quite in the Mark Latham style, it was brutal enough. It was cathartic, an emptying out, and a libation, if you will, of my own pain that I have picked up on the way. That is the psychological cost one experiences in seeing, time and time again the injuries of police officers, suffering both the physical and psychological kind. In fact it is in fact the stuff that goes to make up professional burnout, one of the themes I will take up a little later in respect to police.

2 THE IMPORTANCE OF MEANING
Working with police, as I say, has given my life more meaning than I am sure it would have otherwise. It was Viktor Frankl who said, “happiness comes from meaning and that meaning doesn’t come from happiness”, (Man’s search for Meaning). So too, it is, I suspect, that policing brings your own lives meaning and the reason you are or have been at different times prepared to put your lives on the line. Likewise because of this same commitment you have been also prepared to forgo your family’s immediate needs, and certainly your own, for the benefit of our community. Then, of course, there are those who pay by way of psychological damage so frequently evidenced by the vast numbers of veteran police who didn’t quite make it to the point they had anticipated, but instead have had to prematurely end their careers.

After re-reading the first draft I wrote, now many months ago, I thought that if I really meant what I said then it was perhaps I that should be in treatment.

3 STRESS AND POLICING
In setting the scene for my two themes I must cover just two or three important domains. Psychological injuries for police are common with recent overseas research suggesting that perhaps 20% of emergency services are destined to suffer posttraumatic stress disorder (Lindahl 2004). I specifically mention this statistic, one based on overseas research to emphasis that the problem is universal, not parochial i.e., not just a morbidity rate peculiar to Australian Police.

Australian research indicates that in those organisations where employees feel supported and affirmed PTSD can be reduced by as much as 50% (Cotton 2005). So often when I see and comment on these critical issues or write about them I feel there is a collective cringe. I was at least buoyed by Commissioner Maroney saying to me the day before he took office that he “didn’t shoot messengers”, because for all my faults and failings I am a passionate and persistent messenger in respect to mental health and the welfare of our police.

There are several points worth making. The first is in respect to the adverse and pessimistic view police sometimes take by uttering the acronym TJF. I was trying to identify the history of this and was told by one officer recently that a retired officer he was speaking to (who joined in 1952) said it was being said then. It got me to thinking and questioning, is this in fact a generational view and that “ground zero” simply readjusts itself for each subsequent generation? My nephew who has been in the job just 3 years doesn’t think TJF at all; in fact all his expectations are being met. He is thriving in the job that he loves. I think while some talk of the good old days being 1986, I recall that officers I was seeing then were talking about the good old days being in 1976. So it goes, I suspect as I said this is a generational response that occurs when the officer’s expectations are not met and the drive is lost. This may come down to being unable to cope with change but especially make adjustment to one’s expectations. Another way to see this is that when cultures clash those fixed into an earlier paradigm of policing will be in conflict with those within an emerging paradigm, indeed as a result these are the officers who predictably will be most likely to utter TJF.

However, a word of caution here, if this cynicism and negativity pervade the individual view then sadly what might be lost for them is the contribution and significant difference that they may have made as a police officer. The fundamental essence of what it is to be a police officer is to serve and protect and this never changes, it is a sacred trust. Thus the vocation of policing should never be confused with the politics of policing. In fact the actual job is anything but TJF and never will be.

Thirdly, there is a common misunderstanding in respect to the experience of stress in policing. Perhaps this may be best conveyed in the following story and one I have used...
before. A friend of mine in cleaning up some of his late father’s possessions came across a diary. He showed me an entry some 18 months before his father’s retirement, “I am so depressed I am drinking too much, I am hurting my family -when will it ever end?” I think you can agree that whoever wrote this was indeed distressed and in fact a person clearly at risk. However the diary didn’t belong to a senior constable but a Chief Inspector, nor was it written in 1996, but 1976. You see, I think this type of evidence dispels two ideas; the first is that police stress is a new phenomenon and secondly, that it is the domain of only malcontent senior constables. Police stress is certainly talked about more and indeed many are now prepared to “come out”, but certainly it’s anything but new. Perhaps this civilian combat fatigue is inevitable, I sometimes wonder who indeed makes it through unscathed?

**A PLACE FOR COMPASSION AND FORGIVENESS?**

A final observation before moving onto my two themes: Most of us saw the recent episode of Australian Story (The shooting down Tumut way). I was stung by the extent of the animosity, not just between the family and police but also between the ex serving members toward the NSW Police Force. One officer said, “I would rather eat broken glass than be in the police”. Then of course the sister of the deceased stopped only just short of wanting to gaol the officer who shot her brother - saying venomously “I suppose he has to live with it the rest of his life”, (surely a modern day curse). That story in many ways seemed to encapsulate so much about the challenges of being a police officer and indeed the cost that might have to be paid and, of course, by his or her family.

Yet so often I see a lack of compassion in how you treat each other even just on a day-to-day basis. Small matters that deserve admonishment are destined to become major inquiries. Good intentions are so often confused with corruption and this makes the pain worse. Families are so often caught up in all of this as probably no better exemplified even in our own Region, the so called “bulldogs affair” is just one of these. Again there are officers who have had no allegations proven but are vilified by supposed “patterns of behaviour”. Officers who beat the system are seen as simply cheating the system.

In all of this there is so often not even a modicum of true human compassion. Yours is an organisation where rumours and gossip flourish and just add to the toxicity. Can it stop? Can a culture that has grown in this way over so many years change? If the answer to this is no, then as I explain to those that see me professionally you had better learn ways to become, as an organisation and as police officers, more resilient. In this regard I would however like to speak to you about the antithesis of resilience, the first of two themes i.e., burnout. Burnout is of course the ultimate inability to continue to maintain psychological poise or resilience.

**BURNOUT**

I am not one for definitions but I think the pedagogy of this is important. Pines and Aronson (1981) noted that burnout is “characterised by physical depletion, by feelings of helplessness and hopelessness, by emotional drain, and by the development of negative self-concept and negative attitudes towards work, life and other people...It is a sense of distress, discontent, and failure in the quest for ideals” (p 15). Freudenberger and Richelson (1980) described burnout as a “state of fatigue or frustration brought about by devotion to a cause, way of life, or relationship that failed to produce the expected reward”, (p 13). Edelwich and Brodsky (1980) defined burnout as a “progressive loss of idealism, energy, purpose, and concern as a result of conditions of work” (p 14).

Burnout is of course subjectively experienced, but is as a state of physical, emotional, and mental exhaustion caused by long-term involvement in situations that are emotionally demanding. The emotional demands are most often caused by a combination of very high expectations and chronic situational stresses. Burnout is accompanied by an array of symptoms including physical depletion, feelings of helplessness and hopelessness, disillusionment, and the development of a negative self-concept and negative attitudes towards work, people involved in the work, and life itself. In its extreme form burnout represents a breaking point beyond which the ability to cope with our work environment is severely hampered. Indeed burnout tends to afflict people who enter their professions highly

<table>
<thead>
<tr>
<th>Cognitive</th>
<th>Lowered concentration, decreased self-esteem, apathy, rigidity, disorientation, perfectionism, minimization, preoccupation with trauma, thoughts of self-harm or harm to others.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional</td>
<td>Powerlessness, anxiety, guilt, anger, range, survivor guilt, shutdown, numbness, fear, helplessness, sadness, depression, emotional roller coaster, depleted, overly sensitive.</td>
</tr>
<tr>
<td>Behavioural</td>
<td>Impatient, irritable, withdrawn, moody, regression, sleep disturbance, nightmares, appetite changes, hypervigilance, elevated startle response, accident proneness, losing things.</td>
</tr>
<tr>
<td>Spiritual</td>
<td>Questioning the meaning of life, loss of purpose, lack of self satisfaction, pervasive hopelessness, anger at God, questioning of prior religious beliefs, loss of faith in a higher power, greater scepticism about religion.</td>
</tr>
<tr>
<td>Personal Relations</td>
<td>Withdrawal, decreased interest in intimacy or sex, mistrust, isolation from others, over protection as a parent, projection of anger or blame, intolerance, loneliness, increased interpersonal conflicts.</td>
</tr>
<tr>
<td>Physical/Somatic</td>
<td>Shock, sweating, rapid heartbeat, breathing difficulties, aches and pains, dizziness, increased number and intensity of medical maladies, other somatic complaints, impaired immune system.</td>
</tr>
<tr>
<td>Work Performance</td>
<td>Low morale, low motivation, avoiding tasks, obsession about details, apathy, negativity, lack of appreciation, detachment, poor work comm., staff conflicts, absenteeism, exhaustion, irritability, withdrawal from colleagues.</td>
</tr>
</tbody>
</table>

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motivated and idealistic, expecting their work to give their lives a sense of meaning. It is a particular hazard in occupations in which professionals tend to experience their work as a kind of “calling” such as policing.

Compassion Fatigue as discussed by Figley (1999) [in Violanti and Paton (1999)], offers a different emphasis in respect to burnout and uses a slightly different focus or schemata. So here, rather than cite a definitional approach to compassion fatigue as earlier with burnout, the following descriptive table aims to provide what Figley (1999) meant but also indicate some of the similar characteristics, seen in the definitional terms of burnout.

It is interesting that what has happened is that most officers see me who can no longer psychologically carry on are not medically unwell in the specific sense, although they may have many symptoms. They are angry disillusioned, stressed and pessimistic as well as frustrated about the work, their employer and sometimes-specific people. You see, while some officers who see me certainly have PTSD and others undoubtedly have depression, but almost all of those that leave based on psychological grounds, in fact, suffer burnout. This is, I think, a far more accurate description of what ails them.

6 MIS-DIAGNOSIS AND MISUNDERSTANDING

It is not possible however to use this descriptor “burnout”, as a differential diagnosis as it doesn’t appear in the Diagnostic and Statistical Manual of Mental Disorders, or the International Classification of Disorders. Like “stress”, it is not a formal illness, injury or diagnosis. For all officers, resigning would be financial suicide and so there is an imperative to medicalise burnout. Burnout then becomes PTSD, Adjustment Disorder and any other diagnostic label that will initiate a medical discharge.

I recall saying to one officer whose symptoms were essentially anger, “mate you can’t get a pension for anger“: [Interestingly enough anger has been described as depression with enthusiasm]. While anger, like depression, actually stems from anxiety, these emotions such as anger are simply expressions of our normal mood, even temperament, and as such are not illnesses. For burnout to be an injury it would need to be included in the Diagnostic and Statistical Manual of Mental Disorders. Perhaps like 1986, when PTSD was voted into the DSM (lobbied by the Vietnam veteran population) and homosexuality was taken out (lobbied by the homosexual population), burnout and its importance, as a psychological disability will one day be endorsed. But only then will it be legitimately used to explain this common morbidity, one that I believe is an occupational hazard in policing and the basis as to why so many cops leave.

Many officers on the other hand have old orthopaedic injuries that of course deteriorate over time and so these too are often used to assist the process of a medical exit. This occurs from the most senior officers to the lowest rank. It is a culturally endorsed and legitimised. As you have all heard said, “make sure you get a HOD recognised early in your career as you never know when you might need it”, or as a senior officer once said to me, when I questioned their fitness to serve, “Roger this is my 72.5% don’t fuck with me HOD leg”.

The problem in using orthopaedic injuries as a means to accessing their superannuation entitlements is that we may then never fully understand the true dimension of burnout and other psychological problems within your organisation. Then, because of this distortion and masking of psychological injuries, we may then never fully appreciate the critical impact and cost associated with psychological injuries and burnout.

Before leaving this interesting area, one further and additional problem is that in distorting any illness for the purpose of a pension it can make the officer look other than genuine. But I would emphasises that while the claim may be exaggerated and distorted, the reality remains that in most cases irrespective of the label they usually no longer have the temperament to be an effective operational police officer and as such retaining them becomes a liability.

The key to avoiding burnout is not just about developing individual resilience, even though that’s an important part, but additionally whether there are support systems in place and valued by police. Even more importantly in this regard is whether these support systems are effective and are being used are best practice, critical incident stress debriefing and Employee Assistance Programs would be two cases in point where the pedogy is sound but the delivery is poor.

7 REHABILITATION

I would like to move on to my second theme, i.e., a specific issue within the general protocol of employee welfare, i.e. rehabilitation. This might seem of all the things that I could discuss, as being one of the least important. For
A JOB WORTH DOING

me however it’s a matter I feel strongly about. I am also aware that by preaching the word wherever and whenever I get the chance I may hopefully help bring about some impetus to change policy.

Rehabilitation after the injury means firstly a return to the job in which they were injured, then if that's not possible, rehabilitation to work outside the police. In addition work experience and training may also be included to facilitate a return to some meaningful and dignified work all under the guidance of a rehabilitation specialist.

I think that rehabilitation for all officers is integral to treatment and as such is an essential part of any recovery plan, certainly it’s critical if there is to be a positive prognosis. For instance you wouldn’t expect to be refused physiotherapy if you had a back injury. Likewise I am suggesting that rehabilitation should be part of any treatment of psychological injuries. Ultimately the return to meaningful and dignified work should be the goal of any appropriate psychotherapy and as such should be funded by HOD. You will recall that in the early part of my paper I suggested that our true happiness comes from having meaning and certainly work has the potential to provide that.

I realise there are some quite older ex-serving police officers who may say, “but I just want to retire, join the grey nomads and travel Australia”. All of which is fine and I accept that a vast number of police will do exactly that. However there are many officers you all know who have been prematurely retired because of physical or psychologically injuries or both, many of who are relatively young and have many good years to give. For them early retirement can mean a loss of dignity, additional distress in losing a career and again often a loss in their sense of meaning or purpose even their identity. Moreover the British Medical Journal as recently published a study of over 3500 men and found that those that retired at 55 years of age were twice as likely to die in the next 10 years when compared with those who kept working. As I said work provides so much more than an income! At present in order to obtain employment after they have been discharged a retired officer must demonstrate to any prospective employer that they are fit. This might seem be easy to say but what is not easy is to gain employment while at the same time making a frank and open disclosure as to when they left the Police Force. It would be a benevolent employer indeed who agreed to take on a man or woman in their late forties with orthopaedic injuries and who may be seen additionally as being less than psychologically stable due to a condition such PTSD. Thus the police officer will find the open employment market a real challenge and of course this can only add to their sense of lowered self-esteem and sense of worthlessness. I am more than aware that many officers on their own find work after policing, without help I am just suggesting many don’t and nor should they have to without at least the opportunity to be given assistance.

Rehabilitation is the key to returning any officer to a dignified place in society. It is the end point of treatment, and it is I believe the ultimate demobilisation from what Charles Figley refers to as “civilian combat”.

You never know what’s around the corner
Make sure you’re prepared

How to Develop Post Traumatic Stress Disorder

By Micky Newman

This is my story about how I developed Post Traumatic Stress Disorder (PTSD) while serving at Bushy Park Station.

I had been stationed at Bushy Park for over a year and things were getting pretty busy as they do during the day time savings period. Lots of call-outs, but not a lot of sleep. One night I was called out during a storm to attend to obstructions on the road, due to fallen trees. The end result was that I came very close to getting taken out of play by a falling poplar tree. I didn’t think much of it at the time.

A few weeks later, I attended a fatal accident on the Lyell Highway near Hamilton where a motorcycle rider met a very nasty end after a collision with an oncoming vehicle. Apart from dealing with the deceased, I spent the majority of the time with the deceased’s best friend of 52 years, who had just seen his best mate killed in a horrific accident. He was in a very distressed state and kept asking me how I could possibly go to fatal crashes and not be affected by it. But this accident did affect me, which was unusual.

Only a few days later, a bush fire started near Meadowbank Dam. I was the first emergency services person to locate the fire and came very close to getting cut off by it. It took a lot of high speed reversing in the police wagon to get out of that situation. I spent the next few days heavily involved with monitoring the fire and evacuating people from their houses.

During the height of the fire, as it was going through the houses in Karanja, I could hear fire crews nearby on the UHF radio getting into difficulties, begging other units to get water to them. The other units where telling them to ‘get the hell out of there before it’s too late’ etc. I found this upsetting; I felt powerless to do anything, except listen.

Only about a week after this, I was the first emergency services person to arrive at the scene of a fatal accident at Karanja. The victim, a schoolgirl called Ashley, had been getting off her school bus when she was struck by a ute with a bull bar.

On arriving at the scene, it was apparent to me that Ashley was alive, but had little hope of surviving, but I desperately wanted her to live. Her parents were already at the scene and her mother was desperately trying to breathe life into her daughter, but on each breath it was clear that Ashley’s lungs were filling with blood. After a while, we were unable to get a pulse from Ashley. Eventually, after what seemed to me like hours, the ambulance arrived. The paramedics were unable to revive her and pronounced her life extinct.

Ashley’s little sister had been immediately behind her when she was struck by the ute. She was still at the scene and was joined by her grandparents, so they were all there when Ashley was pronounced dead. They, understandably, were all in a very distressed state. There was also the busload of school children who had witnessed the incident. It was the bus that Ashley had been on. I was still waiting for somebody, anybody, to turn up and assist me. (Note; the officer who was on duty and was to back me up, had asked me to get back to him and let him know if he was really needed at the scene. I think I had interrupted his dinner plans with my pleas for assistance. He no longer works for TasPol.)

Once a few officers started arriving at the scene, I was able to get some details and piece together what had
happened. On taking a statement from the poor bus driver, I knew I was talking to a man who would be scarred for life by what he had just been through.

I was at the scene for well over four hours. By the time I was finished there, I had an intense headache and I noticed that I still had Ashley’s blood on my hands. I had used my jacket to put under Ashley’s head and shoulders so we could get air into her lungs. There was a lot of Ashley’s blood soaked into my jacket and the soaking and washing to get the blood out reminded me of the young life that I had so desperately wanted to help save.

Following this accident, I had four RDOs before I went back to work. Normally this would be enough time for me to process and recover from a traumatic event like this. So, following my military training in how to deal with trauma, (i.e. consume lots of alcohol and talk to your mates about it) I drank away my four days off. I didn’t really feel like talking about it.

On returning to work I thought that I would be ok, but something wasn’t quite right with how I was feeling. I found that the headache was not going away and I was suffering from bouts of vertigo. I was constantly getting emotional. I was unable to concentrate or focus, and I was desperately hungry all the time. Ringing phones or similar sounds were startling me and I was having great difficulty making decisions. I wasn’t sleeping much at all, and when I did get to sleep I would have nightmares - nightmares about Ashley and her sister, which would turn into nightmares about my two daughters when they were the same age as Ashley and her sister.

A good friend and work colleague had spent only a few minutes with me before I got “Mate, you’re not right, go home. You’ve got to get your nut fixed”. Bit of a poet really.

I had been contacted by a CISM member on my days off and he had twigged that all was not well. He had made arrangements for a psychologist to attend Bushy Park station on the Monday night. Monday night came and went and no psychologist turned up, so I contacted the CISM guy. He then made arrangements for the psychologist to attend the next afternoon, Tuesday. By about 6pm on Tuesday there was still no sign of the psychologist and I was now well aware that I was in a bad way. I put myself off duty and headed home.

The psychologist eventually turned up at my home address later on Tuesday night. He managed to get a few words out of me before I burst into tears for the next half hour. He advised me that I was suffering Post Traumatic Stress.

The next day I was able to see a doctor and was officially diagnosed with Post Traumatic Stress. It did not help me at all, when the doctor stated that he had been through a similar situation in the past and he simply had a few drinks and forgot about it, and encouraged me to do the same!

I ended up being off work for a month, before returning to work through a return to work program. After a month of sorting property at Bridgewater Station, I thought that I was also sorted. I could now talk about the event without bursting into tears, so as far as I was concerned I was back to normal.

So when the (different) doctor suggested further return to work programs I insisted that I was good to go, fully recovered and ready to get back to work.

I returned to Bushy Park feeling stronger and better equipped to deal with stressful situations. The headaches were gone and I was able to work on with no problems.

Winter had ended, work started to pick up again. One night there was an armed siege in Maydena, and then a few hours later a double murder near Hamilton. The constant headaches were back, and I was getting angry. Angry with everyone and everything. Sometimes nothing! On busy days, I was getting spells of vertigo and my thought processes were becoming foggy, so that it was hard to think straight and take in new information. Sleep was becoming elusive again.

I managed to hold on until my next leave period thinking that a month off would sort me out. And it did, for a while. Once I was back at work it was not long before the headaches were back, along with all the other symptoms I had been experiencing. I was on call each evening and I found that I was experiencing adrenalin rushes while just sitting in front of the TV. If the phone rang I would nearly jump out of my skin, and even just thinking about the phone ringing would cause an adrenalin rush. I was getting used to having shaking hands.

During this time I was enduring extra-long shifts, sometimes being awake for 36 hours, mostly due to the green activists in the Butlers Gorge area, but also travelling out to Lake Pedder in the early hours of the morning looking for overdue kayakers and bushwalkers etc. With the bush fires, a high work load and struggling to sleep I was in overdrive. One of my colleagues went on leave while the other went on a training course! I was operating on my own out there. Seven days in a row over Easter, the only officer in the valley. Back up was a long way away.

I had managed to make it to my next leave period at the end of Easter and by then I knew I was really struggling and I needed to develop a plan to remove myself from being on call all the time. So I applied for a CACS course, thinking that a stint in RDS would get my feet back on the ground. I was on the CACS course soon after returning from leave. That didn’t go well.

By the end of the first week of the course, all my symptoms were back with a vengeance and taking over my life. On the second week of the course, I was spoken to by the instructors about my apparent lack of short term memory. It was clear to me that I was lagging behind the rest of the course. On Monday of week three, the instructors became fully aware of the state I was in. I realized that I was in a bad way and needed medical attention. My symptoms were pretty intense and I was even at the point where I was experiencing chest pains. Not a good sign.

I was able to get to the doctor that day and it was soon diagnosed that I was now suffering from Post Traumatic Stress Disorder (PTSD). I’d managed to step it up from just having Post Traumatic Stress. He told me that I could forget about going back to Bushy Park, ‘Doctor’s orders’. I was prescribed anti-depressants and sent home.

After a fortnight of feeling awful on many levels, I returned to the doctor and was put on different medication. Things started to look up a bit, but progress was very, very slow.

In those first weeks, I was struggling to achieve just one basic task a day. All decision making was out the window. I could not get much past logging into Facebook and turning on the TV. My brain just did not want to function. I did, however, manage to force myself into doing some physical training nearly every day. I was once advised by and old mate that ‘when things in your life have gone to crap (I was going through a marriage breakup at the time) look after your physical self and the rest of you will catch up when it’s ready.’ Good advice I thought.

continued on page 32
Looking for answers I went to Google and discovered that there are police all over the world suffering from PTSD. Some estimate that around 15% of police in Australia suffer from PTSD during their career. At least while I didn’t really understand what was happening to me, I knew I wasn’t the only one.

I started to become aware that my condition was affecting my family far more than I realised. My family didn’t understand what was wrong with me, (I didn’t understand what was wrong with me) or what to do about it. They didn’t know how to behave around me, or who to talk to about it. I arranged for my wife to see the new police psychologist, Julie Spohn. Julie explained that there was no magic conversation that could ‘snap me out of it’ and explained the basics of what occurs to someone with PTSD. From that point on my wife and family found the whole ordeal a lot easier to understand and cope with.

At this point, I switched psychologists and started to be treated by Julie Spohn. It was soon apparent that this was a good move for me. Julie seemed to understand exactly what was happening to me and why I was experiencing these symptoms. Things were starting to move forward at last.

It really helps when you have a proper understanding of what is going on and how it can be treated. I learnt that depression is part and parcel of PTSD. You can have depression without PTSD, but you can’t have PTSD without having depression. She also explained how, when we become overloaded with stress, our ‘old brain’ (the part of the brain that controls the inputs to the rest of the brain) starts to play up and in its attempts to protect itself causes all sorts of issues.

Julie further explained it like this: It’s a bit like your brain keeps taking you back to the things that don’t make sense in order to make sense of them. That’s why it can feel like being ‘stuck’ in ‘fight/flight/freeze’ mode because that’s how the body is responding to the memory.

The Australian Centre for Post Traumatic Mental Health has excellent resources to explain PTSD to people who are suffering and also their families/friends.

Life for my family has improved and I am now apparently a lot easier to live with. My wife is no longer afraid to get in the car with me! Apparently my anger with the world was showing in my driving. I really had no idea.

So now after more than 2 months off work and an extensive return to work program, I’m slowly on the mend. I still suffer headaches and the occasional nightmare. I continue to struggle with vertigo I get when I have to multi task. I can quickly become overwhelmed taking on new information and this too leads to headaches and vertigo. Dealing with crowds can still be an issue for me, and I can never forget the image of Ashley’s mother desperate, but somehow in control of herself, attempting to breathe life back into her child. It would be the saddest thing I’ve ever seen and it still upsets me to think about it now. I stuck with that.

So anyone reading this will probably see what I couldn’t. While I was aware for a long time that I was in trouble, I tried to deal with it on my own. I let things go on for far too long without getting the help I obviously needed. Looking back, I have no idea what I was waiting for? Or what I thought would happen? I caused myself a lot of damage, swallowed a metric ton of panadol, ended up on anti-depressants, put my family through a pretty tough time and caused a few headaches for the department along the way.

I am now aware of the expert care that is available to us. We have a very dedicated Welfare Officer in Sergeant Phil Burton and I have nothing but praise and admiration for the skills and dedication of our psychologist Julie Spohn. Whoever appointed these two should take a bow. They were perfect for the positions they hold in our department.

While I’m at it, a big thank you to my wife Marisa, my family and a few close friends, who stood by me and really made the difference between pass or fail.

So, the point of this tale of woe is, don’t do what I did! If you feel that things are building up, or you attend a job that has touched a nerve, it only takes a phone call, or talk to your supervisor or a work mate. It’s pretty easy to get things started. But it’s damn hard to get it stopped once the roller coaster gets away from you.
The morning tea was to help raise funds for the purchase of a robotic mobility device for our member and AFP Colleague, Marcus Sander whose independence and mobility suffered greatly as a result of a life changing accident just over two years ago.

The total combined amount raised for Marcus was $16,400. This result left us all blown away and warm hearted by the reception and generosity of the volunteers and everyone who donated.

Marcus and the AFPA would like to extend our gratitude to all who attended and pitched in to help Marcus, greatly improving his independence, quality of life and leading to Marcus becoming one of the first in Australia to own a robotic mobility device.

Marcus writes
“\[I\] just wanted to thank all of you for all so much for organising the fund raising breakfast for me. I am still somewhat overwhelmed at all of the ongoing support that I continue to receive from the AFPA and its membership; it makes me feel so proud and grateful to be a part of such a fantastic family and supportive organisation. I know that so much of all of your work, time, money and effort has gone into organising and coordinating such an event and I’m very appreciative and thankful of people’s kind generosity. I was shocked and lost for words at the amount raised when Paul presented me with the cheque at the Melbourne office recently and words failed to articulate my true feelings and emotions.”

In March the AFPA and the AFP Headquarters social club organised an Egg and Bacon morning tea at the AFP Headquarters in Canberra.
When I first heard these words in 2003, I was sitting in a covert van in Sydney’s CBD, part of a tactical operations team waiting to arrest a gang of armed robbers in the act of doing their ‘job’. With body armour fitted, sub-machine gun slung and ‘bullet proof’ attitude firmly in place, an experienced member of our team spoke through the normal piss-taking banter.

‘You know…we are just ordinary people, doing an extraordinary job’.

His observation attracted some quizzical looks.

‘Think about it. Being a cop is not your normal, everyday occupation. I’m not suggesting that we are special but what we do is ‘out of the ordinary’.

I could see where he was going with his statement and I interpreted his words to mean that despite the uniform we wore, the specialised equipment we used, the laws we sought to uphold and even the bravado we displayed – we were still normal human beings, vulnerable to the frustrations, insecurities and emotional responses that make us, well … human. In short, all of us are susceptible to the peaks and troughs of the human condition.

As a former police officer of 17 years, I would argue that police officers are perhaps even more exposed in this regard as they deal with a range of emotional situations across an extremely broad spectrum; mainly due to the diverse nature of the job itself. Given the role of a police officer, the assignment due next week, the search warrant we are about to execute, the evidence we are about to give in court. However, it is a fine balance. Too much and we’ll tip over into fight/flight. Too little and we will not be ready for the task ahead. Our brains really are the living embodiment of Goldilocks – everything has to be ‘just right’.

Many men and women in the world of law enforcement, I have experienced the exceptional highs and monumental lows of being a police officer, from the adrenaline pumping satisfaction of helping someone in dire need, to the abject devastation of seeing humanity at its very worst.

WHY IS ANXIETY SO COMMON?

Research in human physiology suggests that humans have developed with one prime directive in mind…survival. To this end, our bodies are hard-wired to respond to situations in a way that will give us the best chance to survive; more commonly referred to as the ‘Fight or Flight’ response. Unfortunately, in modern times this primal response mechanism is often switched on for reasons other than its intended purpose i.e. saving us from a lumbering predator lurking in the bushes. More commonly, it is triggered by everyday events such as being cut off in traffic or prolonged exposure to trauma and/or experiences that trigger emotional responses. This all leads to activation of the Amygdala (a small, almond shaped structure in the brain) and a steady flow of stress hormones, including Cortisol, being injected into the body. In some PTSD sufferers, the Amygdala is so active and the volume of Cortisol so constant that it dominates and suppresses other areas of the brain, affecting memory, emotional control and mood.

The diagram opposite is a simple illustration of this shortcut whereby the ‘thinking’ part of our brain (cortex) is bypassed to decrease reaction time.

Ironically, we still need a moderate amount of stress or anxiety in our lives to perform at our best as it helps us to focus on tasks; the assignment due next week, the search warrant we are about to execute, the evidence we are about to give in court. However, it is a fine balance. Too much and we’ll tip over into fight/flight. Too little and we will not be ready for the task ahead. Our brains really are the living embodiment of Goldilocks – everything has to be ‘just right’.

For many years, I was caught up in the hurly burly world of high risk policing and domestic counterterrorism, including a special operations role at the Sydney Olympics. Looking back, I know many personal and workplace situations that had been emotionally difficult to handle were swept under the carpet, easier to maintain the ‘I’m fine’ façade than it was to deal with the inner turmoil. As a consequence of this unresolved angst, by the time I headed to Iraq as a contractor with the US Department of Defense in 2006 I was an angry and unhappy person, seemingly in constant conflict with those around me and never asking myself why.

It was only after a fortuitous conversation with a wise, old Iraqi gentleman that I realised things needed to change if I was to live a happier life. From that conversation I began taking baby steps toward mastering my emotional regulation and thereby increasing my emotional intelligence. To be honest, half the battle in increasing emotional intelligence is simply working out what pushes your buttons, understanding why it does and then doing something about it. Easier said than done? Absolutely, because we are pushing back against the natural inclination to react emotionally in the interests of survival.

As the old saying goes…hindsight is 20/20. It’s easy to look back now and see some of the mistakes I have made but at
the time, stuck in the anger or the anxiety, it was not as obvious. In this regard, I can only offer some observations and personal experiences that helped me (and continue to help me) increase my emotional intelligence and happiness.

**REGULATING EMOTIONS**

When faced with situations evoking an emotional response, these simple steps may improve your ability to regulate emotions by reducing Amygdala activation.

- Label the emotion – I’m angry. I’m sad. I’m frustrated etc
- Re-appraise the emotion – Look at the problem differently. Am I justified in my anger? Is there something I am missing? Could it be me?
- Make a decision – Promotes a conscious response rather than an automatic reaction as it is engaging the rational part of the mind.

These three steps are common in many useful behavioural therapies for treating anxiety, stress, depression and PTSD as they enable a person to examine their own thought patterns and processes; helping to empower a sense of autonomy in them. Obviously, this method is not a cure-all (especially in cases of PTSD or severe depression) but it may be of assistance when dealing with day to day stressors in the work environment.

A common trigger challenging our ability to regulate emotion is the anxiety we experience when outcomes do not meet expectations. For example: despite sound investigation techniques, good brief preparation and solid policing experience, a court matter did not get the expected result. It would be natural to feel disappointed when this happens; however falling into the trap of getting angry at the courts and/or the judicial system demonstrates a lack of acceptance for the things outside your sphere of control.

Let’s face it, many police officers love to control as much of their environment as they can, including how they think things should be done. Of course, this is not a problem in itself as we all have a way of doing things and an opinion on how things could or should be done. The problem lies in how vehemently we pursue the issue. I am a great believer in fighting for the things you believe in, as long as we understand and accept that there are going to be factors or circumstances which are outside our control.

It reminds of something I read once: ‘Every problem has a solution. If there is no solution, it’s not a problem ... it’s a fact of life.’

**REMEMBER, YOU’RE NOT ALONE**

As I mentioned earlier we are hard-wired to react to our environment, a statement backed by Australian Bureau of Statistics figures indicating that 14.4% of Australians aged between 16-85 will be affected by anxiety related issues in any given year. Other statistics indicate around 50% of people will experience a period of low mood and/or depressive state at some point in their life. It is not hard to imagine police officers and other emergency service personnel would rank even higher in these statistics, so anxiety is a very common part of modern life; a part that we must continue to manage.

My view is that once police accept they are normal human beings, subject to the same psychological pressures as everyone else, many of the barriers to seeking help or doing something about anxiety and stress can be reduced. As I mentioned earlier, policing by its very nature is a difficult job; an occupation littered with challenges and frustrations many people outside of that work environment may not understand.

So what do we do about it? Knowing that many of the people around us are going through or have experienced the same emotional highs and lows as we have, creates a sense of shared understanding. I believe this opens up an opportunity to develop a sense of community where work colleagues look out for each other regarding signs of anxiety, stress and depression. On Anzac Day this year, Dr Brendan Nelson, Director of the Australian War Memorial, spoke about the responsibility society has to ‘look out’ for soldiers’ welfare after they come home from a warzone; referring to the probability that many of them could struggle with the transition. Dr Nelson’s request to be mindful of those around us is merely a reminder that we are social beings, possessing an innate need to connect with those around us.

New research by Professor Matt Lieberman - a Social Cognitive Neuroscientist at UCLA - suggests that our brains react to social pain and pleasure in much the same way as they do to physical pain and pleasure. Anecdotally, this research explains the effectiveness of community based initiatives such as Soldier On and R U OK as they feed directly into our hard-wired need to connect and help those around us.

On a local level, I am fortunate to be involved with Canberra based charity Menslink and the ACT Brumbies, conducting a fantastic program called ‘Silence is Deadly’. Designed to encourage young males (13-18) to speak about problems before they manifest into anxiety, depression or anti-social behaviour, the program has been received enthusiastically; even by the lads themselves. One of the central themes of the program encourages the young guys to ‘get their team together’…in other words, work out who they can talk to and where they can go for help.

Menslink also provide a community service: ‘…where men who’ve survived their entry into the adult world provide support for young blokes – aged between 13 and 18 – who are still on their way there. Volunteer male mentors, from all walks of life, are introduced to the young men who come to our door needing a constructive influence in their lives, for one-to-one mentoring relationships. The role of a Menslink mentor is not that of a parent-like figure or counsellor, but rather a friend or guide – a sounding board sometimes – who will be understanding and non-judgemental.’

As a volunteer mentor, I gain an immense amount of satisfaction from helping a young guy through some of the challenges we all face in life. Unexpectedly, I have learned an enormous amount from my mentee as the different interaction and conversations get me out of my own context and thought patterns. In essence, it expands my perspective, helping me to understand and appreciate people to a greater degree.

‘To be honest, I think participating in a mentoring program like this would be ideal for many police as spending time outside of the work context (away from police culture) is, in my opinion, a healthy thing to do. Not only does it assist police officers to maintain their own sense of identity, it helps create a greater sense of community. I know there may be some resistance to this premise; however I would argue that it is vital to mental health and our ability to remain productive and valuable members of society.'
Our shameful silence on police suicide

William Verity

The suffocating silence around suicide in the police force and the lack of support for officers suffering mental trauma amounts to a national scandal, writes William Verity.


If it takes the death of yet another police officer to wake us up to the scandal occurring all around us, his life may not be entirely wasted.

Ashley Bryant was not the last serving or former officer in NSW to take his own life, despite the fact that he only died just before Christmas.

Another officer killed himself in Sydney in January.

In fact, since the last NSW officer – Inspector Bryson Anderson – was killed in the line of duty in December 2012, at least five officers have taken their own lives.

You won’t have heard their names, you won’t hear them honoured at Police Remembrance Days, and their names are specifically excluded from the National Police Memorial in Canberra.

It’s as if their many years of honourable service leading to the ultimate sacrifice never happened.

Ashley Bryant was 44 years old when the “head noises” (as he called them) of post traumatic stress disorder finally pushed him over the edge.

As his widow, Deborah Bryant, relates, it was an act of mercy.

He had become so impossible to be around. His cycling through heavy drinking followed by bouts of manic exercise, his anger, his moods, his nightmares.

He killed himself because he believed it was his compassionate act towards his wife and three young children.

Yet before he died, the former detective sergeant made one last call – to 000 – where he broadcast to the world a desperate plea on behalf of the thousands of police in Australia who suffer mental stress.

“I can no longer live with the trauma of it and I want this to go to the coroner,” he said.

“Alright, I have no more to say.”

We are used to hearing about post traumatic stress in the military, and it was the condition of Vietnam veterans in the 1970s that first formalized the condition in the psychiatric diagnostic manual.

Yet conditions for police can be every bit as traumatic as for soldiers, some would argue worse.

One officer described putting out the washing and seeing a dead body that wasn’t there. Or feeding her cat and when the animal looked up at her, it had the face of a murder victim.

Another officer would bang his headboard as he suffered nightmares and he put a hole in the wall. He would relive crime scenes in his sleep, shouting out orders, so his partner learnt more about his work from his nightmares than his conscious self.

All of them contemplate suicide at some point, many of them attempt either violently or over time, often drinking themselves to an early grave or overdosing on their medication.

If you’ve ever wondered about that semi-comical police jargon used, where a dead man is described as “a deceased male person”, ask yourself, why the special language?

Could it be a defence mechanism, a way of distancing yourself from the daily horror, an imperfect shield against impending head noises?

This need to defend oneself may explain why, almost universally, police who fall sick with mental trauma are shunned by colleagues and isolated from any meaningful help from the police bureaucracy.

As one recent widow put it: “When you can’t do what you’re
Our shameful silence on police suicide

The astonishing fact is that this mental carnage is nothing new. There are many thousands of sick and medically discharged police around Australia, one or more in every suburb. It’s been going on for decades.

So why the silence?

One issue is that police forces and unions will not discuss the issue of suicide, arguing that it will only encourage more. As if police officers, who deal with death on a daily basis and carry a Glock pistol on their belt, could be so easily swayed into taking their own lives.

Another issue may be one of money. Police forces may fear a deluge of claims coming their way if there is any suggestion that they have failed in their duty of care.

A third issue is that in this male culture, post traumatic stress is seen – quite understandably – as a contagious disease. If I lower my defences to become empathetic to my colleagues, I become vulnerable to breakdown myself.

Though blame will not save a single life, there is no doubt that the silence and lack of action by police unions is a national scandal.

Can you imagine the CFMEU staying silent – even having a policy to stay silent – if five of its members had died on building sites in NSW alone in the past 14 months? God knows how many more have died in other states.

Or the journalists’ union? Even the Health Services Union in the hands of Thompson and Williamson would have done a better job.

The systemic problem here, it seems, is that the NSW Police Association is staffed by serving officers, with the same blind spots as other serving officers.

In addition, there appears to be a game played where they can campaign on behalf of their members, but only within certain parameters. Unlike other relationships between employers and unions, the NSW Police Association and the NSW Police Force are so close as to be a single organisation.

There is no room here to describe the shameful treatment – surveillance, delays, harassment – meted out to sick officers seeking the compensation owed to them after years of paying their insurance premiums.

If you want to hear the full catastrophe, you will need to download “Death In the line of duty” from the ABC Radio National Background Briefing website.

Let’s remember, these are men and women who have performed one of the hardest, most selfless jobs in society. And when they become sick, we discard them and leave them to shattered lives or worse.

We all bear a responsibility for that and it’s time we did better. The time for silence is over.

Though blame will not save a single life, there is no doubt that the silence and lack of action by police unions is a national scandal.
Death in the line of duty

http://www.abc.net.au/radionational/programs/backgroundbriefing/2014-03-02/5283154#transcript

Too often, traumatised police officers are shunned, isolated and put under surveillance. They lose their careers, friendships and often their homes, marriages and children, and a growing number are taking their own lives. William Verity investigates the silence around police, post traumatic stress and suicide.

(Warning: some readers may find the content of this report disturbing).

For decades, silence has surrounded the issue of traumatised police officers taking their own lives. Police forces and unions have viewed public discussion as taboo, arguing that raising the issue will only encourage more suicides.

But the final words of a suicidal former NSW detective sergeant look set to change that.

Ashley Bryant left behind a wife and three young children when he killed himself at a waterfall near Bryon Bay in NSW on 16 December 2013. Before he died, he called 000. “I suffer post traumatic stress disorder,” he said. “I can no longer live with the trauma of it and I want this to go to the coroner.” “There needs to be more things put in place for what happens. For partners of those that suffer, because I suffer and so do the partners.” “And there has to be more done for them. Alright, I have no more to say.”

His widow, Deborah Bryant, is taking up the campaign and has launched a scathing attack on the lack of support provided by the NSW Police Force. “I don’t think we were even a glitch on their radar,” she told Background Briefing. As a first step, she is calling for police who commit suicide with post traumatic stress to be included at remembrance days and included on the honour board. Suicides are specifically excluded from the National Police Memorial in Canberra.

She believes that nothing short of a change of culture is necessary to prevent further deaths. “I don’t think we were even a glitch on their radar,” she told Background Briefing. “There needs to be more things put in place for what happens. For partners of those that suffer, because I suffer and so do the partners.” “And there has to be more done for them. Alright, I have no more to say.”

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She believes that nothing short of a change of culture is necessary to prevent further deaths. “As far as I am concerned, that’s death in the line of duty.”

The lack of recognition hit home last year for another widow, Kimberley Galvin, whose husband, Tom Galvin, killed himself after living with chronic post traumatic stress for six years. She said Police Remembrance Day was one of the hardest times of her life. “It came in the same year as an officer killed on duty,” she said. “As far as I am concerned, that’s death in the line of duty.”

Although the order of service listed many police who had died from a variety of causes – including old age and ill health – Tom Galvin’s name was conspicuous by its absence. The story of isolation is repeated by thousands of police officers across Australia who become too sick to work.

Karol Blackley was dux of her class when she graduated and enjoyed a distinguished 22-year career in the NSW Police Force before – in police jargon – ‘falling off the perch’. “They didn’t care about me at all, not one iota,” she said. “It was astounding, disappointing, hurtful, gut-wrenching. Here I am, with what could be a permanent psychological debilitation and they couldn’t give two hoots.”

At her lowest point, Blackley tried to hang herself and then drove to a local hotel, drank as much as she could stomach, and then drove her car in the hope that she would crash and die. “The minute you put up your hand and say, listen I am just not coping, I am ill and I can’t sleep and I’m crying uncontrollably in the corner of the office, as opposed to your husband suffering and suffering and suffering and ends his life.” “That those two things are acknowledged in such different ways. Or one is acknowledged extensively and one is not acknowledged at all.”

The lack of recognition hit home last year for another widow, Kimberley Galvin, whose husband, Tom Galvin, killed himself after living with chronic post traumatic stress for six years. She said Police Remembrance Day was one of the hardest times of her life. “It came in the same year as an officer killed on duty,” she said. “With all due respect, it was like no-one else had died that year.” “It was very difficult for me to come to terms with … your husband goes to work and he doesn’t come back, as opposed to your husband suffering and suffering and suffering and ends his life.”

“Those two things are acknowledged in such different ways. Or one is acknowledged extensively and one is not acknowledged at all.”

Blackley runs one of several Facebook support sites set up by former officers – there is no site run by NSW Police – and says isolation can be one of the most damaging effects of post traumatic stress disorder. “No-one contacts you when you are off sick,” she said. “No-one contacts you when you are medically discharged and certainly no-one contacts you when you are not in the police [force] anymore.”
The experience of these officers is in stark contrast to the message from Assistant Commissioner Carlene York, head of human resources at the NSW Police Force.

“Whilst they are with us we have many intervention programs that we will go through with the officers to make sure those services are given to them urgently and immediately,” York said.

“They are very much supported in the workplace by their commanders and fellow officers.”

Although she declined to reveal suicide statistics, York maintained that indicators such as the number of officers leaving the force due to mental stress had improved dramatically in recent years.

“We put a lot of services in place and we very much rally around the family in the regretful circumstance where there is a suicide,” she said.

“We make sure we can help them through those difficult times.”

One aspect of the treatment received by traumatised officers may soon face scrutiny thanks to NSW Greens MP David Shoebridge.

Next week, he will call for an inquiry into the treatment of sick officers seeking compensation from their insurance companies.

Shoebridge became aware of the issue when he represented injured police as a barrister, before entering parliament.

“We need to ensure that those claims are handled promptly, fairly and independently,” he said.

“At the moment, there are many outstanding psychological injury claims that have been running for years. That aggravates the injury.”

The inquiry will look into the treatment of officers such as Andy Peverill, who has been fighting for compensation for three years with no end in sight.

The former constable sits in his farm outside Parkes, in western NSW, with the blinds drawn for fear of surveillance by his insurance company, MetLife.

The company has already made him see 10 psychologists – they all confirm that he has post traumatic stress disorder – but no decision is on the horizon.

Peverill’s wife, Michele, believes it is a tactic to grind them down and told Background Briefing that more than half of the officers who put in a claim end up giving up.

Like other officers, they say they have received no support from NSW Police or from former colleagues.

“When I ask Andy he says he thinks they are frightened of catching it,” Michele Peverill said.

“Almost like it is contagious. I don’t know if there are any undermining things where senior officers say you mustn’t have a bar of him, I don’t know.”

“They won’t even reply to my texts if I text them, so I don’t know.”

The minute you put up your hand and say, listen I am just not coping, I am ill and I can’t sleep and I’m crying uncontrollably in the corner of the office, and you can’t type because your fingers won’t send the message from your brain ... that’s career suicide.

KAROL BLACKLEY
FORMER POLICE OFFICER

Detective Inspector Bryson Anderson is the most recent police officer to be killed in the line of duty in NSW. Since his death in December 2012 there have been at least five police suicides in NSW.

(AAP: Dean Lewins)
Post-Traumatic Stress Disorder and Sleep

HOW MIGHT PTSD AFFECT SLEEP?
There are many sleep problems that may be associated with PTSD. For more information on the disorders mentioned below see the relevant pages on this website.

- The extreme anxiety of PTSD (caused by trauma or catastrophe) can seriously disrupt sleep. In some cases this starts a few months after the event. You might suffer from horror or strong fear and feel helpless.
- People with PTSD have higher rates of depression and this is often associated with poor sleep.
- Side effects of medications used to treat symptoms of PTSD, such as those used to treat depression and anxiety, may cause sleep problems. Talk to your doctor about this.
- Nightmares. These may be types of ‘nocturnal flashbacks’ of the event that caused the PTSD. The nightmares may be linked to the PTSD in a symbolic sense, or they can be frightening and not make any sense.
- You may experience other problems with how you sleep such as sleep terrors, sleep walking, sleep talking, upsetting dreams and night sweats or REM Sleep Behaviour Disorder, where dreams are acted out.
- Insomnia. People with PTSD may have difficulty with getting to sleep or staying asleep. They may wake up frequently during the night and be unable to get back to sleep.
- Issues linked to the body clock, such as Delayed Sleep Phase Disorder may occur in a person with PTSD. If you can’t get to sleep until very late at night and then need to sleep in you may be experiencing this problem.

- Obstructive Sleep Apnoea may be caused by weight gain due to the life style changes associated with the PTSD. If the sleep apnoea is serious, medications such as Seroquel can be an additional danger.
- It is important to remember that poor sleep can make the other symptoms of PTSD worse.

HOW MIGHT THESE SLEEP DISORDERS BE TREATED IN PEOPLE WITH PTSD?
For many such problems it is important to keep Good Sleep Habits. People who are most at risk of PTSD include many professions where shift work may also be common, such as police officers, people in the armed forces, and those who work in emergency services (e.g. fire fighters and ambulance personnel). A person with PTSD who does shift work may need to pay special attention to maximising their sleep time and sleep quality. A sleep psychologist may be able assist.

Nightmares can often be successfully treated with Image Rehearsal Therapy (IRT). IRT is not much more than writing a script of the nightmare. The only thing is that the ending is changed to something happier. Every night as you go to bed, you read the script out aloud a few times. Then as you fall asleep you use a technique to relax. The nightmare happens, except that now it does not end badly. In time, it will go away. Success depends on the choice of the new ending. This means that it needs to be chosen carefully and a sleep psychologist can help.

- REM Sleep Behaviour Disorder also responds well to Image Rehearsal Therapy. Often, treatment with the benzodiazepine Clonazepam (Rivotril) may be used.

- Sleepwalking and talking can be dealt with by hypnosis. Often as part of the treatment you might learn methods to relax as you go to bed.

- For military people with sleep disorders and PTSD, sleeping tablets often don’t work well. This is because their training has taught them to be alert around the clock. In brief, being on patrol means that it is hard to find the chance to sleep deeply at night. Hypnosis can work to help un-learn this.

- Delayed Sleep Phase Disorder (DSPD), where the hours of sleep are later than usual, is common in those who have served in wars. A former soldier might not let himself / herself sleep until near dawn. The reason they do this is that they worry they will get nightmares if they sleep in the dark. So, over the years the body clock gets stuck on a sleep wake cycle that is not at the normal times. Or it can be that DSPD stems from years of military “shiftwork” schedules of army guard duty or ever-changing watches in the navy at sea. Sleeping pills can not change this body clock. All they do is mask the underlying problem, often without providing refreshing sleep. Melatonin may help with such problems.

IMPORTANT THINGS TO KNOW ABOUT PTSD AND SLEEP
- PTSD can happen after a period of extreme trauma and stress.
- One of the symptoms of PTSD may be problems with sleeping.
- The treatment for this will depend on how the PTSD is affecting sleep.
- There are many treatments available.
WHERE CAN I FIND OUT MORE?

http://pnhw.psychiatryonline.org/content/45/18/5.1.full

THIS INFORMATION IS PRODUCED BY:

Sleep Health Foundation
ABN 91 138 737 854
www.sleephealthfoundation.org.au
A national organisation devoted to education, advocacy and supporting research into sleep and its disorders.

Sleep Disorders Australia
ABN 98 075 427 459
www.sleepoz.org.au
A voluntary group offering assistance and support to people and their families living with sleep disorders.

Australasian Sleep Association
ABN 32 172 170 561
www.sleep.org.au
The peak national association of clinicians and scientists devoted to investigation of sleep and its disorders

Disclaimer - Information provided here is general in nature and should not be seen as a substitute for professional medical advice. Ongoing concerns about sleep or other medical conditions should be discussed with your local doctor.
Australiа’s firsг police United Nations Peacekeepers were deployed to Cyprus in 1964. The ‘fighting 1st’ United Nations Force In Cyprus (UNFICYP) Australian Civilian Police (AUSCIVPOL) contingent of Australian Police departed by QANTAS on the ‘City of Brisbane’ (Boeing 707-138 VH-EBD) from RAAF Fairbairn on Sunday 24th May 1964 arriving in Cyprus on Tuesday 26th May 1964.

The ‘Fighting first’ officers representing each Australian state and territory jurisdiction as well as the Commonwealth Police (the predecessor to the Australian Federal Police (AFP) deployed as part of the UNFICYP AUSCIVPOL. The mission was established to prevent further fighting between the Greek Cypriot and Turkish Cypriot communities.

Today 18 of the original 40 members of the ‘Fighting First’ are still with us.

Australia’s commitment to the UNFICYP mission has been continuous since its inception. The AFP and its predecessor has deployed more than 1600 police to UNFICYP from all jurisdictions and maintains an annual rotation of fifteen members through AFP International Deployment Group. These members form part of the multinational United Nations Police component of the peacekeeping mission.

Australian Police serving with UNFICYP are responsible for the conduct of law enforcement within the buffer zone and support the Civil Affairs Branch of the mission to deliver humanitarian services. They also assist the military element of the mission in maintaining the integrity of the buffer zone.

Three Australian police peacekeepers have lost their lives whilst serving in Cyprus. Two officers were killed in motor vehicle accidents and a third officer died from injuries caused by a land mine.

Attendance at the 50th Anniversary celebrations in Canberra is open to all serving, retired or former Australian police who have served overseas since 1964. Partners are also welcome. Registration details will be published in early 2014 on the UNOPAA.org website.

The Coordinator for the Anniversary is National Vice President of UNOPAA
Dale OJC COOPER RFD.
His contact details are: E: unficyp.auscivpol.50th@gmail.com
M: +61 (0)418 266 033
We are looking for Sponsors to support the weekends activities and would appreciate any support members can provide in this endeavor of identifying suitable sponsors.

**SPONSORSHIP BENEFITS**
Benefits to Sponsors are numerous and vary according to the activity and type of sponsorship offered.

- Positive community image associated and linking to a unique International and National event
- International and National exposure and awareness as a supportive community, Nationally and Internationally
- Opportunities to promote and demonstrate the support and involvement of your corporation or company to Australian Law enforcement locally, Nationally and Internationally
- Involvement in advertising and promotional activities for the anniversary activities
- Recognition of sponsorship in the corporation’s or company’s publications, advertising and promotions. (providing there is no implied or explicit endorsement by any of the Australian Policing jurisdictions or the United Nations)

**AVAILABLE OPPORTUNITIES FOR SPONSORS TO CONSIDER:**
- Sole sponsorship of Anniversary Dinner in Parliament House Great Hall
- Sole sponsorship of merchandising items (polo shirts, caps, ties etc)
- Sponsored raffle prizes in support of the Anniversary activities and various Australian Police legacies
- Branding on merchandise
- Branding on event signage and banners produced for the Anniversary
- Branding on promotional material and advertising including prominent acknowledgements and sponsored links on our event media and marketing products
- Branding and acknowledgements on event mail-outs including the 50th Anniversary information packs
- Sponsor acknowledgements in articles appearing in various law enforcement and supporting association magazines in support of the event
- Participation in the 50th Anniversary dinner

**TAILORED SPONSORSHIP**
Levels of Sponsorship are not necessarily limited to direct financial contributions, but are credited in terms of support and assistance provided to the successful conduct and outcomes of the 50th Anniversary celebrations and commemoration. All sponsors are welcomed and actively encouraged to participate in all programmed events.

**Bronze**
All sponsorship beyond $2000 and above will be recognized on our marketing and media products, with links to the sponsor’s home page, our printed promotional material and marketing products.

**Silver**
Sponsorship of $5000 in value and in kind support will be offered branding opportunities in support of the Dinner and UN Commemoration service, and be recognised on our marketing and media products, with links to the sponsor’s home page, our printed promotional material and marketing products.

**Gold**
Sponsors providing financial assistance and in kind support of $10,000 and above can choose sole branding rights to parts of the weekend’s activities, with other tailored options that might suit the sponsor’s marketing strategies. They will also be recognised on our marketing and media products, with links to the sponsor’s home page, our printed promotional material and marketing products, and be provided with a prominent table for eight at the Anniversary dinner.

**Platinum**
Any sponsor providing financial assistance and in kind support of $20,000 and above can choose sole branding rights to the Anniversary Dinner or parts of the weekends activities, with other tailored options that might suit the sponsor’s marketing strategies. They will also be recognised on our marketing and media products, with links to the sponsor’s home page, our printed promotional material and marketing products, and be provided with two prominent tables for eight at the Anniversary dinner, with head delegate and partner positioned at the main table if deemed appropriate.

**SPONSORSHIP CONDITIONS**
Include:
- Sponsorship funds will contribute to the promotion, planning and operation of the activity's
- Funds will be used to subsidise cost components such as merchandising printing, promotion and badging
- Any profits are donated accordingly to the Australian Peacekeeping memorial fund, AFP Museum’s UN Landrover conservation and nominated Police legacies
- Sponsorship conditions are negotiable with discussion of other sponsor proposals and requirements welcomed
- Sponsorship will not carry any implied or explicit endorsement by any of the Australian policing jurisdictions or the United Nations.

**BRANDING**
Prominence and sizing of all brand levels will be carefully considered to ensure proper recognition of each corporation’s level of sponsorship.

**SPONSORS**
All of our sponsors are invited and encouraged to take advantage of this opportunity to meet with veteran, previous and current peacekeepers, promote and show their latest products and make direct sales to a specially focused and targeted market.

**50TH ANNIVERSARY EVENTS**
Sponsorship of this very unique and special anniversary celebration offers corporations and companies the opportunity to promote their products and services, build personal connections and brand loyalty with a local, national and international community of highly respected and professional group of veteran and current male and female peacekeepers and law enforcement officers associated with peacekeeping, peace building, capability development and capacity building in many previous, recent and current UN peacekeeping missions around the world.

To date, the Australian Federal Police and UNOPAA are joint partners in the Anniversary events.
Dear Members
As you are all aware in October 2013 we undertook the first full scale member survey of the AFPA membership.

Firstly I would like to thank every member who took the time to complete the survey and to the delegates who also participated in the one on one interview with the consultants from PROJECTS ASSURED. This is the first comprehensive survey of AFPA members aimed at obtaining a more accurate sense of what our members value about the AFPA and how well we perform in delivering on that value.

The objectives of this survey were to:
- Determine attitudes of members and delegates towards the AFPA;
- Gauge members’ awareness and use of services currently offered by the AFPA; and
- Develop a baseline set of measures of these attitudes to provide benchmarks for future member surveys.

The survey results (which includes over 600 pages of data) are very clear about what member’s value most about AFPA membership and where we need to focus our attention and improvement effort.

These results will now be used by the AFPA Executive to make improvements to the transparency and accountability of AFPA’s decision making processes, optimise member and delegate participation and prioritise and refine member benefits with a view to improving overall member satisfaction, retention and organisational effectiveness of AFPA.

My focus will be on improving the overall member satisfaction through a clearly defined and delivered value proposition to members.

Many of us have seen surveys come and go only to be locked away and forgotten about. The challenge is acknowledging what the survey tells us, then working out what we can and sometimes can’t do about the results. I want to make sure we shape the future of the AFPA in a way that genuinely reflects the expectations and needs of our members and one that truly delivers value.

As CEO, my intent (and responsibility) is to ensure the AFPA has;
- a strong governance framework with clear accountabilities, responsibilities and transparency,
- a clear sense of purpose and direction through the development and delivery of our corporate strategy,
- effective communications with our delegates, members and broader stakeholders; keeping all informed about issues and progress, public and political messaging, and;
- support for your delegates, to ensure that they are well placed and informed to guide and assist members in the workplace.

Thank you again
Yours sincerely
Dennis Gellatly
CEO
March 2014

The Approach

Background & Methodology
- AFPA Members survey
  2013 conducted from 19 November-10 December
  - Concurrent with AFPA Delegate interviews
- Members – 1329 responses received out of sample of 4,088 members
  - 33% response rate
- Delegates – 33 interviewed out of a sample of 47 (the balance 14 either declined or did not respond)
- Profile of respondents:
  - Agency
    - AFP: 1239
    - ACC & PSS: 15
  - Role
    - Police: 850
    - Protective Service: 87
    - Non-sworn appointee: 310
  - Working pattern
    - Support: 247
    - Operations: 718
    - Rostered: 282
  - Location
    - ACT: 632
    - NSW: 198
    - VIC: 146
    - QLD: 110
    - WA: 60
    - SA: 26
    - NT: 16
    - Overseas: 51
Survey Results

Overall Satisfaction

Considering everything, how satisfied are you with the member services provided by the AFPA? (n=1,251)
- Very satisfied: 48%
- Neither satisfied nor dissatisfied: 28%
- Dissatisfied: 19%
- Satisfied: 5%
- Very dissatisfied: 0%

I think the services provided by AFPA are important to me. (n=1,253)*
- Very satisfied: 71%
- Neither satisfied nor dissatisfied: 20%
- Dissatisfied: 2%
- Satisfied: 2%
- Very dissatisfied: 0%

Overall, how satisfied are you with the Financial & Lifestyle Services provided by the AFPA? (n=1,263)
- Very satisfied: 44%
- Neither satisfied nor dissatisfied: 32%
- Dissatisfied: 23%
- Satisfied: 1%
- Very dissatisfied: 0%

Overall, how satisfied are you with the Welfare Services provided by the AFPA? (n=1,272)
- Very satisfied: 43%
- Neither satisfied nor dissatisfied: 32%
- Dissatisfied: 24%
- Satisfied: 1%
- Very dissatisfied: 0%

I think that the leadership of the AFPA listens to the views and concerns of members (n=1,172)*
- Very satisfied: 42%
- Neither satisfied nor dissatisfied: 38%
- Dissatisfied: 20%
- Satisfied: 0%
- Very dissatisfied: 0%

Membership of AFPA represents value for money. (n=1,244)*
- Very satisfied: 40%
- Neither satisfied nor dissatisfied: 41%
- Dissatisfied: 20%
- Satisfied: 0%
- Very dissatisfied: 0%

I feel that the AFPA represents my views and opinions on issues relevant to AFPA members (n=1,185)*
- Very satisfied: 40%
- Neither satisfied nor dissatisfied: 41%
- Dissatisfied: 20%
- Satisfied: 0%
- Very dissatisfied: 0%

Overall, how satisfied are you with the Employment Services provided by the AFPA? (n=1,317)
- Very satisfied: 37%
- Neither satisfied nor dissatisfied: 34%
- Dissatisfied: 23%
- Satisfied: 5%
- Very dissatisfied: 2%

I think that the AFPA advocates effectively for its members (n=1,190)*
- Very satisfied: 36%
- Neither satisfied nor dissatisfied: 40%
- Dissatisfied: 24%
- Satisfied: 0%
- Very dissatisfied: 0%

Confidence in Services

Advocacy relating to employment disputes (e.g. unfair dismissal, suspension from duty, internal investigations, etc.) (n=1,149)
- Very satisfied: 63%
- Neither satisfied nor dissatisfied: 18%
- Dissatisfied: 16%
- Satisfied: 3%
- Very dissatisfied: 0%

Professional advice relating to employment disputes (e.g. unfair dismissal, suspension from duty, internal investigations, etc.) (n=1,152)
- Very satisfied: 62%
- Neither satisfied nor dissatisfied: 18%
- Dissatisfied: 20%
- Satisfied: 0%
- Very dissatisfied: 0%

Occupational Health & Safety matters (including Comcare claims, Veterans Entitlements claims, criminal injuries compensation and Third party claims) (n=1,118)
- Very satisfied: 62%
- Neither satisfied nor dissatisfied: 20%
- Dissatisfied: 16%
- Satisfied: 2%
- Very dissatisfied: 0%

Transit Injury Assistance (n=1,082)
- Very satisfied: 59%
- Neither satisfied nor dissatisfied: 23%
- Dissatisfied: 17%
- Satisfied: 1%
- Very dissatisfied: 0%

Advocacy relating to employment disputes (e.g. unfair dismissal, suspension from duty, internal investigations, etc.) (n=1,149)
- Very satisfied: 63%
- Neither satisfied nor dissatisfied: 18%
- Dissatisfied: 16%
- Satisfied: 3%
- Very dissatisfied: 0%

“If I needed to use the following services of the AFPA, I would be confident that the AFPA would support me and work for my interests in relation to …”
Survey Results Continued

Your Delegate

I am confident that my views about workplace issues will be well represented by my local delegate. (n=524)

My delegate engages with me and my colleagues on workplace matters. (n=519)

42% of respondents indicated that they know their local workplace AFPA delegate (21% said ‘I think so’, and 21% said ‘Yes, definitely’).

Employment Services – satisfaction

Industrial services to improve remuneration and conditions of employment (n=851)

Referral to external legal advisors at member rates (n=360)

Professional advice and immediate advocacy (n=617)

Representation in relation to individual and collective disputes (n=676)

Legal funding for court matters (e.g. Ombudsman inquiries, Coronial inquests) (n=506)

Assistance with salary and performance reviews (n=470)

Advocacy before tribunals (n=459)

Representation in hearings (including unfair treatment, dismissal and redundancy) (n=520)

Occupational Health and Safety services including professional assistance in relation to insurance claims (n=374)

Professional assistance in relation to Comcare and Veterans Entitlement Act claims (n=375)

Expert advice on Command Powers outside of the Fair Work Act or Commission’s jurisdiction (n=339)

Overall, how satisfied are you with the Employment Services provided by the AFPA? (n=1,317)
### Welfare Services – satisfaction

<table>
<thead>
<tr>
<th>Service</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to free basic Last Will &amp; Testament service (n=503)</td>
<td>52%</td>
</tr>
<tr>
<td>Transit Injury Assistance – providing 100% net income up to 12 weeks in the event of an injury whilst on the way to or from work, or on a paid meal break (n=397)</td>
<td>46%</td>
</tr>
<tr>
<td>Family Bereavement Assistance (n=463)</td>
<td>45%</td>
</tr>
<tr>
<td>General Welfare Assistance (n=485)</td>
<td>44%</td>
</tr>
<tr>
<td>Critical Illness/Injury Assistance (n=454)</td>
<td>43%</td>
</tr>
<tr>
<td>Access to AFPA Welfare support (n=454)</td>
<td>42%</td>
</tr>
<tr>
<td>Access to AUSPOL – Police Welfare Foundation (n=444)</td>
<td>39%</td>
</tr>
<tr>
<td>Overall, how satisfied are you with the Welfare Services provided by the AFPA? (n=1,272)</td>
<td>43%</td>
</tr>
</tbody>
</table>

### Financial and Lifestyle Services – satisfaction

<table>
<thead>
<tr>
<th>Service</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Automatic membership of social and services clubs, including the Canberra Services Club, Canberra Club and Canberra Rugby Union Club (n=771)</td>
<td>53%</td>
</tr>
<tr>
<td>Health and additional Life Assurance (discounted Health cover and Life Assurance for members and a legal spouse) (n=645)</td>
<td>43%</td>
</tr>
<tr>
<td>Discount products and services at Union Shopper and Defcom (n=636)</td>
<td>37%</td>
</tr>
<tr>
<td>Discounted financial loans with ME Bank (n=415)</td>
<td>35%</td>
</tr>
<tr>
<td>Access to discounted travel and accommodation (n=460)</td>
<td>30%</td>
</tr>
<tr>
<td>Overall, how satisfied are you with the Financial &amp; Lifestyle Services provided by the AFPA? (n=1,263)</td>
<td>44%</td>
</tr>
</tbody>
</table>
A decision that a police officer’s PTSD had not arisen out of his work and given rise to the major depression that resulted in his discharge on medical grounds has been overturned on appeal. The original decision had failed to take into account central elements of the case and the matter had to be remitted for reconsideration according to law.

DISCHARGED WITHOUT SUPERANNUATION ALLOWANCE
The police officer, who had attended a number of traumatic events in the course of his work, was discharged on 5 July 2001 on medical grounds; namely, because of major depression. The employer had determined on 4 July 2001 that the officer’s condition had not been caused by being hurt on duty, so he was not entitled to a superannuation allowance.

THE ROLE OF PTSD QUESTIONED ON APPEAL
Over eight years later, on 18 December 2009, the officer unsuccessfully challenged the decision that he was not entitled to a superannuation allowance in the District Court of NSW. On appeal, the Supreme Court set aside that decision on 15 September 2010 and remitted two issues to the District Court for determination:

1. whether the officer was suffering from post-traumatic stress disorder (PTSD)
2. if so, whether his depression had developed as a consequence of the PTSD.

On 13 December 2011, the judge confirmed the decision of 4 July 2001, finding that the officer had suffered from PTSD but that this condition had developed no earlier than February 2003 and therefore could not have led to the major depression he had suffered when discharged. The acknowledged PTSD symptoms were found not to be work-related but could have arisen from his marriage breakdown or from the death of his sister.

A FURTHER APPEAL
The officer then appealed to the Court of Appeal of the Supreme Court of NSW. It examined the evidence and confirmed that the police officer had been involved in a number of traumatic incidents during his employment, in particular from 1987 to 1995. They included several fatal motor vehicle accidents, attending a murder scene with a decapitated body, and helping to retrieve drowned bodies. The officer had given evidence of sleeplessness and subsequently recurring nightmares after incidents in 1993 and 1994.

The medical evidence given by psychologists included reports of recurring major depressive disorder in 1999. At that time, the police officer had also seen a psychologist who had identified him as having symptoms of PTSD. The psychologist had subsequently retired and no longer had access to his clinical notes when the police officer’s case was heard in the District Court. As a result, that court had discounted the psychologist’s testimony, and that was why it claimed not to have any evidence of PTSD prior to the police officer’s dismissal.

From the evidence, it was clear that the depressed police officer had been reluctant to talk about the effects of his traumatic experiences with medical practitioners. He had generally adopted a stoic attitude. However, the psychologists, whom he had seen during several months in 2000 and/or 2001, had given him the opportunity to talk at length about the events. In spite of not having access to his clinical notes from the time, the psychologist had remembered the sessions very clearly because he had said he had not previously heard a police officer describe the very serious results of car accidents in rural areas. There had been some mention of PTSD recorded in 2000 in the reports of at least two psychiatrists although the District Court had not taken that into account. It had also been established that diagnosis of PTSD required a person to have been exposed to some traumatic event in which the person was confronted by actual or threatened death or serious injury and the person’s response involved intense fear, helplessness or horror. A marriage breakdown could be serious stressor and cause depression but would not be regarded as trauma of the order that could trigger PTSD.

The Court of Appeal concluded that the primary judge may not have assessed whether the symptoms of PTSD possibly existed in a more extreme state than as referred to in the reports accepted at the time of the officer’s medical discharge. There was also the point that, since his discharge in 2001, the officer had not been exposed to traumatic stressors capable of causing PTSD, and the only available events that might have caused it remained those arising from police work between 1987 and 1999.

As a result, the Court of Appeal unanimously found that there had been a constructive failure to exercise the jurisdiction conferred on the court. The original decision had failed to deal with central elements of the police officer’s case. The judgment was set aside. However, it was not open to the court to reach a conclusion without hearing from the witnesses. The matter therefore had to be remitted to the District Court for a further hearing.
You can’t insure your house when it’s on fire.

We can’t protect you if you’re not a member.

Join the AFPA before it’s too late.

You could be reaching your goals even sooner with a Police Bank Loan!

Applying is easy! Simply call 131 728, visit loans.policebank.com.au, or contact your nearest Branch.

Terms and conditions, fees and charges and lending criteria apply and are available on request. Police Bank Ltd, ABN 95 087 650 799. AFSL/Australian Credit Licence No. 240018. Level 27, 1 Market Street, Sydney NSW 2000.