



# No.7 Research brief: Police work and its health impacts

Compiled and written by Bruce Swanton

*On 29 July 1987, Queensland police conducted a dawn raid on a Brisbane house in search of one of Australia's most wanted criminals. A shoot-out followed which left one police officer dead and another wounded. The wanted man was also killed.*

*This recent event is dramatic illustration of the grave dangers faced on occasions by members of the nation's various police forces. They are dangers which many police officers, and the public in general, believe are growing in our society. As such, substantial concern has been expressed about the impact of an increasingly hazardous work environment upon the health and safety of more than 35 000 police officers serving around the country.*

*The research results in this Trends and Issues on Crime and Criminal Justice contain some reassuring information. During the period 1977-87 the available evidence suggest that the general health and safety of police did not deteriorate. However, the findings also emphasise the need to continue the search for ways of minimising the occupational hazards of police work; a task which is already being tackled by Australian police administrators.*

**Duncan Chappell**  
Director

- 'Detective hit by one of six shots, court told'  
*Age, 23 April 1987*
- 'Policemen feared for lives'  
*Canberra Times, 23 April 1987*
- Police: Man Tried to Kill Constable'  
*Courier Mail, 30 April 1987*
- 'Army Corporal Kicked 3 Police'  
*Sunday Telegraph, 5 June 1987*
- 'Hero Dies Over AIDS Crash Fears'  
*Daily Telegraph, 5 June 1987*
- 'Threat to Blow People Away during Stand Off with Police'  
*Courier Mail, 5 June 1987*
- 'Anxiety Compo for Police'  
*Advertiser, 10 June 1987*
- 'Major Case nearly wrecked {detective's} Marriage'  
*Daily Telegraph, 12 June 1987*

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**The Issues**

Reprinted above is a small selection of headlines to newspaper articles published during a seven week period. The articles highlight some of the dangerous aspects of police work and the health impacts of those dangers. Given the apparent frequency of threats and physical harm to police officers, it is understandable that two widely held assumptions have developed within the Australasian police community:

- policing is becoming increasingly more difficult, both physically and psychologically; and
- the health of police officers is deteriorating, physically as well as psychologically.

Police officers are not alone in believing society is becoming harsher and more violent. Among others, former Chief Justice of the High Court, Sir Harry Gibbs, has publicly asserted such is the case. Police officers, however, are closer to the streets and see such conditions as affecting the quality of their health in addition to the quality of society generally.

Health impacts of police work are as important in economic terms as they are on humanitarian and social grounds. Costs of lost time, early retirement, compensation and medical and psychiatric treatment for an Australasian police population in excess of 35 000 officers are enormous even when optimal conditions prevail. In addition, there are add on costs in respect of administration, equipment, recruitment, training, loss of experience and so on. Some of these factors, eg, resignations and recruitment, sometimes become the subject of industrial dispute and political manoeuvrings, thus further reducing the quality of police officers' working environments. The poorer police employee health generally is, the greater are the costs of coping.

*Table 1 Police officers shot / bombed in the line of duty: Australasia, 1976-85*

Year	NSW	VIC	QLD	WA	SA	TAS	NT	ACT	NZ
1976	1	1	0	0	1	0	0	0	1
1977	2	2	1	0	2	0	2	0	0
1978	6	1	0	0	0	0	0	0	0
1979	1	3	0	4	1	0	0	0	0
1980	5	2	0	0	0	0	0	0	0
1981	0	0	0	0	0	0	0	0	0
1982	2	5	0	1	0	0	0	0	0
1983	1	2	0	1	1	0	0	0	0
1984	6	2	1	1	0	0	0	0	0
1985	2	4	0	0	1	0	0	0	0
<b>Total</b>	<b>26</b>	<b>22</b>	<b>2</b>	<b>7</b>	<b>6</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>1</b>
Annual Average	2.6	2.2	0.2	0.7	0.6	0.0	0.2	0.0	0.1
Rate / 100 000	27.88	28.46	4.76	26.51	19.37	0.0	37.54	0.0	2.06

Given these concerns, the Australian Institute of Criminology undertook a preliminary retrospective study of police health, for varying periods between 1966 and 1985. A report dealing with police health and related issues will be published later.

This Research Brief concentrates on selected aspects of police health during the decade 1976-85.

**The Research**

Six measures of police health were selected<sup>1</sup>

- Shooting/bombings in line of duty
- accidental deaths in line of duty
- other deaths in service
- non-fatal assaults in line of duty
- invalidity
- resignations

Data were collected from police jurisdictions throughout Australasia, as well as overseas, thereby permitting tentative conclusions to be drawn as to whether:

- the rates associated with the various measures increased over time; and
- police officers in Australasia were significantly disadvantaged in comparison with other groups.

**The Findings**

Selected findings of the study are presented here, mostly without qualification. The principal report should be referred to for further details.

*Shooting/Bombing*

The majority of shooting of on-duty police officers were carried out with rifles. Bombings were largely confined to New South Wales and Victoria (see Table 1). Circumstances surrounding incidents varied considerably but attempting arrests and attending disturbance calls figured prominently. The incidence of shooting arising from domestic disturbances was small overall. Further:

- Nearly all murders of on-duty Australasian police officers were committed through use of firearms or bombs<sup>2</sup> (65 in Australia, one in New Zealand).
- Tasmania and Australian Capital Territory Police suffer no gunshot/bomb casualties during the period.
- Compared with some 40 over seas police populations, police shooting fatality rates in Australasia were found to be close to the average.<sup>3</sup>
- Tasmania, Australian Capital Territory and New Zealand police were the only agencies to experience lower shooting fatality rates than the police of England and Wales.<sup>4</sup>
- Compared with the United States, the rates of deaths and wounding by gunshot of on-duty police officers throughout Australasia were infinitesimal.<sup>5</sup>
- There were no significant increases in shooting/bombing rates of police officers over time in any jurisdiction<sup>6</sup>

- On-duty police officers were murdered at a greater rate than the general public in their respective jurisdictions, with the exceptions of Tasmania and the Australian Capital Territory.

*Accidental deaths*

The great majority of accidental deaths were the result of motor vehicle accidents. Very few of the accidents involved police in high speed pursuits. Further:

- Accidental deaths were low in all agencies. Only three police forces averaged one or more deaths per year. No accidental deaths occurred in the Northern Territory.
- There were no significant increases over time.
- Rates of accidental death in United States police agencies were broadly similar to those found in police agencies in Australasia.

*Deaths from other causes*

The great majority of other deaths resulted from cancer or heart attack. The only other significantly cause was suicide, which occurred at a far lower frequency. Further:

- There were no significant increases over time in the rates of death of police officers from other causes.
- With regard to those jurisdictions in which comparative public service data were available, it was found that 'other death' rates for police were lower than those among public servants in Victoria, Tasmania and New Zealand, but higher than public servants in

Western Australia and Tasmania.

*Non-fatal assaults*

Non-fatal assaults data included all weapons other than firearms (except where used as a club—there was one such case) and explosive devices. Thus, feet, fists, clubs, motor vehicles, knives, etc., are all used to attack police officers and such attacks were included in the study. Unfortunately, insufficient data were available to permit analysis of weapons used and the circumstances in which they were used. Further:

- There were no significant increases in assaults on police
- over time, in respect of those agencies for which data were available, i.e. Victoria, Western Australia, Tasmania and Northern Territory.
- Police officers were subjected to higher assault rates than the general public in their respective jurisdictions.
- Assaults on police in South Australia and Tasmania appear high by limited international comparison; but more detailed agency-specific research is necessary to determine whether such is really the case or if the apparent situation is largely a product of more rigorous record keeping and/or definitions of assault.

*Invalidity*

Invalidity refers to members being discharged from service on medical grounds. Major medical categories identified included nervous disorders,

heart conditions, back problems and hypertension. Further:

- there were no significant in creases over time in those jurisdictions for which data were available, i.e. New South Wales, Victoria, Western Australia, Tasmania and Northern Territory.
- In Victoria and Western Australia, police invalidity rates were slightly more than double those of their respective public services.
- In Tasmania, police invalidity rates were marginally lower than those found in that state's public service.

*Resignations*

Resignations pose problems as a measure due in part to the number of insincere reasons offered when leaving organisations (see Table 2). In any event, data concerning reasons for resignation were insufficient to permit analysis. Further:

- There were no significant in creases in police resignation rates over time.
- Police resignation rates were found to be lower than those occurring in their respective public services in jurisdictions for which comparable data were available. Comparable public service data were not available in respect of Queensland and Northern Territory.
- Resignation rates for Northern Territory Police were found to be particularly high but this is thought to be primarily due to non-operational factors, such as isolation and distance from parents in southern states.

**Table 2 Police officer resignations: Australasia, 1976-85**

Year	NSW	VIC	QLD	WA	SA	TAS	NT	NZ
1976	115	142	141	55	57	37	42	175
1977	126	189	119	59	49	46	35	223
1978	148	157	80	60	42	52	44	186
1979	156	153	85	69	38	30	35	205
1980	171	138	77	73	78	41	46	203
1981	237	170	67	50	54	21	54	163
1982		145	67	97	70	23	35	135
1983	189	105	49	33	51	18	35	119
1984	119	111	65	36	72	15	34	120
1985	164	160	62	38	74	14	36	137
Total	1425	1470	812	570	585	297	396	1666
Annual Average Rate/100	142.50	147.00	81.2	57.00	58.50	29.70	39.60	166.60
	1.54	1.90	1.94	2.16	1.89	3.06	7.43	3.44

**Discussion**

On the basis of these admittedly imperfect measures (and acknowledging the lack of sick leave and stress related data), there is no substantial evidence that police officers throughout Australasia were:

- Murdered at an increasing rate;
- shot at an increasing rate; and

- assaulted at an increasing rate.

There is also no substantial evidence that the overall health of police officers throughout Australasia deteriorated over time.

There is evidence that:

- police officers, with the exceptions of those in Tasmania and the Australian Capital Territory, were murdered at a greater rate than
- occurred in their respective communities;
- police officers were assaulted at a greater rate than occurred in their respective communities; and
- greater number of police officers were shot/bombed in New South Wales and Victoria in recent years, although the rates of such events did not increase significantly.

These results do not unequivocally rebut police employees' perceptions which are based more on experience than objective data. There may, for example, be greater violence and threats of violence in the police workplace which have not yet translated into recorded assaults, shootings, etc; possibly in part due to increased police expertise in survival, negotiating techniques, and improve equipment. It is understood, for example, that at least two officers have been struck with rifle shots on their body armour and as a result, were not wounded. Similarly, the psychological stresses of operational policework may have increased perceptibly, remaining within the bounds of tolerance and thus not resulting in increased rates of stress related medical boardings.

It seems possible that in those jurisdictions in which number of assaults and shooting increased, the greater number of officers operating in urban districts was not sufficiently taken into account by members in forming their perceptions. That is to say, it is possible in some areas for personnel to increase at a faster rate than attacks with the result that although the number increases, the rate of such incidents does not.

Increasing specialisation may well result in small numbers of officers being frequently at the sharp end of violence prone operations, e.g., crowd control, anti-drug operations, undercover work and anti-hostage/terrorist operations.

The heightened impression among some such specialist field officers of society slipping into a vortex of violence could easily generalise to become part of the accepted wisdom of police departments.

It may be, too, that police officers' impressions of increasing violence are based not only on personal experience but growing general violence in some societies, e.g., a claimed threefold increase in assaults in New South Wales over the decade 1977-86 and increases in armed robberies in Victoria and Queensland.

However, despite those considerations, the best evidence at this time suggests that police health did not deteriorate over the period studied and that the streets did not become more violent toward police officers in practice.

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### Implications For Research

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A number of research related proposals flow from the foregoing:

- Police employee health should ideally be monitored for both economic and humane reasons.
- Individuals agencies need to research employee health in fine detail utilising in-house experience to interpret internal factors, such as administrative delays creating an appearance of periodic upsurges in invalidity figures. It is only in this way that the preliminary findings presented above can be adequately tested.
- Police health data collections require reviewing in some agencies so as to produce more precise descriptions of the various factors involved. Remedial action cannot be effectively considered in the

absence of adequate information—one important example being measurements of use of force by and against officers when making arrests.

- Larger police agencies could fruitfully research the structure of employees' perception of work place hazards.
- Attention could usefully be given to researching and developing improvements in police occupational health and safety practices, as well as equipment and training needs.

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### Conclusions

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The widely held view among police officers throughout Australasia that their working lives are becoming tougher and more dangerous, to the detriment of their health, requires serious consideration. Preliminary evidence, albeit limited, suggests police aggregate health has not deteriorated. Gross measures of workplace violence show no significant increases. Accordingly, it cannot be assumed that the despondent view held by officers is substantially reflective of their actual position. However, the emotional and physical hazards of police work are considerable, as evidenced by some 66 shootings and in the region of 40 000 assaults over a ten year period. In the light of such facts, the tentative findings of the study require testing by focussed agency based research.

From a remedial perspective, it seems desirable that agency based research and development initiatives address:

- apparent discrepancies between perception and reality concerning workplace dangers and health hazards; and
- means to minimise impacts of workplace hazards to employee health generally.

It is pleasing to note some agencies have already embarked on the latter course.

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**Notes**

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1. Sick leave was not included as a health measure as insufficient data were available. Only two of the data sets selected were completed in respect of all jurisdictions—thus, the preliminary nature of the study.
2. Swanton, Bruce and Psaila, Trish (1985) *Descriptions of Police Officer Murders and Woundings by Shooting and Bomb Blast 1964-83*. Australian Institute of Criminology, Canberra.
3. Lester, David and Zunno, F.A. (1982) 'The Risk of Murder for Police', *International Criminal Police Review*, no. 354, Jan, pp. 6-9.
4. Annual reports of Her Majesty's Inspector of Constabulary, London.
5. *Law Enforcement Officers Killed in Action*. Federal Bureau of Investigation, Washington, DC.
6. The Russell Street Complex bombing at Melbourne in February 1986 did not fall within this study's time frame.

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