

# Police Moral Injury, Compassion Fatigue, and Compassion Satisfaction: A Brief Report

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## ABSTRACT

Police compassion fatigue, or the emotional cost of caring associated with police work, can lead to post-traumatic stress disorder, work dissatisfaction, depression, burnout, self-criticism and destructive coping strategies. Similarly, officers may experience moral injury in the line of duty when they witness or become involved in acts that transgress their moral beliefs. The strains of compassion fatigue and moral injury may negatively influence police compassion satisfaction, or the positive feelings and benefits experienced because of caring for others. The purpose of this study was to examine the contributions of compassion fatigue and moral injury on police compassion satisfaction among a sample of police officers from the National Police of Finland (n=454). Results indicated that greater levels of compassion fatigue and moral injury were significantly associated with low levels of compassion satisfaction. Clinical and practical ideas are offered, with the aim of minimizing the effects of compassion fatigue and moral injury while promoting compassion satisfaction for law enforcement officers.

**Keywords:** moral injury, compassion satisfaction, compassion fatigue, law enforcement, police stress, trauma

## INTRODUCTION

**L**aw enforcement officers experience a myriad of occupational stressors associated with the high demands of policing. These include, but are not limited to, answering unforeseen emergency calls, dilemmas related to use of officer discretion, and facing moral transgressions in the

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line of duty that are inconsistent with their personal beliefs. The distinct types of perceived stressors in law enforcement are categorized as operational (stress of doing the job), and organizational (stress related to the culture of policing) (McCreary & Thompson, 2006). Prior research has demonstrated that common stressors in policing include: fatigue, shift work, lack of time spent with family and friends, paperwork, bureaucratic red tape, staff shortages, inconsistencies in leadership, and the perception of having to prove yourself to the organization (Kohan & Mazmanian, 2003; McCreary, Fong, & Groll, 2017). These stressors may lead to burnout and low job satisfaction among officers (Brady, 2017).

### ***Police Stress and Trauma Exposure***

In addition to routine stressors, police officers encounter potentially distressing events in the line of duty that can result in psychological trauma. It is estimated that officers are exposed to nearly 900 traumatic events throughout their careers (Rudofossi, 2009). A study of trauma exposure among early career officers showed that cadet officers reported at least one exposure to off-duty trauma prior to their recruitment process and a 59% higher traumatic stress level once exposed to work-related types of trauma after one year on the job (Huddleston et al., 2007). The multifaceted, complex and cumulative form of police trauma can be direct or indirect, and has been conceptualized as Police Complex Trauma (Papazoglou, 2013). Officers' cumulative and frequent exposure to traumatic events can lead to post traumatic stress disorder and poor physical health outcomes such as cardiovascular disease, high blood pressure, and hormonal abnormalities (Chopko, Palmieri & Adams, 2015; Hartley, Violanti, Sarkisian, Andrew, & Burchfiel, 2013; Violanti et al., 2006). In summary, exposure to multiple types of traumatic events carries profound effects on officer well-being.

### ***Compassion Fatigue and Compassion Satisfaction***

High stress occupations often require emotional labour. Officers often take on dual roles in the line of duty that can be emotionally demanding. For example, when responding to a domestic violence call, officers may show compassion to the victim while maintaining assertiveness and composure to apprehend the perpetrator (Chopko, 2011). The emotional cost of caring associated with police work is described as compassion fatigue (Figley, 1995). Compassion fatigue is also recognized as an indirect, secondary form of trauma exposure that can lead to post-traumatic stress disorder,

work dissatisfaction, depression, burnout, self-criticism and destructive coping strategies (Bride, Radey, & Figley, 2007; Cicognani, Pietrantonio, Palestini, & Prati, 2009). The frequency of traumatic events also leads to compassion fatigue (Gehrke & Violanti, 2006). Specialised officers who work extensively with sexual assault victims and child victims report high levels of burnout and secondary trauma (Gehrke & Violanti, 2006; Turgoose, Glover, Barker, & Maddox, 2017). Similarly, police officers who have witnessed fellow officers being shot in the line of duty have experienced compassion fatigue (Gehrke & Violanti, 2006). Additionally, prior research demonstrates that one in four officials who investigate online child exploitation is vulnerable to secondary trauma and burnout associated with indirect trauma exposure through graphic imagery (Brady, 2017; Silver et al., 2013). The cost of caring for others regularly exposes officers to emotional exhaustion through indirect forms of trauma.

Although officers experience adverse emotional well-being due to compassion fatigue, the satisfaction of helping others is a positive attribute of police work. According to the tenets of Positive Psychology, it is possible to experience positive and negative psychological well-being simultaneously (Seligman & Csikszentmihalyi, 2000). Comparatively, compassion satisfaction is a feeling of emotional accomplishment and reward for helping others, despite the exposure to traumatic events and burnout associated with job performance (Papazoglou, Koskelainen, Stuewe 2017; Stamm, 2002). The concept of compassion satisfaction is understudied among the law enforcement population. However, prior research demonstrates that compassion satisfaction leads to higher job commitment, performance, and better quality of life (Cicognani et al., 2009; Stamm, 2002). Furthermore, not all individuals who face traumatic events experience compassion fatigue, suggesting that satisfaction from helping others buffers the negative outcomes of compassion fatigue (Stamm, 1995; Stamm, 2002). Therefore, it has been proposed that strong support systems outside of work, and within the workplace, may mitigate the severity of compassion fatigue (Brady, 2017; Harr, 2013).

### ***Moral Injury***

Existing research on moral injury focuses on soldiers and veterans. Less is known about the prevalence of moral injury among police officers (Papazoglou & Chopko, 2017). Moral injury is defined as, “Perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress

deeply held moral beliefs and expectations” (Litz et al., 2009, p.700). It is argued that mistakenly taking the life of a civilian, witnessing or participating in atrocities, seeing the grotesque aftermath of human remains, or having the inability to help women and children in a war zone lingers in the minds of soldiers (Litz et al., 2009). Examples of moral injury include decisions related to strategic bombings that put civilians in danger, decisions by medical military personnel to assist wounded individuals at the risk of incurring additional casualties, or ambiguous threat assessments made on approaching vehicles (Bryan et al., 2016). As a result, moral injury is accompanied by feelings of guilt and shame thereafter (Tangney, Stuewig, & Mashek, 2007). The feeling of shame is more destructive than guilt, as it evaluates and condemns the self as powerless and worthless, which leads to externalizing the inner conflict through anger (Bryan et al., 2016; Tangney, Stuewig, & Mashek, 2007). Thus, moral and ethical conflicts can disrupt core, personal beliefs.

Furthermore, the transgressions of personal core values and beliefs resemble trauma-related symptoms. The principal guide for psychiatric diagnoses in the United States (Diagnostic and Statistical Manual of Mental Disorders, DSM-5) argues, yet does not fully capture, that moral injury is a precursor to PTSD symptoms (Litz et al., 2009; Nash & Litz, 2013). The symptom similarities between moral injury and PTSD include triggering, re-experiencing, avoiding, and numbing (Shay, 2014). However, Bryan, Bryan, Roberge, Leifker, & Rozek (2018) argue that moral injury and PTSD are two separate constructs with unique characteristics, and the combination of the two leads to higher risk for suicide ideation and suicide attempt among military personnel. Specifically, the presence of moral injury in combination with PTSD increases the risk of suicide attempt. Whether moral injury is a precursor to PTSD, or simply exacerbates the symptoms, it should not be excluded when treating soldiers and veterans diagnosed with PTSD (Litz et.al, 2009; Nash & Litz, 2013).

Although extant research focuses on moral injury among military personnel, police officers are also exposed to similar traumatic events. Police officers in the line of duty experience atrocities, exposure to gruesome crimes, and death (Papazoglo, 2013). Officers have ranked killing someone during use-of-force, bearing witness to someone else being killed, and mistakenly killing a colleague, as the most traumatic events with which to cope (Chopko et al., 2015; Violanti & Aron, 1995;

Weiss et al., 2010). Additionally, police compassion fatigue such as burnout and secondary trauma may be closely related to the transgression of personal moral beliefs (Papazoglou & Chopko, 2017). As previously mentioned, hearing stories from victims of sexual assault or being exposed to images of child exploitation can lead an officer to experience compassion fatigue and moral injury. These experiences can alter beliefs about the safety and benevolence of the world as well as beliefs about the trustworthiness of human beings (Litz et.al, 2009; Papazoglou & Chopko, 2017). As a result, the strains of moral injury and compassion fatigue may lead to lower compassion satisfaction among police officers. Therefore, it is hypothesised that compassion fatigue, compassion satisfaction and moral injury among law enforcement personnel are closely related.

### ***The Present Study***

The purpose of this study is to examine the contributions of compassion fatigue and moral injury on police compassion satisfaction. It is expected that high levels of moral injury and compassion fatigue are associated with low levels of compassion satisfaction.

## METHODS

### ***Participants and Procedures***

Data for the present study were obtained through research collaboration with the National Police of Finland. There are approximately 7,500 officers in the Finnish National Police and training to become a police officer in Finland takes approximately 3 years to complete. Police training in Finland includes psychoeducation about the physiology and psychology of stress as well as resilience training offered by a multidisciplinary team of police officers and psychologists. Since 2012, there have been mandatory procedures following critical incidents which include debriefing, national post-trauma workshops, and recommendations for private partnerships to support physical and psychological officer wellness and overall occupational health (CEPOL, 2017).

Officials from the National Police of Finland invited all officers who had been exposed to critical situations to participate in an online, internal police survey about their trauma-related experiences (as manifested by compassion fatigue and moral injury) as well as their satisfaction with helping those who suffer. Informed consent for study

participation was obtained electronically. Officers who self-reported exposure to critical incidents in the line of duty were included in the current study and they were directed to additional survey questions which assessed compassion fatigue, compassion satisfaction, and moral injury. Critical incidents were broadly defined for officers with examples provided of what could be experienced as critical such as experiencing a life-threatening incident or resolving a situation involving interpersonal violence. The sample (n=454) was 74% male and 100% white Europeans with a mean age of 42 and a mean of 18 years in law enforcement. A majority of participants (87%) were assigned to patrol or criminal investigation areas of work. Participants were asked about their frequency of exposure to critical incidents with 37% of participants reporting that over 20% of their work time included critical or similar incident exposure.

### ***Measures***

Demographic variables. Gender and length of career in law enforcement were included as control variables in the present study. Gender was included as a dichotomous variable and length of services was a continuous variable with responses ranging from 1 to 42 years of service.

Compassion satisfaction and compassion fatigue. The Compassion Satisfaction and Fatigue Test was used to assess levels of compassion satisfaction and compassion fatigue in the present study (Figley & Stamm, 1996). This test is comprised of 66, Likert-type items, with response options ranging from 0=never to 5=very often. Items included questions about the thoughts and feelings associated with helping others (e.g. “Working with those I help brings me a great deal of satisfaction,” “I have a sense of hopelessness associated with working with those I help”). Summed composite scores were calculated with higher scores reflecting higher levels of compassion satisfaction and compassion fatigue respectively. The Compassion Satisfaction and Fatigue Test has been widely used to assess these constructs among helping and frontline professionals (Bride, Radey, & Figley, 2007). The Cronbach’s alpha for compassion satisfaction was .910. The Cronbach’s alpha for compassion fatigue was .897.

Moral injury. The Moral Injury Events Scale was used to assess levels of moral injury in the present study (MIES - Nash et al., 2013). This scale consists of 9 Likert-type items, with response options ranging from 1=strongly disagree to 6=strongly agree. A summed composite score was

calculated, with higher scores reflecting higher levels of moral injury. Items included questions about behaviours related to personal morals and witnessing immoral acts (e.g. “I saw things that were morally wrong,” “I acted in ways that violated my own moral code or values”). The Cronbach’s alpha for moral injury was .750.

## RESULTS

Multiple linear regression analysis was employed to examine the influence of compassion fatigue and moral injury on police compassion satisfaction. Length of service was not significantly associated with compassion satisfaction (Model 1:  $B = -0.032$ ; n.s.; Adjusted  $R^2 = .004$ ). Compassion fatigue was significantly associated with compassion satisfaction (Model 2:  $B = -0.286$ ;  $p = .000$ ; Adjusted  $R^2 = .073$ ). Additionally, moral injury was significantly associated with compassion satisfaction (Model 3:  $B = -0.176$ ;  $p = .001$ ; Adjusted  $R^2 = .099$ ) such that the linear combination of predictors accounted for 10% of the variance in compassion satisfaction;  $R^2 = .109$ , adjusted  $R^2 = .099$ . However, years of experience was not significantly related to compassion satisfaction. The results of regression models predicting compassion satisfaction are shown in Table 1.

**Table 1**

*Regression Model Predicting Compassion Satisfaction (n=454)*

	Model 1	Model 2	Model 3
	<i>B(p)</i>	<i>B(p)</i>	<i>B(p)</i>
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Demographics			
Gender*	0.018(0.733)	0.057(0.257)	0.051(0.300)
Years of service	-0.032(0.535)	0.006(0.906)	-0.003(0.955)
Compassion Fatigue		-0.286(0.000)	-0.232(0.000)
Moral Injury			-0.176(0.001)
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Overall Model	n.s.	$p = 0.000$	$p = 0.000$
Adjusted $R^2$	-0.004	0.073	0.099
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Note. Reference group for gender: males. Coefficients are standardized.

## DISCUSSION AND IMPLICATIONS

This study explored the influence of compassion fatigue and moral injury on compassion satisfaction among police officers. It is possible that officers do not feel more or less satisfied over their years of service; alternatively, officers who feel less compassion satisfaction over their years of service may resign, retire, or move to a position that does not entail exposure to traumatic incidents. Current study findings showed no significant difference between males and females regarding the experience of compassion satisfaction. As expected, results showed that both compassion fatigue and moral injury were significantly and negatively associated with compassion satisfaction. Therefore, it appears that different types of traumatisation, as manifested in the present study by compassion fatigue and moral injury, may negatively influence how officers view the importance of their professional role. Both compassion fatigue and moral injury are negatively related to compassion satisfaction. To this direction, clinical and practical recommendations are made to address both types of traumatisation.

### *Clinical and Practical Implications*

Increasing compassion satisfaction among police officers, while simultaneously minimising compassion fatigue, should be paramount aims of law enforcement agencies and administration. Compassion fatigue has been shown to weigh heavily on officers' mental and physical well-being (Donnelly, Valentine, & Oehme, 2014; Warren, 2015). Reducing burnout and fatigue among officers can have a positive impact on the officers, and hence the agency budget.

Agencies experiencing high turnover may look to burnout, frustration, and stressors as leading causes of issues with officer retention. The costs associated with hiring and training a new officer can exceed US\$100,000 (Meade, n.d.). With the ever-increasing scrutiny of public funds, reducing these expenditures by keeping existing personnel can enable police administrators to direct scarce funds to areas of greater concern. This can have a positive impact on job satisfaction among an agency's officers.

By introducing new officers to clinicians early in their careers, such as initial agency orientation, and incorporating clinicians in frequent in-

service training sessions, agencies can have a positive impact on compassion fatigue while minimising the stigma around seeking mental health support. Frequent and repeated interaction with a clinician can help to reduce the stigmatisation of seeking help and increase utilisation of clinical services to reduce compassion fatigue. By emphasising wellness, clinicians and police administration can demonstrate support for officers, and encourage them to seek assistance prior to issues negatively impacting their work performance (Butterworth, 2001; Donnelly, Valentine, & Oehme, 2014).

In addition, clinical work should focus on the important role of compassion satisfaction in reducing the damaging impact of moral injury and compassion fatigue on officers' health, well-being, and even job performance. Compassion satisfaction may be addressed and improved in multiple ways during clinical practice. More specifically, officers may be encouraged to journal, write letters of appreciation, and engage in mindfulness techniques to promote appreciation for the value of their service to the community. Officers put themselves in high-risk situations and even sacrifice their lives to maintain peace and order; yet, officers may view these sacrifices as part of their normal job duties and be unable to see the value of their service.

Furthermore, clinicians should collaborate with police administration and trainers to apply compassion satisfaction promotion practices in organisational policy and training curricula. More precisely, clinicians should be present during police training and, in collaboration with trainers, stress the important contributions officers make when helping victims and those in need. For example, the current multidisciplinary training efforts to support officer resilience among the National Police of Finland could be expanded to include the promotion of compassion satisfaction. Analogously, clinicians could help promote organisational culture that encourages officers to spend time with their co-workers and supervisors, and share accomplishments or moments of exemplary service internally. In this way, officers' actions can be appreciated and celebrated by their colleagues in the department. Departments may also offer accolades to officers who have performed exceptional services such as helping victims of crimes or saving people from severe accidents or crime-related injuries. Community organisations should be invited to participate in officer recognition activities so that

appreciation for police services is also expressed by community organisations and not solely by police organisations.

### ***Research Implications***

Compassion fatigue and posttraumatic stress have been predominately featured in North American professional and mainstream media outlets because of recent events such as mass shootings in schools, theatres, and churches, as well as highly publicised officer-involved shootings. It is important for researchers to bring forward accurate data and information to provide policymakers and stakeholders with the tools necessary to reach informed and educated decisions. Expanding the research to include other public safety professionals may also prove beneficial. Moral injury, compassion fatigue, and compassion satisfaction research should be expanded to include fire service personnel too.

Limitations of the study associated with cross-sectional and self-report data include the inability to understand how compassion fatigue and moral injury influence compassion satisfaction over time and how physiological stress response processes impact officers' psychological responses to stress as captured by self-report measures. Future studies should explore these relationships over time through longitudinal methods and consider the interplay of biomarkers in the relationship between compassion fatigue, moral injury, and compassion satisfaction. While the current study predominantly included white, male officers, future research on the manifestation of police trauma should purposively sample ethnic minority officers and explore gender differences. Results can then be used to inform gender-specific recommendations for the promotion of female officer health and well-being. As this study collaborated with the National Police of Finland, it would be beneficial if future research explored the topic in regard to US and Canadian law enforcement officers and agencies to examine compassion fatigue, moral injury, and compassion satisfaction comparatively and increase the generalisability of findings.

## CONCLUSION

The present study found that greater levels of compassion fatigue and moral injury were associated with lower levels of compassion satisfaction among study participants. This study highlights how compassion fatigue

and moral injury, as manifestations of trauma, influence the experience of compassion satisfaction. The strain of compassion fatigue and moral injury may influence the way officers make meaning of their work and shape the way they view their contributions of service and sacrifice for the communities they serve. Law enforcement agencies and clinicians are encouraged to integrate policies and practices that promote compassion satisfaction among police officers while working to reduce the effects of compassion fatigue and moral injury.

#### ABOUT THE AUTHORS

**Brooke McQuerrey Tuttle MS, PhD** serves as the Program Manager for the Center for Family Resilience at Oklahoma State University (OSU) where she leads community research. She received her MS in Criminal Justice from the University of Central Missouri and is a current PhD student in Human Sciences at OSU. Her interests include risk and resilience for law enforcement officers and their families.

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