Critical Incidents: Responding to Police Officer Trauma

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Abstract

Law enforcement has been universally recognized as a stressful profession. Police officers often observe, deal with, or become involved in extremely difficult situations and experiences on a daily basis. These events are inherent to the law enforcement profession and accumulate over time, often producing a cumulative stress that is immeasurable. Men and women who choose law enforcement as a profession are told to prepare to deal with the cumulative stress of the job. There is however another form of stress that many officers will face but are unprepared to deal with. This stress is more immediate and intense and is often the result of a singular traumatic event. These traumatic events are often referred to as critical incidents.

Throughout my tenure as a police officer and prior to that as a United States Marine, I have been involved in several events which could be categorized as critical incidents. In hindsight, what amazes me is how a single event can change a person’s outlook and approach to both his profession and his daily life.

The goal of this paper is to attempt to identify how critical incidents affect police officers and what administrators and supervisors can do to help officers who are involved in these types of incidents. Furthermore, in examining how critical incidents affect law enforcement officers, I hope to identify ways to better prepare officers to deal with these situations as they arise. We can attempt to accomplish this with knowledge and training to help officers recognize when they have been affected. We will also attempt to identify warning signs law enforcement officers might display when they have been affected by a critical incident.
Identifying a Critical Incident

To begin with, what is a critical incident? Dr. Roger Soloman defines a critical incident as “Any situation beyond the realm of a person’s usual experience that overwhelms his or her sense of vulnerability and or lack of control over the situation”. A second definition might be “Any situation faced by emergency service personnel that causes them to experience unusually strong emotional reactions which have the potential to interfere with their ability to function either at the scene or later” as described by Dr. Jeff Mitchell (Aumiller & Goldfarb, 2011). For the purposes of this paper we will focus on critical incidents as they relate to law enforcement. The very nature of these incidents and the number of variables associated with each situation prohibits us from identifying every situation that can be described as a critical incident.

The following is a brief list of events that may be considered critical incidents:

- Officer involved shooting
- Vehicle crash involving serious injury or death to an officer or citizen
- Officer being the victim of a felonious assault
- Death of a colleague or partner
- Death or serious injury to someone in custody of officer
- Near shoot situations
- Severe trauma or death of a child (particularly if officer has a child near same age)
- Incident involving multiple deaths or injuries in short amount of time (natural disaster or terrorist attack)

Unfortunately no list will ever completely cover the traumatic events police officers may potentially encounter. The inability to predict the events further increases the effects
of the incident by preventing the development of a complete training plan. We will examine the need for, and development of, training later.

Some types of critical incidents occur somewhat frequently, while other types rarely, if ever, occur. For example, depending on jurisdiction and assignment, a police officer may respond countless times throughout their career to the scene of a fatality vehicle accident, as the first responder to a suicide or homicide, or the investigation of brutal child abuse. Discharging a firearm is a more rare type of critical incident that is not experienced by most officers during the course of their career (Violanti, 1996). However, when shootings do occur, they are often traumatic for police officers. In a study by Violanti (1996), approximately 35% of police officers leave their department within one year following a shooting. According to a 1990 FBI Bulletin, nearly 90% of police officers will be affected by a critical incident during their career (Conroy, 1990).

Carlier and Gersons (1994) categorized critical incidents into two distinct groups. The two categories, extremely violent incidents and extremely depressing incidents, are encountered at varying rates by law enforcement. The first category, extremely violent incidents, included incidents in which the individual was an active participant, such as shooting, near shootings, hostage situations, and assaults on law enforcement officers. The second category, extremely depressing incidents, represented events where the officer was not present during the act, but arrived to encounter the aftermath such as child abuse or traumatic injury to a child, suicides, fatality accidents and homicide scenes. While neither category can be discounted, I will focus primarily on the first group, where the officer was involved in the incident as it occurred. However, I will also include some of the second group particularly as it relates to the death or serious injury of a colleague.
Law Enforcement Officers Assaulted or Killed

Two areas of major concern when I began to envision where my focus should lie was with law enforcement officers who were either injured or killed in the line of duty. As a police officer, I believe these two types of events are of extreme importance when dealing with critical incidents.

I created the following charts to help visualize the number of officers that are either killed or assaulted each year. The data was taken from the FBI Law Enforcement Officer Killed and Assaulted website (LEOKA, 2010). The data is collected through the participating agencies and the data they provide to the Uniform Crime Report. The UCR is a data gathering mechanism controlled by the Federal Bureau of Investigations to collect information on crime. In 2010, fifty-six (56) officers were feloniously killed and fifty-three thousand four hundred and sixty-nine were assaulted (53,469). Another seventy-two (72) officers were killed in duty related accidents. (LEOKA, 2010)
Law enforcement officers deal with victims on a daily basis. We often see people on their worst day in their worst moments. We develop what I refer to as calluses on our emotions in order to function properly and dispassionately. What we are rarely prepared for is the victimization that comes with an officer being killed or assaulted. When an officer is killed, it shows the rest of us that we are vulnerable. When an officer is assaulted, the feelings of vulnerability are more direct.

**Police Culture**

The average American citizen does not witness in their lifetime what many police officers witness in one month (Violanti, 1996). An officer’s exposure to a traumatic event can be extremely devastating. However, there are factors that often inhibit us from addressing them. The most obvious reason is the culture of policing. Police officers are trained in self-defense and street survival skills in addition to being trained in firearms.
Along with these skills, a sense of superhuman emotional and survival strength is promoted (Violanti, 1996).

The sense of invulnerability is perpetuated in the field training an officer receives once he/she begins working in his/her respective department. New recruits learn from senior officers that police work requires the inhibition of affective responses. When an officer arrives to the scene of a fatality, they are required to remain emotionless. Even when confronted with a death of a child, they are expected to push aside any emotional response and immediately take control of the scene and provide order and a sense of safety to the community (Clair, 2006). In law enforcement, an officer learning to protect himself/herself from emotional responses is just as important as learning to protect oneself from physical harm (Violanti, 1996). Law enforcement officers need this protection in order to function effectively in their profession; unfortunately it may have long term consequences.

When officers are personally involved in traumatic events, the potential for hidden or repressed issues is always there. The illusion that we, as officers, are invulnerable may actually increase some of those feelings. According to Perloff (1983) individuals who feel the most invulnerable prior to a trauma, often experience the most distress after the incident. Cognitive dissonance, a feeling of discomfort caused by holding conflicting ideas simultaneously, may occur when this armor of invulnerability is penetrated by a traumatic event. Subsequent feelings of shame, fear, and heightened sense of arousal may be experienced by the individual after the trauma (Violanti, 1996).

Officers experience many different and deep emotional reactions, as all human beings do to a critical incident (Soloman). Although these feelings are difficult for any individual to experience, the climate of the police culture makes it even more difficult for
police officers to acknowledge any distress. Dr. Roger Solomon claims that only one-third of the officers involved in a critical incident will experience a mild or no reaction to a traumatic event, while the remaining two-thirds will experience from moderate to extreme reactions (Solomon). The combination of exposure to critical incidents and the suppression of normal human emotions make police officers vulnerable to the development of PTSD symptoms (Clair, 2006).

Something else that should not be discounted in regards to the police culture is the public we serve. In general, the public expects law enforcement officers to be dispassionate and unemotional. Officers are called to provide a calming affect. Furthermore, when a critical incident occurs the public is quick to criticize the officer. Even when the officer is the victim of an assault, it is not uncommon for public opinion to judge the officer negatively and second guess the officer’s actions or presence.

Post Traumatic Stress

Not only have I been a police officer for 10 years, I was also the son of a police officer. I have been around police officers my entire life. I remember a county deputy who was responding to an accident involving injury on the far side of the county. The deputy was driving with lights and sirens activated at approximately twice the posted speed limit when his patrol car struck a vehicle crossing an intersection. One of the occupants of that car died in the crash, while the deputy received only minor physical injuries.

That deputy was never the same. Normally very outgoing and charismatic, the deputy became lethargic and reclusive. He stopped coming by the house for visits with my dad and eventually left law enforcement all together. The last I remember of that deputy was his arrest for DWI approximately a year after the accident. While I am not a
mental health professional, in hindsight I believe the deputy suffered from posttraumatic stress.

According to the Center for Posttraumatic Stress Disorder (PTSD), PTSD is an anxiety disorder that can occur after you have been through a traumatic event (Department of Veterans Affairs Center for PTSD, 2007). This event may involve the threat of death to oneself or to someone else, or to one's own or someone else's physical or psychological integrity, overwhelming the individual's ability to cope.

Most people who go through a traumatic event have some symptoms at the beginning. Yet only some will develop PTSD. It isn't clear why some people develop PTSD and others don't. How likely you are to get PTSD depends on many things:

- How intense the trauma was or how long lasted
- If you lost someone you were close to or were hurt
- How close you were to the event
- How strong your reaction was
- How much you felt in control of events
- How much help and support you got after event

(Department of Veterans Affairs Center for PTSD, 2007)

I produced a short questionnaire and disseminated it to seven police officers I knew who were involved in a critical incident. Of those seven, four officers shot and killed a suspect the other three were assaulted. While I am not equipped to diagnose these officers, I did see a trend in their responses. The officers who were assaulted had a sense they did not have any control. All of the officers but one rated their level of seriousness as a seven or greater on a ten point scale and the intensity played the greatest role in that rating.
Critical Incident Stress

Some might believe PTSD and critical incident stress are the same thing. I chose to separate the two for a number of reasons. Most prevalent in my decision to separate the two were some discrepancies in symptoms and the natural aversion by officers to labels such as PTSD.

Dr. Roger Solomon has been lecturing on critical incident trauma since 1980. He has identified several reactions that he terms “normal reactions to abnormal situations”. The following were listed as having occurred in 40% or more of officers who were involved in a shooting:

- Heightened Sense of Danger
- Anger/Blaming
- Nightmares
- Isolation/Withdrawl
- Fear/Anxiety
- Sleep Difficulties
- Flashbacks/Intrusive Thoughts
- Emotional Numbing
- Depression
- Alienation (Solomon, 2011)

According to Dr. Solomon (2011), some people, particularly those who avoid dealing with their emotional reactions, may find themselves increasingly re-living their trauma. It may seem to them that little is resolved in the weeks following the incident. An
individual should seek professional consultation if the following reactions persist and interfere with his/her ability to function:

- Intrusive images: distressing memories, thoughts, nightmares, and flashbacks
- Distress at exposure to similar events
- Avoids thoughts and emotions connected with incidents
- Numbing or restricted range of emotional responsiveness
- Hyper vigilance
- Overreaction/under-reaction/risk taking
- Increased irritability, anger or rage
- Feelings associated with past events. Combing emotional impact of old and new situation may seem so overwhelming that one’s ability to deal effectively with any incident seem to suffer
- Self doubt, guilt, second guessing, feeling of inadequacy
- A growing sense of isolation
- Intense sustained feeling of depression
- Mental confusion
- Development of suspiciousness in dealing with others
- Decline in performance, increased absenteeism, burnout
- Self destructive behavior
- Suicidal thoughts (Solomon, 2011)

Police supervisors and administrators should be very conscious of these symptoms and observe employees involved in critical incidents. These indicators could be the signs of unresolved stress related issues. It behooves both the officer and the
department to recognized these symptoms and have a system in place to deal with these issues as they arise.

Preparing for the Effects of a Critical Incident

What are the effects on officers involved in critical incidents? There is no easy answer to the question, primarily because no two officers or incidents are the same. What we can do is be proactive in our response to officers who have been exposed to a critical incident. In 1982, Arthur Kureczka was involved in a shooting were the suspect died. The incident occurred in a relatively small town and received significant media coverage. Kureczka (2002) stated “the extraordinary stress that followed was known then as post-shooting trauma, an aspect of policing I was never trained for. Twenty years prior, the police academy training covered most aspects of law enforcement and prepared me for physical survival. However, it ignored the psychological aspects of the profession. The term, critical incident stress, had not been conceived.” (Kureczka, 2002)

Supervisors and administrators have had almost thirty years of progression since Kureczka’s incident and yet we still provide little to no training in regards to critical incident stress. A 2005 FBI Bulletin stated “officers should have training before they become involved in a critical incident to understand it could become a major issue in their professional and personal lives for years. Data collected from previous incidents and interviews with involved officers have revealed that the after-incident actions can span years, and officers need to know that. Training should not imply that every event will take years to resolve but, rather, should stress the possibility of such long-term consequences.” (Bohrer, 2005)

Perhaps the most important element of combating critical incident stress is pre-incident stress education. Providing education before a crisis strikes helps to reduce the
impact of traumatic events. Educated officers who later become involved in critical incidents generally are better able to avoid or at least control stress reactions. Pre-incident stress education helps officers recover from acute stress reactions better because they recognize the symptoms early and seek assistance more quickly (Kureczka, 1996).

Report writing is often hammered into police recruits as the cornerstone to good police work. However, we often fail to train officers on how to report a critical incident. According to Kureczka, officers must learn to convey the facts as they know them, not reconstruct them from other sources. For example, if officers use their firearms, they may not remember how many shots they fired. If so, they should state that information in the report. These documents can affect officers for years, from internal investigations to criminal and civil cases (Kureczka, 1996).

Another important aspect of pre-incident planning to consider is a policy covering critical incidents. While a department cannot be expected to anticipate every specific incident, a policy relating to critical incidents should be developed and in place. Many departments have post shooting policies, but how many have one covering what will happen if an officer kills a citizen in traffic accident? By having a policy in place the officer knows what to expect from the department, thus reducing the stress of the unknown.

Post-Incident Response

Just as in pre-incident planning, a departmental policy is key in knowing how to respond to a critical incident. A policy gives direction to any investigation that might be taking place. It also provides the officer with a sense of control, by knowing what he/she can expect in the coming hours and days. Reducing the stress of the unknown allows the officer more time to focus on dealing with the actual event.
Daniel A. Goldfarb, Ph.D., and Gary S. Aumiller, Ph.D have run a counseling center for Long Island Law Enforcement Officers Since 1984. In an article published on Heavybadge.com, they provided the following list of actions to be taken in regards to the affected officer:

- Remove officer from scene as soon as possible.
- Help him/her notify his/her family that he/she is safe.
- Reassure officer that his/her symptoms are normal.
- Allow and encourage officer to talk. It is important to let him/her tell and retell story, over and over.
- Reassure officer that you and his friends will support him.
- Encourage friends to contact the officer and listen to him.
- Encourage family to listen to officer.
- Officer should be given plenty of fluids (no alcohol/coffee).
- Officer should eat a healthy meal when able -- avoiding junk foods.
- Officer should do physical exercise as soon as able.
- Keep officer informed about on-going investigation and case facts.
- Encourage officer to attend a Critical Incident Stress Debriefing with a qualified police mental health professional within 72 hours of the incident (Aumiller & Goldfarb, 2011).

In the past, some perceived it as a sign of weakness if an officer involved in a critical incident saw a mental health professional. This is a difficult topic because the simple fact is, while some officers may need counseling, others may not. A valid reason
exists as to why a significant emotional event is called a critical incident. The short and long-term effects of critical incidents, if they exist, are not necessarily erased by one office visit or two-peer counseling sessions. Mandated professional services and peer counseling should exist, but officers should also have additional options after completing such interventions (Bohrer, 2005). Many departments do have the financial means to supply a full-time departmental psychologist, however there are other alternatives. The key is finding a mental health professional that has an understanding of the unique culture of policing.

**Conclusion**

The very nature of the law enforcement profession provides the potential for exposure to traumatic events. Tens of thousands of critical incidents are reported each year with countless others going unreported. Police officers observe, deal with, or become involved in extremely difficult situations and experiences on a daily basis. These events are bound to affect us. How much and for how long will be determined by the officers themselves, their personal coping mechanisms, and the institutions they work for.

It is incumbent upon police supervisors and administrators to watch over and protect officers. We can help protect the officers who work under us and the department we serve by providing them with the assistance they need to deal with traumatic events. Through education, training, policy and access to quality mental health professionals we, as law enforcement leaders, can help protect the officers from the often unexpected consequences of our profession. Law enforcement officers are the most valuable commodity of any agency. They are the face of their departments, they are the first in
harm’s way, and they deserved to be treated as such. Their physical and mental wellbeing should be at the forefront of all of our minds.
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