

Post Traumatic Stress Disorder in Law Enforcement

By

Paul G. Brown

Criminal Justice Institute

School of Law Enforcement Supervision

Session XXII

November 07, 2003

Post-Traumatic Stress Disorder in Law Enforcement

When the American public watches the evening news or reads the daily paper, they are bombarded by stories of the horrific violence that human beings commit against each other. News footage of the attacks on the World Trade Center and the Pentagon, the recent school shootings, and stories of disgruntled employees who go on shooting rampages dominate the headlines. Americans are shocked and stand in disbelief of these and similar stories. Some people that see these stories will be affected for several days and maybe even weeks after an event. People who actually witness events such as these may be affected for years, but what about the police officers, firefighters, and emergency medical personnel that have to respond to these events over and over again? How are they affected? What kind of long-term effects will they be faced with?

In her article, *Police Suicide: Understanding grief and loss* (2002) Beverly J. Anderson states: More than any other occupation, law enforcement is an emotionally and physically dangerous job. Police officers continuously face the effects of murder, violence, rape, child abuse, accidents and disasters. Long hours, rotating shifts and constant exposure to tragedy exacts a heavy toll on police officers and their families. The results are alarming: Alcoholism, divorce, domestic violence, heart attacks, cancer, depression and suicide. Law Enforcement, the media, and the public all foster the myth that police officers can experience trauma and violence on a daily basis without any ill effects. Research has shown just the opposite. When stressors are prolonged and overwhelming, a person's ability to cope becomes diminished.

Police officers, by the very nature of their jobs are exposed to more stress and trauma in one day than most people will experience in a considerable amount of time. Maybe even their entire lives. Some police officers thrive on stress. They seek out incidents that most people would not care to encounter in their lifetime. Many people seek out a job in law enforcement for this challenge and the personal rewards it can provide. Overcoming stress of great magnitude can provide great personal rewards, but these jobs can and frequently do ruin many lives.

We have all no doubt heard of police burnout. Usually police officers experience burnout after about eight to ten years of experience. After many years of seeing things on a daily basis that would make most people cringe, police officers begin to feel numb and feel that they have “seen it all.” Nothing seems to affect them anymore. Their work and their attitude toward police work may suffer. Morale goes down and sometimes police officers relieve their stress by becoming increasingly violent toward citizens, suspects and even their own families. An otherwise excellent officer, one who has never had any complaints, may suddenly be the subject of many citizen complaints. Besides the long hours spent on the job, many police officers have to work second and sometimes third jobs to support their families and supplement their mediocre income. Police suicide has also become a significant problem. An officer who is experiencing personal or financial problems, alcohol or drug addiction, a recent divorce or break-up of a relationship, exposure to a work related trauma, or the recent use of deadly force, may feel that there is no other way to cope with their feelings and make the choice to “end it all.”

With these things in mind, my purpose for this research paper is to explain what causes Post-Traumatic Stress Disorder, how to recognize the symptoms of PTSD, and how to help someone or help your self overcome the symptoms of PTSD. With this in mind, the information contained here could possibly help a police officer, firefighter, or emergency medical responder recognize the fact that they could be effected by PTSD and be able to seek help for their symptoms.

The detailed information contained in this paper is the result of thirteen years of law enforcement experience, research into the area of PTSD, interviews, and personal investigation. The experience and personal investigation occurred while I was employed as an Investigator for the Jefferson County Sheriff's Office and as the Sergeant in charge of Criminal Investigations and Patrol for the White Hall Police Department.

Before I address the issues of PTSD, I feel that it is necessary to define what stress and post-traumatic stress actually are. According to the website, *Police Officers and Posttraumatic Stress Disorder* (2002), stress is defined as a response to a:

- ❖ Perceived threat, challenge or change
- ❖ Physical and psychological response to any demand
- ❖ State of psychological and physical arousal

Every human being has to deal with stress. Life without stress is impossible. While being most known for it's negative affects, stress also has a positive side. It motivates us,

challenges us, and helps us change when change is needed (even if we don't want to change). Overcoming stress can provide personal rewards, such as feelings of competence, strength, and even elation.



The nation and the world is shocked as terrorists attack the World Trade Center.

There are obviously different levels of stress, from minor to moderate to severe, and different perceptions as to the level of stress based on a person's perspective and personality. Stress can be:

- ❖ Acute (short lived)
- ❖ Chronic (experienced over a long period of time)
- ❖ Accumulative (from a variety of sources over a period of time)
- ❖ Delayed (buried internally for a period of time, resurfacing later in life)

Stress carries with it certain physical and psychological affects that occur at a level equivalent to the type of stress, and the level at which it is encountered. These physical

and psychological affects are involuntary, meaning it is a natural uncontrollable physical and psychological reaction to an event by our mind and body.

Post-traumatic stress is defined as a type of stress encountered at incidents that are, or are perceived as, capable of causing serious injury or death. The person encountering the stress does not have to be the one whose life is being threatened. This stress can also occur to witnesses. By its nature, post-traumatic stress is one of the worst types of stress a person can encounter. It is stress of a nature that is threatening to a person's survival. Example of life threatening traumas that can cause post-traumatic stress, in their general order of severity, include:

- ❖ Natural disasters.
- ❖ Serious accidents.
- ❖ Serious accidents where a person is at fault.
- ❖ Intentional life threatening violence by another person.
- ❖ Life threatening trauma caused by betrayal by a trusted friend.
- ❖ Life threatening trauma caused by betrayal by someone depended upon for survival.

I can remember the first critical incident that I was faced with as a police officer. When I first became involved in law enforcement as a reserve deputy with the Jefferson County Sheriff's Office, I rode along on weekends with some deputy friends of mine. At about 2:00 a.m. on a Sunday morning, my partner and I responded to a house fire in a small

farming community located in southeastern Jefferson County. We arrived before the fire department to find the house totally engulfed in flames. An elderly black man walked to the end of the driveway to meet us his hands burned and his hair singed off. He told us that his two small grandchildren were still inside the house. He had burned himself trying to get back inside the house to get his grandchildren. My partner and I stood and watched in horror as the house burned to the ground. The children were later found by the fire department, behind a couch in the living room where they had tried to hide from the fire. A 7 year-old boy and a 3 year-old girl died that night. There was nothing that anyone could have done to save them, yet I still could not help but have feelings of guilt and sadness for not being able to get them out of the house. I wasn't able to sleep for four days after that incident. This was my first encounter with post-traumatic stress and there have been many more since then.



An NYPD Sergeant helps evacuate survivors from the World Trade Center.

With PTSD being a major concern of police administration and officers in the field, PTSD should be given serious thought as to it's effects on officers health, well being, and their performance. This paper in no way covers all aspects of PTSD, but for this

assignment I have attempted to identify the major concerns of PTSD. I have identified three separate components and feel that each is equally important as the other. The three that I have identified are:

1. **Causes of PTSD**
2. **Symptoms of PTSD**
3. **Treatment and overcoming PTSD**



NYFD firemen remove one of their fallen from the WTC.

Causes of PTSD

In the article *Law Enforcement Traumatic Stress: Clinical Syndromes and Intervention Strategies* (1995), Laurence Miller writes: Every time we dial 911, we expect that our emergency will be taken seriously and handled competently. The police will race to our burgled office, the firefighters will speedily douse our burning home, and the ambulance crew will stabilize our injured loved one and whisk him or her away to the hospital. We

take these expectations for granted because of the skill and dedication of the workers who serve the needs of law enforcement, emergency services, and public safety.

These officers are routinely exposed to special kinds of traumatic events and daily pressures that require a certain adaptively defensive toughness of attitude, temperament, and training. Without this resolve, they couldn't do their jobs effectively. Sometimes, however, the stress is just too much, and the very toughness that facilitates smooth functioning in their daily duties now becomes an impediment to these helpers seeking help for themselves.

Police officers regularly deal with the most violent, impulsive, and predatory members of society, put their lives on the line, and confront cruelties and horrors that the rest of society views from the sanitized distance of their newspapers and TV screens. In addition to the daily grind, police officers are frequently the target of criticism and complaints from citizens, the media, the judicial system, adversarial attorneys, social service personnel, and their own administration and agencies.

Police officers generally carry out their sworn duties and responsibilities with dedication and valor, but some stresses are too much to take, and every officer has his or her breaking point. For some, it may come in the form of a particular traumatic experience, such as a gruesome accident or homicide, a vicious crime against a child, a close personal brush with death, the death or serious injury of a partner, the shooting of a suspect or innocent civilian, or an especially grisly or large-scale crime scene. In some cases, the

traumatic critical incident can precipitate the development of full scale PTSD. Symptoms may include numbed responsiveness, impaired memory alternating with intrusive, disturbing images of the incident, irritability, hyper-vigilance, impaired concentration, sleep disturbance, anxiety, depression, phobic avoidance, social withdrawal, and substance abuse. For other officers, there may be no singular trauma, but the mental breakdown tops the cumulative weight of a number of more mundane stresses over the course of the officers career.

In the United States, two-thirds of officers involved in shootings suffer moderate or severe problems and about 70 percent leave the force within seven years of the incident. Police are admitted to hospitals at significantly higher rates than the general population and rank third among occupations in premature death rates. Perhaps the most tragic form of police casualty is police suicide. Twice as many officers, about 300 annually, die by their own hands as are killed in the line of duty. In New York City, the suicide rate for police officers is more than double the rate for the general population. These totals may actually be higher, since these deaths are sometimes under-reported by fellow officers to avoid stigmatizing the deceased officers and to allow their families to collect benefits. Most of the victim officers are young patrol officers with no record of misconduct, and most shoot themselves off-duty. Often problems involving alcohol or relationship crises are the catalyst, and easy access to a lethal weapon the ready means. Officers under stress are caught in the dilemma of risking confiscation of their weapons or other career setbacks if they report distress or request help.

Symptoms of PTSD

PTSD can be a serious problem for police officers. The symptoms can be hard to recognize and an officer may try to hide his or her symptoms while on the job, but may display these symptoms when at home. It is important for the officer's family and his supervisors to be aware of the symptoms and encourage the officer to get help if needed. The officer may be aware of the symptoms and try to hide his problem or he may even deny that there is a problem. An officer with PTSD usually cannot tell you that they have PTSD unless they have already been diagnosed and are in therapy. It's not like having a cold or the flu, or a broken leg. The officer may or may not remember the traumatic event and they may even outright deny that there is a problem, other than the day- to-day stresses of the job, when in fact they feel inside that they are going crazy. Another problem with PTSD is that there is usually a period of time between the traumatic event and when symptoms start to show. With acute PTSD this is a much shorter period of time than with chronic PTSD, which can be years between the trauma and it's effects.



Citizens stand in shock and disbelief as the World Trade Center is attacked on 9-11.

PTSD is diagnosed by its symptoms. Keep in mind as your read through these that it takes a trained professional familiar with PTSD to diagnose this disorder from other

disorders. There is no substitute for a trained psychologist or psychiatrist that works specifically with PTSD and police officers. Part of the problem with PTSD is that there are far too few trained professionals who have a lot of experience dealing with PTSD and police officers.

According to the article *Recognizing Police Officers with Posttraumatic Stress Disorder* (2003): Listed below are some of the symptoms and behaviors associated with PTSD.

This list is not all-inclusive, and may be indications of something other than PTSD. If it is PTSD, the officer will exhibit more than one symptom from each of the three areas, though you may not see more than one or two. A word of caution: a few of these behaviors are normal for police officers. It's when they go from "normal" to the extremes that they become abnormal. If you know the officer, you know what's normal for them.

Some changes to watch for are:

Intrusion

- ❖ Extreme nightmares
- ❖ Extreme paranoia
- ❖ Sense of shortened future, impending doom

Avoidance

- ❖ Loss of interest in sex
- ❖ Depression
- ❖ Isolation, especially from loved ones
- ❖ Avoiding work, increased absenteeism
- ❖ Avoiding certain previously visited locations that were favorites

- ❖ Diminished interest in previously interesting activities, sports, people
- ❖ Lack of motivation, constantly fatigued
- ❖ Loss of Faith in God
- ❖ Sleeping too much
- ❖ Addictions: alcohol, drugs, sex (repeated affairs, or found with a prostitute)
- ❖ Previously active in their work, significant shift to doing little or nothing
- ❖ Weak work performance, quality of work drops significantly
- ❖ Just plain numbing out
- ❖ Stops exercise and previous self-care (poor hygiene)
- ❖ Memory loss or poor recall
- ❖ Disappears for periods of time from home or work

Arousal

- ❖ Problems falling asleep or problems staying asleep
- ❖ Irritability
- ❖ Worse than usual problems with administration and/or the public
- ❖ More than usual contempt/exasperation with supervisors, peers, public
- ❖ Increasingly cynical, maybe at most everything
- ❖ Sudden outbursts of anger or rage, especially overkill for the situation at hand
- ❖ Hyper-vigilance (paranoia)
- ❖ Exaggerated startle response
- ❖ Obsessive behavior (what is repressed is obsessed and acted out)
- ❖ Compulsive behavior (shame can power compulsion, which can become addiction)

- ❖ Overeating: noticeable weight gain
- ❖ Anorexia: noticeable weight loss
- ❖ They were previously balanced in their work, or maybe even one of the best, but know it's insatiable
- ❖ More violence
- ❖ More hyperactive, and maybe now most all of the time

Somatic Problems

- ❖ Problems urinating
- ❖ Frequent headaches
- ❖ Chest pains
- ❖ Intestinal pain
- ❖ Diarrhea, constipation, irritable bowel syndrome, blood in stool
- ❖ Frequent, meaning *very frequent*, belching
- ❖ Very high use of antacids

Chances are you will see only a few of these things, not all of what is really going on.

Some of these behaviors a person will outright hide, such as the addictions, for obvious reasons. These symptoms are a window to the soul. These symptoms are digressive, meaning that over time they will probably get worse if not treated. PTSD will not go away by itself.



Is this a possible candidate for PTSD?

Treatment and Overcoming PTSD

According to Laurence Miller's article, *Law Enforcement Traumatic Stress: Clinical Syndromes and Intervention Strategies* (2002), which I cited earlier, Miller suggests that health intervention services with law enforcement personnel should be in the form of "stress management or critical incident debriefing." In general, one-time, incident specific debriefings will be the most appropriate for handling the effects of overwhelming trauma on otherwise normal, well-functioning personnel. Where problems persist or a longer-term pattern of symptoms develops, a more extensive, individual approach is called for. To have the greatest impact, the services should be part of an integrated program within the police department with the full support and commitment of the administration.

Critical Incident Stress Debriefing was formalized with law enforcement and emergency services in mind by Jeff Mitchell and his associates. Critical Incident Stress Debriefing or CISD has been implemented in police departments throughout the United States, Great

Britain and other parts of the world. CISD is designed to promote the emotional processing of traumatic events through ventilation and normalization of feelings, as well as preparation for possible future experiences. Miller (2002), states that the formal CISD process consists of seven standard phases:

- ❖ Introduction: The introduction phase of a debriefing is when the team leader introduces the CISD process and approach, encourages the group to participate and sets the ground rules by which the debriefing will operate, and establishes a supportive non-critical atmosphere.
- ❖ Fact phase: The basic question, from the groups' own perspective is, "What did you do?"
- ❖ Thought phase: The group leader asks the members to discuss their first thoughts during the critical incident. "What went through your mind?"
- ❖ Reaction phase: This phase is designed to move the group from the cognitive level to the emotional level of processing. "What was the worst part of the incident for you?"
- ❖ Symptom phase: This is the reverse of the reaction phase. Participants are asked to describe their physical, emotional, cognitive, and behavioral signs and symptoms of distress, which appeared (1) at the scene or 24 hours after the incident, (2) a few days after the incident, and (3) are still being experienced at the time of the debriefing. "What have you been experiencing since the incident?"

- ❖ Education Phase: Information is exchanged about the nature of the stress response and the expected psychological and physiological reactions to critical incidents. This phase serves to normalize the stress and coping response. “What can we learn from this experience?”
- ❖ Re-entry phase: This phase is a wrap-up of the debriefing, in which any additional questions or comments can be addressed and group solidarity and bonding are reinforced. “How can we help each other the next time something like this happens?”

For a successful debriefing, timing is of the utmost importance. Miller (2002) recommends that the debriefing occur within 24 to 72 hours after a traumatic incident, to be most effective.

Most small police departments in Arkansas do not have the resources and professional personnel to conduct such debriefings. I personally don't know of any departments who have such programs in use. For those officers or their families who recognize that they have a problem, all is not lost. If professional help is not available in your area, several good books that are widely available may be of some help. One of these is *The PTSD Workbook*, written by Mary Beth Williams, Ph.D., and Soili Poijula, Ph.D. and published by New Harbinger Publications, Inc. The workbook was designed by these two psychologists and trauma experts who have gathered techniques and interventions used by PTSD experts to offer trauma survivors effective tools to combat their most distressing trauma related symptoms. Readers of

the workbook can learn how to determine what type of trauma they experienced, identify their symptoms, and learn the most effective means that they can use to overcome them. The book is written in an easy to understand format with simple question and answer techniques to help trauma sufferers help themselves. Another excellent resource is a book by Aphrodite Matsakis, *I Can't Get Over It: A Handbook For Trauma Survivors*.

Police officers by and large have a reputation for shunning any type of mental health services, often believing that psychologists and psychiatrists are bleeding heart liberals who help criminals go free with overcomplicated excuses. Other officers may fear lying on the Doctor's couch sobbing and whining about their dysfunctional childhood. In either case, departments and administration are going to have to remove the stigma associated with mental health services. Maybe this can be done by offering programs for officers suffering from the debilitating effects of PTSD and encouraging or making techniques such as Critical Incident Stress Debriefing mandatory for officers who are victims of traumatic incidents.



Joe Raedle / Getty Images

Citizens of New York City show their support for NYPD after 9-11.

References

Anderson, Beverly J. (2002). *Police Suicide: Understanding Grief and Loss*. Retrieved September 19, 2003 from the World Wide Web:

<http://www.giftfromwithin.org/html/policesd.html>

Miller, Laurence (1995). *Law Enforcement Traumatic Stress: Clinical Syndromes and Intervention Strategies*. Retrieved September 19, 2003 from the World Wide Web:

<http://www.aets.org/arts/art87.htm>

Unknown Author, (2003). *Recognizing Police Officers with Posttraumatic Stress Disorder*. Retrieved September 19, 2003 from the World Wide Web:

<http://home.socal.rr.com/jpmock/ptsd/recog.htm>

Williams, Mary Beth and Poijula, Soili (2002) *The PTSD Workbook*. Oakland, California: New Harbinger Publications, Inc.