

Cumulative PTSD Among First Responders

Ben Pierce

Pulaski County Sheriff's Office

SLES Session L

April 26, 2018

Contents

Defining PTSD..... 3

Stress 4

Acute Stress Disorder 4

Post-Traumatic Stress Disorder 4

Cumulative Post Traumatic Stress Disorder 5

 Causes of PTSD and Cumulative PTSD and How They are Different..... 5

Causes 6

How Are They Different 7

Signs and Symptoms..... 9

 The Effect of Cumulative PTSD on Law Enforcement 11

Examples 11

The Worst-Case Scenario 12

 Treatment and Prevention 15

Prevention..... 15

Treatment 17

 Conclusion 19

References..... 20

Cumulative PTSD Among First Responders

A pre-existing but continuously growing problem among first responders is that of Post Traumatic Stress Disorder (PTSD). Due to changes in society and government and an ever-evolving definition of the job parameters by First Responders, PTSD is just short of becoming an epidemic among these professions. To understand the issues and effects of PTSD we must understand the different types, causes, and symptoms before we can begin to combat this epidemic. Once we define these parameters we can then begin to look at the root causes and hope to be able to design treatment programs and take action to lessen the effect of PTSD on personnel that are essential to the safety, health, and security of humanity. In the following pages we will define the types of PTSD and explore what causes it, identify signs and symptoms, and discuss the role of supervisors in taking an active role in this process. To better illustrate these issues, we will take a closer look at law enforcement statistics than any other simply due to the vast extremes within that profession. We will then attempt to identify potential roadblocks and solutions for treatment and prevention and attempt to provide some insight into forging a new path and changing the way we deal with this problem. Hopefully in doing this we can change the future by fixing the problem rather than picking up the pieces once it is too late.

Defining PTSD

There are several different types of PTSD. More often than not the term Post Traumatic Stress Disorder is used in connection with issues experienced by military veterans. While this is a very common occurrence it is seldom noted that this is one specific type of PTSD. Therefore, to truly understand the effects of PTSD in the First Responder community we must first know the differences.

Stress

The word Stress has many different meanings. Primarily the word stress is used to describe some type of emphasis. This can be good or bad. It can be physical, emotional, or mental. Or it can simply be emphasis applied to tone of voice or words. For the purpose of this research the French history of this word means, “hardship, adversity, force, pressure”

(Dictionary, n.d.). Using this history, it becomes apparent that stress is describing how an event affects someone. Post Traumatic Stress Disorder is defined as, “a mental disorder, as battle fatigue, occurring after a traumatic event outside the range of usual human experience...”

(Unabridged, n.d.). Because of this definition of PTSD, it is most commonly associated with military personnel and the varying degrees of PTSD are overlooked. Post-Traumatic Stress Disorder is the effect of negative stress following an event or events of high stress or trauma. It will then manifest in the form of Acute Stress Disorder, Singular PTSD, and Cumulative PTSD.

Acute Stress Disorder

Acute Stress Disorder or ASD, “can only be considered from 3 days to one month following a traumatic event” (Bryant, n.d.). ASD is very similar to PTSD. In fact, it is considered to be a precursor for the diagnosis of PTSD. That being said there is still a major difference; Time. Acute Stress Disorder is reaction to a traumatic event that only lasts for a short time, less than thirty days. In most cases the trauma and or the mental effects of that trauma go away either due to one’s personal way of healing or through therapy.

Post-Traumatic Stress Disorder

Post-Traumatic Stress Disorder being similar to ASD does have some very notable differences. First and foremost is the presence of time. PTSD is not considered to be present until the symptoms have lasted beyond thirty days. Secondly according to research, the model

used to diagnose PTSD is much different from that of ASD. “PTSD includes non-fear-based symptoms (i.e., risky or destructive behavior, overly negative thoughts and assumptions about oneself or the world, exaggerated blame of self or others for causing the trauma, negative affect, decreased interest in activities, feeling isolated), whereas ASD does not” (Bryant, n.d.). A perfect example of this is with military personnel. Most often when someone mentions PTSD the automatic assumption is that they are referring to a soldier who has been in combat. However, this is not always the case given the causes of PTSD. It can occur among any class of profession or people. The research and awareness of PTSD is still in its infantile stages, which may be the reason behind the automatic association to such a “trauma intensive” occupation.

Cumulative Post Traumatic Stress Disorder

Cumulative is “increasing or increased in quantity, degree, or force by successive additions, something that is growing by accumulation” (Unknown, Cumulative PTSD - A Silent Killer). Much like Post Traumatic Stress Disorder, Cumulative PTSD is a result of traumatic events that effect the mental well being of an individual. In fact, in most cases they mirror each other. It is often difficult to know that Cumulative PTSD is the issue as opposed to PTSD unless the individual seeks professional treatment. Here is why. Cumulative PTSD occurs due to the buildup of traumatic events over time or on a daily basis. The symptoms and signs are mostly identical. However, because of this buildup of events that creates a major difference in recognizing and treating this condition.

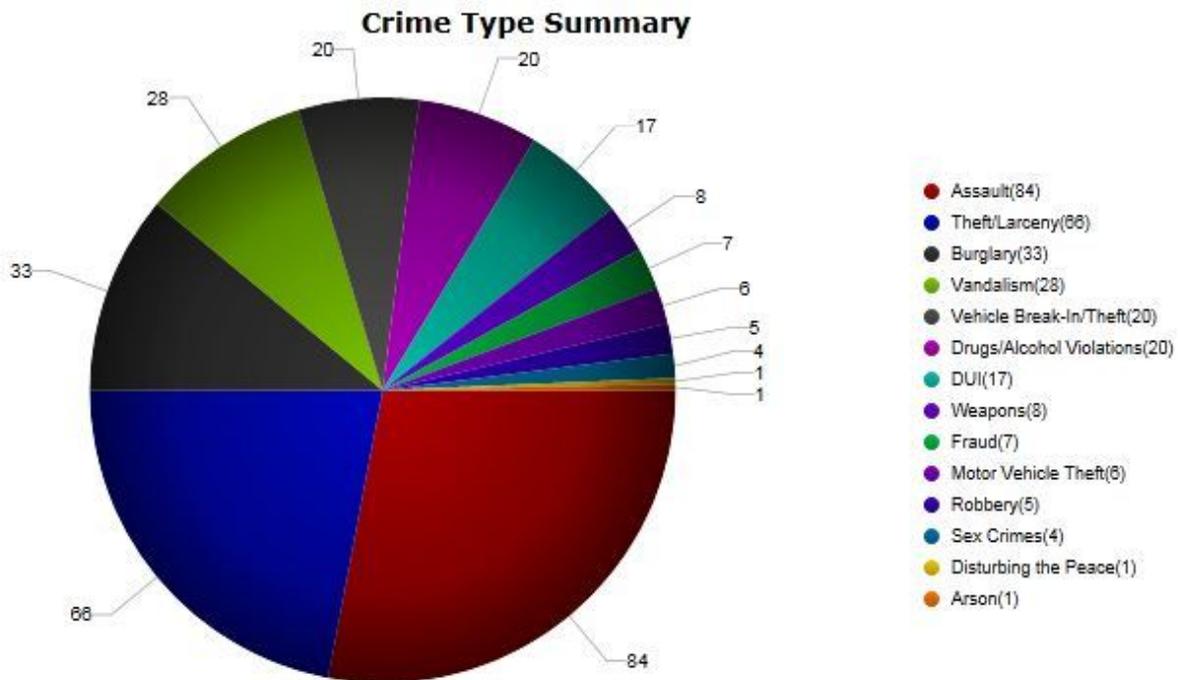
Causes of PTSD and Cumulative PTSD and How They are Different

Now that we have defined these major types of stress disorders it is time to take a look at the causes, signs, and symptoms of PTSD and Cumulative PTSD. Although all types of stress

can affect First Responders, PTSD and Cumulative PTSD have the most impact and create the most potential for danger.

Causes

As we defined, PTSD and Cumulative PTSD are both caused by significant traumatic events in a person’s life. Although the two are different in how and why they manifest, research has shown thus far that they basically are caused by the same things. However, to better illustrate this we need to narrow our focus from general descriptions of First Responders to a more manageable source. For this we will begin to use Law Enforcement as the primary focus. Without thinking about it what are the most common incidents among Law Enforcement that stick out as being traumatic, ready go. More than likely what came to mind were Officer involved shootings (OIS), pursuits of vehicles or suspect, fights, motor vehicle accidents, and homicides. All of these are absolutely right, but certainly not the only ones. Let’s not forget



drug busts, rapes, robberies, burglaries, hostage situations, terrorist attacks, rallies, riots, “peaceful protests”. For the average person or “non” first responder, any one of these types of events would likely cause or at least create the potential for PTSD.

Now consider the military, although not considered to be First Responders, soldiers are subjected to similar and sometimes more traumatic events. Overseas deployment is a major catalyst for PTSD. A roadside bomb, firefight, helicopter crash, ambush, injury, casualty of a friend, etc. All of these can and most likely will cause PTSD. The list goes on and on, but the one thing that doesn’t change is that they are traumatic events. However, due to human nature and the differences between each individual person’s mental state, upbringing, personality, education, beliefs, and so on; there is no formula to predict the who, what, where, when, why, and how of PTSD. We can only try to diagnose and treat it after the fact.

That seems pretty straight forward and reasonable doesn’t it? Step outside the box for a moment and try to think of other things that could cause someone to be stressed. Or better yet, what would cause you to be stressed? Long hours, physical exertion, missing your son or daughter’s school event? What about having to work during the holidays and missing the family gatherings? Maybe a horrible boss, heavy traffic, bad weather, no raise for the fifth year in a row, or lack of sleep just to name a few. Any reasonable person could see how these things could cause stress. The question is whether or not any or all of those reasons is enough to cause a Stress Disorder.

How Are They Different

By now you are probably scratching your head thinking that it all sounds the same. Well here is an illustration of what makes PTSD and Cumulative PTSD so different while being so similar. Take this example. Joe the soldier goes to Iraq and his convoy hit by an IED. Several

soldiers are injured or killed, Joe lost his leg and part of his hearing, and he has now been sent home on medical discharge. Every time he hears a loud noise he is immediately taken back in his mind to the exact moment when that bomb went off. This is PTSD. That is a hard thing to deal with but here is the positive side to it. Joe can now go seek help from a professional, tell his story, and pinpoint exactly what is causing his PTSD. Now he is on the road to recovery.

Now take Bob the Police Officer, a ten-year officer at his department. Bob is on his sixth straight day of work without a day off because his department is short-handed and on top of that he has had to work overtime for three of those days because of late reports he had to finish. During this time, he missed his son's championship baseball game that was out of town. Because Bob works night shift and his wife works dayshift, he has had to help with the household and the children and has only gotten 4 hours of sleep each day. To top it all off, Bob has responded to a rape, a domestic battery of a wife, a house where children were not being fed, and two fatality vehicle accidents. Suddenly Bob develops symptoms and signs of Stress Disorder. His wife discusses it with him and he decides to seek help. The first question the therapist asks Bob is this, "What traumatic event caused you to have this sudden change". There is absolutely no way that Bob can answer that question with the utmost certainty. Sure, there may be a particular call he responded to that sticks out in his mind. But taking the totality of circumstances, what truly caused his break and how it can be treated remains a mystery. This is Cumulative PTSD. There is no singular event that causes it. It is a combination of events over a period of time with no proverbial straw. Now we can start to see where the problem lies in diagnosing and treating Cumulative PTSD as opposed to PTSD. Similar disorders but with much different root causes.

Signs and Symptoms

Now that we have defined these stress disorders and determined how they are different what comes next? Detecting the presence of a stress disorder is the first step in dealing with it. This is where it can get tricky, especially among First Responders. Given the nature of the professions specifically among Law Enforcement, First Responders are often held to a higher standard and looked at as Heroes. There still exists instances where suffering First Responders are told to suck it up. “Whether you’re a paramedic, a firefighter or a police officer, it is a very macho field and industry.” (Thier, 2017) Acute Stress will manifest itself fairly obviously but only last a short time. PTSD may or may not be obvious to everyone, but Cumulative PTSD most likely will hide. From time to time it may appear in the affected person’s behaviors but because First Responders are perceived as heroes and they know it, they are apt to suppress their issues. No one wants to be judged negatively. In previous generations of these professions showing emotion or admitting to having any kind of issues was considered a sign of weakness that often led to being ostracized by peers. It is because of this treatment and feeling of weakness that these men and women suppressed their emotions and created a normalcy in themselves. Unfortunately, over time the weight of their suppressed emotions becomes too much to bear and they break.

There are many signs to look for or recognize to predict that there may be a problem. Some of these signs will be better observed by coworkers where as some may be more noticeable at home. Even still some of these symptoms can be confusing to differentiate between normal “wear and tear” from life or actual stress disorder. “Anxiety or panic, guilt, fear, denial, irritability, depression, intense anger, agitation, and apprehension” (Beshears, n.d.) are all physical cues that someone may have PTSD or cumulative PTSD. As an example, among Law

Enforcement, an officer becomes noticeably angry on calls that he or she shouldn't be upset about, or they suddenly lose their normal jovial personality, or they hesitate to act during an incident. Not only can these symptoms create issues among coworkers, they can become inherently dangerous for the officers and those around them. Things that someone may display physically might often be more recognizable at home among family and friends but can also present themselves at work. Here are several things to look for; "fatigue, vomiting or nausea, chest pain, twitches, thirst, insomnia or nightmares, breathing difficulty, grinding of teeth, profuse sweating, pounding heart, diarrhea or intestinal upsets, and headaches" (Beshears, n.d.). What makes these symptoms hard to diagnose is the fact that they are also very commonly associated with anxiety. So, is this person experiencing severe anxiety for some reason or are



they suffering from PTSD or Cumulative PTSD? The only way to find out is to confront the issue and seek diagnosis. All of these previously mentioned symptoms are good

indicators of a problem but they aren't necessarily specific to stress disorders. However, there are several symptoms that tend to be very strong indicators of stress disorders that family and friends should look for and more importantly the individual should reflect among themselves. "Withdrawal from family and friends, pacing and restlessness, emotional outbursts, anti-social

acts, suspicion and paranoia, and increased alcohol consumption and other substance abuse” (Beshears, n.d.) are not normal behaviors that can be dismissed by excuses and should be easily recognized.

The Effect of Cumulative PTSD on Law Enforcement

Cumulative PTSD, untreated, can be a major problem for Law Enforcement Officers as well as other First Responders. “Policing is a complex profession, far more complex than most people understand. What other job requires you to be combat ready at the same time you are called upon to be a counselor, a priest, a lawyer, and a social worker? What other profession authorizes you to use deadly force and then mandates that you attempt to save the person you just tried to kill?” (Kirschman, 2017) Simply by looking at the previously mentioned signs and symptoms it become apparent just how dangerous this can be. Let us use a few for illustration.

Examples

Apprehension, “anticipation of adversity or misfortune; suspicion or fear of future trouble or evil” (Unabridged, <http://www.dictionary.com/browse/apprehension>). Using Bob, the previously mentioned police officer, as an example he responds to an incident and while dealing with the suspect their temper begins to escalate and patience wear thin because they have the feeling of being harassed or wrongfully accused. Bob, who has been suppressing emotions, begins to feel apprehension and hesitates to control the suspect. The suspect’s bravery exceeds his or her intelligence and they “sucker punch” Bob knocking him unconscious or they draw a weapon and shoot Bob resulting in his death. Had the Bob not been apprehensive about controlling or restraining the suspect the outcome would have been different.

Intense anger and agitation, is being seen more often especially among younger inexperienced officers. We will use Bob for our example again. Bob makes a traffic stop and

upon making contact with the driver of the vehicle is immediately met with disgust and annoyance for being stopped. Before Bob can even explain why he made the traffic stop the driver berates him for having the audacity to make the stop and claims that they did nothing wrong. Bob, having suppressed his emotions for so long, finally snaps and his anger and agitation bests him. Bob snatches the driver from the vehicle, throws him to the ground, and handcuffs him. The driver later files a complaint and Bob is found to be guilty of excessive force and wrongful arrest. The rest of his career now hangs in the balance. If Bob had recognized his issues and sought treatment prior to this incident it is probable that he would have been able to control his anger conduct himself in a professional manner regardless of the path that the encounter took.

The Worst-Case Scenario

The effects of Cumulative PTSD on an officer obviously can range in severity. “Cumulative PTSD can be even more dangerous than PTSD caused from a single traumatic event, largely because cumulative PTSD is more likely to go unnoticed and untreated. As a result, an officer with cumulative PTSD is less likely to receive treatment. Unlike a physical injury, a mental traumatic injury can happen almost daily. If untreated, officers can become a risk to themselves and others.” (Thier, 2017) Based on these factors and the previously mentioned signs and symptoms, it becomes easy to see that an officer can develop hardships not only at work but also at home.

The work hardships can result in unwanted assignments, segregation, conflicts with supervisors, disciplinary actions, injuries or deaths to coworkers or innocent civilians or themselves. To make matters worse these problems can lead to hardships at home with family and friends. In some cases, family members not only receive consequences but can also develop

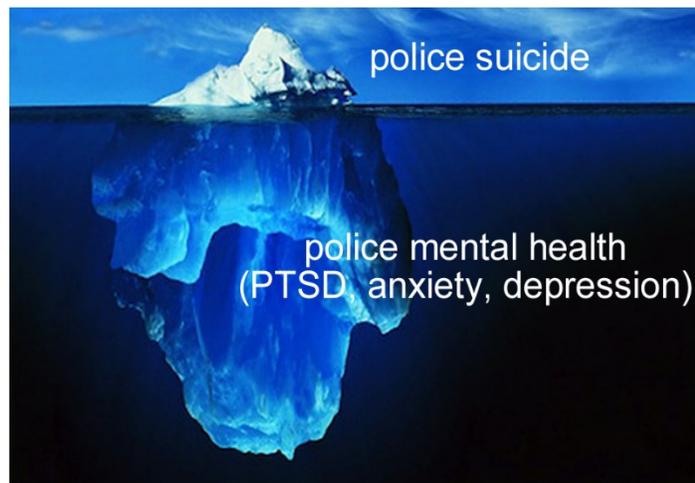
stress disorders. Police families are always at risk for experiencing the loss of their loved one due to the inherent danger of the job. As this is hard to swallow it is usually understood and can be coped with. However, when their loved one becomes a stranger to them due to the effects of Cumulative PTSD, they often feel helpless and don't know what to do. In other instances, because the officer talks about what he saw or did at work with his family they can sometimes manifest a secondary trauma called compassion fatigue. Compassion fatigue can be very similar to PTSD or Cumulative PTSD as far as the symptoms are concerned.

Commonly, Law Enforcement Officers have a natural instinct to shield their family from most of the extreme incidents they experience at work. This bottling of information and emotion lends itself to enhance the possibility of developing Cumulative PTSD. Most of them know this yet they still do it. The "warrior" mentality of keeping it in and hurting themselves rather than letting it out and letting it hurt someone else seems to be an endowment upon graduating the police academy. Unfortunately, they have a tendency to lock things away in their Pandora's Box if you will. But what they don't realize is that it has to be let out. It doesn't have to be to their family and friends. It doesn't have to be to their coworkers and supervisors. But someone somewhere needs to be a sounding board for them or it will build and build until it becomes a problem they can no longer control.

Think of a soda bottle that has not yet been opened. If you shake that soda bottle and slowly crack open the lid over an extended period of time to let the pressure off, it never spews or explodes and you can enjoy its sweet nectar. Adversely, if you rush to open the lid to get that first amazing sip, guess what, boom goes the lid and all the contents in the bottle and you have nothing left. Cumulative PTSD is the same concept. If the pressure is never released it explodes. This is what leads to the worst-case scenario; Suicide. "There are approximately

900,000 sworn officers in the United States. According to some studies 19% of them have PTSD. Other studies suggest that approximately 34% suffer symptoms associated with PTSD but do not meet the standards for the full diagnosis.” (Kirschman, 2017) Those are just known and averaged numbers. Imagine how many of these “macho” heroes have never displayed symptoms or simply won’t come forward and admit that they have any. Assuredly the numbers are much higher. They have to be. Look at the statistics for suicide among Law Enforcement. It’s hard to determine the actual ranking so to speak because every poll or list that you look at has different variables. However, First

Responders, specifically Law Enforcement Officers, consistently rank in the top ten and generally stay in the top five most likely to commit suicide. Each year over 100 police officers commit suicide. The best estimate is an average of 18 out of



every 100,000 officers will commit suicide. While the explanations behind each case vary, the majority of them can be traced back to Cumulative PTSD in some way. Obviously, this is devastating on the Law Enforcement community in the fact that other officers then experience remorse and guilt and a plethora of other emotions over the suicide of a friend, brother, sister, and coworker. But more importantly the toll it takes on that officer’s family is unfathomable. These suicides can be prevented!

Treatment and Prevention

“Suicide Prevention” is important, but it’s only one part of the formula. It can never be enough that we sit and wait until officers are in crisis or are suicidal before we act. We have to do something before they get there. It’s no longer enough to say, “Get help when you need it.” It’s time to tell our officers, “Get the help BEFORE you need it!” (Unknown, The Badge of Life, n.d.)

Prevention

There are many officers that suffer from these types of mental and emotional issues. Every time an officer commits suicide you can count on the fact that there are thousands more that are suffering. Preventing these problems is a multi-faceted process. Given that it can affect multiple extents of their life it has to be dealt with from the same premise. Family, friends, coworkers, and supervisors all share an equal role in this. Although sensitive and uncomfortable in nature, the officer’s family and friends must communicate with each other and devise a plan to address or confront the issues and help facilitate a transition into acceptance and treatment by that individual.

Coworkers basically have the same responsibility as family and friends. However, there is an obligation for them to either address the issue or bring to the attention of supervisors. Given the fact that the job is inherently dangerous for all involved, it is imperative that these issues be addressed in the work place to prevent harm to each other or to the civilians that may be affected. As a supervisor the old adage of “if it isn’t on paper it didn’t happen” is not acceptable. If an issue of this nature is addressed with a supervisor or if the supervisor witnesses it themselves it has to be addressed. Furthermore, it is the responsibility of that supervisor to not only address the officer but to also notify the chain of command. If the supervisor idly stands by

and does nothing they become partly responsible if the situation becomes toxic or even worse ends in tragedy. But here is where things get tricky. A line in the sand has to be drawn. At what point does the agency have to get involved? What should be voluntary and what should be mandatory? These lines unfortunately are still blurred. Most agencies fail in this area.

Very few agencies have definitive policies and procedures and resources in place to make dealing with Cumulative PTSD or the prevention of a manageable process. Yes, some agencies offer Employee Assistance Programs (EAP). The problem with these programs is that they are very generalized and the professionals in these networks may not be properly trained or equipped to handle such a sensitive subject. Or in some cases, the officer may not feel comfortable with using the Employee Assistance Program for fear that the information may leak and get back to their coworkers or that they are being judged by their agency based on the EAP being attached indirectly. Due to these issues or at least the perception of these issues it is imperative that the agency develop policies revolving around Cumulative PTSD prevention and treatment.

One way for them to do this is to urge officers to participate in an annual health check. “Developed in 2006, this is an annual process in which we suggest an officer visit a licensed therapist once a year for at least one visit as a “checkup,” in the same way one visits a doctor for an annual physical or a dentist for a cleaning and check for cavities and other problems. This is where it “happens”—emotional health is not a classroom exercise.” (Unknown, *The Badge of Life*, n.d.) These checkups can be very uncomfortable for most officers. Once again, “I’m tough and I can’t show weakness”. But think about it from this perspective, Law Enforcement is one of the most toxic career fields. Officers are overworked, underpaid, underappreciated, see the worst parts of humanity daily, and see the most horrific tragedies consistently. They should ask themselves this question, “If I never go to the dentist will my teeth rot and fall out of my

mouth?” Maybe, maybe not. But is it worth the risk? Why would anyone subject themselves to all the horrors and stressors of Law Enforcement work and not get a check-up to make sure they are ok? All things considered, a department can not mandate this kind of prevention. If it is mandated it will most certainly fail because it will be seen as a burden and a way for officers to be “monitored” by their administration. They will be disinclined to participate and will not give a concerted effort. It is because of this that the agency has to take a very “kid glove” approach to the issues and encourage participation and provide the means for an officer to participate without judgement and fear. Another thing to consider is this. In society and currently among law makers, there is a strong stigma against mental disorders. Because of recent tragic events that were carried out by “mentally disturbed” people, there is a strong push to make it illegal for those diagnosed to own, purchase, or possess firearms. This is another cause for alarm among officers. If they admit to having issues they may possibly be diagnosed with a mental disorder. If these laws are passed it could mean the end of their career. They could not possibly be employed as a Law Enforcement Officer if they were not legally allowed to possess firearms. A strong movement among the First Responder community needs to be made to change the way these “disorders” are diagnosed. It should be taken on a case by case scenario but in many instances cumulative PTSD should not be considered a disorder, rather it should be considered a trauma. Traumas can be recovered from whereas disorders are permanent. If this stigma is changed and diagnosed as such you may find that First Responders are more willing to seek help.

Treatment

When looking at the available information on PTSD and the like compared to other areas of research in Mental Wellness, it is easy to see that we are behind the curve. Taking the causes of PTSD type issues in to consideration it is obvious that this has been an issue since the dawn of

man. The only difference between now and then is the nature of the stressors. With the addition of technology, media, growing population, societies standards, and many other ever-changing circumstances the effects and presence of PTSD issues has simply become more obvious.

Recognizing a potential problem or simply taking steps prior to the potential for a problem is the first step in the treatment process. Secondly a person must make the decision that they want to address it, or accept it, or bottle it up. Next, depending on that decision, they must seek help.

So, what help is available? There are numerous ways to seek help. Some are easy and some not so much. Taking a page from the military is a good start. The military and some



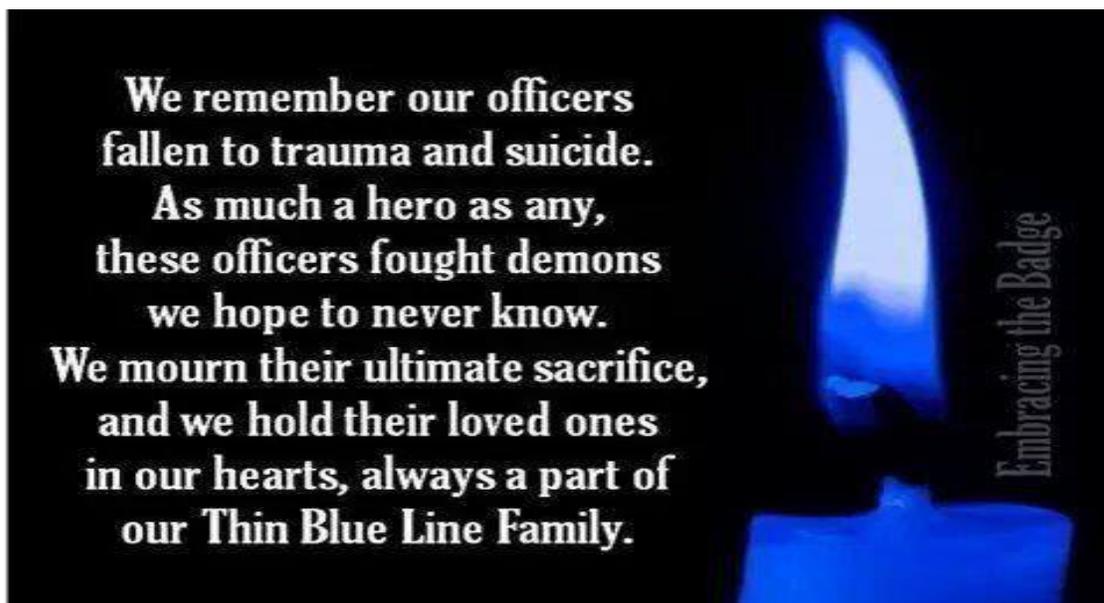
private organizations have done a fairly good job of developing programs to help veterans reacclimate into society after returning from deployment. These programs can be very beneficial for Law Enforcement as well. Annual mental

health checks, therapy dogs, ongoing or intense therapy sessions with professionals, peer support groups, and mentoring programs are a good example. While some professionals default to prescription pills this will hopefully be a last resort. Specifically, there are several methods used for PTSD treatment currently in use and strongly recommended by the Veterans Administration. These methods, while originally being tested and developed for military personnel, are extremely viable for Law Enforcement. The most successful are Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), and Eye-Movement Desensitization and Reprocessing (EDMR). In addition to these methods, Brief Eclectic Psychotherapy (BEP), Narrative Exposure Therapy

(NET), Written Narrative Exposure, and Specific cognitive behavioral therapies (CBTs) are being used.

Conclusion

We have defined and explored the common types of stress disorders among First Responders. We have discussed the ways they occur and the signs to look for. We have stressed the importance of prevention and treatment and the role of all involved in helping to facilitate this. We briefly touched on some of the stigmas and issues associated with diagnosis of Cumulative PTSD and what the future could possibly hold. Hopefully by doing this we can begin to make positive changes. Let's face it, someone you know suffers from some form of stress. Hopefully being given this information will create a catalyst for you to make a difference. The most important thing to remember is that some people suffer in silence and some express that suffering through other means. However, no one should suffer alone. If a blind eye is turned and they are left to their own devices, it can and quite possibly will end in tragedy of some form. Don't be the person that let it happen. Step up, make a difference, save a life.



References

- Beshears, M. (n.d.). *Policeone.com News*. Retrieved from www.policeone.com:
<http://www.policeone.com/health-fitness/articles/323686006-Police-officers-face-cumulative-PTSD/>
- Bryant, R. A. (n.d.). *www.ptsd.va.gov*. Retrieved from US Department of Veterans Affairs:
<https://www.ptsd.va.gov/professional/treatment/early/acute-stress-disorder.asp>
- Dictionary, O. E. (n.d.). <http://www.dictionary.com/browse/stress>. Retrieved from
www.Dictionary.com: <http://www.dictionary.com>
- Kirschman, E. (2017, June 26). *Cops and PTSD*. Retrieved from www.psychologytoday.com:
<https://www.psychologytoday.com/blog/cop-doc/201706/cops-and-ptsd-0>
- Thier, L. (2017, July 26). *Police officers face cumulative PTSD*. Retrieved from
www.lynnthier.com: <http://www.lynnthier.com/2017/07/26/police-officers-face-cumulative-ptsd/>
- Unabridged, D. (n.d.). <http://www.dictionary.com/browse/apprehension>. Retrieved from
www.dictionary.com: <http://www.dictionary.com>
- Unabridged, D. (n.d.). <http://www.dictionary.com/browse/cumulative>. Retrieved from
www.dictionary.com: <http://www.dictionary.com>
- Unabridged, D. (n.d.). [http://www.dictionary.com/browse/posttraumatic stress disorder](http://www.dictionary.com/browse/posttraumatic%20stress%20disorder).
Retrieved from www.dictionary.com: <http://www.dictionary.com>
- Unknown. (n.d.). *Cumulative PTSD - A Silent Killer*. Retrieved from
<http://www.Policesuicidestudy.com>: <http://www.policesuicidestudy.com/id31.html>