

PTSD In Law Enforcement: Causes and Treatment

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### Abstract

This paper explains the causes of Post Traumatic Stress Disorder (PTSD) in law enforcement officers. This paper will define PTSD, situations which could cause PTSD, and how to treat it. Although PTSD is not exclusively in law enforcement, this paper will show how those not serving in a law enforcement capacity can get PTSD. Upon explaining the causes for PTSD in non-law enforcement personnel, I'll further explain the causes for PTSD in law enforcement, conditions secondary to PTSD, and then go into treatment methods for PTSD and secondary conditions caused by PTSD.

*Keywords:* PTSD, Post Traumatic Stress Disorder in Law Enforcement

### PTSD in Law Enforcement: Causes and Treatment

Post Traumatic Stress Disorder (PTSD) has typically been associated with those who served in the military. Unfortunately, PTSD can affect anyone. It can affect civilians who experienced a horrific event, veterans who served in the military, and even law enforcement officers. PTSD in law enforcement officers has recently been brought to light. This paper will describe the general causes of PTSD, how it specifically affects law enforcement, other conditions caused by PTSD, and how to treat it.

Post Traumatic Stress Disorder (PTSD) is a mental health condition caused by a horrific event, whether the person experienced or witnessed it. Some of the symptoms may include unwanted distressing memories of the traumatic event, flashbacks which has the person relive the event as if it were happening again, nightmares about the event, and severe emotional distress or physical reactions to something which could remind the person of the event. Some may experience avoidance where they either avoid talking about the event or avoid places and events which could remind you of the traumatic event. One may also experience negative changes in thinking and mood. One may feel detached from family or friends, feel hopeless, have lack of interest in activities one once enjoyed, and be emotionally numb. Other symptoms can include being easily startled, always being on-guard, self-destructive behavior, trouble sleeping or concentrating, irritability, outbursts of anger, or an overwhelming guilt or shame from the incident (Staff, 2018).

Although it was known as “shell shock” since World War I (Jones, 2012), PTSD first appeared as a diagnosis since 1980 (Turnbull, 1998). PTSD didn’t seem like it was much of an issue or taken more seriously until military personnel participated in Operation: Iraqi Freedom (OIF), which began on March 20, 2003, or Operation: Enduring Freedom (OEF), which began on

October 7, 2001, for those who served in Afghanistan. As these conflicts continued, troops returning from their deployments began showing signs of PTSD. Some veterans began abusing drugs or alcohol as a coping mechanism. The substance abuse would also lead to additional marital problems, which would result in divorces being filed. Others began experiencing additional health problems linked to PTSD. Unfortunately, some ended up committing suicide as a result of their PTSD.

Numbers from the Department of Veterans Affairs (VA) stated 11-20 out of 100 veterans who served in OIF or OEF have PTSD in a given year. The VA also stated PTSD in the military was caused by military sexual trauma (MST). This includes those who experienced sexual assault or sexual harassment while serving in the military, whether they were deployed or not. 23 out of 100 women reported sexual assault while in the military. 55 out of 100 women and 38 out of 100 men experienced sexual harassment while serving (Affairs, 2022). PTSD in veterans who did not experience MST likely came from combat-related incidents during their deployments to Iraq or Afghanistan. Other veterans who served in a medical capacity, especially combat medics, may have experienced PTSD from treating combat-related injuries, such as severed limbs, gunshot wounds, and other injuries caused by improvised explosive devices (IED). All of this shows how long the military has dealt with PTSD, but until recently, took major strides in an effort to combat PTSD.

For those in law enforcement, they may experience PTSD in a different manner. Although some can develop PTSD through a single event, law enforcement may experience something called Cumulative Post Traumatic Stress Disorder (CPTSD). CPTSD builds up over time when one witnesses several stressors and traumatic events (Jarín, 2021). Police officers are exposed to various traumatic events, such as seeing abused children or dead bodies, assaults, and

their involvement in shootings. This can lead to issues such as substance abuse, aggression, and suicide. Numbers have shown there has been an estimate of 15 percent of police officers in the US experience PTSD symptoms (Violanti, 2018). That estimate means out of approximately 900,000 law enforcement officers in the US, approximately 135,000 officers experience symptoms of PTSD.

PTSD in law enforcement can greatly impact an officer and the decision-making process. One of the biggest decision an officer may make in their career is the decision to use deadly force. Even when the use of deadly force would be appropriate, if the officer decided not to shoot, failed to accurately place the shot, or use bad tactics can be costly. It can result in another officer or innocent bystander being hurt or killed. Studies have shown officers with higher levels of PTSD had issues screening out interfering information or the ability to keep attention (Violanti, 2018).

Although this isn't the only major decision an officer must make, PTSD can still hinder their ability to make other sound decisions. Officers may end up freezing when they encounter a situation similar to the one that triggered their PTSD. The lack of action could also result in others getting harmed, whether it was a victim or another officer. If the lack of action comes from a supervisor, not only could someone get hurt, but it could also cause harm to the supervisor's reputation in their ability to make decisions. This can weaken a supervisor's influence on their shift, making it more difficult to effectively lead.

Although PTSD is known as a mental illness on its own, it has been known to cause other health issues. These are known as secondary conditions. Some of these secondary issues can be life-threatening. Some secondary conditions to PTSD are sleep apnea, hypertension, migraines, gastroesophageal reflux disease (GERD), erectile dysfunction, depression, and anxiety (Law,

2018). Other issues with PTSD are suicidal ideations, substance abuse, and social phobias (Violanti, Police Stressors and Health: A State-of-the-Art Review, 2019). Some officers may experience multiple secondary conditions, which only complicates their situation.

Sleep apnea is when the person's breathing repeatedly stops and starts. It can be caused by the relaxation of your throat muscles, when your brain fails to send proper signals to the muscles regarding your breathing, or a combination of the aforementioned issues (Staff, Sleep Apnea, 2020). Sleep apnea can cause people to wake up fatigued, even when they believed they have slept throughout the night. It can also cause them to take long or frequent naps throughout the day. The fatigue can cause issues in the decision-making process. That process can be compromised when experiencing fatigue. What makes this secondary condition deadly is when your breathing becomes so infrequent, it creates a condition called immediate tissue ischemia, which is tissue death caused by a lack of oxygen. This can occur in the heart and/or brain, which would result in a fatal heart attack or a stroke (Pham & Kirkland, n.d.).

Hypertension, which is also known as high blood pressure, is when your blood pressure becomes higher than normal. As your blood pressure goes higher, it can put you at risk for issues such as heart disease, heart attack, and stroke. Hypertension can eventually cause the person's arteries to burst or become blocked, which would result in a stroke. High blood pressure can also cause your arteries to become less elastic, which can lower the flow of blood and oxygen to your heart. This can result in heart disease or even a heart attack (CDC, 2021).

Another life-threatening secondary condition from PTSD is substance abuse. Here is a list of commonly-abused substances: alcohol, prescription painkillers, heroin, benzodiazepines, and marijuana. These substances are commonly known as depressants. The reason why some officers turn to these substances is when they are unable to deal with their PTSD. Their inability

to cope could be because law enforcement is a culture of repression and omission (Staff E. , 2022). Officers are known to hide their feelings about certain events because they didn't want to be seen as weak. Law enforcement has not been one of being able to express yourself emotionally. It's also a field where officers are expected to push through any situation, regardless of how it made the officer feel at the time.

The substance abuse can also lead up to other problems if the substance abuse and PTSD aren't addressed. Officers may experience financial burdens in an effort to support their substance abuse habits. They may also face additional legal ramifications, depending on the situation. Whether the legal issue is simply being charged with Driving While Intoxicated (DWI) by means of alcoholic beverages or adding some type of possession charge along with the DWI, it wouldn't stop there. A lot of departments have policies against officers having certain medications that were not prescribed to them and having those medications in their system. Professionally, they could see negative effects from substance abuse. The issues would only continue to get worse as they navigate through the issues caused by substance abuse. Should an officer lose their certification because of their substance abuse problem, that could likely exacerbate their PTSD and its other secondary conditions.

Masking your emotions can take a toll on your coping abilities. Officers will observe some of the worst situations in our society. In one shift, officers may have to obtain a statement from a victim who was just raped by another family member. Once they finish the call, they may be called to respond to a shooting with multiple injured victims, which may include children. This frequent response without any down-time may only worsen in jurisdictions with a higher crime rate or larger population. Regardless of the call types, officers must remain unbiased and emotionally mature. To some, emotionally mature may translate to unemotional. Officers may

even convince themselves that what they witnessed didn't bother them, even though it truly disturbed them in some way. Once they have been convinced that one incident or two didn't bother them, they mask their emotions, not let anyone know they were emotionally disturbed, and continue about their shifts.

When you can't unload your emotional burdens, you'll seek out other ways to help ease the pain. That's when officers tend to start abusing alcohol or other substances. Long-term substance abuse can affect parts of your body. For example, alcohol abuse can cause high blood pressure, which can damage your kidneys. Alcohol abuse can also damage your liver, which could result in cirrhosis, liver disease, and liver failure. It can also affect your heart due to alcohol causing an increase in weight and blood pressure. Abuse of benzodiazepines can slow down your heart to fatal levels. It could also cause blood clots, which could cause damage in the future. If you combined other benzodiazepines, this could increase your risk of heart issues that may likely become lethal.

As stated earlier, outbursts of anger are a symptom of PTSD. Although this can be a problem, it can only worsen when other people are involved. Anger problems can contribute to issues in the officer's relationships, romantic or familial. Domestic violence, whether it's physical or emotional, can be one situation caused by the anger issues from PTSD. Domestic violence can lead to other problems, such as divorce or difficult child custody cases for the officer. In other situations, it can become physical and even deadly when these anger outbursts are mixed with substance abuse. Domestic violence caused by a law enforcement officer can not only end their career and likely decertify them, but jail time can be a result as well. This will also cause a negative ripple effect throughout the entire law enforcement community in an already-challenging time for police officers.



One other symptom of PTSD is known as social anxiety disorder, which is known as a social phobia. When one experiences social anxiety disorder, a sense of fear and anxiety can lead to someone avoiding things going on in their daily lives. It can affect your schooling, professional life, love life, and anything else that is significant. The issue is your fear of being negatively judged or scrutinized by others (Staff M. C., Social anxiety disorder (social phobia), 2021).

When it comes to social anxiety disorder, one will experience more than just your average nervousness. Not only will someone experience a fear of situations where they believe they'll be judged in a negative manner, there's the fear of embarrassing or humiliating themselves. That can cause the fear of interacting with others or talking to unfamiliar people. Someone will even be worried about being embarrassed over showing physical symptoms of nervousness, such as blushing, sweating, trembling, or a shaky voice. There's an avoidance of dealing with activities out of fear of scrutiny. There's also the intense fear of social situations. One will also analyze their own performance and find issues in their interactions after they experienced a social situation. A person will also expect the worst possible outcome due to some type of negative experience during their social situation. For someone to constantly expect the worst case scenario can wear someone down much faster.

A lot of the signs and symptoms of social anxiety disorder can manifest themselves as more physical than anything else. One can experience blushing, increased heartrate, trembling, sweating, and an upset stomach or nausea. Someone may also experience some breathing issues, dizziness, lightheadedness, muscle tension, or even feeling like your mind has gone blank. Not only will they experience physical signs and symptoms, someone may also avoid common social situations. They may go through issues involving making eye contact, using a public restroom,

interacting with new people, attending work or school, or even starting conversations with others. These symptoms can change at times. When someone experiences multiple life changes within a shorter period of time, this can cause their anxiety to flare up. There are ways to treat social anxiety disorder. A person should seek help through a doctor or a mental health professional.

Law enforcement is a highly social career field. If a law enforcement officer experiencing PTSD and they're dealing with social anxiety disorder, it can cause a major disruption in their work. The majority of their interactions are with new people. It would make it virtually impossible for them to do their job if they can't even talk to a previously unknown person. If an officer fails to make eye contact, it can be taken as either disrespectful or a sign of weakness. When a person is disrespected or believe the officer is weak, that could lead to unsatisfactory public service or even a use of force situation by having someone take advantage of the officer's perceived weakness.

An officer's quality of work may also suffer when experiencing social anxiety disorder. If an officer ends up responding to a call that was similar to what caused them to have social anxiety disorder, they may do what they can to avoid that situation again. An officer may remove themselves from the call by any means necessary. This would leave another officer to respond to the call on their own. It may also cause another officer who was further away to assist the other officer. This can cause a professional rift between officers. It may even get someone hurt due to them responding on their own. Their actions may even result in disciplinary actions if the other officer files a complaint. Unless the officer suffering from PTSD speaks up, they may not be able to help others understand their actions.

It can also cause cases to be less complete and, in the long run, a major issue during a criminal trial. If an officer failed to speak to a witness due to the anxiety they've experienced, it can only create a stronger case for the defense. When it comes to a criminal trial, every sentence spoken by an officer is scrutinized. An officer's body language is also read by the jury. If an officer testifies on them failing to interview a witness, it makes them look less competent. A nervous officer testifying on the case can destroy the officer's credibility with not only the jury, but even the judge and prosecutors. Although an officer may not see the same jury pool, an officer may have repeated interactions with the judge and prosecutors. When an officer fails to competently testify, it can make the job of the prosecutor that much more difficult. The judge may also have doubt in the officer's testimony. This can create a type of job dissatisfaction regarding the officer identifying their flaws in their performance, therefore worsening the effects of the officer's social anxiety disorder.

One of the worst results of PTSD is suicide. It has always been said how suicide is a permanent solution to a temporary problem. For law enforcement, suicide tends to occur after an officer experienced a critical incident, such as being in an officer-involved shooting. The officer may undergo emotional numbing, isolation, and withdrawal. When these feelings are combined with other issues, such as anger outbursts or substance abuse, matters only get worse. There is also a feeling of guilt and remorse for being involved in the death of another person. There may even be a feeling of guilt for an officer's lack of a response to a critical incident, such as an officer-involved shooting. Officers who experience PTSD are more prone to commit suicide than other officers. Officers who suffer from PTSD can have weakened coping abilities due to them also experiencing failed relationships, financial problems, or even a combination of the two issues (Mullins, 2001).

Any time suicide has become an issue, whether it was attempted or completed, it can cause problems for the officer, which would only worsen their symptoms, if it has been untreated or undertreated. The officer may face backlash at work, possibly requiring a mental evaluation to determine if they are able to return to work. If the officer was hospitalized for any reason as a result of a suicide attempt, there may be medical expenses needing to be paid. If the officer was in a relationship, it may cause problems with their significant other without any intent on doing such a thing. Their spouse may experience guilt for not being able to help before the suicide attempt was made. If an officer ended up committing suicide, the feelings of guilt may be experienced by not just the spouse, but any officers close to the deceased. It may even affect the jurisdiction of which they patrolled. Some officers may develop strong bonds with the citizens within his or her community and the loss of an officer can be felt by many within their city, county, or state.

Like any other medical issue, if PTSD is left untreated, it can lead to other problems. However, before PTSD can be treated, the officer must first recognize the symptoms. At times, the officer may not recognize they could be suffering from PTSD. It is the responsibility of those around that officer to help identify the symptoms they've observed. Even when the officer has been confronted with the issues, it is still up to him or her to seek help. The same goes for any of the secondary conditions experienced by the officer, especially when it comes to substance abuse.

Everyone has different experiences when dealing with PTSD. Some can handle traumatic incidents better than others. However, there are those whose experiences were severe enough to cause a psychological wound. I have personally struggled with PTSD. I served in the United States Army from 2003 to 2015. During my enlistment, I was deployed to Afghanistan from

2005 to 2006 and experienced a traumatic event. I didn't realize how much the event affected me until I returned to the United States.

I spoke to one of the other Soldiers involved in the traumatic event I experienced. We asked each other if we thought about the incident. Although we did, I refused to talk about it because it was a weak thing to do. I experienced a lot of the symptoms associated with PTSD, but I ignored them. I did not receive any treatment for PTSD until I allowed several events in my personal life to make me feel like I could not get away from them. Although I had a rough road ahead of me, I finally took the initiative to get treatment and have been proud of my choice ever since then. The treatment has helped me maintain my overall health and has even strengthened my ability to maintain a relationship.

My personal experiences with PTSD have never been positive, but I did not allow the experiences to remain negative. The most unfortunate experience was personally knowing someone who lost their battle with PTSD and committed suicide. There were others I knew who had PTSD, but were able to keep the symptoms hidden. I only learned about their symptoms when they came to me about them. The only way I was able to provide further help to them was knowing that they had PTSD. Those who I eventually know about them having PTSD sought treatment. I did not think less of them when I found out they were actively seeing a therapist or getting some other type of treatment. I thought of them to be a stronger person by recognizing their situation and getting help for it.

Nobody should ever experience PTSD, but for those who are diagnosed with it, I strongly encourage them to seek help. It doesn't make you a bad or weak person. As previously stated, PTSD can cause major health issues and can even lead to suicide. The profession of law enforcement is not immune to such issues. PTSD is also an issue that doesn't just affect the one

suffering from it. Those around them are affected: family, friends, and other officers. To neglect PTSD treatment could inflict so much pain on everyone. To neglect your PTSD treatment can be, in my opinion, a selfish act.

The only way to fight PTSD is to recognize the symptoms, realize when you are suffering from PTSD, and take the initiative to receive treatment. It doesn't just stop at receiving treatment. The officer must also continue getting the necessary help. The more we can remove the stigma surrounding PTSD treatment, the sooner we can save more lives. More officers must realize that it is okay to not be okay. Once they learn that admitting to having problems related to PTSD is nothing of which to be ashamed, that will open the doors for officers to be a lot more willing to receive treatment.

## References

Affairs, U. D. (2022, August 29). *PTSD: National Center for PTSD*. Retrieved from U.S.

Department of Veterans Affairs:

[https://www.ptsd.va.gov/understand/common/common\\_veterans.asp](https://www.ptsd.va.gov/understand/common/common_veterans.asp)

CDC. (2021, May 18). *High Blood Pressure*. Retrieved from CDC:

<https://www.cdc.gov/bloodpressure/about.htm#:~:text=High%20blood%20pressure%20can%20cause,stroke%20can%20also%20kill%20you.>

Jarin, C. (2021, April 5). *Fighting Monsters: Cumulative PTSD in First Responders*. Retrieved

from namimd.org:

[http://namimd.org/uploaded\\_files/894/Fighting\\_Monsters\\_Cumulative\\_PTSD\\_in\\_First\\_Responders.pdf](http://namimd.org/uploaded_files/894/Fighting_Monsters_Cumulative_PTSD_in_First_Responders.pdf)

Jones, D. E. (2012, June). *Shell shocked*. Retrieved from American Psychological Association:

<https://www.apa.org/monitor/2012/06/shell-shocked>

Law, B. (2018, March 8). *Secondary Service Connection for PTSD*. Retrieved from

ptsdlawyers.com: <https://ptsdlawyers.com/secondary-service-connection-for-ptsd/#:~:text=If%20you've%20been%20diagnosed,%2C%20migraines%2C%20and%20erectile%20dysfunction.>

Mullins, W. C. (2001). *Relationship Between Police Officer Suicide and Posttraumatic Stress*

*Disorder*. Retrieved from Office of Justice Programs: [https://www.ojp.gov/ncjrs/virtual-library/abstracts/relationship-between-police-officer-suicide-and-](https://www.ojp.gov/ncjrs/virtual-library/abstracts/relationship-between-police-officer-suicide-and-posttraumatic)

[posttraumatic#:~:text=Most%20long%2Dterm%20PTSD%20effects,numbing%2C%20isolation%2C%20and%20withdrawal.](https://www.ojp.gov/ncjrs/virtual-library/abstracts/relationship-between-police-officer-suicide-and-posttraumatic#:~:text=Most%20long%2Dterm%20PTSD%20effects,numbing%2C%20isolation%2C%20and%20withdrawal.)

Pham, L., & Kirkland, K. (n.d.). *Can You Die From Sleep Apnea?* Retrieved from WebMD:

<https://www.webmd.com/connect-to-care/sleep-apnea/can-you-die-from-sleep-apnea>

Staff, E. (2022, September 12). *Substance Abuse Among Police & Law Enforcement*. Retrieved

from American Addiction Centers: <https://americanaddictioncenters.org/rehab-guide/police>

Staff, M. C. (2018, July 6). *Post-traumatic stress disorder (PTSD)*. Retrieved from Mayo Clinic:

[https://www.mayoclinic.org/diseases-conditions/post-traumatic-stress-disorder/symptoms-causes/syc-20355967#:~:text=Post-traumatic%20stress%20disorder%20\(PTSD\)%20is%20a%20mental%20health,uncontrollable%20thoughts%20about%20the%20event.](https://www.mayoclinic.org/diseases-conditions/post-traumatic-stress-disorder/symptoms-causes/syc-20355967#:~:text=Post-traumatic%20stress%20disorder%20(PTSD)%20is%20a%20mental%20health,uncontrollable%20thoughts%20about%20the%20event.)

Staff, M. C. (2020, July 28). *Sleep Apnea*. Retrieved from mayoclinic.org:

<https://www.mayoclinic.org/diseases-conditions/sleep-apnea/symptoms-causes/syc-20377631>

Staff, M. C. (2021, June 19). *Social anxiety disorder (social phobia)*. Retrieved from Mayo

Clinic: <https://www.mayoclinic.org/diseases-conditions/social-anxiety-disorder/symptoms-causes/syc-20353561>

Turnbull, G. J. (1998). *A review of post-traumatic stress disorder. Part I: Historical development and classification*. Retrieved from pubmed.gov:

<https://pubmed.ncbi.nlm.nih.gov/10721399/#:~:text=PTSD%20first%20appeared%20as%20an,ICD%20system%20later%2C%20in%201992.>

Violanti, D. J. (2018, May). *PTSD among Police Officers: Impact on Critical Decision Making*.

Retrieved from cops.usdoj.gov: <https://cops.usdoj.gov/html/dispatch/05-2018/PTSD.html>



Violanti, D. J. (2019, March 5). *Police Stressors and Health: A State-of-the-Art Review*.

Retrieved from PubMed Central:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6400077/#:~:text=Individuals%20with%20PTSD%20symptoms%2C%20or,of%20comorbid%20psychological%20conditions%2C%20including>