

The Effects of Trauma – A Law Enforcement Perspective

**The Effects of Trauma - A Law Enforcement Perspective**

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TOP CAPSTONE AWARD



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## **The Effects of Trauma – A Law Enforcement Perspective**

### **Abstract**

In certain situations, a police officer's exposure to a variety of critical incidents has resulted in trauma that was not addressed or treated. Failure to address the event and subsequent concerning behaviors can manifest into a variety of health and relationship problems. The impact of the event on the police officer's life has resulted in a growing number of police suicides. The results of the studies suggested in these articles provide a direct correlation between continual exposure to traumatic events and stress-related symptoms associated with it. Police suicide is a growing concern that needs to be addressed by police administrators and mental health professionals. Data provided in the following articles will provide the reader an overview of the effects of long- and short-term trauma on police officers and if left untreated can result in suicide. The importance and intent of treatment for police officers experiencing stress-related symptoms and prevention strategies will also be examined.

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Six hundred and thirty-two police officers died in 2021. However, 150 of those deaths were the result of suicide. As early as 2008, the National Surveillance of Police Suicides (NSOPS) has maintained and recorded information on police suicides. Since the first recording, approximately one hundred twenty police officers die each year from suicide. Trauma-related injuries left untreated continue to be a problem with police officers resulting in suicide and other mental health-related issues. This research intends to examine the effects of short- and long-term trauma on police officers and the behavioral risks associated with it including suicide. The information provided in the articles examines the growing concern of untreated symptoms associated with trauma including police suicides. The reader can refer to Appendix 1 to develop an understanding of the significance of the problem police suicide poses and how it relates to other police officer deaths.

#### **Purpose of the Study**

The purpose of the study is to examine the effects of trauma on police officers and how

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they can mitigate the impacts of traumatic events. The impact of trauma has had significant effects on police officers for decades. The research questions will examine the relationship that exists between the effects of untreated trauma on police officers and the behaviors associated with it. The findings will reveal the causes of police suicides which were caused by trauma-related injuries as well as prevention strategies to mitigate their impact on officers and their families. The significance of the research will provide the reader with answers to the following questions:

What has been the impact of law enforcement culture on police officers coping with stress?

What does untreated trauma do to a police officer's health and wellness?

How does the human body respond to trauma?

What prevention strategies are available for police officers dealing with trauma?

This research consists of a mixed methodology format. To successfully answer the research questions, it will require citing experiences from officers who were impacted and numerical data to objectively support the need for improved treatment for police officers exposed to traumatic events as well as preventative strategies to reduce police suicide. For the reader to understand the significance of how traumatic events impact a police officer; quantitative research will be used to enhance the reader's understanding of police suicides and behaviors associated with them.

Several surveys will be cited throughout the research. The intent of the surveys provided a sampling of the demographics within law enforcement to correlate officers susceptible to trauma based on their age, rank, years of experience, and involvement in a critical incident. The numerical data cited will provide the reader with an understanding of the number of police officers who have been exposed to trauma and the behaviors associated with it. This research

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will also examine examples of qualitative data as to why police officers commit suicide and their common themes. Several cited sources, interviews, and other personal accounts of police officers will be used to identify patterns of behaviors and how they correlate to a police officer's involvement in a critical incident.

### **Literature Review**

#### **Trauma and the Police Culture**

Policing has been described as a hierarchal para-military organization by critics as well as police officers. Promoting and maintaining this environment perpetuates itself into a police officer's mindset early in their careers. The "suck it up and deal with it" along with a police officer's ability to maintain their self-control and remain objective without emotion towards others creeps into their inability to acknowledge their known self-care when it comes to being exposed to a critical incident.

This approach tends to create a siloed organization that intentionally alienates itself from its communities. These practices are not specific to external factors, but the same situation manifests itself internally as well. The result of these practices can hurt a police officer's well-being and mental health. Psychological support for police officers is important because police officers are required to perform their duties in a manner that is reasonable and justifiable under stressful conditions. However, many police organizations are skeptical of psychological support because officers and their leaders believe clinicians do not understand police work. Police officers are uncomfortable speaking to a clinician for fear of a breach of confidentiality, abasement by co-workers and leadership, and termination (Papazoglou, 2018).

The unhealthy culture created by law enforcement as it relates to an officer's reaction to trauma and the mental health concerns associated with it has generated research regarding the

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stressors and the effects it has on an officer's mental health. It is common for officers to suffer from depression, alcohol addiction, or have suicidal ideations as a means of coping with trauma or the lack of support from their agency due to their trauma (Bishopp & Boots, 2014).

The dichotomy of the relationship between law enforcement and their communities has many layers. In particular, the relationship between officers and community members suffering from mental illness requires attention. To provide compassionate service to their communities as well as their employees suffering from a variety of mental illnesses, including Post Traumatic Stress Disorder (PTSD), depression, anxiety, and suicidal ideations; police need to understand the best way to serve those in crisis (Lamb, et.al. 2014). The references cited examined the negative impact police culture has on a police officer's willingness and ability to address their exposure to trauma.

### **The Effects of Trauma on Police Officers**

Marshall surveyed fifty-three police officers from Delaware. The survey gathered the age, gender, rank, years of experience, and assignments of the officers along with the extent of the traumatic events each was exposed to during their careers. The results of the study suggested there is a direct correlation between continual exposure to traumatic events and experiencing stress-related symptoms. The study intended to show police officers may experience symptoms associated with trauma off and on throughout their careers, because of continued exposure to traumatic events over time. This continued exposure is what the author identified as Cumulative Career Traumatic Stress (CCTS) and is the focus of the study (Marshall, 2003). Marshall stated (2003), "trauma symptoms left unacknowledged, create the potential to cause a slow and subtle deterioration of the officer's psychological and emotional stability" (p.4).

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Since 2008 the number of police suicides has been documented with other line of duty deaths by the National Surveillance of Police Suicides (NSOPS). Their purpose was to try and determine the actual number of police suicides and remove reporting ambiguity within the law enforcement community (Martin & Martin, 2017). The authors' research identified the causes of police suicide and the factors associated with it. Through their research, they developed a profile of a police officer who could be a victim of suicide due to their exposure to trauma.

Bishopp and Boots referenced a 2007 study, *Assessing the Generality of General Strain Theory: The Relationship Among Occupational Stress Experienced by Male Police Officers and Domestic Forms of Violence*. In that study, a thousand police officers from Texas were interviewed from three large municipalities. Variables such as age, rank, education, and individual assignments were used to develop a baseline. With that baseline in place, the authors collected information from everyone regarding their alcohol consumption, reported burnout, and depression to develop a risk factor analysis for each participant. Their findings concluded that job strain has a direct correlation to suicidal ideations in male police officers but not females. However, depression in both men and women has a direct effect on suicidal ideations (Bishopp & Boots, 2014). These references address the concerns of untreated trauma with police officers and the negative behaviors associated with it.

## **The Human Body's Response to Trauma**

In 2019 Stevelink conducted a study that examined over forty thousand police officers throughout the United Kingdom. Stevelink examined the connections between mental illness and an officer's blood pressure. Data was compiled using a variety of questionnaires provided by a health care provider. The data used for the study required officers to answer questions about their lifestyle habits, reported depression, anxiety, blood pressure, and PTSD. Of the forty thousand

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officers who participated, 9.8% reported probable depression, 8.5% reported anxiety, and 3.9% reported symptoms of PTSD. The study revealed that there was a correlation between mental health disorders and elevated diastolic blood pressure (Stevelink, et.al. 2020). The study examined the physical and psychological reactions of the human body to trauma and the results if left untreated.

Prolonged exposure to chronic stress has an impact on a police officer's health and well-being. When a police officer begins their shift, their cardiovascular health is significant. Coupled with organizational stress, police officers are at higher risk of cardiovascular disease, hypertension, and glucose intolerance. The ability of police officers to manage their professional lives and personal stressors can be difficult and lead to a variety of health and wellness problems (Papazoglou, 2018).

When a police officer is dealing with the effects of untreated trauma, they may use a variety of unhealthy coping strategies rather than seek professional help. The most significant and dangerous of those strategies is suicide. In the author's study, they found that female police officers dealing with untreated trauma are more susceptible to diagnosable depression than male police officers. However, male police officers are more susceptible to suicidal ideations and completion of the act of suicide than females (Bishopp & Boots, 2014). The reader can further examine the effects of trauma using the information provided in Appendix 2.

### **Prevention and Treatment Strategies**

This research discovered an abundance of information about the behaviors associated with police officers dealing with trauma which resulted in suicide and the lack of prevention strategies. Schweitzer-Dixon presented an important question as it relates to police suicide and



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an attempt to find a solution (2021), "can we prevent police suicides if we do not know the true scope of the problem?" (p.1).

However, the police culture has hampered the ability of clinicians and other mental health professionals to assist in mitigating the negative behaviors associated with untreated trauma and suicidal ideations. In an article examining a comparative study of the positive and negative effects associated with psychological debriefings, the author analyzed the techniques and results of a psychological debriefing in 1944 that consisted of first responders and survivors of a structure fire. The author discovered that the debriefing was not successful because it lacked continuity and personalization (Regel, 2007). However, since the publication of the author's article, there has been significant research regarding the need for psychological debriefings and how it correlates to Critical Incident Stress Management (CISM).

Eye movement desensitization and reprocessing (EMDR) has been used by licensed clinicians for over a decade providing relief from triggers and emotional distress from a traumatic event. EMDR allows the patient to store memories in their brains and adjust any skewed interpretations of them, which allows the patient to become desensitized to the event. It does not provide the patient the opportunity to forget the event but provides them the ability to not have an adverse reaction to it (Conn, 2021).

Physical fitness is a requirement that has long been embraced and studied by law enforcement professionals. Recently the concept of practicing yoga has found a way to be part of an officer's wellness. Practicing yoga plays a significant role in an officer's mindfulness and wellbeing and can be equally beneficial as any other form of physical fitness. Yoga increases an individual's focus, and situational awareness, and provides the confidence to allow an officer to make intelligent gut reactions in critical situations (Kvitne, 2017).

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### **The Role of Leadership**

With almost fifty years of law enforcement experience among the authors, the 21<sup>st</sup> Century police officer graduating from their respective law enforcement training academies are receiving some of the best training our profession has to offer. Peace Officers are better equipped, better educated, and more diverse than when we started our careers. However, despite all these professional advances, the media continues to remind us that we have work to do because we continue to watch our peers get emotionally highjacked. We have all been exposed to some level of emotional intelligence, cultural diversity, and de-escalation training that can improve our emotional intelligence. However, we continue to watch police officers make decisions that are not consistent with the agency's mission, vision, and values. This could be attributed to the officer's mental health as it relates to exposure to trauma. Therein lies the dysfunction of our profession. If police leaders are not progressive thinkers as it pertains to how we address our officer's mental health, we will continue to watch these events unfold and officers silently suffer because of a lack of proactive care for them.

"If you can," he wrote, "find that peace within yourself, that peace and quiet confidence that you can pass onto others, so that they know that you are honest and you are fair and will help them, no matter what, when the chips are down." (Winters, 2011, para 16). Major Winter's comments are the essence of transformational leadership. The significance he placed on empathy, as well as standards, translates well as it relates to providing support to police officers attempting to navigate the effects of trauma. Police leaders may not understand what the officer is dealing with personally or professionally or furthermore agree with how the officer is managing or responding to their trauma, but they must create and maintain an environment for the police officer that is supportive and without judgment. This style of leadership should be

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used most of the time by an agency's leaders but is especially necessary when dealing with an officer who is in crisis because a transformational leader will know and understand the strengths and weaknesses of their employees and will actively work with their followers to provide support and guidance as to the officer processes and heals from the effects of the critical incident.

The intent to serve in a transformational manner defines a servant leader. The servant leader in the most basic of definitions prioritizes the needs of his officers before their own. As Pressfield (1998), stated "A king does not abide within his tent while his men bleed and die upon the field. A king does not dine while his men go hungry, nor sleep when they stand at watch upon the wall. A king does not command his men's loyalty through fear nor purchase it with gold; he earns their love by the sweat of his own back and the pains he endures for their sake. That which comprises the harshest burden, a king lifts first and sets down last. A king does not require the service of those he leads but provides it to them...A king does not expend his substance to enslave men, but by his conduct and example makes them free" (para. 1). The reader can apply Pressfield's description of "the king" and translate it to their responsibilities as a servant leader within their agency. This willingness to authentically care for an officer during a crisis is an example of the actions required for effective servant leadership.

Police leaders need to be cognizant of their reputations within their agencies when attempting to implement strategies to improve officer wellness and identify their employees affected by traumatic events. This self-awareness can also be associated with emotional intelligence but more specifically with the "five bases of power" which consists of referent, expert, legitimate, reward, and coercive (Normore, 2017). A truly effective leader understands that they must be capable of utilizing either a single power base or a combination of the different power bases to influence an employee's behavior. It is imperative that the leader also understand

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the officer's reaction to the different Bases of Power as some result in compliance with short-term effects while others can have more lasting effects. In the case of the effects of trauma and an officer's response, it would be recommended to use a power base that will have a long-standing positive effect.

When dealing with police officers in crisis, it is important for police leaders to avoid rushing to judgment. This quick judgment is a concept discussed in *Leadership in Organizations*. This concept is described as the "Locus of control." Forsythe and Wishik (1988) stated, that this concept "relates to the extent to which an individual assumes responsibility for events that occur to him or her. Those who manifest an internal locus of control believe that their actions influence events (both positive and negative). Consequently, internals tend to assume responsibility for their actions. On the other hand, individuals with an external locus of control tend to believe that the cause of and responsibility for events that happen to them reside elsewhere-in some other person, in society, or fate. Forsythe and Wishik indicated that internals are inclined to forget their failures more readily than externals" (p.41). Creating an environment that fosters accountability and support will allow the officer to socialize back into their organizations effectively and maintain a healthy lifestyle.

### **Personal and Professional Experiences**

As an agency of thirty sworn officers, we have experienced four officers within the last six years that have suffered from the effects of trauma. Two of those officers had suicidal ideations, while the other two suffered from PTSD. The effects of vicarious trauma were apparent in one of our sergeants during his eight-year career which included stumbling upon a suicide victim in a porta john, life-saving techniques on a male who had his arm severed off

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when it was stuck in a commercial washing machine, an active killer event where two individuals were killed using a knife, and several other shootings had taken a toll on his physical and mental health. His symptoms began to exasperate while he was off duty. He experienced what he referred to as daydreaming and not being in the moment while spending time with his family. Furthermore, he described reliving these traumatic events when engaging with his wife and daughter where they would ask him, ‘are you okay?’ It seemed obvious he was not living in the moment and appeared lost in space. Unfortunately, like most police officers, he shook off these experiences as just being part of the job.

The officer was suffering from the effects of vicarious trauma. Eventually, it became a performance issue and his supervisors recognized the changes in his demeanor and temperament and encouraged him to seek out a mental health professional. He assured his supervisors that he was okay and committed to continue to work patrol claiming that he would seek help. He continued working the graveyard shift while still experiencing dissociation while off-duty. It was not until he responded to a shooting that he realized that he needed to seek professional help. He could not physically move to react and respond to the call. Fortunately, he sought professional mental health treatment and was diagnosed with Complex PTSD. He utilized EAP and had sessions with mental health professionals which included EMDR. He shared with members of our department that officers need to seek help when exposed to traumatic events as they occur and not let their “cup overflow” after being involved in a multitude of critical incidents.

While the officer felt supported by his peers and his command staff, he believes that there is still much work that needs to be done addressing the mental health of police officers and their exposure to traumatic events. Due to his diagnosis, he is in the legal process of a medical discharge and is a professor at a local college teaching criminal justice and enjoying time with

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his family. However, like most first-responders faced with similar circumstances, he is struggling with finding a vocation that provides a meaningful contribution to his community.

The significance of this traumatic event is an example of the effects critical incidents have on police officers and the need for further examination and discussion. Although the officer was supported, understanding the challenges within the law enforcement culture and the stigma placed on mental health, the negative impact of trauma, and prevention strategies used to mitigate trauma will continue to improve officer wellness.

If we are to improve our commitment to prevention strategies regarding improvements to police officer's mental health, we need to develop leaders using a consistent methodology that identifies potential leaders, creates opportunities for informal leaders to become formal leaders, and when appropriate transfers leadership to newly appointed leadership that can effectively lead future generations of police officers (Therwanger, 2021). This versatility and progressive-minded approach to a complex problem will increase officer resilience and allow them to honorably serve their communities with the assurance that their personal needs are being met by their agencies.

### **Conclusion**

This research confirmed the importance of providing resources to minimize the impact of extended exposure to traumatic events on police officers. Left untreated, the effects of untreated trauma can have a damaging effect on the officer's physical and mental health, personal relationships, career, and suicide. Unfortunately, there is no solution. However, mental health professionals and police administrators have understood the need for changing police culture and creating work environments that are acceptable for police officers to seek out therapy and

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improve their mental health. This new way of thinking will improve police officer wellness and decrease the number of police suicides.

The articles used to enhance this research included numerous studies and interviews with police officers throughout the world. The qualitative data enhanced and verified the need for continued research on the effects of trauma on police officers. A variety of interviews and data collection from voluntary clients were used by the authors. Through the officer's participation, the researchers were able to develop commonalities among the police officers who were affected or susceptible to trauma. The names of all participants and the names of police officers who committed suicide were not revealed during the research.

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### Appendix 1

**#lawenforcement**  
**#SuicideAwareness**  
**#mentalhealth #HonorThem**  
**#TheLion**

## 2021 Law Enforcement Deaths

323	COVID19		<a href="http://www.bluehelp.org">www.bluehelp.org</a>
<b>150</b>	<b>SUICIDE</b>		
61	Gunfire		
22	Auto crash	3	Motorcycle crash
18	Heart attack	3	Stabbed
17	Vehicular assault	3	Vehicle pursuit
14	Struck by vehicle	2	Duty related illness
5	Assault	2	Gunfire (Inadvertent)
3	9/11 related illness	2	Weather/Natural disaster
3	Drowned	1	Training accident

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### Appendix 2

@azpsychotherapist

# Effects of Trauma

**Physical Sensations**  
Body tension, numbing, heightened startle response, tingling, shortness of breath, heart palpitations, restlessness, feeling on edge, intense energy, heaviness, knot in stomach, heart heaviness or pain, dizziness.

**Hypervigilance**  
Always aware of surrounding, always alert to potential danger or threat.

**Dissociation**  
Flashbacks, memory loss (of periods of time, events or people), sense of being detached from self, the world around you feels unreal.

**Excessive Worry**  
Constant thinking & worry, intrusive and ruminating thoughts, cognitive distortions. Overthinking and indecisiveness.

**Sleep Problems**  
Difficulty falling asleep, staying asleep, waking during the night, restless sleep, nightmares, unsatisfying sleep.

**Heightened Sensitivity**  
Things said or done are taken extremely personal, even when it isn't. Intense reactions of sadness when they feel wounded.

**Common Feelings**  
Fear and panic over small things, overprotectiveness, shame, irritability, anxiety, mood swings, guarded, sadness, hopelessness, emptiness.

**Medical Symptoms**  
It's common for people to experience headaches, migranes, high blood pressure, diabetes, fibromyalgia, gastrointestinal issues, arthritis.