

**Post Violence Trauma**

***POLICE OFFICERS ARE THE  
VICTIMS***

by

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**POST VIOLENCE TRAUMA**

***Police Officers Are The Victims***

One way to define a victim is one who experiences violence or the effect of violence and if that is an acceptable definition, police officers certainly qualify and re-qualify, sometimes day after day. It is important to give them that consideration and realize that they are willfully exposing themselves to violence on behalf of society for all of the obvious reasons. If we as a society ever forget that the people who police our communities are also citizens of the community, then we condemn them to a life of isolation, shrouded in bitterness and the pain of dehumanization. Police officers are people who experience upsetting, disturbing, and traumatic events year after year but typically keep their feelings to themselves. Often their feelings are confusing and frightening. Therefore, a traumatized officer may describe the facts of a horrendous event but seldom does he or she feel free to speak of their disturbing personal feelings. Policing is an occupation in which, with the passage of time, incident by incident, most officers become conditioned to be less and less familiar with their personal feelings. It is an occupation which promotes a process of emotional insulation or callousness, until officers finally loose touch with the affective or emotional side of their selves. I refer to this process as Systematic Dehumanization. While there are many defense mechanisms, Insulation is one that prevents a person from experiencing the awareness of feelings. Insulation is not all bad, it is useful when a person is being overwhelmed by feelings. However, it is a paradoxical defense mechanism. In the short run it prevents the overwhelming experience of emotional pain, but over the long haul, it begins to prevent the experience of most feelings. Insulation is also a deceptive mechanism, because insulated persons believe that they are above it all until a traumatic event occurs. Posttraumatic feelings disrupt and destabilize a person's life. To make things worse, officers who have been out of touch with their feelings typically feel doubly vulnerable. Look at it this way, a

traumatic event, like a psychological explosion, destroys a victim's system of defenses, **inducing** an array of feelings which are attached or fixated to the traumatic event in time and place. Such feelings result from profound emotional shock. An additional shock results from the **induced** feelings so the officer experiences the, "double whammy." The depth of shock depends upon the intensity of the feelings in relation to the magnitude of the traumatic event which, of course, brings us full circle. In addition, continuing internalize emotional pain occurs because of the **fixation**. Eventually the officer is cut off from family, friends, and self.

### **Some General Causes of Trauma:**

One might reasonably ask what could be so traumatic that it causes a traumatic response? In order to provide a clearer picture, let me provide a few ideas which may help:

- 1. Witnessing too much death:** Death incidents run in cycles and of course in wide variety. From seeing old people who are dead in their beds, dead people in accidents, heart rendering deaths such as a child who has drowned in a swimming pool. The most haunting incident of my life involved a child on a tricycle who had rolled from her driveway into the street, beneath the wheels of a furniture hauling semi. It was difficult to separate the child from the pieces of tricycle.
- 2. Human degradation and man's inhumanity to man:** It is an ugly world. Seeing a child who has been beaten, bruised and bloody. You can put it out of your mind, but you can't put it out of your heart. How would you feel if you saw a child whose parents had bitten the finger nails and toe nails completely off causing infection that was so bad that the child could not walk nor use her hands? Have you ever seen anyone who has been beaten, tied up and systematically burned

with a cigarette until there seemed to be no place on his body unburned?

- 3. Observing sexual abuse and other forms of brutality and human degradation:** Some people know little or nothing of love and kindness. Sexual misuse of another is common by such people. Some resort to the use of sadistic torture. Some have no regard for the feelings or personal rights of others. Usually, their victims are dependent, educationally impoverished captives, who are trapped, caged up, with no way out, having little or no understanding of how to free themselves or, for that matter, the value of freedom.

*Comes to mind an incident involving a woman who was taken from the back hills of Arkansas by a sophisticated Dallas business man, who went there for the purpose of finding a victim, a personal slave. He married her and then took her to the city. He deprived her of money and provided her with few personal necessities. In her new environment, she hardly knew how to use the telephone. He drank often and when he was drunk, he made her stand naked out in the cold and beg to be let in the house. Then he forcefully used a mop handle on her, both anally and vaginally until one night he ruptured some internal organs. After he passed out in a drunken stupor, she crawled out into the street where she was found and taken to the hospital. She nearly died, the police intervened and her story was revealed. Such events are at best disturbing and some times traumatic but most always make police officers feel helpless.*

- 4. Discovering the monster within:** Policing is the kind of occupation that can set the stage for discovering the dark side of one's self. it is shocking to discover that within one's self, there is the capacity to become so enraged, or to hate so deeply, that murderous feelings arise along with the capacity to willfully inflict pain upon another.

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It is further distressing to discover that one can derive deep personal pleasure from watching another human being suffer as a direct result of infliction of pain. I have in mind “snot locking” a prisoner until he gags and spits and struggles for air before going unconscious. Or, perhaps, putting hand cuffs on a prisoner so tightly that he experiences unbearable pain. Later, when emotions have settled and the officer is alone he/she will have to face an upsetting reality. While a few officers may not be sorry for what he or she may have done to a particular, “scum bag”, by contrast, I believe the vast majority of police officers are upset about barbarous behavior. Discovery of such feelings is disturbing and yet police officers get desensitized to violence. They are asked to put aside fear and other feelings and to operate within the midst of violence as though a violent world is the norm. An officer can come to believe that generally other people do not think of them as being human. It is as though officers stop being afraid, angry, or confused, etc. Perhaps graduation from the police academy is the moment of demarcation when sensitivity, caring, vulnerability, fear and other such feelings begin to be vague shadowy emotions that are unavailable to officers.

Traumatic experiences occur in forms not so dramatic as in shooting incidents. Sometimes trauma arises out of an accumulation of incidents. Such experiences are sometimes minor; yet, collectively they can be emotionally devastating. For example it is an accident that officers walk in on people who have hung themselves or seen people who have blown their faces off while trying to shoot themselves while sucking on the barrel of a gun, only to flinch at the critical moment and pulling back just blow their faces off. It is an accident to see some aged person who has died from having absorbed too much insect poison from too many spraying of a rooming house. A corpse lying in its own vomit and human waste. It is an accident that an officer has to observe an autopsy but worse when the

autopsy is that of a child and worse still with the autopsy of an infant. I could go on and on about traumatic accidents in which an officer just happens to be there.

Although most officers seldom discuss their real feelings with friends, family, or other officers, in psychotherapy they talk about aggravation, anger, and violent actions related to incidents in which a suspect or some other person has been violent toward them. I have been privileged to listen to officers puke out their feelings from gut reactions about experiences they have witnessed or endured. Police Officers are no more invincible than other human beings. While officers have learned to hide feelings or appear unfeeling, most are just as vulnerable as Joe citizen. We should keep in mind that police officers are recruited from within the society they police. Typically, they come from backgrounds that value life, family, happiness, and believe in the rights of others. They are from families who have encouraged respect for others. Such families also tended to be conservative and grounded in religious philosophy, whether or not they may have been practicing church goers. With family reference groups as described, officers tend to be people with a deep sense of morality, conscience, and empathy for other human beings. They tend to have a strong work ethic and are dedicated to caring for and serving others. It should be obvious then, that they often find themselves in conflict with their internal beliefs because the cold harsh reality of their work is dream shattering. After a while many begin losing faith in ideals, hopes and dreams. In the rubble of emotional destruction one finds cynicism, doubt, disbelief. For a short time the sensationalism of policing forestalls the discovery of emotional destruction. However, when the honey moon is over, the impact of police life takes its toll. Sometime the price that an officer pays for the privilege to serve is much too high. Street work is enough but beyond everyday distress brought on by street work, the kind of incidents which seems to be the most disturbing, and destructive, are incidents in which an officer is involved in a traumatic incident such as a shooting, which is not at all the most common

traumatic incident but is the most widely recognized. They are also, in my experience, the most difficult to treat for a number of reasons. The following is a categorical list of such incidents:

**Traumatic Shooting Incidents:**

1. An officer shoots someone
2. An officer is shot
3. An officer is present when his/her partner or other officer is shot and killed.
4. An officer is present when someone is shot to death, but is a witness who does not participate. I refer to these as the, “forgotten officers.”

Make no mistake about it though, other death incidents such as drownings, vehicle incidents, suicides, those involving children, and other violent deaths follow close behind if not equal. That which is traumatic is totally individual. Following traumatic incidents, those who have been traumatized will experience a well defined set of symptoms referred to as Posttraumatic Stress Disorder or P.T.S.D.

**Defining Trauma:**

Prior to the DSM IV, the DSM III-R stated that a trauma had occurred when, “A person has experienced an event that is outside the range of usual human experience and that would be markedly distressing to almost anyone, e.g., serious threat to one’s life or physical integrity; serious threat or harm to one’s children, spouse, or other close relatives and friends; sudden destruction of one’s home or community; or seeing another person who has recently been, or is being, seriously injured or killed as the result of an accident or physical violence.” Further clarification was provided by the DSM-IV, in 1995, which gives an extensive clinical picture of the symptoms

of P.T.S.D. : Having never had an original thought in my life, this author had no part in developing or writing the DSM IV.

**DSM-IV Criteria for P.T.S.D.**

There are five main criteria for the diagnosis of P.T.S.D., which are as follows:

A. A person has been exposed to a traumatic event in which both of the following were present.

1. The person experienced, witnessed, or was confronted with an event or event that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others.
2. The person's response involved intense fear, helplessness, or horror. Note: In children, this may be expressed instead by disorganized or agitated behavior.

B. The traumatic event is persistently reexperienced in at least one of the following ways: **(one of five)**

1. Recurrent and intrusive distressing recollections of the event, including images, thoughts or perceptions. Note: In young children, repetitive play in which themes or aspects of the trauma are expressed.



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2. Recurrent distressing dreams of the event. Note: In children, there may be frightening dreams without recognizable content.
3. Acting or feelings as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those that occur on awakening or when intoxicated.
4. Intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.
5. Physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.

C. Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by three or more of the following: **(three of seven)**

1. Efforts to avoid thoughts or feelings associated with the trauma:
2. Efforts to avoid activities or situations that arouse recollection of the trauma:
3. Inability to recall an important aspect of the trauma (psychogenic amnesia.)
4. Markedly diminished interest or participation in significant activities.
5. Feeling of detachment or estrangement from others.

6. Restricted range of affect,( e.g., unable to have loving feelings.)
7. Sense of a foreshortened future, (e.g., does not expect to have a career, marriage, or children, or a normal life span.)

- D. Persistent symptoms of increased arousal (not present before the trauma), as indicated by two (or more) of the following:  
**(at least two of five)**

1. difficulty falling or staying asleep.
2. irritability or out bursts of anger;
3. difficulty concentrating;
4. hyper vigilance;
5. exaggerated startle response;

- E. Duration of the disturbance (symptoms in criteria B, C, and D) is more than one month.
- F. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

**Specify if:**

**Acute:** if duration of symptoms is less than three months.

**Chronic:** if duration of symptoms is three months or more.

**Specify if:**

**Specify Delayed Onset:** if onset of symptoms is at least six months after the stressor.

## **Cops Are Human First**

Police officers like others human beings who have been traumatized undergo very serious emotional difficulties. Early on in their careers, most police officers begin to try and desensitize themselves to the idea that they may be in a shooting by utilizing tough talk and humor. In addition, when officers are driving around the city by themselves, they often imagine what they will do if a certain kind of incident arises. This is another means of attempting to prepare for the worst. However, since most have little or no real related experience, when a shooting happens, it can be devastating. When it happens rarely does anyone know what to do for him or her, including administrators and supervisors. Almost everyone is caught off balance when a traumatic event occurs. Therefore, it is my purpose to provide a fundamental, down to earth information about dealing with such events in the hope that it may be useful in helping develop training for department officials and field operation officers alike.

## **Introduction to Post Shooting / Post Violence reactions:**

We can never know what awaits us in the future but we can predict that many of experiences will be emotionally painful. Most people are ill prepared to deal with traumatic incidents. For a police officer, such events may cause feelings which cannot be eased by mental preparation or by intellectual exercises, no matter how much mental preparation occurs. Severe crisis incidents produce the worse kind of emotional effect. How can a person who values life ever fully prepare to take a life or see others lose their's ? Callousness is not enough. Shooting incidents are the kind of crisis incident that can cause an immediate traumatic effect or in some instances a "delayed traumatic reaction may result. Such events are so heavily laden with emotion that most of the feelings involved cannot easily be worked out. Many of the feelings will take time to surface. As a result, emotional confusion is certain to arise. For example, I recall a few years ago that an

officer came to me hoping to find help in the alleviation of re-occurrent guilt about an incident in which he had killed a fleeing felon who had shot at him. He said that at the time of the shooting, he had felt no guilt or remorse at all. In fact, he had felt confident of his actions. However, because of his childhood back ground, he began questioning his attitude about the killing. He felt ashamed over his lack of guilt about the shooting. His opinion of himself changed. He felt guilty over not feeling guilty and could not resolve his feelings. For a number of sessions he talked about the incident and reached the same inevitable conclusion; he had to shoot. His intention was not to kill, but to stop the criminal. The reality was that he actually had a moral responsibility to stop him, however based on his background values, morals, and ethics, his conscience demanded an admission. His confusion resulted from the ambivalence between feeling the need to be sorry and feeling justified in having shot the suspect. Ultimately he was able to resolve his moral dilemma by admitting to himself, that he was sorry that he had to take such a harsh course of action. Part of the reason he was able to resolve his emotional conflict was because he gained the insight needed to accept the reality that feelings do not have to match the facts. Of the many, many kinds of feelings possible, some may be in conflict with others, as in the ambivalence between feeling justified about a shooting vs. feeling remorseful about it. Officers typically are conditioned, binary thinkers. They are not used to dealing with conflictual feelings and therefore often try to deny them or make all feelings consistent with an ideal or perfect way of thinking. As a result of confusion, psychodynamic resistance, and emotional conflict, the post shooting syndrome becomes more complicated.

The following general list of symptoms associated with stress and trauma are induced by the tension that ensues as result of the variety of feelings produced from critical incidents: It is important that police officers at all levels learn to identify the warning signs of stress and trauma in policing.

### **SIGNS OF EMOTIONAL DISTRESS**

1. Impaired ability to concentrate
2. Becoming overly ideational, having racing thoughts.
3. Becoming overly active or agitated and nervous.
4. Becoming overly verbal, i.e., a continuous stream of talk or
5. The opposite reaction, becoming withdrawn and quiet.
6. Excessive use of morbid humor.
7. Mood swings, i.e., unpredictable, “ups and downs.”
8. Labile emotions, such as tearing up or uncontrollable laughter, sometimes intermittent.

### **Additional SYMPTOMS OF TRAUMA**

1. Becoming less aggressive in work.
2. Introspection about the worth of one's role as a public servant.
3. Strained family relations.
4. Feeling like he/she is going to crack up or lose their minds.
5. Depression, i.e., a loss of motivation, interest, energy, hopelessness and helplessness (more specific symptoms to be discussed later.)
6. Cynicism that results in cold, calloused, insulation and detachment from others.
7. Self doubt and other doubts related to ability in critical situations.

### **SPECIALIZED EFFECTS of TRAUMA**

1. Intrusive Thoughts
2. Experiencing the event in slow motion.
3. Tunnel vision is often reported in connection with the event.
4. Auditory blunting, i.e., not hearing gun. shots, etc.

### **DELAYED EFFECTS of TRAUMA**

1. Intensified worry, i.e., was the action justified ?
2. Denial - inability to accept the event.
3. Questioning the morality of the action.
4. Fear related to family security, self, and others.
5. Guilt- feeling guilty but not recognizing the feeling as guilt.
6. Grief response.

### **WHY TRAUMA SYMPTOMS OCCUR:**

1. **Values** - when the gun smoke clears, police officers are left with their own thoughts. Inconsistencies between one's behaviors and one's beliefs can cause a person to feel internally conflicted.
2. **Existentialism** - encountering the meaning of life and death. Some existential issues are the following:
  - a. Finality of death - It can't be undone or fixed.
  - b. The, "here after," ? If so, what is the nature of the, "here after." Where did I send my victim ?
3. **Empathy** - knowing that the killing may deprive a wife, husband, children, parents, or others of their loved one.
4. **Guilt** over the magnitude of the event and how it may have effected the officer's own family. (i.e., my wife is married to someone who has killed.)
5. **Concern about disapproval:** (family, public, and Department)

Many people, (administrators, officers, others) are talking about this special form of police stress. It has recently become a topic of center focus. As with any trend, some people are waiting on the sidelines for a new, “bandwagon.” Often some very incorrect information is given out and or acted upon, by persons who are jumping on the, “bandwagon.” Typically, such persons have never known or encountered an officer who has taken a life. Nor have they known an officer who has been shot or seriously injured while in the performance of their duties. Often they are more interested in appearing helpful than they are in being helpful. There are a number of areas in which such experts are ineffective. For example, not having lost a valued friend in the line of duty prevents deeper empathy. Such would be helpers should spend time on the police beat learning rather than pretending. Buyer beware when your professional says that he/she has been associated with police officers vs. having been a police officer. One should remember that just because a professional has police credentials, and has attended a Police Academy, does not mean he or she has worked as a cop. The complex mixture of many emotional factors can set the stage for trauma that cannot easily be understood unless one has an extensive familiarity and understanding of the total police occupational milieu, including worker roles. The desire to help is incredibly important but it helps to have, “been there.” It is at least important to have known someone well, who has been there. Well intentioned professionals and other legitimate helpers are valuable. However, when there is a need to intervene after a police officer has experienced a traumatic event, it will be difficult to help the victimized officer understand something that the helper cannot understand. Knowing how to help is a serious issue. The night mares and sleepless nights are disturbing. At times, the feeling of isolation and loneliness can be crushing. Anxiety coupled with depression can cause a feeling of hopelessness. Trying to explain such feelings may seem impossible to begin with and when an officer attempts to explain encounters misunderstanding or confusion on the part of the would be helper, the victimized officer’s hopelessness grows. In addition, friends and coworkers cannot relate. Often

well intended friends reply with such comments as, “You had to do it.” As one officer put it, “Within an instant a life was gone and I could never put it back into that lifeless body. I kept thinking, “if only,” but each time reality exploded in my brain, with one word, dead, dead, dead.”

On the other side of the coin is another kind of issue having to do with incidents in which an officer has been injured or killed. Never expecting to be in such an upsetting and confusing position, officers who I have treated in psychotherapy seem to have similar feelings. For example, I have heard familiar words from many officers whose partners have been seriously injured or killed. One officer, in particular, recounted an incident in which his partner was shot to death. His comments caused me to feel his deep sense of hurt as he spoke of the feeling of helplessness during and after the incident. In vivid detail he described the picture burned in his mind at that traumatic moment. He described, with vivid detail, the picture burned in his mind at that traumatic moment. As he spoke emotionally pain was evident upon his face. Empathically, I felt some measure of his horror and terror as he described the shock and surprise on his partner’s wide eyed face, reflecting fear, and disbelief just after the gunman pumped one Winchester rifle round into his partner’s chest. “That crazy bastard shot my partner in the chest,” he said. “My partner turned around, toward me, with both hands over the bullet hole; his blood was spurting out of his chest between his fingers. I don’t think I can ever forget. It won’t leave my mind. I see that same picture over and over, in my sleep and while I’m awake. What can I do? Will it ever leave me alone?” One of the officers, who I counseled, opened my eyes to the reality of trauma arising out of killing another human being as he related the fear he had experienced when a suspect began shooting at him. “In a moment, I was caught up in the gun fight,” he said. “I was trying to shoot him. Now and then I would again think about maybe getting shot. Then it happened, right out of the blue. First, it was like a hard punch in the shoulder; it knocked me back and I sat right down on my ass. I got my thoughts back together and got back to my knees. The guy who shot



me was gone. I don't know if he knew that he'd hit me or not. Then I felt a sting, it got sharper and the hurt was deeper. In just a minute or so it was real bad. I started feeling sick to my stomach. I looked down to see my blood soaked shirt; it scared the shit out of me. Reality hit me hard, I'm shot; I'm hit. I'm hurt bad. I got back to my cruiser and called for help. After that I woke up in the hospital, sore, afraid, and depressed. I felt weak or easily broken or something. I realized I could easily be snuffed, you know ? I wondered if I could ever go back out there on the street. The hard part is that I never really thought it would happen to me. I still can't believe it until I try to use my right arm. There's no glory in this, and that son-of-a-bitch got away. Shit, we're just on this earth for a while. I could go anytime and now I'm afraid some no good bastard out there is going to kill me. I think I'm still depressed. Can you help me with this ?" He smiled and we shook hands. "Life is too damn short," he said.

One can easily see that the problems arising out of traumatic incidents are vast in scope and sometimes very complicated. However, dealing with the problems is not hopeless; there are sound, effective therapeutic approaches. For the purposes of this writing, I have limited the focus to a narrow category of trauma inducing incidents.

The following is a description of possible post-shooting/post killing trauma responses for each of three conditions, in an effort to present some ideas concerning treatment:

- 1.) **An officer shoots someone,**
- 2.) **An officer is shot,**
- 2.) **An officer's partner gets shot.**

Two stipulations apply regarding an incident in which an officer shoots someone:

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1. I am discussing the treatment of an officer who has never before shot anyone.
2. the person shot or killed is not a child or juvenile.

The treatment process of officers who have killed before or officers who have shot a child is somewhat different than those who have not. The following information is presented with the hope that education will reduce the destructiveness of traumatic incidents. My goal is to enlighten officers, administrators, and other through awareness training, and in so doing, provide, “what to do,” answers when and if the situation arises. The issues covered are as follows:

1. Description of post incident stages:
  - a. Initial trauma reactions.
  - b. Later reactions
  - c. Probable consequences and / or outcomes as a result of the experience.
2. Dealing with traumatic incidents:
  - a. Prevention of long term post-shooting traumatic reactions.
  - b. A police department’s responsibilities
  - c. The officer’s responsibility.
  - d. Responsibility of significant others.
  - e. Responsibility of others.

***HYPOTHETICAL SCHEDULE OF TRAUMA RESPONSES,  
SYMPTOMS, and  
APPROACHES TO TREATMENT***

**CONDITION ONE: WHEN AN OFFICER SHOOTS SOMEONE**

**I. Initial Reactions:**

- |                                   |   |
|-----------------------------------|---|
| <b>Minutes afterward</b>          | A. Psychological numbness (shock and disbelief)   |
| <b>First few hours afterwards</b> | B. Denial of feelings.<br>C. Physical manifestations.<br>D. Confusion sets in:<br><br><ol style="list-style-type: none"><li>1. Self questioning.</li><li>2. Retreating to the familiar.</li><li>3. "Covering the bases."</li></ol>  |
| <b>First 24 hours:</b>            | E. Feelings begin to break through<br><ol style="list-style-type: none"><li>1. Feelings of isolation. (threatened and insecure.)</li><li>2. Fear and anxiety.</li><li>3. Existential feelings.</li><li>4. Feelings of fragility.</li><li>5. Increased feelings of isolation.</li><li>6. Fear of sharing feelings.</li></ol> |

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**Within the first week:**

- F. Doubt and fear intensify:
  - 1. Questioning actions:
  - 2. Couldn't it have been different.
  - 3. Did I really have to shoot.
  - 4. Great sense of loss.
  - 5. "Undoing," defense mechanism.
  - 6. Rationalization begins to fail.
  - 7. Ambivalence:
    - a. guilt vs. anger
    - b. justification vs. remorse
  - 8. Confusion intensifies
  - 9. Image of dead person, burned in officer's mind

**Week Two:**

- G. Psychological Blocking intensified:
  - 1. Details difficult to recall.
  - 2. Psychological numbness intensifies.
- H. Trauma Strikes again:
  - 1. Reliving the incident.
  - 2. Obsessional thought return and intensify.

3. Intrusive thoughts.
4. Officer feels he/she is going crazy.
5. Ambivalence intensifies: (needing to talk vs. being afraid to talk.)
6. Attempting to forget the incident:
  - a. Increased anxiety attacks.
  - b. Physical illnesses.
  - c. Compensative measures.
  - d. Nightmares/night terrors.
  - e. Labile feelings: (unexpected gushing or crying.)

***CONDITION ONE* cont.: WHEN AN OFFICER SHOOTS SOMEONE**

**II. Later Reactions:**

**End of first month:**

- A. Failed coping mechanisms:
  1. Macho facade.
  2. Increased use of alcohol.
  3. Increased use and misuse of other substances such as sleeping pills.

4. Increased use of morbid humor.
5. Increased isolationism.

- Second month to resolution:** B. Post-killing syndrome intensifies:
01. Nightmares and night terrors.
  02. Emotional insulation
  03. Alcohol abuse
  04. Family disruption
  05. Intrusive thoughts
  06. \*Flashbacks\*
  07. Agitation
  08. Intermittent emotional breakdowns.
  09. Unbearable tension
  10. Symptoms of nervousness
  11. Increased sexual activity or
  12. Impotence
  13. Depression
  14. Worry
  15. Generalized anxiety

***CONDITION TWO:***

**WHEN AN OFFICER IS SHOT**

**First hours through first Month:**

In this situation the officer's reaction depends, of course, upon how seriously

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1. **Depression**
  2. **Feels vulnerable**
  3. **Existential conflict**
- the wound is in terms of length of recovery or degree of disability. In this instance we are describing a condition wherein the officer was either wounded severely or intensely scared, but in either case was able to return to an enforcement assignment.

**Return to Enforcement assignment after recovery:**

- A. Anxiety (generalized)
- B. Compensative behavior
- C. Intrusive thoughts often confused with Flashbacks.
- D. Nightmares
- E. Denial of feelings
- F. Increased compensative behavior:
  1. Over reaction
  2. Insensitivity
  3. Macho façade
- G. Periodic recurrent depression
- H. Existential conflict
  1. Purpose of living
  2. Meaning of life
  3. Questioning self worth.
- I. Resolution of existential conflict
- J. High probability of leaving police service within two years following injury.

## TREATMENT ISSUES

### **Prevention:**

Now that we have reviewed and summarized trauma in policing, we must look at the possibilities for prevention and treatment. Prevention is where we should begin and it begins with personnel selection. The best means of reducing the extent of traumatic effect is to select personnel who are least stress susceptible and most trauma resistant. This does not mean choosing workers who are not sensitive to and or empathic with the plight of others.

### **Education:**

The next best prevention feature for any department's personnel is education. Knowing what to expect can reduce trauma by keeping an officer from feeling so completely isolated and alone. Information also allows any person to make better decisions and choose more positive alternatives.

### **Psychological Resources:**

The third best means of dealing with the effects of trauma can be accomplished through treatment. There are several valuable treatment concepts.

- 1. A Psychological Services Division:** Such a division could have personnel available at all times to meet the needs of officers who have experienced a traumatic event. Such persons could be available to officers generally. I must admit that while this appears most desirable, it is also the most expensive. Many smaller departments simply cannot afford to have their own staff psychologist.



2. **Resource sharing:** This concept is more economical depending upon the cooperative spirit of two or more smaller departments which share the cost for psychological services. Often, however, departments cannot reach agreement on policies or who should bear the greater cost for the services. It is quite possible as a concept but requires a great deal of organizational cooperation.
3. **Critical Incident Debriefing and Intervention Teams:** This idea is emerging as a popular concept. The team consists of specially trained personnel, usually composed of police officers, who respond to incidents in which a police officer has been involved in a critical incident. Team members would provide peer support and assistance for involved officers. The successfulness of this concept is dependent upon the quality of training of team members and the degree of executive management support of the concept.
4. **Peer Assistance Network Program:** I favor this program. Officers from a region within a state can be given special training as Peer Assistance Officers. The team members, theoretically, can be selected from a number of different police departments. Their training would emphasize communication skills such as empathic listening and responding, which would facilitate the expression of feelings and thoughts, thereby helping an officer to reduce internalized emotional tension. Network members should be chosen using specific criteria, some of which are listed below:

**Criteria for Selecting Peer Assistance Officers:**

1. Recommended by co-workers as a reliable, dependable, and trustworthy person.

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2. Not identified as being polarized against administrative persons and not recognized as a troublemaker, but rather as one who is trusted by both line and administrative persons.
3. Interested in the concept and one who believes in such as effort.
4. Emotional stability, which is obviously critical. The blind must not attempt to lead the blind.
5. After Peers are chosen, it is not wise to train more than twelve to fifteen officers per class, due to the intensified nature of the training. Basic training consists of a five day program. The first one and one half days should consist of concept orientation and familiarization with basic problems. The second day and on half is devoted to refining listening and empathic response skills. The balance of the time is used to practice application of intervention skills. Annual follow up meetings and advanced training should be scheduled.

### **INTERVENTION STRATEGIES:**

The following is a review some of the probable steps after a critical or emergent incident; treatment possibilities will be included. The first two types of traumatic shooting incidents in particular.

#### **Summary of Helpful Responses:**

- Initial Helping Responses:**
- I. Preventative education is essential here. Knowing what feelings are likely to occur helps

**Minutes Afterward  
to  
First few Hours**

to remove or reduce fear by preventing the feeling of total isolation. Knowing or predicting causes a feeling of familiarity. Remember some of those initial responses are:

1. Psychological numbing
2. Denial of feelings
3. Fear
4. Anxiety symptoms:
  - a. Pervasive fear
  - b. Dissociation: Feeling unreal.
5. Physical manifestations:
  - a. Nausea
  - b. Profuse Perspiring
  - c. Diarrhea
6. Confusion
7. Feeling overwhelmed:
  - a. Insecurity
  - b. Vulnerability
  - c. Panic
  - d. Guilt

II. Support resources on call to the scene: It is comforting to know that with all of the official action occurring in the aftermath, a warm, human caring person is available to assist and support the affected or victimized officer. A support resource should evaluate carefully before actively

intruding upon the affected or victimized officer.

**Continuation of First Day  
or first 24 hours:**

Fearful feelings begin to break through. (resistance to fear, denial occurs.) Support resource should be available. Such persons should have made it clear that they want to help and be easily accessible.

1. Private expression of feelings should be encouraged.
2. Attempt unobtrusive initiation of conversation about the incident. (If helping resource has not been there he/she should never say, "I know how you feel.")
3. Interpretation of affected officer's feelings is not advisable. However, verbal accounting and reconstruction of event is necessary through calm discussion, unless the officer is, "vomiting," feelings, in which case traditional therapeutic assistance is recommended.

4. The objective for the support resource on behalf of the victimized officer is to help prevent insulation of feelings or unnecessary emotional shielding.  
If emotional insulation takes place, normal fear, grief, confusion, anger or other responses may be repressed. This may lead to years of chronic or episodic depression and acute episodes of anxiety. (This is the stuff of which divorce, alcoholism, and suicide are made.

**Within the first week:**

1. Doubts and fears intensify.
2. Intrusive thoughts and feelings of vulnerability intensify.
  - a. It is important to continue discussing the event.
  - b. Therapeutic intervention should have begun. Unless otherwise indicated in emergent cases, a low key approach should be taken with most police officers. The following are some factors with which the

victimized officer must deal.

- 1.) Hallucinations (visual, auditory, other)
- 2.) Obsessive / intrusive thoughts
- 3.) All such feelings should be explored.

III. Personality characteristics most police officers have in common:

- A. Conservative philosophy of life.
- B. Traditional life style by contrast.
- C. Empathic
- D. Highly developed conscience.
- E. Highly developed sense of guilt and shame.

**Second Week**

IV. Psychological Blocking:

(Officers should be aware that this may happen before the second week.)

- A. Thoughts and feelings are blocked out again.
- B. Emotional numbness and other dissociative reactions.

**INTENSIFIED TRAUMA RESPONSE:**

**End of the second week through the first month.**

- C. Reliving the incident
- D. Obsessional worry.
- D. Labile emotions such as spontaneous gushing or tearing. Treatment in the form of expression of feelings is continued. Desensitization is continued as needed. Exploration of the, “fear picture,” or trauma scene through visual imagery is recommended. Due to traditional personality features mentioned above, many officers will need to forgive themselves or to be forgiven by God, and or others, whether or not they have done anything, “wrong.” It is common for persons who have a strong superego to feel guilt when their actions result in serious harm or death to another.

**End of first month to years later.**

Beyond the first month, we are discussing later responses. It will have been easier and not nearly so tragic, of course, if the above mentioned treatment procedures are implemented as suggested. However there are predictable occurrences even if desensitization, guilt, isolation, or core self forgiveness has been affected. Providing the officer with information in advance of the occurrence of P.T.S.D. symptoms will

provide a therapeutic edge. In addition, information should be provided about the possible manifestations of the symptoms; examples are as follows:

1. **Reaction One:** Tough exterior of the elite, hardened, mysterious group of men and women who have killed. It provides a means of emotional focus which provides a distraction from emotional pain such as fear, anxiety, guilt, etc.
2. **Reaction Two:** Medicating emotional pain with alcohol or other substances. Manifestations of reaction two include the following:
  - a. Late night recreating in the bars.
  - b. Socializing at all hours to prevent being alone.
  - c. Over use of escape medication in order to avoid emotional pain. substances include the following:
    - Alcohol
    - Sleeping pills
    - Euphorics
3. **Reaction three:** Nothing bothers me facade. Manifestations include the following:
  - a. Over use of morbid humor.
  - b. Inappropriate use of jokes.
  - c. Seeming obliviousness.
4. **Reaction four:** Isolationism and detachment. Manifestations include removal of self from others and an intolerance for human fragility. As existential realities result in isolating one's self from others in order to prevent closeness. Closeness increases one's awareness of human vulnerability and the pain of loss. The death of others brings one into touch with the certainty of one's own awaiting death.



## CONTINUATION OF TREATMENT

1. Desensitization: Continued when indicated; typically used when obsessional or intrusive thoughts become unbearable.
2. Confrontational exposure to the, “fear scene.” It is likely, even after hard work, (i.e., intensive psychotherapy,) that under certain conditions intrusive thoughts, that are related to the trauma, will recur. This is particularly difficult since some may believe that painful emotions can be permanently put to rest. Such thoughts or beliefs are not correct. So long as the feelings are still active (when ever they become active) they must be confronted. If not, depression, anxiety, explosive anger, and / or other feelings may build up.
3. Continued or periodic counseling is necessary in order to ensure emotional stability. One must regard emotional assistance as a preventative measure rather than as a weakness or nuisance.
4. Self help, after a certain level of sophistication has been attained, is recommended. One means of self help is by means of continued self education. Another means is by a process that I refer to as, Self Confrontation, **The Courage to Ask The Right Questions.**

### **Some of the questions that need to be asked are as follows:**

- a. How do I feel ?
- b. Why do I feel the way I feel ?
- c. Is this a feeling I want to avoid ?
- d. Do certain questions make me feel afraid, angry, depressed, intimidated, defensive, etc. ?

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- e. Would it bother me to allow others to know the questions and/or my answers ?
  - f. To which of life's themes are question or feeling related ?  
Some of life's themes are as follows:
    - 1) Basic Biological,
    - 2) Primary Survival,
    - 3) Secondary Survival,
    - 4) Social affiliative,
    - 5) Family affiliative
  - g. Does a specific question embarrass or humiliate me ?
5. Remaining aware of feelings throughout one's life time is essential for effective emotional maintenance and prevention. The belief that one can return to a pre-trauma state of being, by means of psychotherapy or just by the passing of time, is erroneous. Having had an experience, one's history is changed by that experience and one's future is altered. After all, a single life is no more than the composition of one's total life experiences. At any moment in time an event may cast one back into the feelings engendered by a past, supposedly resolved, emotional trauma. If one attempts to avoid experiencing such feelings by means of psychological denial, negative effects will be maximized. Feelings held back or held in cause emotional tension to build until the tension is released or discharged by and incorrect means of expressing the feelings. The correct expression of feelings occurs by means of clear accurate verbalization, which allows for appropriate discharge of tension. The essential factor which must be addressed is that one must deal with the truth of one's being. Therefore, the famous Shakespearean quotation "To thine own self be true," becomes the core factor in a philosophy for of good health. When a person behaves inconsistently with, or is in conflict

with, the teachings of one's own up bringing, principally during the time in which one was in a state of total dependency, one's mental health is worsened. This is at the heart of the matter because it is very painful to deal with a personal conflict between one's core values and beliefs and one's current behaviors or feelings. It is much easier to avoid that conflict and as a result cause feelings and accompanying emotional tensions to build up. To make matters worse, occupational policing literally teaches police officers to avoid their feelings. Therefore, overcoming such training, after years of reinforcement, is usually very difficult. Teaching police officers to identify and appropriately deal with such feelings is one of the most difficult tasks in the effective treatment of trauma victims.

### **BEING HELPFUL AND RENDERING ASSISTANCE**

1. Don't make comments such as "I know things will be just fine," or "I know everything will work out fine." Such comments only contribute to the officer's anxiety level; he or she will know that the magnitude of the situation is way out of your league and that you cannot help because you have absolutely no realistic idea about what is going on. Instead, make comments such as: "Give this thing time to clear up"; "Let's not jump to conclusions." "We are with you; We will do whatever we can do to help you."
  
2. Don't add fuel to the fire by quoting unfair or prejudicial media reports on newspaper articles. However, if the officer wants to discuss these things, let him or her. Don't block the officer's feelings; let him or her talk, but learn to be a good, solid, active listener. By that I mean, don't judge his or her comments or feelings in the following ways:
  - a) "You shouldn't feel bad."

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- b) “You had to do it, you had no choice.”
- c) “You know you were in the right.”
- d) “That guy needed killing.”
- e) “I would have killed him, too.”
- f) “You just did the world a favor.”

Instead of telling him or her what to feel or how he/she should feel, learn to listen carefully. Here are a few suggestions:

1. When in closer proximity to the officer, be sensitive to a “need for distance.” When you are too close, some people will tend to draw back, or lean back away from you. This will typically be an unconscious response to an invasion of space.
2. Try to maintain good eye contact, but don’t stare with piercing fixation. Try to keep you eyes relaxed but attentive.
3. Cue in on the tone of things and be neutral in your comments. Learn to speak more in keeping with the following:
  - a) “Tell me how you feel,” or “How do you feel.”
  - b) “Sounds like you may want to talk about it.”
  - c) “Are you worried about your family,” or “you sound as though you may be worried about your family.”
4. Listen for what has not been said.
5. Do not provide guilt inducing solutions:
  - a. The investigation will prove you are fine.
  - b. If you’re found guilty of this one, it will be a miscarriage of justice.
  - c. Don’t worry about things; they couldn’t possibly prosecute you.

- d. Even if you shouldn't have killed him, he deserved it.
6. Don't assume that you know what's bothering the officer. Example, "I know what's bothering your."
7. Unless you have been there, never say, "I know how you feel." And, remember, a smile, a pat on the back, and projected warmth is worth more than one might imagine.

Of course, this is just a brief summary of some of the problem areas and ideas to assist coping. Next I have briefly covered some areas of responsibility which will assist in recovery after a traumatic event.

### **Sources of Responsibility for Prevention, Treatment, and Recovery:**

In this section we will discuss responsibility for treatment of Post traumatic Stress Disorder, (P.T.S.D.) . In my opinion there are four primary sources of responsibilities for prevention, treatment, and recovery of P.T.S.D. which are listed below:

- 1) the organization,
- 2) the victimized officer,
- 3) the officer's family or significant others (when applicable), and
- 4) other officers or peer.

### **Organizational Responsibilities:**

1. **Selection of employees:** It is important to use a number of methods in the process of selecting new employees. This is not just for the protection of police organizations, but it is important that

organizations not select persons for whom the job would be psychologically detrimental from the very beginning.

2. **Education:** the organization has a responsibility to provide the best education possible for its employees. Education goes beyond teaching techno-professional police skills. It applies equally to psychological maintenance for officers. In particular, stress and trauma education for officers and their family members, when applicable, is essential. Education is important for personnel at all levels and comes in many forms:
  - a. **Department philosophy:** Education should be geared toward teaching all personnel to have a positive attitude toward psychological maintenance. A positive attitude should be reflected in Departmental policies.
  - b. **Psychological services:** Such services come in the form of the department psychologist, stress teams or shooting teams and/or a private psychological resource available on a referral or “walk-in” basis to officers. Policies should encourage the use of such resources.
  
4. **Policy development:** Of course, clear, concise department regulations and policies are of the utmost importance. However, policies concerning stress disorder disability or post-shooting/post-killing incidents should be thoroughly addressed. There are certain elements which should be covered:
  - a. Flexibility for executive leave in the event such is needed. Officers should be given mandatory time off. Typically three days is an appropriate beginning. During that time the involved officer will have had an opportunity to talk with the

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Department's psychological resource. If additional time is necessary, the Department's resource can advise administrators.

- b. Mandatory provision for a support counselor interview within three days after the incident to allow the officer the opportunity to discuss feelings if necessary or to, at the very least, get acquainted with the counselor if future needs arise. It also reduces the stigma of appearing to be singled out.
- c. Provision for a support resource on the scene, if the officer wants it.
- d. Provision for taking the officer's weapon if needed for evidence, without making him/her feel embarrassed, humiliated, or helpless. In an appropriate case, a substitute weapon should be provided as a display of confidence.
- e. Provision for not relieving the officer from duty, under doubtful appearing conditions, whenever possible.
- f. Provision for taking the officer's report of the incident in summary form vs. in detail, with a stipulation that a comprehensive report addendum will be filed within 24 hrs. Remember that often in cases of severe trauma, just after the incident, some of the details are elusive and foggy from the emotional impact. Remember, too, that the officer may feel like a victim who needs as much help and consideration as any other involved party. Later the officer may begin to remember details which were not originally included in the original description of the event. Of course, latent memory may appear suspect to people who do not understand that trauma can cause psychogenic amnesia.

The above factors are only a few of the many factors comprising the total picture; flexibility is very important. Writing a policy that allows the officer to be involved in shaping his/her destiny and having a say in their future is essential. For example, “executive time off” after a shooting is an important feature of a good policy. But what if the involved officer wants to be in familiar job surroundings, near friends or just “ride” with his partner, an inflexible policy would not allow such options and consequently, may be harmful.

**Officer’s Responsibility:**

1. Preparing to be the most technically proficient officer possible.
2. Maintaining close touch with internal feelings.
3. Be responsible enough to stay current with occupational information, in particular trauma/stress prevention practices.
4. Keeping his/her family informed of feelings, keeping lines of communication open, and be supportive to family members who may also be having a hard time.
5. Take advantage of department sponsored training and all other resources made available.

**Family and Significant Other’s Responsibilities:**

Most police officers, like other human beings, have family members who care for them and love them. Family members and close friends are very important to the officer who has been involved in a shooting incident. Many times, officers think first of how the shooting may effect their family members or significant friends. It is important that involved officers have the support of the people they love and who love them. Therefore, it becomes necessary to educate “significant others” as to their role, importance, and interactive relationships. Their primary role is to be



supportive, loving, caring, and sensitive to the officer affected officer's needs. Such people must realize that they are emotional anchors that serve to stabilize an officer during moments of emotional instability and upheaval. Officer's will need to feel that friends and family will stand by him or her.

**Conclusion and Summary:**

Before closing, let me present a few additional ideas about P.T.S.D.. The following are concepts which have been developed from years of personal experience in treating police officers. Police Officers, both men and women as a population are wonderful people. They are important people. Truly they are the barrier between good and bad behaving people, protecting us from social destruction. Without police officers, society (as we know it,) would be finished. The vast majority of police officers are dedicated, caring, sensitive people. Their value, as instruments to be used by society, increases when we understand that they are willing to go on trying to help in spite of the odds. Their jobs are sure to grind them up. Even so, they continue to expose themselves to emotionally devastating events, over and over, for the sake of mankind. I am aware that police officers often do not appear to be heroes; they are, after all, just human beings and yet they are the best of society who must deal with the worst. My heart goes out to them because they care. Thanks to all of them, in the past, now, and in the future, who have and who will make the sacrifice for society. To the families of the present and future families of officers I say, in gratitude, "Your sacrifice has been worth it. If it were not for husbands, wives, children, and parents, the police officers of this land would surely falter.

I have presented but a few of the ideas associated with the difficulties of policing. It would of course be impossible to discuss all of the important issues here. This short summary, however, will provide some measure of understanding of post violence trauma. I also want to say that Management and Behavior Consultants has developed a program for training Peer

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Assistance Officers. This program can be instituted for a single department, region of a state, or total statewide network, as we have helped provide to the Pennsylvania Department of State Police:

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**Inquiries carry no obligation.** Our belief is that one of the worst aspects of the problem is the lack of understanding about it. If we can educate officers and administrators, the ability to recover from trauma is enhanced greatly