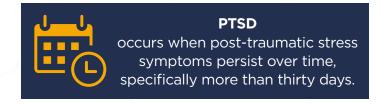
# Supporting Law Enforcement Families in Understanding Trauma

As first responders to dangerous or tragic events, law enforcement officers often encounter or experience situations that are disturbing, distressing, or threatening. Some officers may experience symptoms of acute traumatic stress, post-traumatic stress disorder (PTSD), or other mental health challenges at some point in their career. As the family or friend of a police officer, you can play an important role in helping your loved one cope with the impact of trauma. This resource is designed to help you identify some potential effects of trauma and inform you how to respond to them.



#### **ACUTE TRAUMATIC STRESS**

may happen on scene or within hours or days of an incident, will lessen over time and may never become PTSD.



# **Acknowledging the Reality**

For a variety of reasons, officers may resist talking to their loved ones about traumatic calls or scenes they have responded to. Although it is not necessary that officers disclose all of the details about things they see or do on the job, it is important for them to communicate openly with their support systems. Discussing their experiences and feelings and having judgement-free support is an essential factor in helping officers maintain their well-being, especially after a traumatic incident. Officers are at risk of developing mental and physical health issues due to exposure to trauma and unfit coping methods. Therefore, it is important to re-assure the officer they are supported and always have someone to talk to. Keep in mind that officers who are struggling with the effects of trauma may be apprehensive about seeking help due to a negative connotation, and fear of being diagnosed with a "disorder" such as PTSD.<sup>2</sup> This has resulted in a stigma around seeking help and often leads to officers suffering in silence. Therefore, support and communication from trusted family and friends play essential roles in helping officers maintain a healthy and positive state.

## **Common Responses to Trauma**

It is common for officers who have experienced or encountered difficult or traumatic calls for service or incidents to have physical, emotional, cognitive, and behavioral reactions. Trauma, the reaction to an event or series of events, is highly individualized. What is traumatic to one person may not be to another. Responses to traumatic events can be immediate (acute), delayed, or long term. Although officers can experience any number of these, long-lasting reactions and prolonged symptoms may be cause for concern. It is important to remind your officer that trauma reactions are normal and should not be seen as a sign of weakness.









Table 1 details several of the potential signs one can exhibit from trauma:

## Signs of Trauma<sup>3, 4, 5</sup>



- Fatigue/exhaustion
- Insomnia
- Sleep disturbances
- Nightmares
- Change in appetite
- Digestive problems
- Changes in sexual health
- Physical problems
- Headaches
- Nausea



### Cognitive Symptoms

- Lack of concentration
- Flashbacks of the event
- Difficulty making decisions
- Memory lapses
- Forgetfulness
- Confusion
- Poor problemsolving
- Altered thinking
- Change in alertness



- Fear
- Guilt
- Emotional numbing
- Over sensitivity
- Anxiety
- Depression
- Feeling helpless
- Anger
- Irritability
- Frustration
- Hopelessness
- Burnout
- Compassion Fatigue



## Behavioral Symptoms

- Change in activity
- Communication changes
- Withdrawal from peers/family
- Detached
- Lack of trust
- Hyper-alertness
- Increase in being easily startled
- Change in sexual behavior
- Emotional outbursts
- Difficulty sitting still

Source(s): Irvine Police Department Crisis Response Team.; Bird et al, 2021.1398-1426; Yehuda et al, 2021, 1107-19

Not all officers who encounter potentially traumatic events develop PTSD or experience long-term consequences from this exposure. However, there can be negative short term or long-term consequences of traumatic events. Some potential concerning signs to look out for may include:<sup>6</sup>

- Continued impact on daily life: If an officer continues to struggle significantly with work or family relationships for a month or more after the traumatic event has occurred.
- Ongoing avoidance of situations that remind them of traumatic events: Not going to certain places or doing certain activities expected of them at home or work because they do not want to be reminded of the traumatic event.
- Struggling emotionally: Becoming generally depressed, agitated, anxious, angry, or emotional in ways that are not characteristic of them, typically, and that interfere with responsibilities or relationships.
- Feeling on-guard at all times: Being unable to relax or constantly feeling the need to be vigilant about safety and surroundings. While vigilance is common for officers, it can become excessive.
- Increased or abusive alcohol or drug use: Using substances to try to ignore reminders of or forget about traumatic events.

Remember, PTSD is a clinical diagnosis and your loved one can still experience changes in their behavior and well-being without having PTSD.7 It is crucial to understand that officers may struggle with the effects of traumatic stress, during which they may display some of the signs and reactions listed above. Remember, trauma reactions are completely normal. Having a reaction to a traumatic event is not abnormal or unusual, but it is important to manage these reactions and ensure a normal reaction does not linger and develop into something more serious. The path to recover from trauma will vary, as each officer will have different experiences and varying needs. To recover and continue to have a successful career, some officers may need formal treatment and support, while others may need to just talk about their experiences and how they are feeling.











### **How to Support Your Officer**

- Have a plan: Talk with your officer about how you can communicate about what happens at work. Establish norms and boundaries around this. Let them know that you are there to support them.
- Check in: If you notice changes in your officer, address your observations. Do this in a calm moment, outside of conflict. Explain behaviors you have seen, and remain open to what they have to say about what is going on. If they do not want to talk, do not force them.
- Know the resources: Find out what resources your officer has access to through their agency and other law enforcement organizations. Encourage your officer to access these resources.
- **Be there:** There may also be support and resources for family members and officers to access together.
- Acknowledge the challenges: It can be difficult for people to recognize when they are struggling. This is especially true for police officers, who are expected to work with a high degree of emotional control and objectivity. Recognize that this may make it more challenging for your loved one to share their struggle.
- Find support for yourself: Being a family member, partner, or friend of someone in law enforcement can come with unique challenges and expectations. Finding space and support where you can talk about your experiences can help you maintain your own mental health and well-being. Family peer support programs can be a great place for family members to bond with each other and better understand and manage the stressors that come along with being a police family. Connections made within a peer support program can guide you, your officer, and your family through the challenges of this career.

If you have encouraged your officer to seek support and are concerned that they are not able to do their job safely because of trauma-related distress, reach out to a trusted source to discuss this. This could be a colleague or peer support officer, a faith leader, or family medical or mental health provider.

#### For crisis assistance nationally, seek support through one of these 24/7/365 crisis lines:

- Cop2Cop: 1-866-COP-2COP (1-866-267-2267)
- National Suicide Prevention Lifeline: 1-800-273-8255
- Safe Call Now: 206-459-3020









#### **Resources:**

■ IACP - Communication in Officer Families

https://www.theiacp.org/sites/default/files/247338\_IACP\_20\_Wellness\_508%20(2).pdf

■ IACP - Employee and Family Wellness Guide
https://www.theiacp.org/sites/default/files/247691\_IACP\_Family\_Support\_Guide\_p2.pdf

■ IACP - Family Engagement Tool https://www.theiacp.org/familyengagementtool

■ IACP How to Start a Law Enforcement Family Support Group https://www.theiacp.org/familysupportgroup

■ IACP Officer Safety and Wellness Resources (includes sections on Officer Mental Health and Resilience and Family Wellness): https://www.theiacp.org/resources/document/officer-safety-and-wellness

■ SAFLEO - 9 Ways to Build Strength in Law Enforcement Family Relationships

https://www.valorforblue.org/Clearinghouse/1339/9-Ways-to-Build-Strength-in-Law-Enforcement-Family-Relationships

VALOR - CRISIS TO C.A.L.M.
 https://www.valorforblue.org/eLearning/CrisisToCALM

#### **Endnotes**

- 1 Steinkopf, Bryan L., Kori A. Hakala, and Vincent B. Van Hasselt. "Motivational Interviewing: Improving the Delivery of Psychological Services to Law Enforcement." Professional Psychology: Research and Practice 46, no. 5 (2015): 348–54. https://doi.org/10.1037/pro0000042
- 2 Public Safety Canada "Post-Traumatic Stress Injuries and Support for Public Safety Officers.", July 26, 2018. <a href="https://www.publicsafety.gc.ca/cnt/mrgnc-mrgmnt/mrgnc-prprdnss/ptsi-en.aspx">https://www.publicsafety.gc.ca/cnt/mrgnc-mrgmnt/mrgnc-prprdnss/ptsi-en.aspx</a>.
- Irvine Police Department Crisis Response Team. "Normal Reactions Following a Traumatic Event." Accessed November 1, 2021. https://ovc.ojp.gov/sites/g/files/xyckuh226/files/media/document/vt\_reactions\_to\_traumatic\_events-508.pdf.
- 4 Bird, Elizabeth R., Marilyn Piccirillo, Natalia Garcia, Rebecca Blais, and Sarah Campbell. "Relationship between Posttraumatic Stress Disorder and Sexual Difficulties: A Systematic Review of Veterans and Military Personnel." The Journal of Sexual Medicine 18, no. 8 (August 2021): 1398-1426. https://doi.org/10.1016/j.jsxm.2021.05.011.
- 5 Yehuda, Rachel, A.m.y. Lehrner, and Talli Y. Rosenbaum. "PTSD and Sexual Dysfunction in Men and Women." The Journal of Sexual Medicine 12, no. 5 (May 2015): 1107–19. https://doi.org/10.1111/jsm.12856.
- 6 National Center for PTSD "Common Reactions After Trauma." PTSD, September 18, 2018. <a href="https://www.ptsd.va.gov/understand/isitptsd/common\_reactions.asp">https://www.ptsd.va.gov/understand/isitptsd/common\_reactions.asp</a>.
- 7 "Common Reactions After Trauma."









