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### Police Officer Trauma in Rural Minnesota: A Narrative Study

John J. Littlewolf

*Antioch University - PhD Program in Leadership and Change*

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Police Officer Trauma in Rural Minnesota: A Narrative Study

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A Dissertation

Submitted to the PhD in Leadership and Change Program of Antioch University  
in partial fulfillment for the degree of

Doctor of Philosophy

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This dissertation has been approved in partial fulfillment of the requirements for the degree of PhD in Leadership and Change, Graduate School of Leadership and Change, Antioch University.

#### Dissertation Committee

- Donna Ladkin, PhD, Committee Chair
- Elizabeth Holloway, PhD, Committee Member
- Carolyn Porta, PhD, Committee Member

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## **Acknowledgements**

I am writing this with a dose of surrealism, for this level of academia was only a dream at one time. First and foremost, my father and mother, for it is by their sacrifice this journey was possible. Both have walked on, but not before instilling in me what it means to be selfless in a selfish world. They taught me it is better to give than receive, to help others even if you have little. These values of service are reflected in my culture, and what it is to be Anishinabe. I am Niizh Animikii (Second Thunderbird).

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Finally, my Antiochian peers, instructors, and this created space of purpose. I have been forever changed by the past four and a half years. To the foursome, thank you for the love and support; you are truly family. To the members of Cohort 15, I love each and every one of you; I couldn’t ask for a better group with which to grow. Our task remains the same: to selflessly change the world for the better and help others. Onward, for the greater good!

The profession of law enforcement is my chosen path. The following dissertation is a contribution to my peers, to my profession, and to myself. This work is not done, it is beginning.

## **Abstract**

We call on police officers to respond to all of society's tragedies. Whether in our metropolitan areas or our rural communities, law enforcement will respond when called upon. The culture of law enforcement is laden with traits of masculinity. These cultural traits can inhibit the processing of traumatic experiences in the individual. While the nature of law enforcement has remained the same, our scientific knowledge regarding trauma has grown. Trauma has a biological impact which can manifest as stress symptomology or PTSD. Our systematic response to trauma in law enforcement has not kept pace with the body of knowledge on trauma. This narrative study highlights the intersection of trauma, law enforcement culture, and solutions in rural Minnesota. Ten dedicated public servants provide their in-depth experience on the problem. The findings support the literature on police officer trauma and law enforcement culture found in larger agencies. The findings show the support structures in place for rural officers, the areas where we can improve, and where we can direct resources. A profound finding is the current practice of deploying outdated interventions (psychological debriefing) that have been shown to be therapeutically ineffective and potentially harmful. As a current law enforcement officer and researcher, this is an insider-study. This dissertation contains graphic depictions of police work. If you are sensitive to trauma, or have had past trauma, this dissertation may be a traumatic trigger for you. This dissertation is available in open access at AURA: Antioch University Repository and Archive, <http://aura.antioch.edu/> and OhioLINK ETD Center, <https://etd.ohiolink.edu/>

*Keywords:* Police, Trauma, PTSD, Debriefing, Rural, Minnesota, Law Enforcement, Narrative

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## **Chapter I: Introduction, Statement of Problem, Purpose of Study**

Every community in the United States (US) is served by law enforcement agencies. Nationwide there are over 18,000 law enforcement agencies including federal, state, and local entities such as cities, counties, municipalities, and tribal nations (Banks, Hendrix, Hickman, & Kyckelhahn, 2016). The most common type of police agency in the US employs 10 or fewer officers (Banks et al., 2016).

During a shift, officers can respond to myriad calls, such as vehicle lockouts, serious assaults, and felony-level crimes. Law enforcement is a profession that is unpredictable and inherently untamed. The public-at-large may only know officers in passing, during a brief encounter, or by reputation as told by neighbors, friends, family members, or the media. The nature of the profession distances officers from the public, so that even basic humanistic qualities such as empathy and emotional processing can be lost and overlooked. Behind the authority and iconic identifiers is a human being. The officer was born, educated, and had values instilled in them during childhood. The officer went on for further studies and specialized training. The officer was likely selected from a competitive pool of applicants, screened rigorously, and entered an often misunderstood profession, indoctrinated by their peers and mentors along the way. The officer may have children, or a home like yours.

Law enforcement demands that officers respond to every call for service with professionalism, because they are representatives of the government. The paramilitary structure ensures officers complete their duties without fail and without compromise. Police officers are often tasked with performing the unsightly tasks necessary for our society to function. We ask our officers to complete all the tasks of enforcing the law as well as maintaining social order.

As people, we need to process our lived experiences. We have a biological and social need to create meaning of our experiences, especially those that are shocking to our existence;

police officers are not immune to this need. Yet, there are many barriers in the profession to attaining the goals of emotional processing and creating meaning, such as the paramilitary structure, the law enforcement culture, and the demands of the job.

In the following chapter you will find the statement of the problem, the purpose of the study and research questions, my rationale, my positionality, relevant terms, and an overview of the dissertation. It is the purpose of this study to make these barriers visible through the lens of research, so we can begin to have meaningful conversations, long overdue, and focus on solution.

### **Statement of the Problem**

Police officers face many complex and stressful matters in a day. As a population, police officers are chronically exposed to high levels of work stress, which affects the wellbeing of the officer (Anderson, Litzenberger, & Plecas, 2002; Bond et al., 2013). The sources of stress for an officer come from serving the public and from within the department itself (Hurrell, Pate, & Kliesmet, 1984; Violanti & Aron, 1995). Negative emotions such as anger and frustration are associated with higher levels of stress in policing (Arter, 2008). On top of the stressful nature of the job, there is the actual and vicarious trauma experienced on a regular basis. On average a police officer will experience 3.4 traumatic events for every six months of service (Patterson, 2001), with nearly 75% of officers having experienced a traumatic event within the previous month (Hartley, Sarkisian, Violanti, Andrew, & Burchfiel, 2013). In Minnesota, an officer can be hired at age 21 and can serve until retirement, which is most commonly at age 55. The resulting 34 years of service holds potential for a vast amount of traumatic experiences.

Lived trauma, whether experienced directly or vicariously, is a reality for police officers. As a current law enforcement officer, I had a rough idea of this coming into the position in 2009,

but I didn't fully understand the depth of what I would experience in the next 10 years. It has been my experience that officers are not taught the realities of how trauma will affect them, and equally importantly, how to minimize the effects. Trauma exposure can result in increased stress reactions, burn-out, or post-traumatic stress disorder (Martin, Mckean, & Veltcamp, 1986). Post-traumatic stress disorder or PTSD, is a term that was historically associated with military service, but it is equally applicable to law enforcement services. Studies have shown that law enforcement officers experience PTSD at a rate higher than the national average (Carlier, Lamberts, & Gersons, 1997; Hartley et al., 2013; Martin et al., 1986; Robinson, Sigman, & Wilson, 1997).

The human reaction to a threat is engrained in our biology. When presented with a threat, the hormone adrenaline is released by the body, followed by cortisol. This allows for higher functioning during the threat, by way of the ability of the body to use sugar, shifting priorities and blood flow away from non-essential systems (Dimsdale & Moss, 1980; Goldstein, 2010; Mayo Clinic, 2016). The threat response is not without harm, as long-term activation of this system often results in abnormal endocrine system function (Fries, Hesse, Hellhammer, & Hallhammer, 2005; Morris, Compas, & Garber, 2012). This dysregulation negatively impacts almost all the bodily systems (Mayo Clinic, 2016).

Mental health conditions are also common in police officers, with most (56%) seeking help for their conditions (Fox et al., 2012). Police officers can have a myriad of trauma related symptoms manifest, including sleep disturbances, re-experiencing the event, hyper-alertness, intrusive thoughts, depression, aggression, interpersonal sensitivity, paranoia, increased alcohol usage, and suicide (Martin et al., 1986; Gersons, 1989; Bond et al., 2013; Menard & Arter, 2013; Singleton & Teahan, 1978; Territo & Vetter, 1981; Fox et al., 2012). Socially, officers living

with mental health problems as a result of their on-the-job experiences with trauma can have a lack of self-esteem, and relationship disruptions, including increased marital stress and higher divorce rates (Hurrell et al., 1984).

There is a significant relationship between alcohol, PTSD, and intimate partner violence, among officers. Officers who have PTSD were more likely to use physical violence against their significant other and were more likely to consume alcohol in a hazardous or dependent manner (Leino, Eskelinen, Summala, & Virtanen, 2011; Menard & Arter, 2013; Oehme, Donnelly, & Martin, 2012). The effects of PTSD, alcohol usage, spousal violence, and effects are interwoven.

Officers who had PTSD were four times more likely to report using physical violence; officers who had hazardous drinking were four times more likely to report violence, and dependent drinkers were eight times more likely to report being physically violence with an intimate partner or family member. (Oehme et al., 2012, p. 14)

Feelings of hopelessness are exacerbated by the nature of police work, further compounded by posttraumatic stress symptomology, which can lead to suicidal thoughts and attempts (Violanti et al., 2016). The nature of shift work increases suicidal ideation, depressive symptoms and PTSD symptomology among officers (Violanti et al., 2008). Serious suicidal ideation in police is related to personal and family problems, depression, and anxiety (Berg, Hem, Lau, Loeb, Ekeberg, 2003).

Numbers for officer suicide are hard to come by. In a study on police suicide from Violanti, Robinson, and Shen (2013) the data they used were from the Centers for Disease Control and Prevention's National Institute for Occupational Safety, Mortality Surveillance Data (2013). This national data set was also from 1999, 2003-2004, and 2007 respectively. This is not the most reliable because when an officer dies by suicide, it may not be reported publicly as

suicide. “Despite previous research, there is presently little national level research on suicide risk in law enforcement occupations” (Violanti et al., 2013, p. 290). To my knowledge there is not a mandatory system for tracking officer deaths by suicide. It should be noted that within their data set, Violanti (2013) found that police officers, specifically detectives had higher risks of suicide. Studies identified suicide as a leading cause of occupational specific death; also more officers die from suicide than homicide (Heiman, 1974; Miller, 2005; Nelson & Smith, 1971; Violanti, Vena, & Marshall, 1996; Violanti, 2010). Police officers carry the means for suicide completion, their service firearms, as part of their duties, therefore making access to firearms a non-issue (Barron, 2010).

Across jurisdictions, police officers share many social and cultural similarities. Police officers share a common experience and form strong bonds to counter hostility and threats to the group (Westley, 1970). The paramilitary structure has an esprit de corps that emphasizes control, functioning in an idealized realm as soldiers in a ‘war on crime’ (Bittner, 1970). Policing is a culture that values masculinity at its core (Crank, 2004; Kingshott, Bailey, & Wolfe, 2004; Paoline, Myers, & Worden, 2000; Paoline, 2003; Prokos & Padavic, 2002). The nature of the police community is insular, protective, in effect, an individual’s non-police relationships tend to diminish (Alkus & Padesky, 1983). There is a reluctance in police culture to speak to outsiders, even when presented with in-house services therapists or employee assistance programs (Blackmore, 1978; Fox et al., 2012). Police officers cite negative career impact and confidentiality as reasons for not seeking help for their mental health (Fox et al., 2012). The masculinity of police culture is counter-productive to conversations about lived trauma and counter-productive to the identification and expression of emotion (Gersons, 1989).



There is lack of training on emotional reaction and coping with emotions in law enforcement (Pegrebin & Poole, 1991). Officers can misinterpret their stressful physical reactions as being overwhelmed by fear or not living up to performance expectations (Daviss, 1982). Further detrimental, law enforcement training values masculinity and denigrates feminine traits, such as emotional vulnerability (Prokos & Padavic, 2002). Officers fear being ridiculed, being perceived as weak, or being seen as someone who folds under pressure (Miller, 1995). And so, officers apply the culturally endorsed solutions around masculinity to their trauma. This combination of dealing with trauma by applying masculine traits, a lack of acknowledgment of the trauma, and an ever-increasing load of stress and trauma, create an environment that is as hazardous to the officer as any job-related danger. According to 2018 statistics gathered by Blue Help, a national non-profit, police officer suicide outpaced line of duty deaths for the third straight year; 159 officers lost to suicide, 144 lost to line of duty deaths (Blue Help.org, 2019).

To summarize, police officer culture is a significant barrier to seeking help. The culture allows states of harm to continue to exist, because acknowledging the problem would be a practice vulnerability. Vulnerability is counter-intuitive to the masculine notions of coping in police culture and counter-intuitive to the demands our society places on officers. Everything we as a society demand of them, including the messages we send them, enforce the toxic traits of masculinity, intentionally or not, because society wants impervious protectors. The cost of silence and inaction toward the effects of trauma on officers, and toward solutions, is measured in officer lives, whether it be suicide, chemical dependency, broken homes, or violence.

### **Purpose of Study and Research Questions**

The purpose of this study is to describe law enforcement officers' traumatic experiences and identify the ways in which police culture influences their reaction to trauma. By

interviewing active officers and gathering their stories, I hope to understand the breadth of the problem in rural Minnesota. The main questions guiding my research are: What is the nature of police officer trauma? What effect does officer culture have on officers who have experienced traumatic on-duty events, particularly in terms of processing the trauma and help-seeking to alleviate the effects?

I want these officers' experiences visible so the profession can better understand the challenges and respond effectively. The processes of trauma and PTSD are taking lives. As an officer, this is frustrating because I know there are solutions. Follow this thought with me: if I showed you a weapon that was killing officers at a rate higher than we have ever seen, that weapon would soon be outlawed. It is my opinion that resources should be flowing, and there should be help available to all officers in distress.

### **Rationale**

Our understanding of trauma has grown significantly. As research has shown, a traumatic experience can be an all-encompassing state of being (Pitman et al., 2012). The resulting trauma and stress have an impact on the body as well as the mind. Trauma also reaches beyond the individual officer, affecting their significant relationships and increasing social levels of self-perceived social exclusion (Nietlisbach & Maercker, 2009; Maslach & Jackson, 1979).

It has been my experience that culture inhibits the acknowledgment of the problem and any subsequent treatment. Late in 2018, I attended a training for police officer trauma here in Minnesota. I noticed the attendance was not high even though it was advertised statewide by the Minnesota Fraternal Order of Police. During our classroom discussion, a deputy said he was there on his own accord, and that under no-conditions would he tell his administration that he attended. He paid for the training himself and went on to articulate why. He said he was afraid

of being stigmatized and having his opportunities for advancement dashed. He was afraid of being labeled as anything less than competent. The bottom line was that this deputy was afraid of what would happen if he sought help for trauma he had experienced on the job. During our last day, an officer with less than 5 years on the job broke down and left the room to speak with a presenter in private. From the long-time deputy to the police officer new to the job, I saw pain that was being ignored. I can add this to the litany of experiences that I have seen throughout my career, as can any officer who has been on the job. We do not talk about these problems because of the very reasons the deputy articulated.

We know the police officer operates in a unique culture that allows the execution of their duties and the ability to overcome adversity by way of cultural traits. Culture prescribes solutions by way of indoctrination, counter-productive to the solutions we know for trauma-at-large, thus creating cycles of harm for the officer (Nolan, 2009; Rees & Smith, 2008). We cannot address the larger issues of trauma without having difficult conversations about trauma.

### **Positionality of the Researcher**

I want to conduct this study because I have seen the front-line impact of trauma in my peers and in myself. I want to conduct meaningful research and help create a new chapter of trauma acceptance in policing. While I have been writing this first chapter, I learned of a Minnesota metro-area law enforcement officer, who has committed suicide; this problem is urgent.

My personal experience includes approximately nine years of law enforcement, across three Minnesota tribal agencies. Being forthcoming, my view has been influenced by my experiences in the field. As a researcher I will be studying Minnesota law enforcement, my community. In Minnesota we are licensed by the Minnesota Peace Officer Standards and

Training board as peace officers. This professional licensure is the base of our enforcement powers, granted by statute, and allows employment as police officers, deputies, and other enforcement agents. In total Minnesota has 10,918 peace officers, spread across 431 agencies, with 75% serving in agencies of 25 officers or less (Minnesota Post Board, 2018). I am focusing on rural policing because that is where I have seen a significant lack of not only resources, but also a lack of research on trauma.

The terms insider and outsider have distinct meanings in research points of view and bias. In this study, I am without doubt, an insider. Insider researchers have membership of a certain group, or occupy a certain social status, whereas outsiders are nonmembers coming into the group (Merton, 1972). As a member of the group, the insider has tacit knowledge that informs the research, producing a different result; more so than a researcher who does not have intimate knowledge of the group (Griffith, 1998). Insider research status is more complex than having a single identity such as race. It is an intersection of many different characteristics, some are inherent, and some not (Mercer, 2007). As a note of caution, the view of the insider is itself, a construction of reality, and not necessarily reality (Anderson & Herr, 1999; Carter, 1993). Insider research has been criticized because the researcher presumably does not have the objectivity an outsider would possess in conducting the study and interpreting the results (Anderson & Herr, 1999; Brannick & Coghlan, 2007). I acknowledge my insider reality, for my research is coming from a position of experience, and I would argue there are inherent benefits to me being an insider, particularly for this line of research.

Since 2009, I have immersed myself personally and professionally within the culture of law enforcement. My personal time has been donated in off hours as a law enforcement representative on a number of non-profit boards in Northern Minnesota. I also serve on a

statewide council regarding violent crime. My status in law enforcement means I will be interacting with my participants as a fellow officer, not as an outsider.

I view my law enforcement experience not as a hindrance. My own inner-narrative and lived experience carries strength and gives credence to the topic of trauma in policing. My target for this research is job-related trauma, and I can speak to this from personal experience. I can attest to the relationship between trauma and the culture of law enforcement, for I have lived both.

I can vividly remember the first time I broke down after my shift. The wave of emotion I experienced in that moment was incomprehensible, confusing, frightening, for at the time, I was safe in my home. The shift had ended a couple hours earlier, the sun had risen, and outside, life was going on in small-town Minnesota the same as any other summer day. I was out of my uniform and exhausted. This was my time to slow down, yet everything in my consciousness was moving faster. It was confusing because the call was over and everyone was safe, it had worked out as best it could. In my apartment, I replayed the events of the night in my head and thought of how things could have gone differently, more terribly, and how lucky I was. It was one of the first times I drew my service weapon and raised it in fear during a shooting call. I didn't know what was happening to me, my ability to process information had stopped and I was over-run by emotion. Unknown to me, I was having a biological, physical, and emotional reaction to the experience. I had been an officer less than six months.

It was a confusing natural bodily reaction to a shocking event, confusingly interwoven with my masculinity and my sense of worth. Based on my reaction, I questioned if I was cut out for this type of work. Nobody had told me about the effects of trauma on the body and mind, or how wrong I was equating this reaction to my self-worth and capabilities as an officer. The topic

of trauma was covered in my Minnesota police training, when as students, we were handed a book called *Emotional Survival for Law Enforcement* (2002) and told to read it; that was literally the extent of my education on trauma in policing. Throughout my years serving in rural Minnesota, I did not see a pamphlet on the subject, or know what options were there for help. As the years went on, so did the experiences of trauma, for it is the unchanging nature of the profession.

As an officer, I remember the first time I delivered a death notification to a mother regarding her son; I can still recall her scream that cut through the silence the second after I told her the tragic news. The time I ran into a rainy car crash, first on-scene, and walked on a downed power-line that was on the grass; thankfully it wasn't charged, and thankfully I wasn't electrocuted. The juvenile female I drove to a child-forensic interview, and how she kept herself occupied with a cup of rubber-band jewelry, the cheap kind you see in the toy-aisle. We were on our way to discuss her experience as it related to a criminal sexual conduct case. After the call, I signed an emergency hold and placed her out of her home. Unknown to me, she had left this small cup of toy jewelry behind in my squad. I found it and held it for a minute, trying to process what had just happened. The call wasn't overly jarring, but for some reason, this play-jewelry broke a dam of held back emotions and I cried, right there, in the middle of the day, in my squad. Another time, during my first summer on the job, a vehicle that ran from me, only to lose control around a curve, and spray my headlights with dust and debris. The way the driver of that vehicle gasped in agonal-short breaths, behind a seeming veil of blood, while I held her head and wished the ambulance would hurry, listening for the siren.

There are other instances I have only ever spoken of to a mental health therapist. There are other experiences I have only shared with other law enforcement officers, because I know

they understand; I am a part of this community. You can imagine my relief when I began to research trauma and noticed myself reflected in the literature. I recognized my physical and mental symptoms of trauma in the page. Through the years, I have seen the consequences of unaddressed trauma formulate in many of my peers by way of alcoholism, substance abuse, divorce and relationship difficulties, health issues, depression, aggression, isolation, hopelessness, and poor decision making. The harm caused by trauma is insidious, and although it is natural, we tend to view it as a moral failing.

In law enforcement I am learning that my experience with trauma is not unique, rather it is common. What is unusual is my willingness to talk about the experience of trauma on the job. My willingness comes from a desire for change, for I believe we can offer trauma solutions that work. I believe we can do better as a society for our first responders. We can provide officers with solutions that have been proven to work in other populations, such as the general public and the military. I believe we can provide training on the topic, training I did not receive in my training before entering the profession. Any solution must take into the account the culture of policing. More so, my purpose in this research is to create a local base of knowledge regarding trauma. My hope is that one day, this study will be describing a bygone era of police officer trauma and police culture.

### **Terms**

Terminology is important in understanding the problem. These are some common terms used throughout trauma studies and policing.

**Culture.** Culture includes the knowledge, belief systems, ideas, rules, meanings, art, morals, customs, and any other habits acquired as part of a society. It is socially transmitted behavior conceived as an abstraction from concrete social groups. It consists of traditional ways

of problem solving, the means to adjusting both to the internal and external environments. These responses and behaviors have been accepted because they have been met with success, as learned solutions to problems. Individuals can be tacitly or explicitly included in the culture (Aberle, Cohen, Davis, Levy, & Sutton, 1950; Brumann, 1999; Ford, 1942; Keesing, 1981; Kroeber & Kluckhohn, 1952; Tylor, 1920)

**Critical incident.** An entity over which the individual has little control other than reacting to directly (fight) or removing himself or herself from its influence (flight). It is a serious threat to the existence or wellbeing of the officer, or another person. It can also be related to loss, such as death or serious injury, the loss of physical ability, or major disruption to the individual officer's values or systems of knowing. Such incidents can cause acute stress reactions that can be overwhelming to the individual officer and inhibit their ability to function on-scene or later in life. The sequelae are likely to be experienced over time after the incident (Gentz, 1991; Leonard & Alison 1999, Mitchell, 1983; Reiser & Geiger, 1984).

**Police culture.** An adaptive set of values, attitudes, and normative behavior that are widely shared among officers, who in the culture, find a way to cope with their working environment. Police culture is the ideas and ways of achieving and thinking about objectives that are shared by group members. Policing is also a culture that values masculinity as a core value (Crank, 2004; Kingshott et al., 2004; Paoline et al., 2000; Paoline, 2003; Prokos & Padavic, 2002).

**Posttraumatic stress disorder (PTSD).** A disorder resulting from experienced traumatic events, that include, but are not limited to war, threatened or actual physical assault, threatened or actual sexual violence, being kidnapped, being taken hostage, terrorist attack, torture, incarceration as a prisoner of war, natural or human-made disasters, and severe motor



vehicle accidents. Medical incidents that qualify as traumatic events include sudden catastrophic events. The events can also be witnessed, or experienced indirectly, such as an account being shared by a friend or relative, on an event that is violent or accidental. The disorder can be especially severe when the stressor is interpersonal or if it was intentional. Further it can occur by personally experiencing trauma or by repeated exposure to adverse details of traumatic events.

Further symptomology can include depersonalization, the persistent or recurrent experience of feeling detached from one's mental processes or body. A sense of unreality with oneself, body, or perception of time. Also, derealization, the persistent or recurrent experience of unreality with one's surroundings, as if in a dream, distant, or reality is distorted. Diagnostic symptomology can also be delayed, not manifesting until well after the event(s), known as delayed expression (DSM-V, 2013).

The diagnostic criteria for PTSD as noted in the 5<sup>th</sup> edition of the Diagnostic and Statistical Manual, is in the appendix of this dissertation.

### **Organization of the Dissertation**

Chapter one has provided the reader with a description of the problem, an overview of trauma and police officer culture issues. It has also revealed my positionality as a researcher and the rationale for my study. Chapter two provides the literature review for each topic, trauma and culture in policing. Chapter two will also explore the history of trauma, which is relevant as a basis of understanding for the study. Chapter three will provide an epistemology on the narrative method and the content analysis. Chapter four will provide the findings of my narrative inquiry using content analysis lens. Chapter five will relate my findings back to the literature. Chapter six will discuss the shortcomings of my study and the discoveries to inform future research.

## Chapter II: Critical Review of literature

The two topics of this chapter will be trauma and culture. The literature on trauma begins in historic writings, which described states we recognize today as trauma induced. Trauma research expanded significantly in the 20<sup>th</sup> century and has become quite extensive, taking on a medical quality that is as fascinating as it is technical. The culture sections will begin by broadly defining culture in the realm of policing, and then move on to focus on the cultural research that has evolved along with the profession.

### Trauma History

Traumatic events have been recorded in the earliest of human writings. As noted by Shay (1991), Homer's *Iliad*, detailed accounts of grief, of soldiers in tears, from 800 B.C.E.. Shay (1991) also points out that Homer wrote of a fortitude among the combatants, a betrayal of what's right, and feelings of guilt from the battle. Van der Kolk and van der Hart (1989) citing Janet (1889), noted that the famous moralists of the olden days were inherently haunted by distressing experiences, to which they would repeatedly return and be tormented. Further, Janet (1889) was onto the beginnings of understanding trauma and dissociation, feelings and memories related to the event, which resulted in a narrowing of the consciousness and altered states of the subjects (Van der Kolk & Hart, 1989; Janet, 1889).

In the mid-19<sup>th</sup> century, researchers noticed the presence of bodily symptoms without visible injuries in railroad workers, initially attributing it to compression of the spine during a crash (Erichsen, 1866; Page, 1883; Weisaeth, 2014). Noting an emotional exaggeration, common in both males and females, they theorized the symptoms might have been the result of the mental disturbance from fright and alarm and not bodily injury (Page, 1883).

Sigmund Freud (1920) noted that after a severe shock where one's life is threatened, either by mechanical means, railway collision, or other accident, a traumatic neurosis can develop. Freud expanded his observations to returning veterans from World War I and noticed what he described as subjective suffering, resembling hypochondria and melancholia, with motor symptom symptomology. He noted that the neurosis could occur without mechanical force, meaning an injury by way of living through an event, in other words, a purely psychological injury (Freud, 1920).

The Second World War created populations subjected to severely traumatic experiences. Kardiner (1941) noted that traumatized subjects would act as if the original traumatic situation was still in existence, engaging in protective behaviors that had failed in the original event. He also noted that the subjects were permanently altered, their conception of their worldly existence and of themselves had changed (Kardiner, 1941). In the 1940's, acute grief was identified as a syndrome with both psychological and somatic symptoms (Lindemann, 1944). The immediate and sudden impact of grief is interrelated with trauma symptomology as we know it today. Lindemann (1944) recognized that the onset of the syndrome could be immediate or delayed, and not all of the symptoms may be present. Changes in the subjects were emotional and social, resulting in hostility, depression, guilt, insomnia, feelings of worthlessness, agitation, need for self-punishment, diminished social interaction, and alteration in personal relationships (Lindemann, 1944).

Shuval (1957) studied Jewish survivors of the concentration camps in World War II and noticed an increased pessimism and a hardening of their personas, calling them persistent aftereffects. Specifically, she noticed increased mistrust, suspicion, and a perception of hostility related to the outside world (Shuval, 1957). Other researchers expanded on this population

noting that even though this population had been through so much, they denied and repressed their traumatic experiences (Klein, Zellermyer, & Shanan, 1963). Using a term developed by Freud, “Reizchutz,” Klein described the subjects as having a proverbial protective shield against excitations (Klein et al., 1963; Freud, 1920). It was recognized that considerable changes had occurred in the psychic structure of this population and that symptoms included chronic depression, feelings of persecution, and feelings of intense guilt, which added to their overall mental distress (Klein et al., 1963; Niederland, 1964). Klein et al., (1963) also distinguished between a single event traumatic experience and what was studied in the subjects, oppression. Oppression in this setting, was a series of traumatic experiences, aimed not only at the life and physical integrity of the subject, but was also likely to impair the most essential and fundamental biological and psychosocial functions, shaking the emotional base of the individual’s existence (Klein et al., 1963).

In the 1970’s, large numbers of veterans returning from Vietnam were also laden with depression, hostility, and guilt and were maladjusted to civilian life upon their return (Horowitz & Solomon, 1975; Strayer & Ellenhorn, 1975). A narrative study by Strayer and Ellenhorn (1975) found that nearly all of his subjects expressed feelings of impotence, meaning they felt unable to control their own destiny, a feeling highly related to unemployment and apathy. Feelings of hostility were directly related to the subject’s combat experience as those who had been in heavy combat were poorly adjusted to life and most in need of professional help (Strayer & Ellenhorn, 1975). Veterans were found to paradoxically experience delayed psychological symptoms such as nightmares, intrusive images, and adverse emotions related to their experience when they were safe and settled in life. This delayed onset could occur a year or more after release from the stressful experience (Horowitz & Solomon, 1975).

The experience of trauma is also evident in survivors of sexual assault. Burgess and Holmstrom (1974) interviewed subjects who were sexually assaulted and found somatic reactions such as skeletal muscular tension, sleep pattern disturbances, gastrointestinal irritability, genitourinary disturbances, and an enhanced startle reaction when confronted with minor incidents. Emotionally the survivors had a profound fear of death and physical violence, but also feelings of fear, humiliation, embarrassment, anger, self-blame, and a desire for revenge (Burgess & Holmstrom, 1974). When confronted with situations that reminded them of their attack, some survivors developed defensive reactions. Whether it was during sexual intimacy, being in crowds, the act of being indoors or outdoors, or merely having people behind them, their conception of their environment and reactionary behaviors had changed (Burgess & Holmstrom, 1974). Further research noted that survivors of attempted sexual assault did not differ significantly than those who were assaulted, in short-term and long-term responses (Becker, Skinner, Abel, Howell, & Bruce, 1983). To me, this means the experience is subjective, not based on the severity of the event, but is unique to the individual.

Another population studied in the history of trauma studies was burn victims. Andreasen (1974) noted that 20 to 30% of burn patients experienced pathological symptoms such as severe depression, regression, and delirium. The delirium included lethargy, restless, and delusions, although these could be related to brain damage and hypoxia (Andreasen, 1974). Emotionally those patients who were suffering displayed excessive sensitivity, emotional lability, anxiety, phobic behaviors, and sleep disturbances (Andreasen, 1974; Andreasen, Noyes, Hartford, Brodland, & Proctor, 1972).

The study of these populations in the 1970's helped enhance our understanding of psychological injury. In 1980, the *Diagnostic and Statistical Manual of Mental Disorders III*

included the diagnosis of posttraumatic stress disorder (American Psychiatric Association, 1980). The DSM-IV published in 1994, made the distinction of separating posttraumatic stress disorder, PTSD, from acute stress disorder, the differences being acute stress disorder appears shortly after trauma and abates, whereas PTSD is chronic in nature and does not necessarily abate with time (American Psychiatric Association, 1994; Crocq & Crocq, 2000).

### **Our Understanding of Trauma Today**

In our national population, the prevalence of lived trauma is high with 89.7% of adults reporting at least one traumatic event in their lifetime (Kilpatrick et al., 2013). The prevalence of persons developing PTSD symptomology, defined by the DSM-V, was 8.3% for lifetime of symptomology; 4.7% symptoms past 12 months post-exposure and 3.8% past 6 months, post-exposure. (Kilpatrick et. al, 2013). Trauma has social consequences and includes higher poverty rates, lower rates of high school completion, and a socio-economic impact as a result of the lack of opportunity (Metzler, Merrick, Klevens, Ports, & Ford, 2017).

We understand today that traumatic, adverse childhood experiences, or ACE's, can contribute to dysfunctional behaviors and health as an adult (Graham-Bermann & Seng, 2005; Felitti et al., 1998). These behaviors include substance abuse, overeating, smoking, and high-risk sexual behavior (Felitti et al., 1998). If the traumatic event is denied or invalidated by the subject, or by their support system, the person may not be able to heal and it may become PTSD (Whitfield, 1998).

There can be an individual strengthening related to trauma, meaning trauma can inversely have positive results. Researchers have described this growing experience as a positive psychological change, experienced as a result of the challenging circumstances (Tedeschi & Calhoun, 1996; Tedeschi & Calhoun, 2004; Tedeschi & Calhoun, 2006; Tedeschi, Calhoun, &

Groleau, 2015). The growth occurs post-trauma and can parallel the subject's attempts to adapt to the negativity they find themselves in (Tedeschi & Calhoun, 2004). This tells me the human experience regarding trauma is not a color palate with concrete separations, because growth and continued personal distress can coexist (Tedeschi & Calhoun, 2004).

For our understanding, clarification is needed when it comes to posttraumatic growth and trauma resilience terminology. Resilience is the ability to go on with life after a difficult life event (Rutter, 1987; Tedeschi & Calhoun, 2004) Hardiness involves an individual's sense of commitment and control, a notion they can influence the event and outcome (Kobasa, 1979; Kobasa, Maddi, Puccetti, & Zola, 1985; Tedeschi & Calhoun, 2004). These differ from posttraumatic growth, as personal characteristics. Posttraumatic growth involves a state of adaptation not seen in the individual pre-trauma (Tedeschi & Calhoun, 2004). Posttraumatic growth can also include adapting to crisis situations in comparison to other situations already experienced. This is an enhanced ability to overcome what used to cause alarm in the individual, because it doesn't rise to the levels of extreme alarm it once did (Tedeschi & Calhoun, 2004).

The cumulative effects of multiple traumatic events are seen in complex trauma. The repetitive experiences appear to amplify the physiologic symptoms of PTSD (Herman, 1992). The result is a continued inadequate response to trauma along with increased feelings of dissociation, shame, and guilt (Grasso, Greene, & Ford, 2013; Hagedaars, Fisch, van Minnen, 2011; Herman, 1992). This also adds to depressive symptoms, as noted by Hagedaars, "Anger of multiple trauma patients was more often directed towards themselves, whereas anger in single trauma patients was more often directed towards others." (Hagedaars et al., 2011, p. 192). Further, from a processing standpoint, individuals with complex trauma may experience issues with memory, impulse control, affect regulation, self-perception, interpersonal relations,

somatization, memory, attention span, and meaning making (van der Kolk, Roth, Pelcovitz, Sunday, & Spinazzola, 2005).

Anger has been linked to PTSD (Chemtob, Novaco, Hamada, Gross, & Smith, 1997; Jakupcak & Tull, 2005; Olatunji, Ciesielski, & Tolin, 2010; Orth, Cahill, Foa, & Maercker, 2008; Taft, Creech, & Murphy, 2017). For example, “PTSD symptoms predicated subsequent anger levels, but anger did not predict subsequent PTSD symptoms.” (Olatunji et al., 2010, p. 101). In police, anger and PTSD conversely affect each other. An increase in trait anger is predictive of increased PTSD symptoms, and an increase in trauma symptoms (such as those contained in PTSD), is predictive of more trait anger (Meffert et al., 2008).

Anger is derived from the individual’s fear-based reaction as a way to cope with the threat. Biologically, the emotions of anger and rage are linked to activation of the sympathetic nervous system (sympathoadrenomedullary system); the system that reacts to primal threats, triggers, and is responsible for the fight, flight, or freeze (Goldstein, 1987). When a person is re-experiencing symptoms related to trauma, fear is present, and as a coping mechanism, anger is used as a way to avoid this fear, therefore anger becomes a maladaptive way of coping (Durham, Byllesby, Armour, Forbes, & Elhai, 2016; Foa, Riggs, Massie & Yarczner, 1995). In a study of veterans, Chemtob et al., (1997) noted that a “survival-mode” reaction to a threat, real or perceived, inherently activated anger and resulted in a hostile appraisal of the event. Further this type of maladaptive reaction can override an individual’s inhibitory control of aggression (Chemtob, 1997).

Once this processing is activated, a positive feedback loop and “confirmation of bias” (cf. Chemtob et al., 1988) tend to validate the engagement of “survival mode” through the



identification of threat confirmatory aspects of the environment which in turn increase physiological arousal. (Chemtob et al., 1997, p. 23)

What Chemtob is describing is a self-confirming, detrimental loop of fear and anger, which overrides an individual's control. The threat is perceived, leading to a threat reaction, which activates fear, which activates the associated anger, which posits to the threat further, and cycles in more fear, more anger (Chemtob, 1997). This is a fast-moving loop of trauma, fear, and anger, a maladaptive reaction from trauma. We need to be aware of this reaction because excessive anger may inhibit the effectiveness of PTSD treatment (Foa et al., 1995; Olatunji et al., 2010). This cycle is also important to understand for police officers and their leadership. This is another front for PTSD studies in police when looking at use of force instances with the concept of trait anger as a standalone disorder (McDermut, Fuller, DiGiuseppe, Chelminski, & Zimmerman, 2009).

### **The Biological Impact of Trauma**

The pathophysiology of PTSD is complex and has many fronts, but is noteworthy as a demonstration of structural changes to the body and mind. During a perceived threat, the hormone cortisol is secreted by the adrenal glands, located on the kidneys (Mayo Clinic, 2016). Cortisol increases the sugar in the blood and the ability of the brain to use sugar. It also alters non-essential systems such as the reproductive and growth processes, in order to enhance the body's survival responses (Mayo Clinic, 2016). Cortisol has many short-term benefits that allow the body to optimally perform under stress. In the long-term, this stress response negatively impacts almost all bodily systems, leading to depression, digestive problems, heart disease, weight gain, memory and concentration problems, anxiety, and sleep problems (Mayo Clinic, 2016). This hypercortisolism is a feature of major depression (Johnson, Kamilaris, Chrousos, &

Gold, 1992). Depression can be viewed as a state of pathological hyper-arousal, and not suppression, with emotional and bodily reactions (Johnson et al., 1992).

Indeed, from a clinical perspective, one can construe melancholia, as an organized state of anxiety attached principally to the self, resulting in a profound sense of worthlessness and hopelessness about the future, prospects of the worthless self. This anxiety about self and the future are associated with other signs of hyperarousal or activation of the generalized stress response that include enhanced vigilance, as well as inhibition of the vegetative functions of such as feeding, growth, reproduction, and sleep. (Johnson et al., 1992, p. 124)

Hyper-secretion of cortisol may be a short-term symptom, but in the long term there is a blunted, or hypo-cortisol response seen in traumatized subjects (Fries et al., 2005; Morris et al., 2012) This hypo-response is present in persons with PTSD and major depression (Morris et al., 2012).

Another brain structure, the amygdala, creates defensive reactions to environmental threats. It has been found to be related to heightened arousal and hypervigilance in subjects with PTSD (Brown et al., 2014). A recent study shows that traumatized subjects have abnormal amygdala connections with the regulatory prefrontal regions of the brain, and also a diminished grey matter volume of the amygdala (Aghajani et al., 2016). This prefrontal, double-lobed area of the brain can have increased or decreased activity in response to trauma related stimuli (Shin & Liberzon, 2010). It can also have increased activity when there is not a threat, reacting abnormally in an environmentally normal state (Davis & Whalen, 2001). Enhanced activation of the amygdala is observable in the coding of emotionally arousing stimuli. This pronounced activation of the amygdala and the related medial temporal lobe, or memory system, results in

emotional and traumatic events being stored with more detail (Dolcos, LaBar, & Cabaza, 2004; McGaugh, 2004). The medial temporal lobe is also activated during remembrance of the stored traumatic event (Squire, Stark, & Clark, 2004).

The hippocampus, a structure within the medial temporal lobe, is related to memory, spatial navigation, imagining the future, scene construction, and scene processing (Eichenbaum, Otto, & Cohen, 1992; Maguire, Intraub, & Mullally, 2016). Scene processing and scene construction are related to basic cognition, for example, when we want to accomplish a task or navigate, we create the scene in our minds (Maguire et al., 2016). Increased PTSD severity has been associated with increased hippocampal blood flow and smaller hippocampal volumes (Shin, Rauch, & Pitman, 2006; Shin & Liberzon, 2010). These processing deficits experienced by trauma survivors are notable, with a decrease in the volume of the hippocampus structure (Bossini et al., 2008; Bremner et al., 2003, Bremner, 2006). Deficits of this nature would undoubtedly impact the cognitive and processing function of the severely traumatized subject. Emotional regulation and re-experiencing of the event, originates in the prefrontal processes, as noted by Lanius et al., (2010). “Reexperiencing/hyper arousal reactivity can be viewed as a form of emotional undermodulation, mediated by a failure of prefrontal inhibition of limbic regions” (Lanius et al., 2010, p. 641).

The dissociative symptom, a subset of PTSD, is worth noting as a prominent symptom of trauma related to this prefrontal area. The dissociative, hyper-aroused state can result in a suppression of the prefrontal activity of the amygdala, leading to problems of processing, perception, emotion, consciousness, identity and memory (Lanius et al., 2010; Wolf et al., 2012). Dissociation related to cognition, includes memory problems, and confusion about what is real, called derealization (Carrier, Lamberts, Fouwels, & Gersons, 1996). Derealization is described as

if one is observing themselves from afar, or not being in one's surroundings with memory gaps that cannot be accounted for (Carlier et al., 1996).

Dissociation is an overmodulation of these prefrontal limbic regions.

In motor vehicle accident-related PTSD, the medial frontal cortex cluster that was positively correlated with state dissociative symptoms was negatively correlated with amygdala activity during script driven imagery. This finding provides support for hypothesized hyperinhibition of limbic regions by medial prefrontal areas in states of pathological overmodulation, i.e., during dissociative states in response to trauma-related emotions. (Lanius et al., 2010, p. 642)

Structural changes noted in recent studies of dissociative PTSD point to greater amygdala connectivity to brain regions involving emotional regulation, consciousness, awareness, and proprioception (Brown et al., 2014; Nicholson et al., 2015). This dissociative response is an understandable adaptation to trauma, functioning as a shield, protecting from the memory of the lived traumatic experience. However, this contributes toward the persistence of posttraumatic symptoms. The traumatic event becomes an underlying fixed idea, inaccessible to the everyday consciousness, so that it cannot be coped with in an ordinary way. This fixed idea can manifest in intrusive images, nightmares, automatic behavior, and reacting without thinking (Carlier et al., 1996).

This means that over the long term, untreated PTSD as a whole (not only hyperactivation but also re-experiencing and avoidance symptoms) leads to a disturbance of the ordinarily integrated functions of consciousness, memory, identity, and perception of the environment. (Carlier et al., 1996, p. 1327)

States of dissociation have been shown by Stein et al. (2013) to be positively correlated with PTSD symptomology, and those who have a high instance of exposure to traumatic events, specific phobias, and childhood trauma. Dissociation is also related to greater subject suicidality (Stein et al., 2013). This may be because peritraumatic dissociation subjects commonly have negative beliefs about oneself (Thompson-Hollands, Jun, & Sloan, 2017). Further indicating structural changes related to PTSD, evidence of biological markers for suicidality have been noted in the decision making and reward systems of subjects with PTSD (Barredo et al., 2019).

### **Trauma Solutions**

According to the Department of Veterans Affairs National Center for PTSD, based on their work with our veterans, the most promising psychotherapeutic methods are cognitive behavioral therapy and eye movement desensitization and reprocessing or EMDR (Schnurr, 2008).

Cognitive behavioral therapy (CBT) is a method based on the notion that fear is held in long-term storage in traumatic imagery in the mind; these fears can be activated and processed (Lang, 1977). Cognitive behavioral therapy has its roots in a model proposed by Lang (1977) an imagery theory that fear is held in long-term storage by way of images, which can be activated and processed. Foa, Steketee, and Olatosov-Rothbaum (1989) said that information is stored along with fear and stimuli and responses are retrieved along with meaning. Applying cognitive processing to victims of sexual assault, Resick and Schnicke (1992), noticed significant improvement in subjects with many reporting improvements in their quality of life. Today, early intervention strategies have been adopted to deliver CBT within weeks or months of trauma exposure (Bryant, 2016).

The most effective programs appear to those that rely on repeated exposure to the trauma memory (either in imagination or by writing a trauma narrative) and in vivo exposure to situations avoided since the event, on cognitive restricting of the meaning of the trauma, or a combination of these methods. (Ehlers et al., 2005, p. 414)

Eye Movement Desensitization and Reprocessing (EMDR) is a desensitizing and reprocessing technique employed by mental health professionals for the treatment of traumatized individuals (Solomon & Shapiro, 2008). EMDR uses eye movements, creating a repetitive redirecting in the individual similar to rapid eye movement (REM) sleep. EMDR's goal is to reprocess traumatic memories and negate or attach different feelings to them. The treatment alters the individual's assessment of situations and includes shifts in behavior as a result (Shapiro, 1989). EMDR was introduced in 1989 by Shapiro who looked at Vietnam Veterans and their experiences in the war. Shapiro (1989) found a single session of EMDR desensitized the subject's traumatic memories, altered their assessments of the situations, and included behavioral shifts that were their presenting complaints. This was expanded by the adaptive information processes model which says memory networks are the basis of perception and behaviors (Shapiro, 2001; Solomon & Shapiro, 2008). In the individual, current events are linked with these memory networks and the emotions experienced during them (Buchanan, 2007). This memory network processes new experiences, and connects them to existing information already stored, allowing us to make sense of the experience (Solomon & Shapiro, 2008)

During EMDR, traumatic memories are the focus of treatment. The practitioner will use a back-and-forth sound or movement during the memory access. The subject eventually focuses on a positive belief and feeling with the memory, processing and storing it differently. This process

is done one-to-one with a provider (US Department of Veteran's Affairs, 2018). Throughout EMDR there is a state of mindfulness, staying present, even while accessing harmful memories.

From an AIP perspective, the increased coping ability and self-efficacy become encoded in the client's memory network. This can enhance the client's ability to stay present with difficult material during processing and provide positive, adaptive information that is available to link into memory networks holding dysfunctionally stored information.

(Solomon & Shapiro, 2008, p. 319)

In the realm of pharmacology there are primarily two medications for the treatment of PTSD; sertraline (Zoloft) and paroxetine (Paxil). Both are selective serotonin reuptake inhibitors (SSRI), first developed as antidepressants. Studies in animals have shown that SSRI's and the epilepsy medication phenytoin (Dilantin) block the effect of stress on the hippocampus. They have been extensively studied in randomized clinical studies and are considered first line therapies in the treatment of PTSD (Alexander, 2012; Bremner, 2006; Friedman & Davidson, 2016; Kelmendi, Adams, Southwick, & Abdallah, & Krystal, 2017). There haven't been new medications classed by the FDA for treatment of PTSD in over a decade. SSRI's have limited success in complete remission of symptoms when compared to a placebo, estimated between 20% and 30% (Alexander, 2012; Berger et al., 2009). However, pharmacology still falls short of fully addressing the effects of trauma and does not address underlying factors at all.

Existing pharmacotherapy treatments for posttraumatic stress disorder (PTSD) such as antidepressants and anti-hypertensives have come from research that tested medications developed for other disorders. These treatments provide symptomatic improvement but lack the specificity to address the unique psychobiology of PTSD. (Bernardy & Friedman, 2017, p. 116)

Another trauma solution is mindfulness. Mindfulness is defined as a moment-to-moment awareness (Kabat-Zinn, 2003). Similar to EMDR, it involves a change in perception. Mindfulness is not relying on the old tapes of trauma and response, where a stimulus is received and the body has a programmed response. It's not relying on old tapes of behavior, it is expanding the flexibility of the individual. Experiences are taken at face value and not attached to the self (Heppner et al., 2008). In mindful awareness, the response to the stimuli can be changed, creating a pause in place of the reaction or a new reaction all together. It has been shown to help with aggression and hostile biases in participants (Heppner et al., 2008).

### **Trauma Conclusion**

Our knowledge today regarding trauma has many branches. What began as studies of specific populations has moved onto symptomology, emotions, brain functioning, and solutions. We can point to structural changes that occur in the brain and apply pharmacological response for some symptoms. However, what I see reflected in the literature is that no solution yet exists to return a person to a state pre-trauma, and perhaps there is not a complete solution. The individual will always have the triggering memory of the event. What power those experiences hold over them is another question. Applicable to this review, I noticed areas where effective interventions were done with traditionally masculine populations such as the military, specifically the Department of Veteran's Affairs. This is promising because it demonstrates a shift in the military culture toward acceptance of the reality of trauma and of exploring subsequent solutions. However, suicide and trauma are still a large problem within the military.

Personally, in the past couple years I have been made aware of specific solutions. For example, I initially recoiled when I heard the phrase 'mindfulness' being applied to police training. I viewed it as a liability to our necessary training regarding an immediate threat; I was



wrong in this assumption. I was presented with an article by Bergman, Christopher, and Bowen (2016) that showed positive results in active officers in a Northwestern agency. The officers reported less stress and more objectivity when they applied mindfulness-based training practices. These practices did not impede the necessary training of reaction, but created an awareness within the officer of their reactions (Bergman et al., 2016). I have years of police experience and engrained reactions, yet I am open to new ideas, perhaps others are too.

### **Police and Psychology**

I have been a policeman for almost 20 years. During that time, I have seen many of my fellow police officers incapacitated by health problems; heart attacks, ulcers, chronic headaches, mental depression and even suicide. They have been stricken in numbers that seem unduly large when compared to friends in the business world, the trades and governmental service agencies other than police...if ever there was a vital field for occupational research, it must be here, in the area of police stress. Your breakthroughs can save countless lives and improve the quality of living for every person who wears a police badge. (Kroes & Hurrell, 1975, pp. 1–2)

Those opening remarks by Cincinnati Chief of Police Carl Goodin at a symposium in 1975, highlight the problem of police and trauma incredibly well. The problem of addressing the effects of policing were not unique to Chief Goodin's time, but speaking out as chief law enforcement officer at that time certainly was unique.

The merger of the police and psychology began in the early 1900's with intelligence testing of candidates (Reese, 1995; Thurstone, 1922). Municipalities began to look beyond the physical characteristics, such as size, for officer effectiveness. In 1916, the City of San Jose, CA began intelligence testing and introduced basic pedagogical tests in their civil service processes

(Reese, 1995; Terman, 1917). In 1967, Lyndon Johnson's Commission on Law Enforcement and Administration of Justice created a report on the state of our criminal justice system. According to the report, one quarter of departments screened their candidates for emotional fitness (President's Commission on Law Enforcement and Administration of Justice, 1967). In a statement indicative of the screening procedures available, the President's Commission recommended only using intelligence testing for applicants, stating "until reliable tests are devised for identifying and measuring the personal characteristics" background checks and interviews were sufficient for screening officers (President's Commission on Law Enforcement and Administration of Justice, 1967, p. 110).

Psychologists had been used by police departments for decades but only in relation to alcohol usage problems (Reese, 1995). As our understanding of psychology grew, larger police agencies began to hire staff psychologists the first being the LAPD in 1969, followed by the San Jose Police in 1971 (Reese, 1995).

In the 1970's, police specific studies began to highlight the unique issues officers faced. Nelson and Smith (1971) in an in-depth look at suicides in Wyoming, found that officers lead a list of professions in their suicide completion rate, at 203.66 per 100,000. They wrote that being in a male dominated profession and having access to firearms did not explain the whole picture of what they were seeing in the officers (Nelson & Smith, 1971). They pointed to a third factor, the psychological impact of the profession.

A third factor may be the physical and psychological demands upon the policemen which are not common to most 'conventional' occupations. His constant confront confrontation with death, in reference to his own life as well as that of others, may have unusual psychological repercussions. (Nelson & Smith, 1971, p. 297)

Kroes, Margolis, and Hurrell (1974) noted that police work is one of the few positions that has adverse effects on the entire life of the officer. This is not surprising given what we know about the whole-body effects of trauma. Kroes et al. (1974) wrote that administration was the greatest bothersome stressor, with crisis situations being second. This study by Kroes et al. (1974) was flawed because it was conducted in patrol cars, on-duty, with the interviews being interrupted by calls for service. The officers in Kroes et al. (1974) were asked to relate their experiences in their primary work environment, a squad car, while on duty. While operating a car, especially one with complex information streams such as a patrol car, the officers would undoubtedly experience attention issues. Further showing vulnerability is a concern for officers, especially when on duty (Rees & Smith, 2008). The study was pioneering in police research, despite these issues.

In 1975, Richard and Fell looked at records for hospital admissions by occupation for mental health services, hospital admissions, and death certificates. Of a list of 24 commonplace occupations in society, they found that police officers had the third highest rate of suicide. Additionally, police officers had higher hospital admissions for circulatory and digestive problems and a high rate of premature death (Richard & Fell, 1975). Oddly the rate of mental health screenings was without clear results, returning a rate that was average to the public leaving the author to wonder if fear of losing one's job could be a reason to avoid treatment (Richard & Fell, 1975). Another review of records by Heiman (1974) found that an officer who completed suicide in the United States primarily used a firearm and were divorced or in the process of divorce, near retirement, and had alcohol problems. Notable to this study, Heiman (1974) wrote, "Modern police departments, however, have a spectrum of opinions concerning this type of research; consequently, they are often reluctant to admit that such information is

available” (p. 1287). This statement touches on the reluctance of the profession to look at itself and is the undertone of cultural silence.

Historically, there has been a resistance to research in the policing profession. A comprehensive police study by the International Conference of Police Association and the National Institute for Occupational Health is an example of this. The data was collected in 1976, but study results weren’t released until 1984 due to political pressure and formal objection from five of the participating Chiefs of Police (Davis, 1982; Hurrell et al., 1984). The final study (excluding the objecting agencies) relied on samples from 29 departments, with 2,200 returned forms. They noted a lack of role clarity as a significant officer stressor, given the myriad of services police officers provide (Hurrell et al., 1984). There was also a lack of work-related self-esteem when it came to the officers’ view of themselves and increased divorce rate and marital stress (Hurrell et al., 1984).

In a 1978 article on a police-peer counseling program Blackmore (1978), spoke to Boston and NYPD officers on stress and help-seeking. What emerged was a valuable narrative taking the reader behind the numbers. One officer Eddie Donovan of the Boston PD, said “Cops just don’t seek help, or at least outside help...We only get worse.” (Blackmore, 1978, p. 48). Going further, Blackmore spoke to the author of a recent National Institute of Occupational Health and Safety (NIOSH) study regarding the low mental health systems usage by officers. Quoting the doctor Blackmore wrote, “Police officers did rank very low, but there was good reason for it. No policeman would jeopardize his job by going to such a place [a mental health clinic] if he had a problem.” (Blackmore, 1978, p. 48). He noticed there is a reluctance to speak to outsiders, even police psychologists, “Some departments across the country use nine-to-five psychologists,” said

Boston's Eddie Donovan, "These people try hard, but when it comes to the crucial event, most guys will say, 'He's an outsider, he doesn't understand the problem'" (Blackmore, 1978, p. 55).

Other terms began to be used in the late 70's and early 80's, such as burnout, a term related to stress. Described as the terminal phase of cumulative stress, symptoms included a loss of physical and mental energy and loss of enthusiasm (Davis, 1982). Davis (1982) also wrote, burnout warps judgement, effects reflexes, attitude, and is detrimental to one's health.

When it comes to events, we are talking about critical incidents that shake the individual's being and are alarming beyond what is normal. Reiser and Geiger (1984) described critical incidents as "...an entity over which the individual has little control other than reacting to it directly (fight) or removing himself or herself from its influence (flight)" (p. 316). During incidents of this type, changes in perception occur in the nervous system, creating an altered state of consciousness, and a feeling of time slowing down (Gersons 1989; Reiser & Geiger, 1984; Stratton, Parker, & Snibble, 1984).

The profession compounds the trauma by exposing officers to situations without amicable solutions; in other words, some situations do not have happy endings. Eisenberg (1975) called this people pain, where witnessing brutality and death is normal, almost routine. He noted that no matter how an officer adjusts to the job, this pain takes its toll (Eisenberg, 1975). Eisenberg (1975) said, "Certainly, it has been this author's personal experience that the ability to cope with stressors in the short-term context is both different and easier than would be expected in a long-term career sense" (p. 33).

Stratton (1984) explored the individual effects further by studying 114 deputies of the Los Angeles Sheriff's Department who were involved in shootings. The reactions were noted as crying, depression, elation, and anger being the highest reactions at 63% (1984). The numbers on

the support they received following the incident were noted as 98.2% from peers followed by immediate supervisors at 80.3%, and “brass” or high-ranking officials at 67.9%. This disconnect highlights how higher administration can fail its officers, by not offering support. A unique finding by Stratton was 78.2% of officers expressed a personal need for a post-event emotional debriefing process. Of the deputies that had been involved in shooting incidents from 6 months to 3 years prior to study, 76.6% said the event was still fresh in them, 18.6% said they were being greatly affected, 11.8% said they were affected a lot, 33.8% said they were moderately affected, 18.6% a little, and only 16.9% reported not being affected at all. The deputies’ descriptive rating of it “still being fresh” highlighted two things for me; the lack of longitudinal data to see if there was any improvement, and the continued weight the deputies carried (Stratton et al., 1984).

A pilot-study conducted with 53 police officers attending a seminar found that 26% reported symptoms meeting the criteria for PTSD in the DSM III (Martin et al., 1986). Gersons (1989) looked at the heavy toll officers involved in shootings carry, noting of 37 officers involved in shootings, 46% fulfilled the PTSD criteria while 17 still showed “...an impressive pattern of PTSD symptoms” (p. 247). The symptoms of sleep disturbances and feeling as if the event was reoccurring affected 43% of the group (Gersons, 1989). Hyper-alertness and intrusive thoughts were in 50% of officers, with 1/3 reporting a constricted effect (Gersons, 1989).

**Contemporary police studies.** The structure of smaller agencies tends to have minimal support systems, usually in the form of employee assistance programs (EAP’s) for promoting employee mental health, or some process for responding to critical incidents. These are commonly contracted directly with one or more community based providers (Ramchand et al., 2019). Peer support programs, in-house services counselors, chaplains, and health and wellness

programs are all possibilities in law enforcement, with larger agencies having more proactive services (Ramchand et al., 2019).

The work environment itself, administration and peers, were noted as factors in PTSD development because when they were in place and healthy, they provided a protection for the officer against trauma (Maguen et al., 2009). A biological stress change, an anticipatory heart rate, can be seen by simply reporting for duty (Anderson, Litzemberger, & Plecas, 2002). This decreases throughout the shift, and yet even without a critical incident, an officer's heart rate was 20 beats per minute above their resting rate (Anderson et al., 2002). The most prominent bodily reactions were seen in situations with a high demand and low control, such as a violent arrest or a domestic violence call (Anderson et al., 2002). Additional environment factors included? a lack of administrative support. A lack of organizational support was directly related to increased levels of hopelessness in officers (Violanti et al., 2016).

In their career, stress accumulation is the greatest in years six through ten, more specifically, the 6<sup>th</sup> and 7<sup>th</sup> years of service (Boyd, 1994; Violanti & Aron, 1995). Officers tend to shift their goals after the sixth and seventh years to personal concerns more than organizational concerns (Boyd, 1994; Niederhoffer, 1969). I see these years as the most critical because these seasoned officers are mentoring the new officers and instilling cultural values. These are the years they are getting promoted and where they are the most stressed. In-line with what Boyd found about police officers' shifting priorities, they are also becoming parents and focusing on their families more. This high level of stress is not seen again until the officer is in their 18<sup>th</sup> and 19<sup>th</sup> year of service, nearing the end of their careers (Boyd, 1994).

It seems the career is more detrimental to the officer's health than most professions, becoming an engrained identity for the individual, where its conclusion carries unique threats. A

theory offered by Territo and Vetter (1981) suggested that an impending officer retirement may be a factor in suicide, noting officers do not retire well, becoming depressed and allowing themselves to deteriorate. What is certain is that by the time an officer retires, the officer has a lifetime accumulation of stress and a way of life foreign to most of the public.

Event specific studies have consistently shown that using deadly force or a fellow officer being killed are the most severe stressors on the job (Boyd, 1994; Komarovskaya et al., 2001; Martin et al., 1986; Violanti & Aron, 1995). Following deadly force, came working with child abuse cases, experiencing a physical assault, high-speed chases, and using force (Martin et al., 1986; Violanti & Aron, 1995). Boyd (1994) noted that exposure to HIV/AIDS ranked 5<sup>th</sup> behind the top stressors mentioned.

Waters and Ussery (2007) suggest there are three types of stressful events; explosive events, implosive events, and the daily tensions. The explosive events are critical incidents such as crimes in progress, and natural disasters, where emotional reactions are suppressed to complete the task at hand. The implosive events are conflicts of values, the inability to make a difference, personal responsibilities and family problems. The daily tensions erode confidence, wearing away at the individual's level of hardiness and resiliency (Waters & Ussery, 2007). Officers who had experienced trauma in their past as children (prior to age 14) were noted to have an increased lifetime depression response and increased response to stressful situations (Marmar et al., 2006). This parallels findings in research on adverse childhood experiences (ACES) which documents that childhood experiences of trauma negatively impact the physical and mental wellbeing of the individual later in life (Felitti et al., 1998).

There is an emotional violation that occurs for a police officer when they experience violence or an assault on themselves (Rudofossi, 1997). This violation and subsequent sadness



are related to a loss of control and powerlessness, notably, a violation of an individual as a socially sanctioned guardian (Rudofossi, 1997). As a result, sadness and anger are directed inward. This reaction is akin to depression, a maladaptive or adaptive response, at the loss of locus of control and aggression directed inward (Rudofossi, 1997).

Additionally, critical incidents are positively related to an increase in alcohol use and PTSD in the officers (Menard & Arter, 2013). Alcohol usage among police officers is both a method of coping with stress and fitting in with peers (Lindsay & Shelley, 2009). Critical incidents are related to an increase in alcohol usage and PTSD symptoms (Fox et al., 2012; Menard & Arter, 2013). A lack of solutions and an increase in violence experienced on the job, can lead to an increase in alcohol consumption among officers (Leino et al., 2011).

A very common symptom of trauma is sleep disturbances. This includes shorter sleep duration, waking frequently, and related daytime dysfunction (Bond et al., 2013). Bond also found that the frequency of the events was not related to the severity of the sleep disturbance, indicating it's not the number of events one experiences, but the impact the event has on the individual. This is how two officers can experience the same event and have vastly different reactions.

Culturally there is an inherent need to help others in policing. When they cannot help, feelings of helplessness can result. This helplessness was studied by Sims and Sims (1998) in the wake of a soccer stadium tragedy where officers responded and could not help the victims. Sims and Sims (1998) noted all the female participants were positive for PTSD symptomology and 49 of 59 men also met the criteria. Sims broke their subjects down further to PTSD rankings of severity; severe (31 subjects), moderate (29 subjects), and 10 who did not meet the criteria. Sixty-six officers out of 70 described the feeling of helplessness in their experience (Sims &

Sims, 1998). High numbers such as this are a reminder that we have to be mindful not only of the shock itself, but whether the officer felt powerless to help.

Statistics for officers with PTSD are varied depending on the study. In their study, Carlier, Lamberts, and Gersons (1997) found 7% of officers demonstrated full PTSD while 34% had PTSD symptomology. Robinson et al., (1997) found 13% of their sample had PTSD. Pietrzak, Goldstein, Southwick, and Grant (2011) found the national rate for PTSD in officers at 6.4%. Martin et al. (1986) had a sample with 26% meeting the criteria for PTSD. The rate for frequency regarding traumatic incidents is 3.4% for every 6 months of service (Patterson, 2001).

The DSM-V criteria also allows for vicarious trauma, where the trauma event (s) weren't directly experienced by the affected person, but symptomology was experienced none the less. Pearlman and Saakvitine (1995) define vicarious trauma as an "inner experience about self and the world is negatively transformed as a result of the empathetic engagement with trauma survivors" (p. 279). The effects are cumulative and may be permanent (Pearlman & Saakvitine, 1995). This type of exposure is seen in other professions (healthcare, psychotherapy, social work) but is also present in law enforcement through working with victims and experiencing traumatic peer narrative. Law enforcement investigators who work away from the direct scene of trauma can also be affected, such as those investigating heinous crimes via the internet. Studies have shown the investigation of internet child pornography crimes negatively impacts the mental health of the investigators (Craun and Bourke, 2015; MacEachern, Dennis, Jackson, and Jindal-Snape, 2019; Perez, Jones, Englert, & Sachau, 2010).

Mental illness of officers, episodic or chronic, genetic or induced, can place the public, peers, and the officer at risk (International Association of Chiefs of Police, 2013). The International Association of Chiefs of Police (IACP) suggests agencies have fitness for duty

evaluations built into policy and recognize the need for these assessments when it comes to performing basic police functions (Gold et al., 2008; IACP, 2013). Disability and the taking of a pension due to psychological trauma does happen. As a result, the officer is considered disabled, the agency loses experienced officers, and pension funds are negatively impacted (Price, 2017).

### **Police and Psychology Conclusion**

At the start of this section, I shared the words of Chief Goodin reflecting on his nearly 20 years of service and the impact he saw on his peers. We have made strides in the 1980's and 1990's opening up the profession for study. This I believe was due to a shift in our understanding of trauma, which came by way of other pioneering population studies, such as veterans, women, and the addition of the PTSD diagnosis in the DSM. Our language shifted from "burnout" and "stress" to PTSD and trauma. Be aware that there are applications for burnout and stress, however what was missing was the larger picture of repeated traumatization and a lack of acknowledgment from the profession.

Today we can rank the stressors of the officers according to their perceived severity. We understand how certain officers are more vulnerable to traumatic events by way of their own pasts, which is reflected in the ACES studies. We can understand the emotional violation that occurs when an officer is a victim of a crime of violence while on duty. We can see how trauma affects officers as a whole, from hyper-alert states, trait-anger, to sleep disturbances, to reliving the experience.

Additionally, there are promising steps being made in the last few years regarding injury related compensation. Minnesota passed law HF 327, which took effect January 1, 2019 extending workers' compensation to our first responders, emergency nurses working outside of a facility, corrections officers, and dispatchers for psychiatric injury (Ha, 2019; HF327, 2018). A

comparable bill was passed in Arizona (AZ HB2502; Magana, 2018). Admirably, the Arizona bill, named the Officer Craig Tiger Act, provides for counseling with a professional and safeguards for job security for attending counseling (Magana, 2018). While these are steps in the right direction, they are testaments to the lack of solutions and understanding up to this point. Further, none of these actions have yet to address solutions that take into account the cultural aspects of the job, including how officers simply do not want the stigma associated with any counseling through their employers. Another article states Arizona cities are tracking the number officers using the programs to get numbers, including how many were deemed unfit for work, and how much work was missed, and which employees filed a subsequent claim through workers' compensation (Pohl, 2018). The action to get mental health resources is commendable, however, the individual tracking and department awareness is what officers fear.

Again, I return to the purpose of this study and my larger questions. How does culture impact an individual officer who has experienced trauma on duty? How does the culture change an officer's reaction? Focusing on trauma alone will not provide the solution, neither will focusing on only police culture. The two questions and subsequent answers, are related and the basis for solutions.

### **Police Culture**

Kroeber and Kluckhohn (1952) said, "Culture...is thoroughly personal and subjective, simply because no fixed and clearly defined set of operations is available for determining the desired results" (p. 14). Applicable to this project, I found the police officer culture closely resembled the following descriptions of culture:

Cultures in the sense comprise systems of shared ideas, systems of concepts and rules and meanings that underlie and are expressed in the ways that humans live. (Keesing, 1981, p. 68)

A society is not a culture. Culture is socially transmitted behavior conceived as an abstraction from concrete social groups. (Aberle et al., 1950, p. 102)

These cultural definitions offer that culture is knowledge, a learned way of solving problems, and a shared belief system, that is transmitted between its members. For me, the words of Keesing (1981) give the most applicable meaning for culture in the context, for it addresses the underlying way we live, and therefore, function. Everyone experiences cultural influences, usually with a primary culture, and many others unrecognized or poorly defined ones (Woody, 2005). Prenzler (1997) noted that an individual police officer's goals and ideals are deteriorated in recruit training. Prenzler (1997) ventures that this erosion of values is due to occupational socialization, meaning it is the result of interaction with fellow officers more than contact with criminal elements. Prenzler (1997) estimates a generation of change (structural & cultural) is needed before the old values can be changed or replaced.

Some researchers would argue against the existence of police culture such as Prenzler (1997) who said the term has more utility in describing the problems associated with the police services and was deterministic. Prenzler states, "Occupational socialization is not necessarily the major source of undesirable police practices, and police are probably not as unique from other occupations as has been contended." (Prenzler, 1997, p. 52). Prenzler (1997) points out that the problems of a stereotyped police culture are at odds with notions of public service. I would contend there is a unique police culture that is present regardless of jurisdictional authority, for we see it across national boundaries.

The police culture is often compared to other emergency services, such as EMS and fire services or even the military. These comparisons are ill-fitting because unlike the others, police officers are entrusted with special power and authority over the citizenry to complete their duties. Some may contend that the military operates much the same, however, this is not the case. The US Military is used to protect our national interests, to engage an enemy, and carry our national agenda abroad. The role of police is to enforce the law as extensions of government authority in our jurisdictions. The burden of that prescribes that the officer may have to use force against the citizenry, up to and including deadly force. This burden of societal function is unique to the police. Besides criminal law, police officers are asked to address the civil disputes (monetary or property) among the citizens. Further we ask the police to take a societal caretaker role, with the authority to address the health and welfare needs of citizens, such as mental health, chemical health, medical emergencies, and child welfare. Then we add the term of active service, which equates to a working lifetime for a police officer, whereas a member of the military may be in a combat zone for a limited time.

The resulting environment is simply not found in other professions. Therefore the police officer culture is an entity unto itself and must be looked at as such. Paoline et al. (2000) defined police culture as the "...set of values, attitudes, and norms that are widely shared among officers, who find in the culture a way to cope with the strains of their working environment" (p. 1). According to Kingshott (as cited in Kingshott et al., 2004), police culture refers to the ideas and ways of achieving and thinking about objectives, that are shared by group members. Woody (2005) described the law enforcement culture as a protective subculture, "Society's expectations are often nebulous and contradictory; this situation contributes to a protective subculture, referred to euphemistically as 'police culture'" (p. 525).

The study of police culture as this unique entity began with Westley (1953). Westley looked at the use of unlawful violence accepted in the culture, derived from occupational experience, and justified by the collective group goals. Westley received some strong narratives in his study, but as an outsider, believed he wasn't getting the full story on culture. Westley (1953) wrote:

However, this probably represents a distortion of the true feelings of some of these men, since both the police chief and the community had been severely critical of the use of violence by the men, and the respondents had a tendency to be very cautious with the interviewer, whom some of them never fully trusted. (p. 38)

Westley (1970) observed that the strong consensual bond in policing is created by common experience combined with a shared, felt hostility from the public. Paoline et al. (2000) attempted to simplify the definition of police culture as a set of behaviors and norms shared across the profession where officers find the means to cope with their environment. As mentioned previously, the organization itself carries stressors inherent to a paramilitary structure. In a paramilitary structure, superiors often take an authoritarian approach to leadership for goal achievement. The paramilitary structure creates stress by removing the ability of an officer to question leadership, to carry out the mission without complaint. The unique organizational stress is attributed to government bureaucracy, supervisory oversight, and role ambiguity. Policing also carries occupational stress, due to the danger of the job and exerting authority under law (Terrill, Paoline, & Manning, 2003). If the officer is experiencing pressure from the organizational structure, threats to safety from the public, and oversight, the culture will be unique unto itself. The culture has to be situationally adaptive, creative, and carried within each officer like an emotion (Crank, 2004). That may explain why there are such common traits

across all law enforcement agencies, from jurisdictions all over the United States and also around the world.

When it comes to training on dealing with emotions, there is little to none offered. This creates a void of silence when it comes to trauma. Police officers have few opportunities to deal with pent up feelings from their experiences on the job, and the aftermath of significant events are rarely addressed in relation to the officers involved. Emotional suppression serves a purpose, such as enabling officers to execute duties prescribed by law, reinforces in-group membership, and gives the impression of a professional demeanor. However, this creates personal barriers within the officers that negate efforts to address the deeper issues. Further, the emotional hardening can create barriers between the officer and the public. Citizens may perceive the officer as callous and the officer may in-turn be less empathetic or insensitive (Pogrebin & Poole, 1991).

Coping and emotional expression in police culture often takes the form of humor. Humor incorporating emotionally disturbing calls is often called gallows humor and is a defensive mechanism to soften the immediate impact of trauma and vent emotions indirectly (Craun & Bourke, 2015; Pogrebin & Poole, 1991). Social support between peers offers a buffer for stressful events they experience during duty (Patterson, 2003). In the next section, I will present some of the cultural traits of police culture.

### **Cultural Characteristics**

The characteristics of police culture include the need to protect, bravery, and masculinity, set upon a paramilitary structure.



In a study of the NYPD, Henry (2004), looked at the psychology and sociology of death and how this was filtered by the police culture. Henry was an NYPD officer turned researcher with more than 20 years of experience on the job.

Police officers' interpretations of their death encounters are also affected by the value and belief systems operating within their occupational culture, and their awareness that police work entails the potential for meeting a violent death or serious injury plays an important role in shaping their day-to-day behaviors and worldview. (Henry, 2004, p. 38)

With death and injury inherent, police culture values the protection of its members. This is accomplished through values that praise loyalty and deter individuals from speaking out when there are problems (Mollen Commission, 1994; Nolan, 2009). The ethos of bravery accompanies police culture due to its inherent danger and risk, with younger officers supporting this more strongly (Karaffa and Tochkov, 2013). The culture can have characteristics which carry notions of a warrior culture, valuing strength, resilience, and personal sacrifice (Bryan and Morrow, 2011; White, Shrader, and Chamberlain, 2016).

One of the most evocative and insightful articles about police culture I have reviewed was written by Nolan (2009). He noted that the wall of silence is seen as a set of endorsed values and ritualism that officers embrace, making them borderline tribal (Nolan, 2009). The tribal nature comes in the form of militaristic coda, chains of command, privilege and status, weapons, phallogentric constructions of masculinity, and conformity in uniform (Nolan, 2009). Nolan spent 25 years in the Boston Police department, so this study was conducted by a cultural insider. Nolan (2009) emphasized that the most serious violation any officer could commit was not related to brutality, drug use, or corruption, it was speaking to the media. I had not thought of the culture as tribal, but that definition resonates and emphasizes an us-and-them mentality,

whereby membership is by badge and uniform designation. Once someone is accepted into the law enforcement community, they can be different as they desire, but must not go against their own kind (Bittner, 1970).

From an emotional standpoint, the culture allows for the expression of feelings of frustration, anger, and hostility, because these feelings are shared and highlight the virile, confident self-image the officers wish to convey. This virile self-image, this masculine form of emotional expression, helps with the stressful nature of the job as a socially sanctioned way of expression (Singleton & Teahan, 1978).

As most police officers admit, the PTSD profile is in sharp contrast with currently police self-identity and police culture. They do not generally complain about psychological issues nor discuss emotional reactions and feelings with each other, or even share their common distaste for events involving a high degree of violence. There is, in short, no room for tears. Part of their work is to be tough, to suppress emotions. (Gersons, 1989, p. 252)

### **Masculinity in Police Culture**

Masculinity is an old problem in law enforcement. In a 1971 study, Nelson and Smith looked at the suicide rates in Wyoming and noticed that law enforcement leads the list of professions with 203.66 per 100,000. This statistic would be alarming for any geographic area let alone Wyoming, the proverbial heartland of America. Nelson and Smith (1971) considered the trifecta of being in male dominated profession, having access to weapons, and the unconventional demands of the profession as contributing factors.

In western societies, categories of gender are viewed as naturally defined ways of being (Garfinkel, 1967; West & Zimmerman, 1987). For example, males in western society are taught

not to show their true emotions (McQuade & Aikman, 1974). They are taught to value self-confidence, place sexuality over sensuality, to have a hard persona, be decisive, be aggressive, and to take on conflict (Farrell, 1974). Women are expected to be warm, nurturing, and caring (Kawakami, White, & Langer, 2000). In young males, exploding in anger is viewed as strength whereas expressing anger by way of speech is considered weakness (Scheff, 2006). Further, feelings of vulnerability (love, grief, and shame) are seen as weakness and are suppressed as self-protection (Scheff, 2006).

Males are disproportionately represented in law, politics, the academy, the state, and economy (Acker, 1992). Policing is a culture that values masculinity as a core value (Prokos & Padavic, 2002) Masculinity is enhanced in the law enforcement environment, which blocks affective expression and stress reduction (Reiser & Geiger, 1984). Franklin (2005) said that police culture members rely primarily on male peer support, and is therefore, hyper-masculine. The worry of how officers are perceived by their peers may lead officers to make decisions regarding physical risk that are detrimental to their wellbeing (Reiser & Geiger, 1984).

The indoctrination into the culture begins in an academy setting, which tends to be paramilitaristic, both indoctrinating stress and prescribing the appropriate responses. Some police academies are harsher than others, in my decade of law enforcement experience. In an insider research article by Prokos and Padavic (2002), the hyper masculine culture of recruit training was studied. Unbeknownst to the academy, the participant was collecting data for study while completing a five-month basic police course. Prokos and Padavic (2002) noticed an explicit curriculum and a hidden curriculum, the latter filled with lessons on gender and masculinity. Women were treated as outsiders and were not considered to be members of the in-group. Language was used throughout training that objectified women and sexualized them as objects,

not peers. Women in leadership were not taken seriously as were women asserting authority (Prokos & Padavic, 2002). The particular cultural lessons in this study resonated as authentic and accurate to me. “The glorification of violent masculinity further served to knit together men and exclude women” (Prokos & Padavic, 2002, p. 448).

### **Women in Policing**

In such a masculine culture, the experience of women is very valuable. Women have made social progress in other forms of public institutions, with the exception of law enforcement (Shelley, Morabito, & Tobin-Gurley, 2011). Shelley et al. (2011) in citing Acker (1992) stated that gendered institutions marginalize females through the use of images, symbols, and ideologies that legitimize masculinity. This marginalization has been prevalent in law enforcement as a reflection of a male dominated system, historically absent of women (Acker, 1992).

“On the job women have been attributed feminine traits devalued by society” (Garcia, 2003, p. 337). Female officers are often ushered toward perceived nurturing roles using skewed assumptions of gender and femininity; roles such as juvenile and sexual assault matters (Britz, 1997). This goes to Hunt’s (1990) description of this distinction of duties; “Police define ‘real police work’ as crime fighting and rescue activity. In contrast, social relations, paper work and administration are perceived as feminine labor (Hunt, 1990, p. 15). The marginalization can occur by being strictly on day shift, away from the night shift, where the so-called real work happens (Haarr, 1997). Women are expected to take roles of the nurturer, and are expected to modify their work roles and commitments for the sake of family (Eccles, 1987). Women officers tend to believe that they have to be better than the males to be viewed as competent or equal (Belknap & Shelley, 1992).

In a masculine heavy environment, male officers can and often do use a variety of methods to demean females, such as joking, teasing, extending unwanted sexual advances, and making suggestions about the sexual behavior of females within the department (Haarr, 1997). It is in this culture where the mannerisms of female officers are scrutinized using extreme examples. Garcia (2003) noted that women are also held to behavioral standards regarding policing. A woman with feminine traits is criticized as being unsuitable for the job, whereas a woman with masculine traits is criticized as not being feminine enough (Garcia, 2003). A study by Haarr (1997) in a Midwestern department of 350 officers found indignation toward female officers by males, with a toxic belief that women used their sexuality or gender to receive favor regarding assignments. Haarr (1997) also notes that men take advantage of an informal “buddy” system, in exchange for opportunities and assignments, yet criticize women who do the same.

Regarding alcohol and group dynamics, social drinking and bonding among police officers can objectify women by reducing inhibitors and sexualizing encounters. Women are viewed as outsiders regarding group contribution and solidarity, and are thus ostracized and excluded from peer relations at the patrol, supervisory, and administrative levels (Franklin, 2005). Women officers have been shown to have higher somatization and depression than their male counterparts (He, Zhao, & Archbold, 2002).

On a positive note, the number of female officers nationwide increased in the last 30 years, from approximately 27,000 in 1987 to approximately 58,000 in 2013 (Reaves, 2013). When it comes to command positions, women hold only 7.3% of top command positions, 9.6% of supervisory roles, and 13.5% of line officer roles (Archbold, 2012). Referring to Epstein (1988), Belknap and Shelley (1992) noted that simply hiring more females is not the solution when male counterparts tend to undermine them and make them feel awkward. Regarding job

satisfaction, Norvell, Hills, and Murrin (1993) noted that women officers experienced significantly less distress and job dissatisfaction than their male counterparts. Women tended to place importance on external variables and relationships, whereas men valued their self-evaluation and attitude (Norvell et al., 1993). There is also evidence that women experience the concept of posttraumatic growth more than men (McCanlies et al., 2014; Tedeschi & Calhoun, 1996).

I included this section about women and culture, because in Minnesota, women are 1,271 full-time peace officers and 20 part-time officers strong; whereas 9,565 full-time and 84 part-time officers are male (Minnesota Department of Public Safety, 2019). As a male I have not experienced a woman's experience in policing. As a researcher I am aware that differences are reflected in the literature regarding this. There are also similarities in stressors such as work and family conflict, and using negative coping methods when dealing with stress (He et al., 2002).

### **Stigma**

The masculine characteristics at odds with the psychological injury, result in stigma. Stigma has been investigated across a wide variety of disciplines in the social sciences, each one conceptualizing it in different ways (Link and Phelan, 2001). In the broadest sense, and for our application here, people who are stigmatized have an attribute that devalues their social identity in a particular context (Crocker, 1999). The context is important, because what can stigmatize someone in one context, can confirm their usefulness in another (Goffman, 1963). It is the relationship between an attribute and a stereotype (Jones et al., 1984). The attribute reduces the person from a whole person to a tainted one (Goffman, 1963). Link and Phelan (2001) write that stigmatization happens when interrelated components converge:

In the first component, people distinguish and label human differences. In the second, dominant cultural beliefs link labeled persons to undesirable characteristics- to negative stereotypes. In the third, labeled persons are placed in distinct categories so as to accomplish some degree of separation of 'us' from 'them'. In the fourth, labeled persons experience status loss and discrimination that lead to unequal outcomes. Finally, stigmatization is entirely contingent on access to social, economic, and political power that allows the identification of differentness, the construction of stereotypes, the separation of labeled persons into distinct categories, and the full execution of disapproval, rejection, exclusion, and discrimination. (p. 367)

Besides impacting individual identity, stigma is one of the main reasons why people do not seek psychological services or remain committed to them (Corrigan, 2004). There are still those outdated views in society that perceive mental health issues and psychiatric disorders as frightening, unpredictable, and strange (Lundberg, Hansson, Wentz, & Bjorkman, 2007). The core tenants of policing, such as emotional control, and independence, are inherently at odds with these conceptions (Karaffa & Tochkov, 2013; Woody, 2005).

### **Rural Policing**

Rural research has shown that officers would benefit from institutional stress management training (Oliver & Meier, 2009). However, when considering this, we must take into account the unique aspects of rural policing. We must not view rural agencies, rural officers, as simply smaller versions of urban agencies (Weisheit, Wells, & Falcone, 1995). From a policy and solutions standpoint, we would be wrong to assume that what works in the urban area will work in the rural area (Weisheit et al., 1995). Some factors to consider are geographic isolation, the availability of firearms, economic factors, homogenous populations, social norm

differences, a mistrust of government, and a reluctance to share internal problems (Weisheit et al., 1995). Smaller agencies also have more informal relationships within the agency and within the community (Regoli, Crank, & Culbertson, 1989).

In general, rural populations endure a greater impact regarding mental health issues because of a three-part problem: accessibility, availability, and acceptability (HRSA, 2005; Smalley et al., 2010). Overall, rural populations are less likely to have access to mental health services (Lambert & Agger, 1995). Accessibility challenges also include knowing when services are needed, where they are, and logistics such as transportation and payment (Smalley et al., 2010). The availability of rural mental health providers in general is severely inadequate, mainly due to a lack of mental health professionals in rural areas (Bird, Dempsey, & Hartley, 2001; HRSA, 2005). The acceptability of mental health services for rural populations as a socially acceptable solution is related to anonymity; a decrease in anonymity of receiving services, results in an increase in stigma (HRSA, 2005; Smalley et al., 2010). Any solution must be mindful of this reality, taking into account that what works in larger areas, may not be applied as easily to rural settings.

### **Police Culture Conclusion**

Trauma and PTSD are all encompassing reactions for the individual. The impact reaches beyond the individual for anyone that loves someone who has experienced trauma will be affected; cognitive functioning, emotional regulation, and memory recall are all affected. From a social standpoint, persons with PTSD are more apt to engage in risky behaviors, substance abuse, and be prone to psychiatric problems such as depression. The reality is that the change happens in the very make up of our being, evident in measurable changes in brain and body function.



There are reliable solutions for trauma, shown to mitigate or diminish the impact on the individual.

The characteristics of masculinity, courage, and strength enable officers to complete their duties and move onto the next call. The resulting stigma in expressing emotion, showing vulnerability, or acknowledging psychological injuries naturally follows this infallible notion.

Law enforcement officers are not immune to the impact of trauma, in fact they are quite susceptible due to the frequency at which they encounter life altering situations. Whether they experience the trauma directly or vicariously, they are ordinary people experiencing extraordinary circumstances.

### **Chapter Conclusion**

One of the barriers I see as a scholar-practitioner is the law enforcement culture and stigma related to help-seeking. The culture is a mix of protective behaviors, social-norms, and socially sanctioned solutions. We know trauma is present in the profession and it takes the form of many adverse conditions. These are largely based in notions of masculinity and control, and are not without their purposeful place. Where these factors merge is where my research is focused. I want to know what trauma, cultural stigma, and solutions look like in my communities. I know that my stance in the profession is unique and afforded me access to the population in a way that gave me unique answers.

## Chapter III: Methodology

### Introduction

In my office there is a plaque I received for my work with victims of crime. It says in gold lettering across a blue background, “Leech Lake Band of Ojibwe...For Selfless Service to Domestic Violence and Sexual Assault Victims. A Guardian of the Victim’s Voice.” During my years on the job, whenever I did an interview, I did my best to capture the voice of my subject. For it was easy for me to paraphrase a statement, but it was inherently powerful to add their exact words from the experience. My thought was, who else could describe the color, smells, the sight, the perception of time, better than the person who lived it. Each situational experience and reaction is uniquely theirs. The experience of the officer is not traumatic based on the severity of the incident. Two officers can experience the same event or circumstances and have different reactions, based on their history, training, and the culture of the organization (Paton, 2006). Therefore, I needed a methodology that could account for such differences and can capture the depth of the emotional experience. In this chapter I set out the background of narrative method, its purpose and application in my study, my research design, a description of my participants, my interview procedures, data set details, data analysis, ethical considerations of the study, and a chapter conclusion.

I chose narrative method for the data collection. The phenomenon of interest is centered on the way culture influences an individual’s reaction to trauma. This could be partially captured by other means, for example a survey. However, this would not reveal how the problem is rooted within the individual and the law enforcement culture. Narrative researchers situate stories within the settings of home, culture, time, and place (Creswell & Poth, 2018).

Trauma and stigma are engrained so much within the fabric of the culture that an officer may not know they are being adversely affected. Also, this is a very personal two-process reaction I am studying: the initial trauma and the subsequent influence of police culture. As an interviewer and member of the culture, I expected to change and learn from the experience. Creswell and Poth (2018) wrote this change is from negotiating the new relationship with the participant and providing usefulness for them. The relationship with my participants will be the ground on which we will walk, the experience of trauma and culture, shared on the basis of this relationship.

As you will see in the findings chapter, I was presented with confirmatory findings from the literature review. The findings confirmed what was in this study's literature review regarding police culture. It made the literature review tangible, real. I could see the old notions of masculinity, the coping methods engrained in the culture. I could see trauma move from the pages of journals to the lives of my participants. Besides these literature confirming findings, there were new findings that I was not expecting as you will see in chapter four.

### **Narrative Background**

Qualitative research is about understanding the how and the why that quantitative inquiry cannot explain, and it is about seeing the viewpoint of the participant (Hannabuss, 1996). Within qualitative research we find narrative inquiry. Narrative inquiry in the field of social sciences is relatively new comparable to other modes of inquiry. One should not expect a simple definition that can cover any potential application across any application (Riessman & Speedy, 2007).

The basis of self, of consciousness, is the base of narrative theory; without an awareness of self, placed in the story, there isn't a point of reference. In describing paths of experience, Strong (1918), said they are either perceived through sense-perception and introspection, and

representation. Strong (1918) wrote empirical cognition is trustworthy because the object is present, acting on the senses. In introspection, or the memory, there is a gap between two stations: the original input through the senses and the recall. This leaves room for modifications, meaning the individual changes and interprets the event; representation is re-presentation (Strong, 1918). In other words, beginning in recollection in the mind, the experience is interpreted and changed, mixed with self, and laid out in story form.

Our consciousness is interwoven with our knowing, with our knowledge. Knowledge is not a rendition of facts, it is an organized and structured composition of facts, according to particular patterns (Mandler, 1984). We order our experiences by relating these memories and experiences to a conceptual whole (Polkinghorne, 1991). Our conceptual whole, our consciousness, and our flowing knowledge, interact when telling of story.

Story is transmitted to others by way of self. The development of the notion of 'self' described by Rogers (1959), is differentiation, part of the actualizing tendency, where one's experience becomes differentiated and symbolized in an awareness of being. This awareness of being and functioning in an environment, becomes elaborated through the interaction with others (Rogers, 1959). Further developing the notion of self, come other concepts such as the need for positive-regard, the need for self-regard, and the development of an individual's worth (Rogers, 1959).

This process of presenting self through story is filtered, as described here: "Nevertheless, sociologists with a more subjectivist orientation have to acknowledge the existence of social frames..." (Bertaux & Kohli, 1984, p. 219). The story exists within social hierarchy, within sociohistorical structures, along with subjectivity (Bertaux & Kohli, 1984). There is an amplification of voice that is inherent to the process, for I see my population as unheard,

overlooked, and pre-judged. The societal expectations, the unique legal status of police officers, the paramilitary hierarchy, all inhibit the voice of officers; story is filtered, altered for the public. The voice of the officers in distress needs to be amplified, because harm is befalling traumatized officers without recourse. I see a duty to advocate, to enlighten en masse, with the researcher publishing voice for the public (Bennett, 1983; Bertaux & Kohli, 1984).

The narrative sharing of knowledge is basal to our society. It is how we communicate and where the basis of our knowledge comes from; shared story. Barthes and Duisit (1975) wrote on the infinite forms of language that were possible, cutting across culture, history, tragedy, stating it is as old as human-kind. Narrative has layers, within the layers, functions. The narrative can create confusion between consecutiveness and consequence, between time and logic, for it is being filtered through the individual (Barthes & Dusit, 1975).

White (1966) said that man is an organism, but his most distinctive characteristic is an ability to learn, accomplished through the environment and culture. White (1966) wrote, “Any attempt to study people must rely heavily on interviews. There can be no adequate substitution for the obvious procedure of asking the subject to tell all that he can about himself and his environment” (pp. 96–97). Qualitative data is still the only way to obtain data from the aspects of social life not conducive to quantitative study (Glaser & Strauss, 1967).

In his book *Logic: The Theory of Inquiry*, Dewey (1938) wrote, “Events as existences neither begin nor cease just because an inquirer is concerned with them. The evidence is conclusive that the category of causation accrues to existential subject-matter as a logical form when and because determinate problems about such subject matter are present” (p. 459). This can be directly applied to narrative inquiry, as the narrative exists within the subject; problem identification and searching by the researcher make it visible. Wang and Geale (2015) alluded to

the fluidity of the method referenced by Dewey stating “The fluidity in storytelling, moving from the past to the present or into the future, is at the heart of Dewey’s theory of experience in the field of education” (p. 196). The problems associated with trauma and culture in rural Minnesota are within my participants. Narrative, this fluid process, built on a purposeful relationship, is how the events and story will be accessed.

This notion of temporal fluidity is also common, meaning time flows according to the storyteller. Bruner (1991) noted that narrative takes place what he calls in human time, a term that’s abstract which differs from our standard notions of time. The narrative is not just a listing of events rattled off, rather it contains a plot, which gives coherence and meaning to the story (Jovchelovitch & Bauer, 2000).

It is this plot where meaning happens. As a visual thinker, I think of the plot as how one would throw a bedsheet up in the air, watching it slowly come down, covering the bed; it would have color, substance, and presence. It can be made up of smaller stories within the larger stories, but it is the overarching meaning making, that covers all. It is also a self-generating schema, durative, made up of patterns of events set in time (Bruner, 1991; Jovchelovitch & Bauer, 2000). Narrative is a setting of people and the happenings that befall them, relevant to beliefs, desires, theories and such (Bruno, 1991). The power comes from the story, harnessing that is my goal. The stories shared represent life, from the inner reality to the outside world (Lieblich, Tuval-Bashiach, & Zibler, 1998).

Narrative can be both the topic and the method of inquiry. This duality means it can address the quality of an experience and be the manner of study. “Narrative names the structured quality of experience to be studied, and it names the patterns of inquiry for its study” (Connelly & Clandinin, 1990, p. 2). Connelly and Clandinin (1990) call the phenomenon the story, and the

inquiry process narrative. Narrative can also be used for comparison purposes, to study a phenomenon, a history, or to explore an individual's personality (Lieblich et al., 1998).

Bruner noted the criteria for confirmation or acceptance are different. An argument may denote, if x occurs then y follows, where a story is judged for its subjective goodness (Bruner, 1986). These assumptions challenge me as researcher, for there are things that are known to be true, factual as the sky or the earth. Events happen and are recorded as fact. But what about the person behind the event, the human experience, and the reasons for it? The two are meshed together creating a new product. Narratives are enhanced by the physical events that imprint on the state of the protagonists (Bruner, 1991).

There are reasons as to why the facts are assembled a certain way, for whom the story was constructed, and for what purpose (Riessman & Speedy, 2007). This concept of purpose goes to the heart of why we share stories, why we bond in groups, and who we are. We tell stories not to illustrate who we are, rather to affirm, who we are (Roof, 1993).

For me, there is nothing more powerful than the individual story. I listened to stories growing up, they created my morals and helped me to make meaning about life as an indigenous small-town child. I grew into a man and joined a profession that allows me to serve others in line with my morality and feelings of service. As I encountered victims of crime, I made a point to gather their story with a digital recorder, for their voice was more powerful than mine. I captured their feelings, the unseen inner workings, along with the facts of what happened. The problems I am focusing on are not seen on the surface, you cannot see them on my participants' skin. It is only through creating relational, purposeful space, and walking with them during the process, can the color of their experience be brought forth for study.

## **Narrative Purpose and Application**

I set out to capture the experience of my participants through narrative inquiry. As explained previously, narrative is not just a chronological recollection of events, but an attempt to find and make meaning, and where the plot of the events is crucial (Jovchelovitch & Bauer, 2000). The human experience flows, along with the social phenomena, without precise beginning and end (Jovechelovitch & Bauer, 2000). The stories gathered are about the ‘self,’ as they are the basis of identity and understanding built to form structures of meaning (Pokinghorne, 1991). These become the building blocks of our qualitative understanding of the human experience. The story becomes fixed in written text for our understanding. First, the story is captured and it is put into text. Second, the narrative becomes detached from the moment it was captured and has consequences of its own, becoming separate from the participant. Third, the narrative assumes importance that goes beyond the initial capture and becomes relevant in other contexts. Fourth, the narrative becomes an open work, meaning it is addressed to those who read it, becoming open to further interpretation and application. (Moen, 2006; Ricoeur, 1981). Riessman and Speedy (2007) wrote, “...personal narrative encompasses long sections of talk- extended accounts of lives in context that develop over the course of single or multiple interviews” (p. 430).

In this study, I explored the lived traumatic experience of the individual. My understanding of the phenomena was grown from hours of raw audio, transcription, and subsequent analysis. It is my hope this meaning will eventually enhance our understanding of the problem phenomena and our ability to find actionable solutions. “The application of the social sciences to the study and improvement of contemporary life depends on these intimate



understandings of the respondent” (McCracken, 1988, p. 10). In the next section I lay out the design of the study and supporting literature.

### **Research Design**

The purpose of story in academic research is not the common place story, it is larger than that. Bruner (1986) says that a well-formed argument and a story are both well-traveled paths to informing each other. Bruner also says argument and story are different; arguments convince one of their truth, stories of their likeness (Bruno, 1986). I am seeking the lived experience from the officers themselves in relation to trauma and culture. I want to enhance our understanding of these lived experiences using narrative research. Respondents provided their life experiences, where there has been a breach between ideal and real, self and society (Riessman, 1993).

As a researcher I have a conflict, between accessing rich, detailed data and protecting my study participants (Kaiser, 2009). Anonymity safeguards were in place during data collection, data cleaning, and dissemination (Kaiser, 2009). This was addressed in an informed consent form, stating all identifying characteristics related to geographical origin would be non-descript, and no identifying cities, areas, or landmarks would be used. The marriage of narrative and categorical content analysis worked for this study, for my research goals; I knew there would be power and meaning in the stories.

**Participants and setting.** I conducted a series of ten interviews with officers employed across rural Minnesota. The sampling method I used was purposeful sampling, as I was seeking a unique agency type, service area, and officer, related to my research questions (Creswell, 2012). My criteria for agency selection was a law enforcement agency employing 30 or fewer licensed peace officers, outside of the metropolitan area and suburbs of the Twin Cities. Geographically this excluded the counties of Anoka, Hennepin, Ramsey, Dakota, Washington, Carver, and Scott.

In order to cast a geographically wide net, I attempted to recruit only two officers from each agency. I found the numbers of officers each agency had on the Minnesota Peace Officer and Standards and Training (POST) website, which offers statewide statistics as a licensing board.

I sent letters to Minnesota Chief Law Enforcement Officers (CLEOs) asking for their agency participation and permission for my study. In all, I sent participation packets to 24 agencies. I asked the CLEO's to inform their officers of the study, whether through a provided flyer, or email. The complete packet contained the individual benefits, subject risks, interview procedures, anonymity protections, and greater implications for the profession as a whole. I informed the CLEO's that I would only be taking two from their agency. I asked that the officers contact me directly for the participant interview, bypassing the CLEO's oversight. In the end, the administration did not know specifically who participated.

In response, I received participants from seven different law enforcement agencies. After receiving an interested email or phone call, I set up a time to speak on the study. I spoke to them for approximately 10 minutes during this initial screening. I asked if they had experienced trauma during their time on the job and if they would be willing to talk about it for my study. I also explained the informed consent process and confirmed that I would email them a copy of this after our initial talk. A time for the full interview was also agreed upon, my stipulation that it be away from work. There was not a set time for response, because I was not sure when exactly the flyer went out within the agency. Some CLEO's mentioned they put it out as soon as they could, responding by text or email that they received it and put it out. One participant responded weeks after, others responded the day it was put out; I did not specifically measure between noticing the flyer and response. The majority contacted me from their homes, with one who contacted me from his vehicle. We communicated by way of Skype and Google Duo which

allowed for real-time video contact. In a few interviews the digital signal would break up; I attribute this to the rural nature of the study. In my view, this did not affect the overall outcome of the study, it meant phrases and questions had to sometimes be repeated.

I received signed consent forms prior to interviewing. During my informed consent process, I informed my participants that I had a list of mental health services should they need them. This was gathered by the Minnesota Trauma Project's website, and was geographically specific to the population centers in Minnesota. The list is up-to-date and states which insurance is accepted and what services for trauma are offered. Though offered, none of my participants asked for resources related to trauma.

Participants received \$150 for participation. The responses varied from agency to agency. The strict study criteria of two officers per agency ensured I cast a wide geographical net. In some agencies, I had to turn away officers once the two slots per agency were taken. This was difficult because I knew they had stories to share. In some agencies I only received one participant, or one response. Demographically, I was pleased with the sample experience span. The lowest time participant time in the profession was five years, the longest was 34 years.

Table 3.1

*Agency, years of experience, and number of stories shared.*

A	6 years of experience	3 stories, 10 smaller stories
A	14 years of experience	3 stories, 2 smaller stories
B	15 years of experience	4 stories, 2 smaller stories
C	13 years of experience	3 stories, 3 smaller stories
D	5 years of experience	3 stories, 3 smaller stories
E	20 years of experience	3 stories, 1 smaller story

E 21 years of experience 3 stories, 1 smaller story

F 10 years of experience 4 stories

F 34 years of experience 3 stories, 1 smaller story

G 19 years of experience 2 stories, 1 smaller story

**Interviews.** I asked that the interviews be held away from where they worked. My reason for wanting to conduct the interviews in the officer's down time is related directly to my research question; police cultural influence. I believe what they shared could have been influenced by their professional persona had our interviews been in a law enforcement setting. The wearing of the uniform, the vest, the gear, is an ever-present status that encompasses the psyche and bodily state.

I asked the participants for full stories. Some included smaller anecdotes, or experiences, that were supportive of a statement they were making; these I labeled as smaller stories. Anecdotes were not fully set in time, they were simply shorter statements related to the question or offered as support for a statement by the participant.

I used an open-ended interview approach, starting each interview with an ice-breaker question about their ideal vacation. I had a list of cues for the interview should the dialogue stall, however it never did. In fact, the interviews flowed quite well. My task as a researcher was that much easier with participants willing to talk at length about their experiences. I used broad strokes, broad questions to begin with, asking for a story from their careers. I would not interrupt them in the story process. I listened and followed them on the path they took, offering my presence by way of the video feed. The large open forum of the story was narrowed by me

as I focused on the effect of the incident on them, the immediate aftermath, and trauma and cultural phenomena. I would ask clarifying questions to make sense of the story.

I did not have a script because I did not know what each participant would give me. I believe a script would have been burdensome, disingenuous, and cumbersome. I didn't want a script to interfere with my status as a peer. I honed in on the emotions, the impact of the scenes themselves, asking them for their reactions in the midst of the trauma experience. These unsightly scenes, what they lived, were the basis of trauma. As a researcher, I anticipated that trauma would be inherent, ever present.

**The data set.** The stories were gathered over approximately six weeks in late spring and early summer of 2019. The raw audio was then sent to a transcription service in the Twin Cities and returned via email to me. These transcripts became my field texts for analysis. In all I had approximately 11 hours and 46 minutes of transcribed audio.

The analysis of the transcribed data was done by identifying units within the text, which were the basis for categories, which were used to reorganize the text, into themes which would be visible to me. The decontextualisation and recontextualisation during the process allowed the themes to be pulled from the text and investigated along with other related material (Malterud, 2001).

During the data cleaning aspect, names, addresses, or respondent identifiers were removed. Identified entities (e.g., participant names people or places) were de-identified in the transcripts before analysis. For example, a name was replaced with a generic term such as female victim.

## Data Analysis

I analyzed my data through an inductive process from the transcribed text prior to establishing themes and codes (Creswell, 2012). I related to the words of Basit (2003) who said this process was a “dynamic, intuitive and creative process of inductive reasoning, thinking and theorizing” (p. 143). I read through the transcripts several times as recommended by Creswell (2012). The objective of analysis is to determine categories, relationships, and assumptions that tie my respondents’ views together in a meaningful exploratory way (McCracken, 1988). Prior to analysis I gained an understanding of what the literature says, a sense of my own experience related to the topic, and a glancing sense of what occurred during the interview (McCracken, 1988). Narrative inquiry relies on conversation and interviews to elicit the insights sought. This requires open-mindedness, as noted by McCracken (1988):

If the full powers of discovery inherent in the qualitative interview are to be fully exploited, the investigator must be prepared to glimpse and systematically reconstruct a view of the world that bears no relation to his or her own view or the one evident in the literature. (p. 45)

I used a methodical process of breaking down the gathered narrative into building blocks. This methodical process spoke to my nature as a law enforcement officer. In essence I was building a case, as evident in my analysis and results, and then drawing conclusions. The grand narrative that emerged was surprising and had different paths that I did not anticipate. It challenged any assumptions that I had coming into the research. I re-read the text many times, I made notes in the margins of field texts, until the margins were covered. I pulled out of each story notable segments structures of a larger meaning.

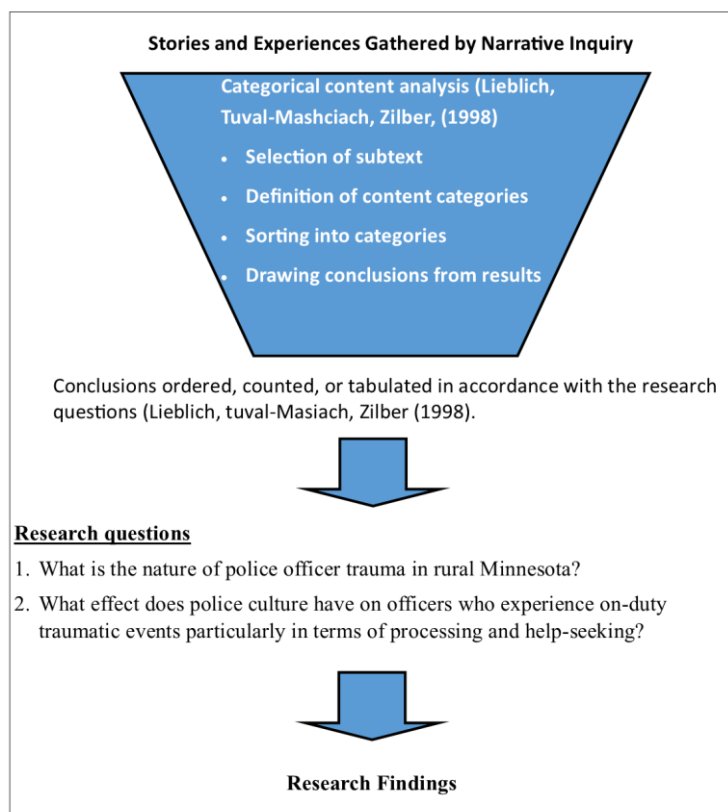
...the narrative materials of the life stories will be processed analytically, namely, by breaking the text into relatively small units of content and submitting them to either descriptive or statistical treatment. (Lieblich et al., 1998, p. 112)

I also used a mix of inductive and deductive analysis techniques. “Deductive analysis refers to data analyses that set out to test whether data are consistent with prior assumptions, theories, or hypotheses identified or constructed by the investigator” (Thomas, 2006, p. 238). The inductive analysis was carried out through multiple readings and interpretations, coming from the data itself, without prior expectations (Thomas, 2006). Codes were broken into categories and what emerged was a picture of police culture and trauma response on rural Minnesota.

I also reflected my findings back to the literature, and found support for other research findings (Creswell, 2012). My findings were consistent with the data in many areas of the literature, from trauma reaction, to culture, to administrative interventions. It also confirmed what I experienced as an officer in three Minnesota agencies.

I chose a categorical content analysis for my approach. I created codes that related to the story, themes, and meaning (Creswell & Poth, 2018). My research question drove how this process unfolded, what stood out from the text. This process of analyzing is described by Lieblich et al. (1998) as selecting the subtext from the interviews, defining content categories, sorting the transcript material into the relevant categories, and drawing conclusions from the results; this process is seen in Figure 3.1. When I had the content into categories, I pulled out the most frequently occurring as seen in table 4.3 and table 4.4. After coding was completed I noticed that there were codes that were prevalent across the interviews but not numerically most

frequent. They were also relevant to my research questions. These are seen in table 4.5; these codes were tabulated for their relevance to my research question and their overall prevalence.



*Figure 3.1.* Process of gathering story, applying conclusions to research questions, and findings.

New ideas arose during the analysis, testing my research questions, and leaving me with more questions at the end of the process. Initially I relied on my experience and knowledge of the phenomena to gather the items into categories to answer the research questions.

Yet interpretation does not mean absolute freedom for speculation and intuition...Interpretive decisions are not ‘wild, in other words, but require justification. While traditional research methods provide researchers with systematic inferential processes, usually based on statistics, narrative work requires self-awareness and self-discipline in the ongoing examination of text against interpretation, and vice versa. (Lieblich et al., 1998, pp. 10-11)



There is also an uncertainty around the meaning, which is described by Clandinin and Connelly (2000) as an attitude of doing one's best, being aware that there are other possibilities and ways of making sense of the findings. The larger analysis was done through social commonplaces; temporal, sociality, and place (Clandinin, 2013). These are the social conditions (culture) under which my participants were experiencing the phenomena, the time (present and future), and the physicality, the unique environment of being rural officers (Clandinin, 2013). The steps to processing the raw data included selecting the subtext, defining the content categories, sorting the material codes into categories, and drawing conclusions from the results (Lieblich et al., 1998).

As you will see, the narrative is rich, incredibly personal, and at times, wholly unedited. It is from these transcribed interviews that I formed the basis of understanding. I re-read them many times, each person's stories taking on a life within me. During content analysis, the participants were no longer present, but the power of their stories lingered on the page. "In content analysis, conclusions are drawn on the basis of empathic and sensitive readings of the text" (Lieblich et al., 1998, p. 155). Some of these stories hit me hard, for weeks I felt as if I was on the verge of tears as I went about my day. Again, I am only the researcher, these officers are the ones that lived it.

### **Methodology Conclusion**

A side purpose of this study was to throw proverbial red-paint at the reality of policing in rural Minnesota. The limitations to this study are its small sample size. My insider status also creates a bias that a neutral researcher would not have. I also cannot generalize these findings to all police populations in the State. The sample was self-selecting, meaning they read the flyer

and chose to participate. It is arguable that they were predisposed to talking about trauma and their experience is not the experience of the average officer.

The content analysis process could be used on this same raw data set for a number of other questions. Through the narrative, the public can see what happens in the supposed quiet jurisdictions. My findings are subjective to each reader of this study, based on the evidence and argument for the claim made by me, the researcher (Polkinghorne, 2007):

Validation of claims about the understandings of human experience requires evidence in the form of personally reflective descriptions in ordinary language and analyses using inductive processes that capture commonalities across individual experiences. (p. 475)

Through my narrative process, analysis, and interpretation using the officers' own words, "Narrative researchers undertake their inquiries to have something to say to their readers about the human condition" (Polkinghorne, 2007, p. 476). For the purposes of this study on trauma and culture in rural Minnesota, I believe this process was fitting. As you read the experiences of my participant in the following chapter, please be aware of the lives behind the stories. The greater research purpose and the collective voice of my participants is providing voice to our understanding of the human experience.

## Chapter IV: Findings

### Introduction

In the following chapter I will present codes and themes found in the field texts, tables detailing the individual stories and codes, an exploration of the most common and prevalent codes, and will end the chapter with a grand narrative which is a demonstration of the themes and findings of this study, using the participants' own words. Surprises in the study were noted as anomalies. They stood out from the data because of my own experience as an insider. One large surprise was found on the post-incident intervention of debriefing. This finding highlights not only the continued use of an outdated intervention, it shows that we may be harming our first responders with its continued use. Certain identifiers such as years of service are made available because trauma is cumulative and is relevant for understanding the phenomena in broader sense.

### Codes and Themes

Clandinin (2013) writes that field texts are co-compositions, meaning they are created by myself (the researcher) and my participant. "Whether narrative inquirers are listening to participants" told stories or living alongside participants as their lives unfold...there is ongoing interpretation of the stories lived and told." (Clandinin, 2013, p. 46). In this process there was definitely a parallel process for me as a researcher. As mentioned in the previous chapter, I would relate some of my own experiences of trauma to my participants, relating to them on a level of intimate knowing. This helped the interviews flow and encouraged them to share.

After gathering the stories, I began the process of content analysis, noted by Lieblich et al., (1998) by selecting the subtext, defining content categories, sorting the material into categories/themes, and drawing conclusions from the results. As I read, ideas and statements from my participants became codes, forming like spots of light. With each pass, I began to

notice the categories forming. No two interviews were alike, but there were glaring similarities across them. I also began to see what was not present, for example formal training on trauma; the officers had none. The officers indicated they did not receive trauma training in preparation for the position, or if they thought they might have, they could not recall specifics. There was a gap in the narrative when it came to this example.

The categories of trauma, culture, coping, leadership, and solutions were formed. These were related to the research questions on trauma and culture. Each code in the text fell under one of these categories. When I finished my categorical analysis, it came time to make meaning of the larger purpose, in relation to my research questions. The way I did this was by applying what I had just learned from my analysis to what I know about police culture (sociality), their practice spaces (rural agencies), and temporality, their present state and their idealistic future view on solutions. There were also anomalies, meaning that stood alone and were not seen in other participants' stories.

Some experiences of my participants were uniquely theirs, for example losing a family member or peer during the course of their careers. These fit under the broad categories of trauma and culture, but held a power all their own. Another participant's experience did not fall under trauma, but raised more questions because of his low trauma reaction and unusually supportive leadership.

In total there were 206 individual codes. I created a master codebook that evolved as I kept moving through each story. I marked the transcripts in the margins and began to log my findings on a spreadsheet. For the ease of understanding what I was looking at, I broke these up into thematic areas: trauma, culture (setting), coping, leadership, and solutions.

Table 4.2

*Number of field text codes per category/theme*

Trauma	Culture	Coping	Leadership	Solutions
57 codes	51 codes	43 codes	12 codes	43 codes

Some of the codes were only seen once, such as “Threats from suspect to officer’s family- peer” and “The saying: This is what you signed up for.” Others were repeated throughout the participant’s narrative in one story or another.

Numerically, I chose the top 5 from each interview, those that appeared the most frequently. If there were a tie for 5<sup>th</sup> code, I included all codes that had the same value. Table 4.3 shows the individual interviews with the top codes for each.

Table 4.3

*Number of times a code was found in an interview*

Daniel					
Stigma awareness	8	Fear/stigma help-seeking	5	Cop to cop relating	4
Lack of awareness prob/sol.	5	Second guessing self	4	Mistrust of MH	4
Dark humor	4	Emotional suppression	4	Spouse support	4
Alex					
Stigma awareness	6	Fear/hope symptom passes	3	Gun call	2
Fear/stigma help-seeking	4	Spouse support	2	Admin support received	2
Lack of aware. prob/sol.	4	Spouse protection	2	Exercise-coping	2
				Solo coping	2
Jeremy					
Personalized call	4	Public misunderstanding	3	Emotional suppression	3
Peer support in culture	4	Crying	3	Received supervisor support	3
Fear/stigma help-seeking	4	No agency discussion/silence	3	Supervisor criticism	3
				Admin criticism	3
Frank					
Anger from trauma	7	Lack of aware. prob/sol.	5	EMDR	4
Fear/stigma help-seeking	6	Crowd anxiety	4		
Mark					
Peer support in in culture	4	Lack of peer support	3	Second guessing self	3
Stigma awareness	3	Fear/stigma help-seeking	3	Dark Humor	3
				Recurring thoughts	3
James					
Personalized call	8	Peer support in culture	5	Child death	3
Admin support received	7	Open communication/agency	5		
Timothy					
Event suppression	9	Solo coping	5	Giving comfort scene/victim	4
Peer support in culture	6	Giving peers support	5	Lack of aware. of prob/sol.	4
Scott					
Admin criticism	5	Hiring/selection criticism	5	Education mistrust	4
No admin support	5	Personalized call	5	Trauma compare other	4
				LE Legacy	4
Alan					
Admin support received	4	Stigma awareness	3	Attended debriefing	3
Didn't want to talk	3	Solo coping	3	Emotional suppression	3
Michael					
Received peer support	8	Peer support in culture	5	Recurring thoughts	4
Stigma awareness	5	Emotional suppression	5	Ind. awareness (prob/sol.)	4
				Admin support received	4

Of these, the codes that were the most frequently mentioned, and seen across the most interviews most frequently are seen in Table 4.4.

Table 4.4

*Most frequent codes across all interviews*

Peer support in culture: 24
Fear/stigma in help-seeking: 18
Lack of awareness of prob/solution: 18
Stigma awareness: 17
Admin support received: 17
Emotional suppression: 15

Four common codes that were relevant but not numerically superior are seen in Table 4.5. The majority of participants mentioned how they share with their spouses, how they used humor to cope, their own solo coping methods, and a lack of administrative or direct supervisor support.

Table 4.5

*Common codes across multiple interviews*

Solo coping
Spousal support and protection
Dark humor
No admin support or supervisor support

## Exploring Themes & Codes

In the following section I want to present my findings rooted in the words of the participants and my analysis. These codes were the relevant findings. They were present in each officer's story of trauma, in the aftermath, in the culture, and are still present for them today. I included narrative from the participants highlighting the codes embedded in their stories.

Themes are codes related under a topic heading. For example, under the theme of trauma, the codes "personalized call" "recurring thoughts", and "seconding guessing self" all were individual codes. These make up the theme of trauma, a way to categorize and thematically analyze my data set. Larger meaning started to appear, including how the officers relate to trauma, their administration and supervisors, and what their support systems look like.

This work was ripe with feelings, both in the participants and me. The color of each theme became apparent beset against pages of black and white text. Within me, I saw and felt areas of red, areas for concern. I felt areas of dark, grey, stories of tragedy long hidden, locked away. Other areas felt and read as places of solace, blues, yellows, and warm areas of comfort for the individual. What follows is an exploration of the most significant, common, and relevant codes.

**Peer support in culture.** This finding was significant because it shows the unseen ways in which officers take care of themselves. This support is largely unseen outside of law enforcement because of the cultural undertones and inner trust among members. What was described in the interviews was an unofficial caretaking structure, where one can step away from a scene or where peers will unofficially support a co-worker after a severe trauma. In the following example Timothy gives a three-dimensional look at his experience, describing the scene, and looking outward, caretaking for a peer who had to leave the scene.



But, you know, of my partners who was there, there's a good chunk of skull probably like that (demonstrates with hands) just kind of off to the side, and he (his partner) is like 'Yeah, I can deal with guts and blood and brain and whatever. But I just saw the top of her skull, and now that's gotten me kind of screwed up.' Different things affect different people differently. You know, go take a break if you need to, and we'll come check on you in a little bit and whatever.

Timothy offered peer support to his partner on scene, after seeing the death scene of a young woman. As Timothy looked within himself that night, he said "If I sit there and think about what I've seen, that's going to ruin me as the years go on." He is well aware of his place in his career, relatively new at six years, and the need to care for himself as well as his peers. He is aware that the cumulative effects of trauma need to be guarded against, and he perceives ruminating as a path to personal ruin.

Timothy's takes me into the culture of his agency and describes it as supportive, a willingness to support one another is present.

Not having any support, I really can't think of anything. As far as I've known, if somebody actually comes up and says, 'Yeah I need to talk about this. It's got me kind of screwed up.' People are going to understand...And they're willing to talk to you about it.

A different take on peer support is the unofficial peer monitoring I saw. I found this process in a number of stories, where peers will support each other, by monitoring each other for adverse effects after a traumatic call. Participant Scott describes the culture of his workplace, this process, and how they operate.

We're pretty close on night shift. We have two night shift groups. But yeah, we usually kind of watch over each other. If something we can tell is bugging somebody, we'll just kind of watch them for two or three days. If it's continuing, either I, or one of the Sergeants, will ask him about it and ask him what's up. What's going on? You're not yourself. We don't push it. We don't hound them or anything like that. We just say if you need something, shout.

Moving beyond the initial trauma, Scott and his team monitor the ripples of trauma. If the trauma is the splash, then the ripples are the aftereffects in their peers. Scott is confident that

his peers will be able to verbalize what is wrong. Though well intentioned, I see some problems with this process. What happens if the officer experiencing the event is reluctant to speak up for fear of being stigmatized as weak or characterized as not cut out for the job? What if they are afraid of administrative consequences?

To close this section I present a story from Jeremy. This story was powerful because it demonstrated support for his peers in the wake of an infant's death and the negating of suppressive emotional stigma. Jeremy's agency had responded to a daycare for an infant. Jeremy said that they did CPR on this infant and were "...just begging for the kid to breathe again." After the initial scene, he and his partners went to the hospital. He said he was at the hospital when the family arrived. He felt he had let the parents down, because they thought they were going to be able to save the child. At the time, Jeremy had small children of his own at home. Jeremy picks up the story as they are at the hospital.

And I watched the parents come in and the look on their face was just too much, and my partners and I were actually crying. We actually had to leave and talk about it. We all were like, holy shit, this is bad. And we all had tears in our eyes and I finally just said, it's okay. I would not be normal if that did not bother me at all to watch that nine month old not breathe again and be able to say it fucked up me up. I cried, I cried a lot and then my wife and I talked about it and then (pause), probably it's always going to affect me like it is now, so it is what it is. Kids, I can't help it, you know?

Jeremy said in the aftermath, he and his peers got together as a group and supported each other, saying "...holy shit, this sucks." The emotional reassurance Jeremy gave was unique. He embraced the pain and did not suppress it himself, and reassured his peers it was alright to show it. In the days that followed he attended the child's wake and remembers seeing the child in the casket. He wanted closure because he felt he couldn't save him.

Jeremy's time on the job, 15 years, makes him a cultural leader of his agency. Unique to Jeremy were not only the stories of extreme trauma but bravery in the form of his own help-

seeking. Jeremy was one of my participants who sought help. He described the process of peer support today as a mix of presence and humor.

We'll just bullshit back and forth, and a lot of this culture and you know as well as I do, is we deal with really traumatic shit by laughing about it or making jest.

Jeremy is describing something valuable in the culture, dark humor (another code), is common in peer support. This ability to be able to drop one's guard, to joke about things that the public would be shocked at, and just release through peer support is in my opinion, necessary to the wellbeing of an officer. The certain fact is that traumatic events will occur to someone in this profession. The challenge is how to properly take care of these outcomes. Supporting each other, listening to each other, laughing, and being there for one another is a necessity.

**Fear and stigma in law enforcement.** In law enforcement there is an undertone of fear regarding seeking help (Miller, 1995). Whether it is how one will be perceived by administration, or by their peers, I found fear to be present in my participants. I combined two codes for this category; stigma awareness, and fear and stigma in help-seeking because they are closely related. Stigma awareness as a code, was when an officer expressed an awareness of the cultural stigma, the personal differentness, in law enforcement. "Fear and stigma" was coded when participants expressed a fear of consequences for seeking help as a law enforcement officer, a fear based on the stigmatization.

In a critique of the profession on this topic of stigma and fear, participant Scott said:

...I'm glad there are places and people and the careers that are actually doing stuff like that. I think law enforcement is just lacking and they don't want to actually have to go through it or open that door up to lawsuits going into it also.

Another participant Mark took me back to the squad room in his old agency and described how his peers were talking about someone who sought help, "talked to somebody".

And I remember in the squad room they were talking about this and it was a maybe a couple weeks after, and the one deputy that was there said, 'Hey I talked to somebody about it.' and said it bothered him or whatever, and he was thinking about it, and dreams, and some trauma stuff, and it was more like people thought that was funny, that he was basically a pansy because he couldn't deal with that shit and that kind of stuff. So I will always remember that.

Social sanctions for help-seeking are present, especially when there is a lack of training on the topic. Mark expanded further by saying this agency had a toxic environment and had, "I would say poor leadership from the very top...They could give a rat's ass less about that (trauma)." Mark has 21 years on the job, and has since moved on from this agency he spoke of.

Another participant, Frank, had a unique insight because he experienced the stigma surrounding seeking help and overcame it two years ago. Frank had been carrying the burden of an incident that occurred in 2012. He said the stigma began in his training in the mid-2000's, when an instructor told him:

You don't need the critical incident stress debriefings, you don't need to see anybody, you're fine. He said, 'I've been in law enforcement, EMS, and fire my whole life and I've never seen anybody ever have an issue'.

Characterizing this misguided teaching now, Frank said "Yeah that's the worst thing he could have said, worst thing. Thank god he's retired." Frank has a current fear of psychological records being accessed by administration and becoming included in a background investigation, or accessible by a defense attorney.

One of our guys just left for another job and he told the person doing the psych that he sees somebody, they wanted a signed release immediately. That was a big sticking point for me. To this day, I'd never sign that release.

This is a real fear among the culture regarding help-seeking. The details of treatment in mental health records and who can have access to them, with or without a court order, is a deterrent for help-seeking. Frank added:

Yeah, they're going to have access to 100 percent of your psych records. I'll be the first to admit, I go there to talk about trauma, but we talk about everything else too, everything under the sun. I don't need my agency reading that stuff. I think that's a huge deterrent for people.

The fear and stigma are related to a fitness of duty perception. Alex spoke on this directly, laying out his fears contrasted with the duties of the job.

You don't want to be looked at like, well, are you able to go, I mean can we trust you? Do you got my back? Are you able to go to work and pull the trigger when it needs to be done, when it comes to actually going to work...I mean, are you fit in the head to carry a gun and a badge. So I think there is a lot of stigma there, I don't know how you change it.

In a way the stories of fear and stigma represented hope and a new way of understanding. For example, the demographically older officers spoke of an "old school" mindset. Scott, who has been on the job since 2005, can compare and contrast his early experiences with today's mindset and see improvements.

I think it depends on your age. I think old school and their thought process on it is, you'll be fine. Rub dirt on it and walk it off...I think newer, younger people that are getting there from probably upper 30's or low 40's on down, they are getting into administration positions and kind of have more of an understanding about it.

A contrasting view to fear was presented by some. Frank said that seeking help for trauma makes an officer more reliable. Frank had sought help for his PTSD and openly shared his thoughts on officers who seek help versus officers who do not.

In my opinion, I think we're probably better off than half the loose cannons out there that have never done anything...We know where it's at. We know at least ourselves, our reputations, and what not.

This value in help-seeking was supported by another participant, Alan, who said the following profound words on help-seeking and personal health.

...if you're looking for help then you're the one that's actually man enough, you know what I mean? You're the one that's trying to get help for yourself so that you can be a better person, so that you can do better things and put something good out into the world.

Because if you're not, then all you're doing is keeping it inside and it's just going to come out ugly at some point.

This code represent how we are at a critical pivot point for our culture. We are moving forward, slowly. Yes, there is more of an awareness of trauma, though not yet through wide-spread agency sponsored practices in rural Minnesota. I relate this to the slow turning of a dimmer switch, a room coming into focus, moving from darkness to light; the stories show both hope and stigma. I find hope that the participants who had taken therapeutic solutions were healthy and willing to share their experiences. Officers who are in school now, may not have to live through the dark ages of trauma that some of us have lived through. Perhaps they will have solutions that are built into their agency structures. Perhaps they will be protected by contracts and policies regarding trauma. And perhaps, they will even complain about mandatory mental health training, for right now, that systems intervention does not exist.

I will close this code with a story from Alex. Alex had just shy of 10 years on the job when we spoke, he is experienced and knows the job. His partner on shift had just experienced a traumatic event two days prior to our interview. By listening and offering his support Alex vicariously lived the event through his peer. His partner expressed fear around the stigma he was experiencing, of needing a solution and there not being one. Alex walked me into this scenario by first describing the call his partner went on. During this call, a father and son were arguing. The son was an adult technically, but still living at home. The father threatened to shoot himself, a threat he had made in past. The son went into his room and locked the door. Soon after the father kicked open the son's door and shot himself right in front of his son.

When his partner arrived on scene, he tried to help the young man, but he was inconsolable. He described a painful scene of a son who had just witnessed his father take his life in front of him, and his partner's attempts to calm him down. He said his partner was hugging the

son as he was crying. The young man became suicidal himself, eventually needing to be medically sedated at the hospital.

As his partner told Alex these of this call, they started talking about the need for a mental health day, or some kind of respite following such trauma. Alex said his partner wanted to take the next shift off, but felt he couldn't. He said this was, "Because all of us just put on our uniform and do it again." That terrible day, his partner finished his shift and went back the next day. I need you to pause here as a reader and try to imagine yourself in this situation. You responded to a family's crisis in your community, with the sights and sounds of trauma. Emotionally you have given solace to a young man who will never be the same after tonight. Your shift ends, maybe it's your unofficial Monday, or Wednesday. You want to take the next day off but there is not a system in place for this and you feel you can't because someone would have to come in and cover, a reality of a smaller agency anytime anyone takes time off. His partner felt that he was not on the best of terms with his agency to request a day off.

This story highlights not only the fear of speaking up, but the misguided notion that officers have to be impervious to what we see and come back the next day unaffected. This expectation of what the position demands (impervious, duty-focused) and what is happening within the individual creates a cultural conflict, between the harm done and the expectation that no time off is warranted. This conflict is reflected in the agency structure which doesn't allow a respite, is based on a fear of stigmatization, and assumes that officers are impervious to trauma.

Alex wondered what he would do with a day for self-care and space. "I don't know what I'd do. I'd probably go fishing. I'd put a rod in my hands. I'd grab the dog. I'd go fishing." In characterizing such a day, he added, "That would be pretty cool. That'd be nice."

**Lack of awareness problem and solutions.** My findings indicate that untreated trauma is related to a lack of awareness about solutions. This can take the form of a lack of education pre-employment, or a lack of in-service training once employed. I saw this repeat in the findings time and time again.

In Minnesota officers are required to have at a minimum, a two-year degree from an accredited college, and to take an academy like-experience called skills, where they learn the physical practical ways to police the public. Alan, an officer with 19 years of experience, said the following regarding his training at the start of his career and trauma training.

I don't remember anything, no. I don't remember anything from school or from skills, or anything in-service at the time. I think there's been more since, but at that time, we're talking 2000 and probably two, so yeah, I don't remember anything.

He recalled there was a debriefing done after one of his early car crashes, but no formal training on the topic of PTSD and trauma. Simply, debriefing is an effort to mitigate the effects of a traumatic event by talking about it soon after, individually or in a group, after a traumatic event (Bolwig, 1998; Carlier, Voerman, & Gersons, 2000; Mitchell, 1983). This lack of training is reflected by Daniel, who received his first training on the topic of trauma this year, 2019, during a de-escalation class.

(I) went to those de-escalation classes that we're required to go to, and one of the things you talk about is the PTSD or whatever and work through stuff like that. It's like, oh yeah, that was a PTSD event, essentially I definitely had signs of it after it, that there was some trauma there...

Daniel's agency had experienced a suicide within their ranks and had not had formal training on the topic of trauma or PTSD. In describing the aftermath of his peer's suicide, Daniel said they had crisis team respond shortly after, but there was not follow up, and the group debriefing session began in the morning and was over by lunch time. Debriefing is not training



on trauma at the depth to where an officer can recognize the symptoms in himself, as Daniel noted.

Still others have a vague awareness of a solutions system being present in administration, but they have not used it and do not know the details of how to access it, as noted in the following example by Scott.

If somebody needed something, I think if I would go to the admin and state so-and-so is having an issue, I can't tell they won't talk to me about it, I think they would find something. I am not sure what it would be, but I think they would get some help for that person whatever it is. I think they would watch out for them and help them out until they are better.

Scott believes that his administration would find something, but just does not know what.

Shortly after this statement Scott presented the following misunderstanding about trauma therapy and solutions, referring to "rehashing" an event.

I guess for me, rehashing it would be going and talking to a debrief group and then on top of that, talking to a psychologist. On top of that, going back and doing follow up again with a debrief group and reliving that instance over and over.

This re-hashing is framed as a negative consequence tied to mental health solutions; training could help with this misconception. Scott had been through difficult trauma on the job, specifically an on-duty shooting. In the aftermath of the shooting, Scott said his agency did not debrief the officers or offer any solutions. He attributed this to a lack of awareness on the topic by his leadership.

I think just lack of experience, and I think the lack of knowledge with it...So I just think the lack of knowledge and how to go forward with it...And then there was talk about being debriefed, there was talk about getting something set up for the officers and whoever was involved with it, but it never happened...I think not having it debriefed, I guess pisses me off to a point. Not for me, really for the two officers that were more involved with it. They had to go through a lot more stress afterwards and not have an out or anything like that first to talk about.

During the interviews with my participants, I asked if they had ever seen a pamphlet on the topic of trauma. I did not receive a positive response to this question, those I asked did not. Jeremy said, “It’s not like there’s a pamphlet in my office that says, here, if you’re having problems with trauma, call this number.” Along these same lines, Mark described a large bulletin board in the office, but admits he had not paid much attention to it, “...we have a board with a bunch of crap on it, but I guess I don’t know specifically if it says mental health or not.” Timothy echoed this sentiment by saying, “I don’t know if we ever had like pamphlets or anything like that. There might be stuff laying around.” When it came to formal training during skills (the academy experience) Timothy drew a blank and said, “We may have, I don’t really remember. If it was, it wasn’t anything like super aggressive.”

One of my participants was a union steward and made the following comment regarding trauma help-seeking solutions. This comment is a mix of fear, stigma, an overall lack of awareness, and solutions.

I should probably know this stuff because I’m our union steward, so I should probably know that. But if somebody ever came to me, I would get something figured out too. But I guess I don’t know of anybody that has actually done it, but maybe if people do it, that may be something that they’re not going to shout at the rooftop anyway and tell people, because you don’t know what reaction you’re going to get...

To close this topic, I present a story summation from Alex to show how this lack of trauma awareness manifests in rural Minnesota. Alex has nearly 10 years of experience. One night he responded to what he was thinking was a routine “knock and talk,” making contact with someone and simply advising them on a subject. It happens all the time in law enforcement. As he approached the door, and was getting ready to knock, the door disappeared, opening, “(it) whips open real fast.” He said a male voice screamed “Get in here!” Alex said, “All of a sudden I see a barrel coming out, I catch probably the last 10 inches of a barrel come out. It levels right

at my chin.” Alex said he stood there for a good second or so. Believing he was going to get shot, he said, “And I’m like, well this is how I’m going to go, this is it.” Alex and the suspect fought for the shotgun that was just pointed at his chin. Eventually he was able to overcome the suspect physically and take him into custody. In the aftermath of this experience, Alex had trauma symptomology arise. Without a full awareness of what was going on, he endured sleep disturbances and an enhanced startle effect for a long time; “...you know, like you’re drifting off to sleep, I’d startle awake, for weeks.” He said he was annoyed with this, but his thoughts were, “I hope this fixes itself. When is this going to go away” and “I hope this goes away.” He didn’t know the problem fully, he didn’t know the solution, and he wished it would go away.

This scenario repeated in different degrees and presents a picture of an overall lack of trauma awareness, solutions, and structures for officer wellbeing. I too echo their sentiment, for in all my years, I never saw a single pamphlet in my agency on trauma. I was not given formal training on the topic of trauma, until the last couple of years when I actually sought it out. When I worked closely with advocates and social workers as a domestic assault & sexual assault investigator, conferences would have sessions on self-care, but not providing an in-depth look at trauma related to the profession. Solutions such as EAP’s are difficult to work with. Participant Jeremy said it best, “Well honestly, it’s (EAP) kind of bullshit, because it’s not the easiest to locate.” Further, the EAP staff are generally not police officers, nor do they fully understand the police experience. Jeremy said, “In all the experiences that I’ve had here, I’ve had zero help.”

**Administrative support received.** Throughout the study, I saw instances of administration offering support. This was coded if a person in administration, above the rank of sergeant, checked on a participant after an incident, however informal or minimal. This is not a solution in itself, but demonstrates leadership taking action to check on their officers

post-incident. This is further enhanced by the small agency structure in rural Minnesota, where a CLEO will likely work next to a front-line officer.

James was one of the participants that demonstrated this best. His interview was anomalous in my findings because it demonstrated high trust in administration, open communication, low turnover, and low trauma symptoms in the participant. James said his leadership had always verbalized solutions to him. He said, "...it's always been verbalized to me. Hey we can have a debriefing, we can talk, or we can get some professional help." He said because of this, he has never looked for pamphlets on the subject of trauma.

James' CLEO offered professional counseling after he responded to the death of a child. James said, "He offered any type of debriefing, talking about it. Hey if you need some professional counseling or anything, he did offer. He made sure and offered that." James said this notion of peer caretaking has been in their culture for some time, and attributes it partially to low-turnover, "...the officers in our department tend to stay." James described the culture of his as supportive and social:

Yeah, I think it could be a combination of all those things, from our leadership on down, it's just the culture of our department...And our administration has always been great, and we do a lot of things together. Whether it's fishing tournaments, to just social, hey let's get together type things. I think our admin, and the middle, and the other guys and gals, we're always connected in some way, shape, or form.

Alan gave an example of how his administration responded after his partner was shot in the line of duty. Their agency was in a way shut down by the administration after the shooting; officers were not taking any more calls, all officers were recalled to the station. As an agency, they gathered and decided what they were going to do. Alan went with others to support the family of the fallen at the hospital, providing presence and comfort. Alan said his administration had a debriefing team come into the agency the next day. This intervention was followed up by

a psychologist that was brought in a week or more later to speak to them individually. He said this psychologist met with them each for an hour. He said “I think it was helpful at the time. I think it would have been more helpful if I had stuck with it longer.” Meaning, it would have been more helpful if he had seen the psychologist longer.

The providing of solutions and support from administration was present in the interviews. The quality and depth of that support is the issue. The support was largely surface conversation and also had the dynamic of a supervisor to subordinate. These examples covered the range of simply checking on someone, asking how they were doing, to bringing in mental health professionals to work with the officers. I heard examples of peers and administrators pulling together in the midst of tragedy, as best they knew. I also heard an example of an agency where communication and administrative support is built into their culture, this of course was participant James. The most common example was a simple ask of how the officer was doing. In other instances, solutions were offered directly or given directly. It should be noted that the events where mental health solutions were brought into an agency were extremely shocking circumstances: a line of duty death, and a peer suicide. The most common intervention provided by administration was debriefing. It should also be noted by the reader that a contrasting code of no administrative support is also present in this analysis. As the contrasting code of “no admin support received” will show, the quality of the support is the issue. Sure, a supervisor can check on their subordinates, but if it is passing and done quickly, then it is arguably ineffective.

The problem with receiving administration support is it puts the officer under the gaze of administration, the powers that are responsible for promotions, reviews, and advancement. I will close with a story by Participant Michael. Michael was working a body recovery, the victim of a homicide in rural Minnesota. The details Michael shared were horrific. The victim had been

dismembered in an effort by the suspect to hide his crime. He described a heavily wooded area where animals had been taking away pieces of the remains. Michael's own words follow:

And what he had done is taken her body there and with a meat saw and the cleaver...he had chopped her up into pieces and pitched her in the woods...we had to sit there all night...And it was just a grizzly, freaky, fucking scene...Plenty of people get killed, but they don't get chopped up into pieces, it was just bizarre as hell.

Michael said usually such scenes do not bother him, but this one was extreme. The following day, under the guidance of investigators, they cleared the wooded area out, removing all the brush so they could work. They placed red flags every time they discovered a piece. He said there were flags everywhere. From there they moved the pieces to a body bag and attempted to rebuild what they could of the victim for investigation.

Michael said he said his supervisor checked on them in a general way. He said he was sure they asked how he was doing, or something to the effect of, how it went last night. Michael did not remember the specifics of the conversation with his supervisor but characterized it as a checking on them, asking them how they were doing. This surface checking by a supervisor in the immediate aftermath is not in line with what we know about what can help in instances of trauma. Michael himself experienced a panic attack at a later date, when he touched his wife, and remembered the scene. He remembered specifically how the largest piece they found was of the victim's thigh, and when he touched his wife one night in bed, just making sure she was there, the images and experiences came rushing back, resulting in a panicked state related to trauma.

**No support from administration or supervisors.** The code of no administrative or supervisor support seems like a contradiction to the previous code. However, the quality of the administrative support given was the issue in the previous code of support given. In this code, these are instances when there was simply a lack of support given. This code was repeated

across stories, most prominent by way of a lack of support or follow up after an incident of trauma. I included the distinction between supervisors and administration (above the rank of sergeant) because it is understandable that a sergeant would have a closer working relationship with a front-line officer, whereas an administrator may not. I wanted to allow for different ranks of supervisors under one code.

Participant Scott, told me a story where he and a peer confronted a man with a knife, who then tried to take his own life, cutting his own neck, ear to ear, exposing the fatty tissue of the neck. “Yeah, just everything was exposed.” While providing emergency aid to save the man’s life, the suspect said “...if I live through this, I’m going to come back and kill you and your family.” This had an impact on Scott, making sleep difficult for the week after. I asked Scott if his agency provided any follow up for him after this, he said they did not. I also asked if his sergeant at the time checked on him he replied “No.”

In other stories, there was an initial show of support but this waned leaving the officers to cope on their own. The results of an initial supportive action and then nothing was criticized by Participant Frank. Following the multiple fatality crash mentioned previously, Frank said there was not adequate follow up for the incident. He mentioned a group debriefing was provided by the agency within a couple days. I asked if there was anything else done, follow up, to which Frank said “No there was zero follow up, which I don’t think is a great way to do it.”

This experience was mirrored by participant Daniel following the suicide of his peer. Daniel had worked with his peer that day, had noticed some minor things amiss, but didn’t think he would soon be at the call that followed. He responded to the scene and saw his partner still wearing a uniform patch from his agency. There was an initial debriefing done within days, but then follow up services, coordinated by administration, never happened. In the time that

followed the suicide, Daniel struggled with traumatic flashbacks triggered by locations of the incident. In a rural environment, he would pass these imprinted places time and time again.

Services and follow up could have helped with this reaction.

For the longest time, I couldn't drive down that way, just because it would, that was, you're definitely getting the flashbacks and stuff like that going by that scene...

I saw varying degrees to which support from administration fell short. As a researcher I sympathized with participant Jeremy who said, "In all the experiences I've had here, I've had zero help." That quote emphasizes why this code is a relevant finding for this study. This is a reality of rural Minnesota, whether solutions are cost prohibitive. Another issue is leadership not having the knowledge themselves of the problem and solution. Leadership should also be aware that simply providing a debriefing is simply not enough, this is a failure in itself.

I will close this section with a story from participant Scott. Prior to telling me the story, Scott prefaced it with, "I've also sat through a shooting that we never had a debrief on." I cannot be too specific in detailing the events, because it was unique and I do not want to jeopardize my participant's anonymity. Scott was involved in a shooting that began with a traffic incident. He was assisting his partners on a stop at the time. Once the vehicle was stopped, the suspect pulled out a firearm. Scott said he heard "gun!" and rounds were fired and the suspect was struck and wounded. The driver fled in his vehicle and Scott gave chase, along with the others. The driver stopped running and a stand-off ensued. After negotiations, the suspect was taken into custody. As a researcher, I was baffled and thrown back by this story. How could there have been no interventions, even a debriefing.

Scott has 14 years of experience, and he knows what proper follow-up is and what is not. He said how he felt worse for the officers who discharged their weapons, and not receiving any services, "I think not having it debriefed, pisses me off to a point, not for me really, but for the



(other) officers that were involved with it.” He said they had to go through a lot more, and didn’t have an “out” or any sanctioned space to talk about it. This story shared by Scott represents how administration can fail to provide support after one of the most stressful situations an officer can experience.

**Emotion and event suppression.** This code was present in most of the interviews, whether the participant was trying to suppress their incident related emotions or recurring thoughts of the incident. Emotionally, this was a difficult phenomenon to code because it made me aware of the depth of the pain endured in silence and the struggle of the participant to control the storm.

Sometimes this suppression took place in the midst of a call. Alan offered his experience of emotions coming up and needing to push them down during a death notification. He said this was one of his first vehicle fatality calls:

We got this call for a car versus train crash at this intersection...it was an uncontrolled railroad crossing...But they got squashed and that was my first fatal or mangled body call, first of a lot of things...And we went and he (medical examiner) the notification, which as an intense experience for me. That was very, very sad and to see her reaction...Almost like in sympathy with her, grieving with her almost. And I remember having to kind of look down to sort of keep from my facial expressions, betraying myself like, wow, this is sad.

In another example, Participant Jeremy talked about the aftermath of horrific plane crash. Jeremy responded to crash that involved a small plane. Regarding the trauma, Jeremy said:

But this was our first time seeing this, and he (partner) is putting out a body with a fire extinguisher...the plane is in pieces, we’re counting bodies. We walked up and we see one guy still in his seat strapped and he’s half, he’s torn apart. And then we see another guy kind of next to him in pieces, and then we see another guy...He’s face down on the dirt, his head smashed in, his body is like, twisted. The trauma is insane.

In the aftermath, Jeremy's sleep was disturbed. He said he didn't cry, and how he "just moved past it." He also talked about the permanence of the trauma, and how the memory is in his psyche.

Yeah, I think I got home and I think I was more like still in shock, that I thought (pause) it's not like I cried or anything like that, but it's just that I still think in my mind that PTSD is not only in the fact that you can't get rid of the shit in your head, like it will never go away...sleep after seeing something that traumatic is tough because you keep seeing it in your head. There was a time it was difficult, but then I just moved past it.

During my career, I noticed an accumulation of events, all the experiences. It was my experience that suppressing the memory of the trauma did not make it go away. Rather it was simply pushed down, the psyche focusing on something else. A similar experience was shared by Mark who said:

I think it kinds of adds up on a person, you know, and at the time I think maybe it was not as bad, but now I'm thinking, yeah, there are days it gets to you.

The term "compartmentalizing" was used by participant Michael when he was describing the aftermath of a fire. Michael had responded to a fire at a farmhouse in rural Minnesota. He arrived to a home with flames coming out of the top floors, smoke rolling out of the bottom floors. He said he tried to get into a window to help, but the ledge was too high to climb, "... (it) was too high for me, it was probably up by my chin..." He could not get into the house. Michael described his experience on the scene, the tragedy of being there, with children inside the house that he could hear screaming, but could not help.

So the parents were the first to get up. And the smoke and everything was so thick...They were able to get up and get downstairs, I think they got up started screaming it was a fire, everybody get out of the house, and it was so black they thought the kids were already downstairs...Mom screaming. And it was loud. The wind was blowing like crazy and it was loud...and you could hear the kids screaming, they're still upstairs, you could hear them screaming.

In the aftermath of this fire there was a debriefing session held. However, thoughts and grim details of that night still come up for him. He describes the event fading as time goes on.

No it slowly faded. Like I said, the longer it does, the more it fades, unless you go to another fire...So it slowly got put father and father in the back of my mind. Like I said, if I sat and dwelled on it, and thought about it, I'd get more details coming back, both audio and all your senses; the smell, the sound, the sights...I'm sure if I dwelled on it, I'd pick it up like it just happened last night...I'm pretty fortunate where I can, I don't know if I'd say, compartmentalize it, but I recognize it for what it is and I put it over there.

The data showed that the suppression of traumatic thoughts and a slow-fading memory are the best options some officers have. With social stigma in the culture that inhibits the expression of emotion and vulnerability, plus, a lack of understanding and solutions, the deep seeded trauma will have to be suppressed. The research referenced in chapter two shows that this is not how trauma functions. Trauma cannot simply be turned off or changed like a channel. The suppression of emotion and trauma may work temporarily, but it does not deal with the issue in the long term.

I will close this code with a story from participant Timothy. As one of the youngest participants with six years' experience, he described the aftermath of a crash that killed a teenage girl. Timothy said he was about the third car to arrive on scene. There were four people in the car with one accounted for. What happened was, without a seatbelt, she was ejected during impact. She landed on the opposite side of the road. A car reacted and moved over to avoid the incident on the right side of the road, inadvertently striking her on the left side of the road. Timothy said the necessary lanes were shut down and emergency crews were working with the other three occupants. He said he noticed that nobody was talking to the driver who accidentally struck the girl. He said he decided he would, but he wanted to know what he was dealing with first. Timothy describes what he saw:

But I lifted the sheet up, looked at what we were dealing with here, and yeah, her head is caved in, and she just torn apart, and it pretty bad deal when you can see her brains and shit all over the ground, and pieces of her skull are scattered...

He walked over to the driver who said they saw the crash on the side of the road, and did what any driver would, and moved over. Timothy said the driver knew they hit something, but they didn't know what. Timothy said the driver asked if it was a deer. He said he was the one who told the driver they struck a person. He said he stayed there and comforted them, but said it was overall, "...one of, if not, the most fucked up scenes that I've been to so far." He said he needed to get the information of the incident, without pushing the driver too hard, and also not being affected by what you're actually dealing with.

That night he went home and had intrusive thoughts of the incident. Timothy then described his own lifelong solution for emotions, and that is suppression. It is characterized by willpower, a conscious effort to change his thought processes when trauma arises.

But by the time I got home, I laid down in bed, closed my eyes, some of those images came back. Just no, not going to think about it. Because if I try to think or if I start thinking about it, I know I'm just going to continue thinking about it...Just don't think about the details, you deal, it's a call...If I sit there and think about what I've seen, that's going to ruin me as the years go on. So it's done, done.

**Solo coping.** This code was present in most interviews. Solo coping methods were the times the officer used a solution that worked for them which was isolated in nature. It was shown in the interviews as shutting down, isolating, decompressing after work alone, or even crying alone.

Participant Alan went through a line of duty death in his agency. His partner was killed by a suspect, and his world was forever changed. "Yeah, I say I never dreamed that it would happen here..." In the aftermath, his agency brought external resources in. His trauma symptoms began to manifest very quickly in the days that followed. Alan said, "I just remember almost

every night for the first week I would wake up drenched in sweat, just completely covered in sweat.” He said he would have to get up and towel himself off. Taking in food and nutrition became an effort, he had to remind himself to eat. He said, “I didn’t feel like talking to anybody.”

My wife would go out, she’d take the kids to try to keep things normal. She’d have to take them to stuff like dance and sports and stuff like that... We used to switch taking them and stuff, but I just said, would you take them? Because I just don’t want to see people right now because I know they’re going to have questions and they’re going to want to commiserate... I just didn’t want to deal with that at that time... I think at the time I felt like the reason I didn’t want to see anybody was because I was still trying to process through what was happening and what had happened.

Participant Daniel described an alone decompression time after his shift, done in private, away from his family and what this does for him.

I had to explain to my wife early on, I’m like, when I come home, usually, it’s kind of that little time frame where I just want to kind of be alone. I don’t really want to answer questions. And just kind of get the whole day out and just kind of relax, and clear my body of toxins or whatever, and then, finally, come back to normal and interact with her.

For Daniel, there is also a process of preparing for work. He said about a half-hour before his shift, he is “...getting into that mindset.” He told his wife about this, and also that he is not very talkative as he prepares. What he describes is almost like a character switch, a preparing for, and change out of work mode. He said as the years go on, “...it’s much easier to jump in and out of that.” Both of these very personal, solo-processes are a part of Daniel’s methods of coping. When he described detoxing his body after shift, I definitely related. There is a time after a strenuous shift where higher order thought seems impossible, where all I want to do is just stare at something mindless, usually the television, and do nothing. During this time, emotions are raw, the day is very much processing like a toxin, whether it be residual adrenaline, tragedy, triumph, or anger, there is just so much to put in order to feel normal again.

Everyone has their own processing methods for how they cope in the profession. The code of emotional suppression can be closely related to this one, if not parallel. Healthy coping, whether individually or in a group, is such a personal process necessary for a longevity in this career. I will end this section with a look at Participant Frank, who uses music to process in his own way. During our interview Frank was in a room where he lived with the music.

This is my personal solution. This is my safe room... Yeah, I will come in here, these walls are all soundproofed. I'll crank that thing up as loud as I want, play as long as I want, and I will feel better when I leave here. It's the best solution I have found by far.

Michael had one of the most traumatic experiences I heard during my data collection. I will close with his story. While driving home after work, Michael spoke to his son on the phone. This was not out of the ordinary, he talked to his son about a hockey game they were going to watch that night and reminding him to get his passport in order for an upcoming trip. The call concluded and he continued the drive home, nothing out of the ordinary about the night. As he drew closer to home, he heard dispatch put out a shooting call in his area. He recognized the address as his own, it was his home. He was almost home when the call came out, and arrived within seconds to a chaotic scene. He said his wife was "just hysterical". Once inside he discovered that his son had taken his own life. Michael described his ability to stay calm on scene, switching modes into what he called "investigator mode", using his identity as a law enforcement officer to cope. This switch allowed him to stay calm, saying "But I was pretty calm throughout that whole night..." He said he was grief stricken, but this coping mechanism was his, and his alone.

Following him further into the wake of this incident, Michael described an outpouring of support from his peers in law enforcement. He felt supported by peers who came from other states to offer comfort. As time went on, Michael tried different solutions, such as counseling

and medication to help him sleep, because sleep remained elusive. He described feeling disconnected, "...nothing seemed real. None of it at all. You just can't believe it's happening." Michael's solo coping processes began the night of the tragedy and continued long after. With such a profound incident, Michael was feeling the impact for a long while after. There were days when he would cry himself to work or cry himself home, a benefit and detriment of a long rural commute to work. He said the drive was a way to compress, to think about work, and be alone with his thoughts. He said, "It's just my alone time. I turn the radio off and just have my own thoughts."

I noticed a strong caretaker personality present in his recollection, always being there for others. This coincides with coping alone, as to not push his issues on someone else. He said he would, "Hold myself up, I'll deal with my stuff on my own. And make sure my wife was okay." Michael described the process of thoughts arising and suppressing them, much like the previous code of suppression. The difference is this is multifaceted, spanning his experience from being with his peers, to the way he handles grief on his drive, to staying strong for those he loves. He also recognized the danger of the thoughts that arise describing it profoundly and vividly.

So I'm able to recognize when those thoughts are coming in. It's like, oh no you don't...I put that back over here, you stay back over here...But that's always there...it's like a shark circling your boat. You know if you put your foot in that water, something bad is going to happen. So you just keep your feet out of the water.

**Spousal support and spousal protection.** This code was demonstrated by most participants. I coded this when officers shared with their spouses. What I noticed was a protection when it came to sharing. Some relied heavily on their spouses, and then went into spousal protection mode. Others never shared their experiences on the job with their spouses. Participant Mark gave his reasons why he does not share details of his day with his spouse.

I don't want to bring much home to my wife, I just kind of always left her out of my job. I figured, that she's worried enough, and I think sometimes though, she gets pissed that I don't. And I just made that decision that I'm not going to do that...

Moving along the spectrum of this code, Alex said that he shares with his wife "...a little bit" telling her what happened. He said he learned from a mistake he made sharing, telling her of a suicide, and not knowing that she knew the victim.

And she goes, oh that was a good friend of mine, and I'm like, well that was a dick move on my behalf, I didn't even consider his age was the same as hers...But yeah, I try to be a little bit nicer about that stuff now. But I'll tell her what's going on now, I guess, but not everything.

Participant Daniel said once he became more comfortable with his girlfriend, he started talking to her more about it. This girlfriend eventually became his wife. This process of spousal sharing was helpful to Daniel, to a point.

And it usually helps chitchatting more with her. I don't usually go into as much detail. She's always wanting to know more. How was your day, oh it was fine, really just fine? And she tries to pry me for more, but there's some things (pause) You don't need to know that I just went and scooped but a brain for the guy that just blew his head off, that kind of stuff, you don't need to hear about that. Yeah, I had a suicide, that's all.

From my content analysis, I saw a variety in how officers share their experiences. It is unique to each relationship, and there is not a method that I see best for all. However, one thing remains clear, and that is officers keep the emotional wellbeing of their spouses in mind and do not share the graphic details of the calls. They protect their spouses from the horrors they see. I see this is as beneficial for we know trauma is vicarious.

I will close this code with a multi-year journey of participant Frank. Frank used to dump everything on his wife, all the incidents, as a way to get it out. He changed this practice after seeking help himself. An incident from 2012 had been with him for years. During this incident Frank responded to a crash. At the time he was still working as a medic, his job previous to law enforcement. He arrived at a chaotic scene. The vehicle was on fire. He said people ran up to



their window and wanted their fire extinguisher. He then said one of his partners was yelling at them, waving them over. They went over and there was a girl, about six years old, small, laying on her side; not conscious, not breathing. While they were working on the girl, they could hear people in the vehicle screaming, they were burning alive. He said it was too hot, they couldn't get near the thing. Soon shocks and other things started blowing off the burning hulk. While they were screaming, he tried to focus on what was in front of him, the person in front of him. More emergency workers joined to work on her. He said they kept going and going, doing everything they could to save her. He said time slowed and it felt like hours. The helicopter arrived and he remembered bringing her to it, still no change, nothing. The helicopter took off and they were left on scene as it flew off. He described a passenger in the vehicle as having been burnt severely, they didn't make it, and if they had, their quality of life would have been horrid.

With incidents like this Frank traditionally used his spouse for support. He transitioned from using her, to using a therapist. He said it was not fair to his wife, to have to take this all on; she had her own stuff to deal with. This journey took some years, with Frank finally seeking help in 2017. His wife, who heard his lived trauma, became one of his supporters for seeking help. He said his wife said, "You got to go. You got to go and get this dealt with. Work on this. Make it better."

**Dark humor.** The use of dark humor as a coping tool was common across participants. I believe this allowed me as a researcher to understand situations that are shocking to the psyche on a level that is unique to this study. I shared some of my own experiences with my participants during our interviews, bonding over a common language.

This process of engaging in dark humor, otherwise known as gallows humor, allows for a release of the imagery and experience in a way that bonds peers together in ways that are unique

to the profession; it helps officers handle the job stress (Craun & Bourke, 2015). Participant Jeremy characterized it as, “Completely inappropriate joking”.

To try and explain this situation to someone not in law enforcement or EMS would be difficult. How could anyone understand the absurdity or craziness unless they have been there? In another participant example, Michael mentioned how a body in the woods would be found by the “black game wardens” a reference to birds that are scavengers and would be drawn to the body.

And as a cruel gallows humor type of deal, I remember saying that the black game wardens will find her...They're crows, or a raven would find her.

Birds are scavengers, and they are drawn to decomposing matter. Describing the crows as black game wardens is accurate. The closest field professions we work with, fire and EMS, use dark humor, as noted by participant Alan who responded to a horrific vehicle crash.

Their head was cracked open and you could see inside and everything and one of the paramedics comes up and goes, it being a contrary indication to treatment, she goes, well, that was a no brainer. Yeah, there's been some incidents, not particular to that one, where someone has said something and I've kind of thought to myself, that's not very cool, but you know, you just have to sort of shrug it off.

Participant Scott contrasted the reaction a rookie might have to a more experienced officer and points out that desensitization plays a role in the humor. He said that the first time you experience something is the worst it's going to be and “...the more shit you see, the more shit you are going to be desensitized to.” Scott took a hypothetical scenario of a new officer experiencing something tragic, but noticing a reaction in their more experienced peers.

Like holy shit, I just went home and didn't sleep for the last three days when I was off, but I'm going to try to act fine because my other guys that were on the call appear fine. Well, they probably don't know that those guys on that call have already seen a decaying body that had been there for five days, three or four times in their career. Like hell, it's second nature. Take pictures, he's blue, rigor has set in, I'll fucking rock-paper-scissors you or I'm going to cut down. This kid over is going holy fuck, this guy is swinging and

I can see the rope into his skin penetrating a little bit and these guys are cracking jokes about rock-paper-scissors.

This insight is absolutely accurate regarding desensitization and the combination with dark humor. Humor provides a distance between the officers and the situation. This code was not surprising and is a part of law enforcement culture. In my own career, the first time I deployed my Taser, the situation was definitely not funny on scene. A suspect threatened deadly force against myself and my partner on scene. My Taser was deployed successfully, stopping the threat and we were able to take him into custody without injury to anyone. The humor came in the way the suspect's fight was taken away quickly by the Taser and the subsequent way the suspect fell from the deployment. It was a first for my career also, something terrifying I will never forget, but that is now a story told with a humorous slant to my peers in the profession. Using humor to cope is sharing something with my peers that you have to experience to understand.

Participant Mark echoed this by saying,

I don't know if we get into feelings but you talk about shit and you laugh about the stuff like you said, you probably shouldn't laugh about, but that's the way we deal with stuff. So I think they do that on purpose, or not on purpose, but you find people that you can trust and talk to and that's how a lot of us deal I think.

I will close with a story by Mark where dark humor labeled a house, "the eyeball house." During his shift, Mark receives a call of a suicide. He said a child called it into dispatch. The father, with kids in the home, shot himself in the head with a large caliber rifle. He did this in a smaller enclosed space, a closet. There were kids in the home at the time. They essentially came upstairs to find their father without a head. Mark said he was beyond angry, saying "I was fucking pissed you know." He was angry at the deceased for subjecting the children to that, angry that they would forever carry this. He said obviously the man was mentally ill, but still, he

couldn't grasp how he could do it with his children in the home. One of his partners immediately took the children out of the house. He said when it comes to kids, certain incidents affect you more; this was one of them. The humor, came in the aftermath. The absurdity of what he experienced is where the humor lay. Mark said they were "picking up pieces of skull and matter". He stood up on a chair, and noticed on the top of a shelf, the subject's eyeball. He said, "It was like staring back at me." He said they coped by labeling the house, the eyeball house. The humorous release with peers, on a scene with so many emotions, has to be lived to be understood. This is humor is something the public does generally understand nor get exposed to.

**Solutions: Debriefing.** In exploring this code, I want to present the opinions of those who have experienced debriefing and what they thought of it as a solution. "Debriefing involves promoting some form of emotional processing/catharsis or ventilation by encouraging recollection/ventilation/reworking of the traumatic event" (Rose, Bisson, Churchill, & Wessely, 2002, p. 3). I need to preface this section with my own experience. During my 10 years in law enforcement, I have not had a debriefing, even though I have been exposed to trauma on the job. I do not know the schools or variations of debriefing curricula in Minnesota.

Debriefing in my study was done in a group setting, except for the experience of one participant, who said he and his partner were pulled aside and spoken to away from the group in the wake of his partner's suicide. Of my participants, only three had not experienced debriefing. Some praised the practice, some were critical, one gave mixed reviews. The breakdown of participants follows in table 4.6.

Table 4.6

*Debriefing participants and their reaction*

Mark	Frank	Daniel	Scott	James	Michael	Alan
Negative	Negative	Mixed	Positive	Positive	Positive	Positive

For the positive aspects of debriefing, I turn to Michael. Michael went to his first debriefing in the 1990's, in the wake of the house fire mentioned previously. Looking back today, he said, "I'm glad I went to that first one, and now I'm an advocate of going to them." For him, it helps him relate to those who experienced the event also. "When I'm listening to somebody else, I can relate to it, like, holy shit. It resonates more." He said today, his family are on debriefing teams today. They travel in his geographical region going where they are needed.

Alan had experienced debriefing in the wake of his partner's line of duty death. Alan knew his partner well, their children were about the same age, in the same school. He gave his view as overwhelmingly positive, touching on the unique cultural characteristic of cops relating to other cops with the following statement.

And it's good I think for people to experience and hear what some of the other people's reactions are because then they won't feel like they're alone or anything like that. They'll feel, so some of this stuff I'm feeling is normal, and other people feel it too. And again, you're there with people of your own kind...you know other cops.

Along critical lines, I asked participant Mark what his debriefing experience was like and he let me honestly know. His debriefing was mandatory, which he did not like.

I think anytime a lot of agencies like, well, we're going to make sure everybody's okay. We're going to force them to go. Wow. Force that cop personality, and they're going to be like, fuck you. I'm not partaking in that, kiss my ass. I'm going to stand in the corner and do it.

Mark continued by alluding to trust, fears that some of what was said or shared would not have been protected speech, and could come out in a civil suit for example.

...there's people in that you, or me, or whoever might not trust for whatever particular reason...you go there and make a comment...that's not protected speech. You know, you say, oh I wanted to smash the guy in the fucking face, because that's how you felt...well somebody who doesn't like you could go, well, geez, I heard (name removed), say he was going to smash somebody in the fucking face if that happened again. Well that's not what I said, but you know a civil suit comes out, so to me, those are fricking worthless.

Getting more detailed, Mark said, "I think they're a waste of time and money and energy, that's my take. In recounting his experience, Mark had been forced to go to one, and then went to one by choice. In both he said he had "...no huge involvement" in either and "...just kind of went." He said mixing professions (law enforcement and fire) in debriefing is not beneficial, noting that law enforcement has "...a totally different way of dealing with stuff, and you know, humor, and all that stuff they probably don't understand..." As a researcher I cannot speak to the culture of EMS or Fire, having never served in either.

Participant Frank spoke of a potential harm he experienced with debriefing. Specifically, he was reliving the event from another person's perspective. This added to his already traumatic experience of the event; he now knew more horrific details and views of what happened.

...I think I felt worse leaving there than I did coming, because I only knew my little piece of the pie going in. When I left here, I knew everybody's little story, and what everybody dealt with. So you are not only just processing your part of it, but you're processing everybody else's part of it.

Frank said this was a large debriefing group, estimating it to have included 25 to 30 people. After this experience, there were not any more resources offered on the call. He also said culturally, the incident was not spoken of today or if it is, it's quickly "...shoved under the rug."

In such large debriefing groups, time to speak is not that significant. In the wake of his partner's suicide, Daniel said the most beneficial aspect of the debriefing process was that it enabled him and his partner to get one-on-one attention away from the group.

The one thing I liked is they actually pulled me and my partner into a separate room together, and then two guys kind of just talked to us, specifically about it. They went through some of the stuff that we're going to be, that we're going through and talking about some of that stuff. It was low-key.

Daniel, who experienced the suicide of his fellow officer, appreciated the debriefing effort, but said the facilitators were perhaps new, and were reading off a piece of paper, a script. He said, "... it wasn't very thought out, I don't think." He said it did increase communication within his agency:

The one thing nice I thought, is it kind of got us talking about it and it kind of got us talking about it, and kind of showed, it showed me that he (partner) was having the same kind of issues I was having.

As a researcher and officer who has never experienced a debriefing, I was shocked when I asked Daniel how long the intervention was, whether it was a full-day, or half-day, he replied, "No it was a couple hours." He said, "I think it was like, 8:00 or 9:00 or something like that when we got called there and we were done by lunch."

The mix of reviews of debriefing opinions is evident of a lack of best practices or operating procedures in rural trauma response. Some were offered debriefing, others were not. Some participants said it was helpful, others did not. Still others were astounded that there was not debriefing offered in the wake of their events. In the next section, I will explore the debriefing literature in more depth.

In this study, some officers praised debriefings and others were critical of them. What is certain to me, is that this cannot be the only solution offered. In all the stories on debriefing, whether positive or negative, only one had a further intervention. That was the experience of

Alan whose agency had a line of duty death. I would argue that debriefing cannot be a crutch, an administrative box-checking process for treating trauma. It is time for us to evolve our understanding and base our interventions on current research.

**Solutions.** When I opened my study up for the participants to give their perspective on solutions, the results varied. The solutions varied from suggestions to simply have more resources available, to having more communication within the agency, to mandatory trainings, mental health evaluations, or on-boarding training.

Half of the participants specifically noted a shift of culture, less stigma, is needed. Four participants were supportive of mandatory solutions. Two were opposed to mandatory solutions such as forcing officers to attend trainings.

Expressing support for mandatory solutions and evaluations, participant Scott said, “I think there should be a 12-hour POST mandated course...” besides the on-boarding psychiatric evaluation we currently do. He also wanted re-evaluations of officers during their careers; currently we have no requirement once hired, “...you should at least get re-evaluated every two years regardless if you have been through anything or not.” Scott also envisioned an incentive program, the same way some agencies have physical requirements for specialized units such as SWAT. “There is no reason why we don’t have a yearly (psych evaluation), if you do it, you get three hours, 12 hours off, you get a shift off.”

Participant Michael said this should be one of the yearly continuing education requirements and that it should be mandatory. His reasoning for the mandatory requirement follows:

Really that’s the only way you’re going to get law enforcement in general into actually having to take a look at this topic, is if you’re forced to go to this class. You can have good advertising and good education, hey you need this education, but unless you’re forced to sit in this thing...



Participant Jeremy touched an in-person solution, perhaps one that comes to the agency, and is mindful and reassuring to the police culture.

...like actual training that covers this (trauma)...Coming to your department and being like, you guys have seen some bad shit and I'm not going to sit here and tell you haven't because I know you have. And quit denying it, it's alright that it sucked, and it's okay that it hurt, and it's okay that it affected you.

On the other side of this question, participant Timothy wanted solutions available but not forced. He said, "Do you need all this stuff shoved down everybody's throat? I don't think necessarily." In explaining his reasons, he said, "And so those options are available without completely turning people off..." He noted that if you have administration and partners that are willing to talk to you, this was a "...huge help in itself." He also saw informal shift meetings and a culture of communication on the topic as a solution.

If you are able to sit down with your partners, and just have an honest conversation of, man this was fucked up, yeah it was, you know. This is what I went through, what were you feeling? And people aren't afraid to talk about it. Just sitting there and having a little shift meeting could get somebody through what their troubles are, in my opinion.

Participant Mark opposed mandatory policies that inhibit officers from creating personal bonds. Examples of these restricted an officer's downtime discretion, and including how they took breaks and bonded with each other.

I don't know about your agency, but if you get jacked up about taking coffee breaks and doing that kind of stuff, but I think that strict agencies, I think they're hurting, they're not helping. They're thinking, oh you've got to be out there doing something...I think that downtime is important from time to time, and not being watched over.

Mark was also of the opinion that we could swap out implicit bias training for mental health training, adding, "I mean just people being more aware about what's going on and how to deal with stuff and information." Mark noted that any cultural change was going to be a slow change, but that you "...can always improve. It's not going to be something that's overnight."

The question remains, what do law enforcement officers want for solutions. Becker et al., (2009) noted that evidence-based treatments for PTSD are underutilized. In the study, 379 students, law enforcement cadets, and active officers were asked about their preference for hypothetical treatment of PTSD. The options for treatment were explained, which included debriefing, EMDR, and a number of other solutions. The participants chose cognitive processing therapy (CPT) as their top choice. This is promising because CPT is strongly recommended by the American Psychological Association as an effective intervention for PTSD (American Psychological Association, 2017)

### **The Grand Narrative**

In the following section, I will use the words of my participants, regarding their experiences, to highlight how a call regarding a child death may go. Their words are going to be applied to the markers, the individual and relatable events that happen within an incident; from the initial adrenaline dump and response, to the aftereffects of trauma. The scenario is hypothetical, but not uncommon; a child death was one of the most common events shared by my participants.

Picture a small town in Minnesota, perhaps the county-seat is in the city, or perhaps the city has a standalone small agency for its citizens. At most there are a few officers on, including administration. It's a day shift, and you are on patrol taking the usual calls; lock outs, small shoplifting perhaps, a fender-bender in a parking lot. A call of a child not breathing comes out over your radio. It's a short code (lights and siren) run in your town. "So I'm the first one to get there and roll in. (I) Get out, and it's, you know, you got that adrenaline going..." (Daniel).

It's summer and the screen door is open on the one-story house. You rush in with your medic bag and see a "lifeless child laying on the floor" (James). "And I remember at one point, I

can remember the father in the background...I do remember him saying, please just breathe, breathe, breathe.” (James). The jurisdiction is small, you recognize the father but can’t place a name, you have seen him around town. “I knew him, but his name and face, I just didn’t make that connection right away because I was so focused on trying to save this child.” (James).

Time slows, it seems like the medics are taking forever, even though they are racing to the scene also. “But I just remember...I don’t know, kind of like your eyes are a like a camera...its taking a still shot, like, ten times every second.” (Alex). Child calls are different, especially a child in distress call. Everyone comes running because everyone can relate to their own children, “...I have three kids at home, all in that same age group” (Michael). Distant sirens grow louder. You have done what your training has taught you; BSI, scene safety, baby-baby are you ok? Pulse, breath check, nothing. Chest compressions to the proper depth. Watching the child’s eyes for life. Soon your one-man CPR becomes two, with a partner administering oxygen through a bag valve mask, the pediatric pads for the AED; no shock advised. It’s been a rarity in your career to do chest compressions on this small of a body. It’s becoming obvious that your efforts are not working. “Especially as a law enforcement officer, that’s what we do. We help. And when we can’t help and we’re just powerless...I mean its traumatic.” (Michael)

After what seems an eternity, medics arrive and take over. Your entire shift has arrived at the house also, all three of you, which includes your supervisor. What took the ambulance so long, were they on a transport? In a rural setting, sometimes medics are tied up, and it takes some time. You switch modes and try to figure out what happened. You go with the parent to the hospital, the ambulance loaded and left in such a hurry. Once there, you are given word the child was pronounced dead despite your on-scene efforts, the medics, and the hospital staff. It hits closer to home, “...my kid was the same age as the kid that died...the fact that we had to do

CPR for a nine-month-old just begging for the kid to breathe again.” (Jeremy). “I’ve got two lifesaving awards...I’ve saved a couple of people and it’s like there is nothing, freaking nothing I could do to save his life.” (Jeremy). You turn to your partner, “I’m like, that was fucked up. He’s like yeah. That was probably one of the more fucked up calls that I was on.” (Scott). While talking with the parent you have to consciously push your emotions down, “...I remember having to kind of look down to sort of keep my facial expressions, betraying myself, that I was like, wow, this is sad.” (Alan). “I didn’t cry during the whole process. I felt shitty, like I wish I could have saved him” (Jeremy). The proximity to your own child is there, you can’t shake it. “And I actually had to leave, I just couldn’t do it but I apologized to the parents because we were in the ER that day and I thought they were going to be able to get him back at some point” (Jeremy).

Your agency is small, your one investigator is going to be taking this case. As for you, calls are waiting for you, your shift isn’t even half way over; a dog-bite, a stop-arm violation, a suspicious vehicle. “So with that, it’s kind of the same thing of, yep, this is shitty. You acknowledge that. Let’s move on from that. Now I’ve got a job to do.” (Timothy). Your CLEO asks “How are you guys doing?” and “How did it go?” (Michael). That is the extent of the checking, sure there was support given in the form of a question on your welfare at that moment, but that is all. You are more comfortable talking with your peers. “I would rather sit and talk to the guys I work with everyday...” (Timothy). There was an incident early in your career, where the experienced officers were talking about an officer and said “Oh, that pansy can’t handle that.” (Mark). This always put you on edge when it comes to talking about your feelings. You trust a few of your peers, solid partners from your shift. But when it comes to outsiders, you won’t talk to someone who has “...never been through any of this.” (Timothy).

Mental health isn't talked about where you work, "...where you don't want to burden somebody else. You don't want to be looked at like, well are you able to go, I mean can we trust you? Do you got my back? Are you able to go to work and pull the trigger when it needs to be done, when it comes to actually going to work...I mean, are you fit to carry a gun and a badge?" (Alex). It's not all stigma, there is also an overall lack of awareness of the problem and solutions with your leadership. "I think just lack of experience, and I think the lack of knowledge with it." (Scott). You haven't had any training on trauma, neither have your supervisors. "I don't remember anything (training). No I don't remember anything from school or from skills, or anything in-service at the time..." (Alan).

Your shift concludes and you go home in a daze, exhausted, today was a busy summer day. You walk into your house, still in uniform. "I can remember just being mentally drained. I was exhausted." (Michael). You talk to your spouse, but not in detail. "And usually it helps chitchatting more with her. I don't usually go into as much detail. She's always wants to know, how was your day, oh it was fine, really just fine? And she tries to pry me for more, but there's some things...that's the kind of stuff you don't need to hear about" (Daniel). You begin your after-shift ritual, your time to cope alone. "I'm like, when I come home, usually, it's kind of a little timeframe where I just want to kind of be alone. I don't want to really answer any questions..." (Daniel). "...I can't throw everything at my wife, I love her to death, she's married to a cop, but I can't come home and tell her the really terrible things." (Jeremy).

Sleep was very broken that night, "The sleep might have been a little more sporadic that night just because of the toll it had on my body, the adrenaline and what not" (Daniel). Thoughts kept coming through the room like headlights on the ceiling, thoughts of regret and second guessing yourself. "Like again, what could I have done better..." (Mark). "I think it's pretty

draining, you know? And I guess I can still picture him..." (Mark). Your thoughts are a mess, your mood is terrible. You don't know exactly what is happening, you just know you are miserable. You have been here before and it passed before, sleep returned eventually. "This has got to go away, everything else went away." (Alex)

The next day is just a regular work day, your Wednesday. The shift starts whether you slept or not. The shift goes on, regardless of what happened the day before. There isn't anyone to take over if you're gone, and you don't want to short your partner on shift anyhow, and leave them with all the calls. "You got to go to work" (Alex). You feel your partners are there for you, you crack jokes, you talk about the messed up scenarios of the job, your humor is unique to your profession. The humor is dark, skewed, but offers a release with your peers. "And we joked about that. I mean, it's a sick thing to joke about, but I think that's what a lot of cops do. You know it's just the way we deal, I think, behind the scenes or whatever." (Mark). But with a tragedy involving a kid, there are some places that joking doesn't get applied to, there are scenes that are not to be talked about again. "Yeah, it never came up again." (Frank).

In the two days following you see that your agency is offering a debriefing, in conjunction with the medics. You are unsure of debriefing's benefits, having not gone to one before. Some of your peers are supporters of debriefing, "I've been to many of them...and they are worth their weight in gold." (Michael). "And its good I think for people to experience and hear what some of the other people's reactions are because then they won't feel like they're so alone..." (Alan). Some of your peers think less of them, "I think they are a waste of time and money and energy, that's just my take." (Mark). The thoughts of the call are still persistent in your mind, so you figure, you'll go and see what it is all about. In the evening after shift you meet up at the local fire hall. A small group and facilitator are in there, you grab a coffee and sit

down. "...where we met, the officers, the EMS personnel, did a more formal debriefing of the situation and discussion of how things went, how we were impacted, how others were impacted and such." (James). Somethings about learning more details doesn't sit right with you. You knew the call from your perspective, now you get the view from the ambulance, and the ER from the medics. "I think I felt worse leaving there than coming in, because I only knew my little pieces of the pie going in. When I left there, I knew everybody's little story and what everybody dealt with...I know they're designed to help and I think the right case they would, that one just hit me wrong." (Frank). The session is over in under two hours, you walk out and go home. No other follow up will be offered, debriefing is viewed as a standalone solution for trauma prevention. "...there was zero follow up, which I don't think is a great way to do it." (Frank).

Time goes on, the memory of the call fades, your sleep returns after a week. If you pause long enough, and think about it, it is right there in vivid color. You are good at pushing those thoughts down and away. "I think of it as, no, tomorrow's another day." (Timothy). "I don't know if I'd say compartmentalize it, but I recognize it for what it is, and I put it over there" (Michael).

Though sleep has returned, a flash point of anger has emerged in you, more profoundly than before. "Just a lot of irritability, irritability was terrible." (Frank) You notice that things you used to enjoy are burdensome these days. "...it was just anger and I just could not shake it no matter what I tried." (Frank). "Lately it just seems like my fuse is getting shorter and shorter..." (Mark). Other events in your years have come and gone without debriefing or mention. "You're taking home all this baggage, and not because of a dynamic stressful event, but just from the worry at every traffic stop...just the stresses that you bring home from the job over and beyond a big dynamic, traumatic event, crisis." (Michael). You notice when you're working that your

memory is cued up when you pass that house, "...you're definitely getting the flashbacks and stuff like that going by that scene..." (Daniel). "Ever since that day, every time I go back to that corner it just fucks me up, I literally think about it every time I drive past that corner." (Jeremy).

You cope on your own mostly, "I stay busy, when I'm not working, I'm doing other stuff, so you know, I guess that's kind of how I've dealt with stuff..." (Mark). Physical activity helps your body feel stronger, and provides a release, "Everything about lifting weights and running, and just that release, I guess or that focusing on something and accomplishing it, striving for it." (Alex). "...its buck up, this is the job you signed up for. What else did you expect?" (Alex). "...we're in squad cars by ourselves the majority of the time and we have to deal with it on our own." (Scott). You know that there are psychological services offered in your small town, but privacy is a concern, "I think around here there's maybe one, or two psychiatrists that you could actually go talk to, but there's a good chance you might know them." (Daniel).

You know an isolation, a weight, carrying this experience and not having a therapeutic outlet for any it. How could someone understand this? How could someone know unless they have been there? "I think every cop is like that, they're just, we don't think that people would understand us unless they've actually been through some of the stuff we've been through." (Alan) "I am the warrior and nothing's going to affect me." (Michael) You don't speak up, even though your partners have said if you need to talk, give a holler. "We just say if you need anything shout" (Scott). "Maybe in your mind you don't want your department to feel like you're unstable perhaps just because it bothers you." (Jeremy) Without training, without leadership that is aware the social stigma and barriers that need to be overcome, this is how you live. "That's why I just wish and pray that someday hopefully...it's all right to talk about this shit because it sucks" (Jeremy).



## **Chapter V: Discussion**

### **The Purpose of the Study and the Contribution**

The purpose of this study was to show law enforcement officers' experience of trauma, and identify ways in which the culture influences their reactions, specific to rural Minnesota. For me, as a scholar-practitioner, there is a power in bringing the research knowledge home. It makes it tangible on a statewide level, instead of a profession-wide, nation-wide level. That is where the most power from their voices can manifest.

What this study contributes is the power of voices that may not have been heard, on a topic that needs immediate attention. The findings show that trauma is present in our rural law enforcement officers. It also shows that there is stigma that inhibits an officer's view of help-seeking. It also shows that nearly half (40%) of my participants have experienced therapy, this is a revelation that is promising. Out of these four, two found solutions and therapy on their own; one for help with drinking, the other urged by a spouse to seek help for years old trauma. The other two were referred through extreme trauma; the line of duty death of a peer and the loss of a son to suicide. Of the ten, seven participants have experienced debriefing, which shows a willingness of leadership to offer an intervention, however, the research shows that this practice is dated and is dangerous. Solutions offered by the participants are not unreasonable. They envision training on trauma and periodic wellness checks offered by their agency. They realize the stigma is there, some more than others. This study offers the base for further research, whether in the form of a statewide study on trauma, or an exploratory investigation for solutions.

In the following chapter I will present a reflection on trauma and culture, using my findings from the study. I will also reflect on the barriers to solutions unique to rural Minnesota.

## **Trauma: A Minnesota Based Reflection**

The literature tells us mental health conditions, the effects of trauma & stress, are common in police officers, and can manifest in a variety of ways; sleep disturbances, re-experiencing the event, hyper-alertness, intrusive thoughts, depression, aggression, sensitivity, paranoia, increased alcohol usage, and suicide. (Bond et al., 2013; Fox et al., 2012; Gersons, 1989; Martin et al., 1986; Martin et al., 2009; Menard & Arter, 2013; Singleton & Teahan, 1978; Territo & Vetter, 1981) Trauma manifested in participants most commonly as sleep disturbances, as reported by seven of my participants.

Trauma itself is stored in more detail within the memory (Dolcos et al., 2004). Trauma, melancholia, and anxiety are related, impacting the individual's sense of worth (Johnson et al., 1992). Anger and trauma go hand in hand, with PTSD predicting anger levels, but anger not predicting PTSD (Chemtob et al., 1997; Jakupcak & Tull, 2005; Olatunji et al., 2010; Orth et al., 2008; Taft et al., 2017). Anger from multiple traumatic events can be directed inward, adding to depressive symptoms (Hagenaars et al., 2011) I saw all of these points from the literature displayed by my participants. Regarding depression and grief, participant Michael said he would cry himself to work and home, and did seek medication to help him sleep. When participant Alex began to experience the effects of trauma, his recourse was to hope it went away, "Shit. I hope this passes." Participant Alan would wake up drenched in sweat, so bad that he would have to go to the bathroom to towel off. He also began to isolate, had to remind himself to eat, and just didn't want to be around people. Participant Jeremy has flashbacks every time he passes the place in the street where a child he knew died, "...every time I go back to that corner, it just fucks me up, I literally think about it every time I drive past that corner." Participant Daniel questioned himself, blamed himself in the wake of his partners suicide, "So then, essentially,

then you're falling back into yourself, like what did I do, or what could I have done." I heard how trauma manifested itself in my participants, moving from psychological injury, to physical manifestation.

In reaction to this trauma, the participants were using methods of emotional suppression. This included isolation, expressing symptoms in private, silence, or not mentioning traumatic experiences again. This emotional suppression allows the officer to execute their duties, provides for cultural membership, and maintains a professional demeanor (Pogrebin & Poole, 1991). I noticed recurring thoughts and immediate suppression of trauma in participants. For example, participants Michael, Timothy, Jeremy, and Scott all spoke of recurring thoughts. The reoccurrence varied from Scott saying, "...you relive it a little bit" to Michael who said "I recognize it when I'm dwelling on it...it's like, oh no you don't. No. You ain't coming in here."

Many of the stories shared involved death of children or children impacted by death. Understandably these hit hard with participants who had children. Of the stories shared, nine stories involved the death of children. Other forms of death were graphic in nature, representing scenes of derealization, with participants such as Jeremy asking "...is this even real?" In processing and depersonalizing scenes of death, officers erect psychological barriers that suppress emotions and protect them from death anxiety and allow the officer to perform their duties (Henry, 2004).

Participant Frank noticed increased trauma reactions within himself. These were irritability, and a frustrating startle response, that he noticed while attending a show at the Target Center. There were pyrotechnics in this show that triggered a trauma response in him. He said, "...yeah it was just a loud boom, I started looking around and I was instantly pissed. It might have ruined my night, because for the next hour I was just mad." Frank also noted significant

memory issues and an inability to focus. These memory issues are present in trauma reactions (Carlier et al., 1996; van der Kolk et al., 2005).

Law enforcement suicide is one of the most prominent threats to an officer (Blue Help, 2018). The insight that participant Daniel offered regarding a peer suicide was powerful. The literature and research point to many facets regarding suicide including the effect of shift work, personal and family problems, PTSD symptomology, and carrying the means for suicide as a part of their duties, a firearm (Barron, 2010; Berg et al., 2003; Blue Help, 2019; Violanti et al., 2008; Violanti et al., 2016). Daniel said his agency had a debriefing team, he had a one-to-one with a facilitator, and the intervention was over by lunch time. Daniel stated that there were comments his fallen peer made along the way, and a letter left that indicated things were getting to him. He said his peer had been making comments to his wife about taking his own life.

Combining this trauma with a rural culture that can inhibit solutions and systems that do not provide training, the stage is set for unaddressed psychological harm, as was noted by participants Daniel and Jeremy. Participant Daniel said of his peers, “They bottle everything up, they don’t talk to anyone.” He himself wasn’t aware of his trauma fully until this year, when he received training on the topic. Participant Jeremy relies on his sergeant and wife for support, but acknowledges in nearly 15 years, he has not received any official interventions. “In all the experiences that I’ve had here, I’ve had zero help.”

Supervisors and administrators did check on their officers as was coded in the findings, however, the offering of solutions was the rarity, and in cases where it was offered, debriefing was the solution. I noticed also that systems where the officers trusted their leadership were beneficial, involving increased camaraderie and unofficial gatherings. Officers also told stories

involving adverse conditions, where they felt leadership did not have their best interests in mind, where morale was low and trauma was not addressed.

Specific to rural Minnesota, these rivers of experience, complicated and deep, are running through communities, in places we wouldn't anticipate; small towns and smaller jurisdictions.

Does the public know what actually happens in supposed quiet areas? Participant Jeremy said succinctly on this topic:

I think a lot of it is from the public standpoint of like, yeah, nothing happens up here...But in reality, I'm not going to tell you that I encountered two dead bodies during the day, you don't want to hear about that."

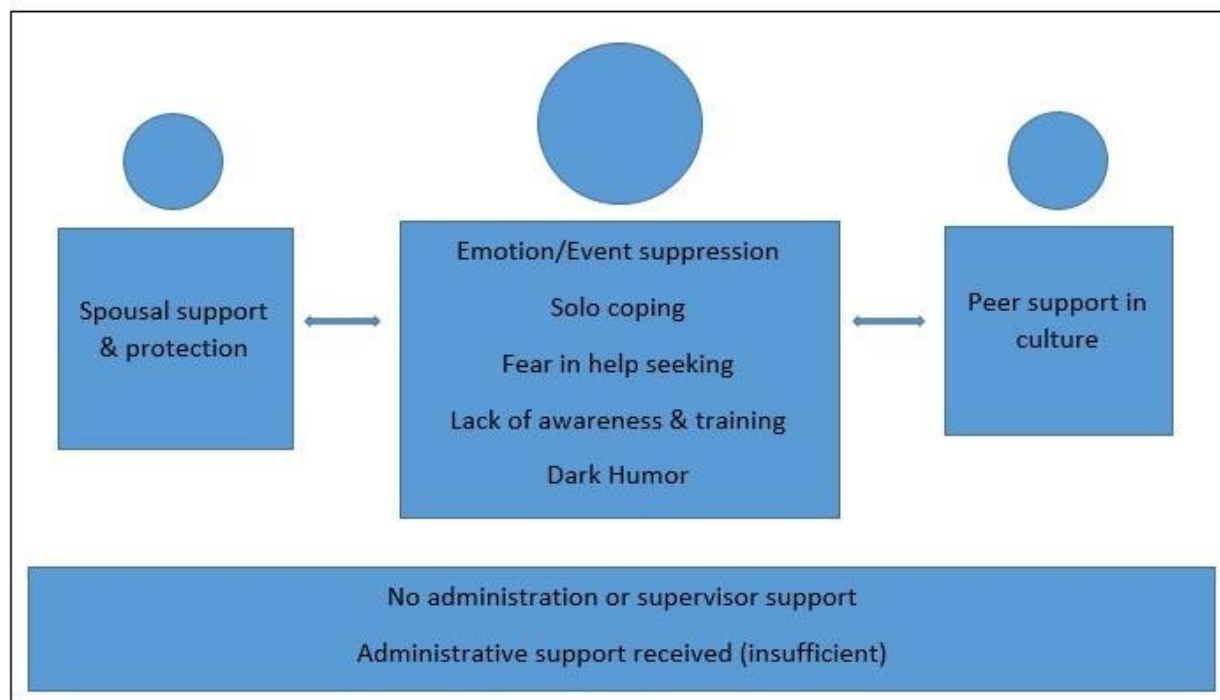


Figure 5.2. Visual representation of findings in field notes

Figure 5.2 gives assistance to visual learners like myself. The figures to the left and right of the officer represent where they share and where they receive their support from. The central figure is the officer and what is inside them. The lower area, what they are standing on, is insufficient administrative support or a lack of support at all.

Within the officer is fear and stigma in help-seeking that inhibits officers from speaking out for themselves, or their peers. This comes across as cultural contradictions seen in the narrative; supporting change and holding onto notions of culture that inhibit change. They are aware of this stigma, yet expressed a desire to overcome or change this stigma. Officers have used their own methods of coping, a mix of solo-processes, and relying on their peers for support, using tools such as humor to distance oneself from the scenes they encounter. Trauma does not just affect the officer, it affects the family unit as a whole, with officers protecting their spouses from the realities of the profession.

The findings characterize a profession that is lacking solid solutions for trauma, with the exception of one agency with meaningful support from leadership among other factors; this is explored below in the anomalies section.

I cannot make a conclusion on how many received trauma training because I am not sure if their debriefing experience included this. In other words, I do not know if a debriefing process included an explanation of the nature of trauma and PTSD. Half of my participants wanted trauma training, mandatory or not, as a solution in their agency. Others wanted resources available but did not want solutions to be forced onto them. Commonly, officers found their own solutions and ways of coping in the absence of administratively sanctioned, or culturally supported remedies. These are usually solitary endeavors, silent and unseen methods of coping that resemble less of a healing state, and more of an endurance state. They keep these stories within. Stories from the fringe of what the human psyche can endure, are compartmentalized within themselves, and not shared with their loved ones. They make constituted efforts to keep these walls of separation intact, and when the barrier begins to fade, and trauma intrudes, they muster fortitude from an inner source of resilience, and place the thoughts to the background.

Four of my participants have participated in therapy of some kind. One participant has done EMDR, one participant stated they tried medication for trauma related symptoms (lack of sleep). None of my participants have seen literature on the topic of trauma in their workspaces.

Participant Frank noted it was this year at the Chief's Conference that he first heard about training on trauma. Prior to that it was his wife encouraged him to seek help for his own trauma, stemming from an incident in 2012. Additionally, there is a masculine aspect to help-seeking. The literature says that men in general seek mental health services less than women and this is due to gender roles or masculine ideologies (Addis & Mahalick, 2003; Gove, 1984; Seidler, Dawes, Rice, Oliffe, & Dhillon, 2016; Vessey & Howard, 1993).

### **Rural Reflection**

Relevant to the rural nature of this study is the research by White et al. (2016) who said that as the agency size increased, perceptions of stigma decreased. Also, in smaller agencies, perceptions of confidentiality, trust, and the availability of mental health services were barriers to care (White et al., 2016). The solution of an EAP in rural policing has issues because of resource scarcity, economic shortcomings, and feelings that they do not provide enough confidentiality (Finn & Tomz, 1996; Scott, 2004). The self-contained nature of rural communities makes it difficult to generate funds for training, equipment, and services (Weisheit et al., 1995). All of these were in line with the findings of this study. The availability of services came into the narrative with Michael, who began to see a provider a significant drive away, noting "...but it's just a long way to go for a lot of the same...what are we doing here?" Michael ended the services after four to five sessions. Participant Daniel mentioned that there are "...maybe one or two psychiatrists that you could talk to but there's a good chance you might know them." This is in line with the literature, which notes, rural officers are more physically isolated, but socially more

monitored (Weisheit et al., 1995). He also said his agency contracts with a service, though he was not sure of the specifics; he said he knows of no one from his agency who has taken the offer of services from the agency. Participant Frank, who received services, drove 60 miles to the nearest area with services and paid a \$25 co-pay per visit. He said his initial appointments were once a week, but at the time of our interview, he was down to once a month.

Regarding resource allocation, participant Scott noted that resources are dependent on how close you are to administration. This is a scary prospect if one was not on good footing with administration. This uncertainty regarding resources, based on a relationship with administration, was noted by Alex, whose partner had an extremely tough call, but didn't feel like they could approach their administration due to recent discipline. Based on their perceived standing with administration, this peer went back to work the next day, partly because of their perceived negative relationship with administration.

There is a misconception that rural officers experience fewer critical incidents than their urban counterparts. Frequency and severity of trauma experienced by rural officers is not less than their urban counterparts, and the influence of trauma may be stronger in smaller agencies (Chopko, Palmieri, & Adams, 2015). I can only compare what I experienced with that of my participants which support the findings of Chopko et al. (2015).

### **Culture: A Minnesota Literature Reflection**

I wanted to know what the culture looked like in rural Minnesota and how this impacted officers. We know the culture can be harmful in its exclusion of contrary thinking, especially around stigma in help-seeking. Police officers expressing their feelings is severely limited in police culture, for fear of being viewed as inadequate by their peers (Pogrebin & Poole, 1991). This is exacerbated by the culture directly or indirectly when it comes to seeking help. Police



officers have a reluctance to speak to in-house service providers and EAP assistance programs (Blackmore, 1978; Fox et al., 2012). Common reasons for this reluctance are a perceived negative impact on their career and confidentiality fears (Fox et al., 2012). Participant Mark overheard his peers talk about a fellow officer who sought help, relaying comments to the effect of not being able to handle it. He said he heard them referring to this peer as a “pansy”. Participant Frank spoke of his fear regarding mental health records, and signing waivers for background investigations. He said, “Even if it doesn’t go in your file, you’re going to worry about it. You’re going to think about it, because you just don’t know.” Indirectly this exclusionary thinking can lead to a lack of training and understanding of trauma.

None of my participants mentioned receiving training in college or during their on-boarding process. This is a cultural and law enforcement system failure. Those that did mention receiving training on the topic of trauma, noted it as occurring recently, such as participants Alan, Frank, and Daniel. Frank and Daniel received training just this year, 2019. Others still were simply unaware of the resources specifically available, trusting that there would be some intervention should they ever need one, as noted by participants Scott and Timothy. Timothy said he believed his supervisors would have a phone book out, or “...a directory of some sort...” out immediately. Some mentioned a department information board with material on it in the workplace, but were not sure. Participant Mark said, “You know, I haven’t paid that close attention but we have a big board with a bunch of crap on it, I but I guess I don’t know specifically if it says mental health or what.”

There was a direct mistrust of mental health services in some participants. This mistrust of mental health professionals is because officers do not believe clinicians understand police work (Papazoglou & Tuttle, 2018). This was expressed by Timothy, who said regarding a

hypothetical therapist, “Who are the fuck are you to tell me how I should be feeling? You’ve never been through any of this?” He made an exception for a scenario where a mental health practitioner was a cop. Daniel also would not feel comfortable, saying “...nobody would feel comfortable talking to someone that’s not done it.” Mistrust of interventions, specifically the debriefing process was characterized by participant Mark as, “...some dumbass’ idea in human resources...” He also expressed a trust and legal concern with what is being said in a group debriefing staying in the debriefing, a potential confidentiality breach.

Culturally sanctioned coping methods such as the use of dark humor were present in the study. Participant Jeremy said, “...bullshitting with partners back and forth, and laughing about it, joking.” Participant mark echoed this by describing humor as “...the way we deal with stuff.” This was supported by the literature, where humor is used as defense mechanism, softening the impact of trauma and allowing them to vent their emotions indirectly (Craun & Bourke, 2015; Pogrebin & Poole, 1991). The dark humor was most commonly related to the shocking nature of a scene, notably “the eyeball house” as noted by participant Mark, the “no-brainer” comment of a paramedic noted by participant Alan, and the “black game wardens” mentioned by participant Michael.

The participants also noted unofficial monitoring of peers for trauma symptoms or problems. This would keep with the insular nature of the culture, the caretaking nature of the profession, and allow them to watch over their own. Participant Scott attested to watching his peers for trauma symptoms, noting “...we’ll just kind of watch them for two or three days.” Comparing law enforcement to his significant other’s profession of nursing, Scott said, “I think they look out for their other coworkers a lot better than we do.”

As noted in the literature review, losing a peer in the line of duty is one of the most severe stressors an officer can experience (Violanti & Aron, 1995). Participant Alan provided a unique cultural insight by sharing his experience during tragedy. Alan received a combination of support from his community as well as from his peers. The interventions provided by his agency included debriefing and a psychologist that came in and met with them individually. Alan's experience also demonstrated the uniqueness of the police culture. Woody (2005) described the culture as insular, a protective camaraderie. The codes I found in the data corresponded to this, specifically, peer support in the culture. After they were pulled from the scene, Alan and his peers went to the hospital to support the officer's family. In the days that followed they continued to provide support by having dinners for the family, travelling to the hospital together, and posting officers at the house, he characterized this as, "...stick with the family".

These strong cultural bonds of support were also mentioned by Michael, who lost his son to suicide. Officers have powerful bonds that create solidarity among members, an inner tribal circle, and excludes non-members (Miller, 2007). Michael spoke of how multiple agencies came together, some traveling great distances to support him. Speaking of the support, Michael said, "It's just hard to explain how much of an effect that had on my wife and I. It got us through."

A downside is the protective nature of the culture can hide the effects of psychological harm in its members, offering denial, and blocking attempts to identify harm within (Gersons, 1989). The psychological harm then becomes out of sight, out of mind. I noticed my participants largely coped in silence, by themselves, through some of the most horrendous scenes imaginable. They didn't turn to their spouses for support, because they were protecting them from harm. Miller (2007) called this separation practice creating a safe haven from the job. "Thus an officer may turn to his spouse for support during a particularly stressful time, then abruptly clam up and

refuse to discuss anything about the job” (p. 23). Participant Scott said, “I always learned that when you are done with the job, it stays at the job, it doesn’t come home and affect family.”

### **Cultural Contradiction in the Narrative**

I noticed aspects in the narrative that did not go together, such as wanting the cultural stigma lessened, yet being opposed to training or help-seeking. Participant Timothy noted that he supported talking to his peers for support and resolution, even supporting counseling, however, he had a preconceived notion regarding mental health services and what they are. “Who the fuck are you tell me how I should be feeling, you’ve never been through any of this.” This statement for counseling, and against his perception of what actually happens, is a contradiction of ideas. He was also against mandatory classes on trauma, but wanted options available if someone needed to talk. The problem here is the dismissal of help from a mental health provider, unless that provider has law enforcement experience. Also there is an opposition to learning about trauma, unless it is by choice. If we want all our officers to have the understanding of their own health, then let us not short and make it optional. If this knowledge is worth having, then let us provide it to them in the best way we can, with their cooperation and support. I would hope as a profession we can look at this as an opportunity and not a burden.

Highlighting a cultural contradiction of values, participant Daniel, said that in his agency, there was talk regarding a peer who took time off for mental health. Daniel said that he didn’t want to be the one talked about in this way. The contradiction arises when there is undoubtedly trauma within this agency, as they experienced a suicide within their ranks. There is also an unknowing regarding mental health, for Daniel did not know of one peer that had taken mental health services. Behind this contradiction is the veil of fear. If you are going to be subject to ridicule by your peers, why would you take a helpful solution? The day will go on, the next call

will come, the shift will end, and its home, and onto the next day. Daniel pointed this out quite accurately.

I just, especially rural, having the resources available and trying to get that stigma way of, hey it's okay to go and talk to these people, it's okay to discuss stuff. And then on the other aspect, I've heard from bigger agencies if they can get you some, officers, say, oh if they can get any type of information that you're seeing a psych, you're going to be put on desk duty and you're not allowed to work... There can't be that fear of going and talking to someone for any reason. I think if they can finally get that out there and have the resources available, I think you might have some more people actually doing it.

### **The Debriefing Illusion**

A profound finding of this study was the prevalence and reliance on debriefing as an intervention. The finding of how prevalent debriefing was, and how it was relied on as a stand-alone intervention for trauma needs to be addressed immediately. To summarize this section in the simplest language, we may be causing more harm to our officers by employing this outdated method.

Debriefing has been referred to as the standard of care when it comes to post-event interventions (Deville, Gist, & Cotton, 2006). Yet, debriefing has been shown to be an ineffective intervention regarding trauma (Lewis, 2003; Mayou, Ehlers, and Hobbs, 2000; McNally, Bryant, & Ehlers, 2003; van Emmerik, Kamphuis, Hulsbosch, & Emmelkamp, 2002). There is a general appreciation of the intervention among participants in the literature (Jenkins, 1996). This appreciation however is not a solution to the underlying mechanisms of trauma. In other words, I can appreciate being given a placebo, however, it does not address the problem.

The notion that an intervention, debriefing, done in a group setting, over a few hours, is a meaningful intervention must be discarded. Psychological injuries are seen today as biological reactions, evident in changes to the amygdala (Brown et al., 2014; Nicholson et al., 2015) and the hippocampus (Shin et al., 2006; Shin & Liberzon, 2010). What is needed are solutions based

on the biology of the injury. Additionally, debriefing does nothing for the dissociative response to trauma, which occurs in the prefrontal area, and can impact emotion, consciousness, cognition, memory, and awareness (Carlier et al., 1996; Lanius et al., 2010; Wolf et al., 2012).

Debriefing curriculum flows from the Mitchell Model developed in the 1980's by Jeffrey Mitchell, a former medic and firefighter. He designed it as a post-incident intervention for a singular event (Mitchell, 1983). Debriefing in this method is done as soon to the event as possible, within 24 to 48 hours (Bohl 1995; Mitchell, 1983). Originally designed to be delivered individually or to groups, debriefing is now only recommended in any form for groups (McNally, Bryant, & Ehlers, 2003). There are seven stages designed to mitigate the consequences of traumatic events, by reducing the intensity of acute symptoms of stress, and reducing subsequent psychiatric problems (McNally et al., 2003). The Mitchell model as described by Malcolm et al., (2005), notes these steps as setting group rules, identifying their role, sharing thoughts on the incident, personal reactions, sharing symptoms of stress and trauma, teaching participants healthy ways of dealing with stress, and a re-entry phase. It is not designed to replace psychotherapy (Litz, Gray, Bryant, & Adler, 2002; Malcolm, Seaton, Perera, Sheehan, & Van Hasselt, 2005). Participants who are debriefed may describe the experience as helpful (Armstrong et al., 1998; McNally, Bryant, Ehlers, 2003). However, this appreciation and satisfaction is not reflected in fewer stress symptoms, in fact, the appreciation, "...seems to reflect a natural tendency in people who have been traumatized to seek emotional support, recognition, understanding, and endorsement." (Carlier, Voerman, & Gersons, 2000, p. 9). In other words, it is natural to seek comfort after a traumatic event, but that is the extent of its therapeutic effectiveness.

Current debriefing practices for law enforcement do not account for the culture and gender roles associated with the profession (Pasciak & Kelly, 2013). Additionally, studies have shown debriefing to be harmful or have no effect on trauma outcomes in participants (Carlier, Lamberts, Van Uchelen, & Gersons, 1998; Lewis, 2003; McNally, Bryant, & Ehlers, 2003; van Emmerik et al., 2002). Harm can come by way of more intrusive thoughts, incorporated more misinformation into their memories, and had more confabulated items in memory (Paterson, Whittle, & Kemp, 2015). Harm can come by way of increased disaster related hyperarousal symptoms (Carlier et al., 1998). Group debriefing may expose individuals struggling to keep their own arousal in check, to potentially more images and graphic depictions, as was noted in a participant in my study (Devilley et al., 2006). Further, it may modify the eye witness account of the event, and intensify their reaction, by reconnecting them to the source of disturbance, before sufficient distancing has been achieved (Devilley et al., 2006). Debriefing also may be interfering with the natural processing of the event, by bypassing social support systems, such as friends and family (Emmerick et al., 2002). Debriefing likely increases the individual awareness of normal distress symptoms after trauma, but may suggest that such reactions are maladaptive and need professional care may be an unintended result (Emmerick et al., 2002).

The results of debriefing research are at best inconclusive, with no pattern to support the overall use of the intervention with any population (Lewis, 2003). The literature status on debriefing is more directly and profoundly stated by Rose et al. (2002):

There is no evidence that single session individual psychological debriefing is a useful treatment for the prevention of post traumatic stress disorder after traumatic incidents.

Compulsory debriefing of victims of trauma should cease. (p. 2)

Another thought put forth by Litz and Gray (2002) is that debriefing is appropriate, but does not serve a therapeutic or preventative function. My counter question is, if it does not serve a therapeutic or preventative function, and may do more harm, what is the point of doing it? It should be noted in the same article Litz and Gray (2002) wrote that debriefing represents the most common early intervention, but there is little evidence supporting its continued use.

Tuckey (2007) states that organizations that use debriefing have an ethical obligation to evaluate its use, given that it is potentially harmful. Major treatment providers and organizations are moving away from debriefing as an intervention.

The Department of Veteran's Affairs stance is debriefing may be useful in low stress situations but may be harmful for individuals experiencing severe trauma, or trauma reactions such as PTSD (US Department of Veterans Affairs, 2019). The VA notes the possible harms as verbalization of trauma is limited in debriefing, and habituation to evoked stress does not occur, this results in an increase, rather than a decrease in arousal, and is difficult to detect in groups. Other harms come from using debriefing to force an override of a dissociative state, or avoidance state, which may be harmful to some individuals (US Department of Veterans Affairs, 2019). The line between therapy and debriefing is blurred professionally, with some believing that debriefing is enough of an intervention to stave off the effects of extreme trauma, and the basic structure of debriefing, a group setting, isn't sufficient to address the needs of the individual (US Department of Veterans Affairs, 2019).

The practice guidelines of the International Society for Traumatic Stress Studies recommends cognitive processing therapy, cognitive therapy, EMDR, prolonged exposure treatment, and CBT with a focus on trauma as current interventions for the treatment of PTSD (International Society for Traumatic Stress Studies, 2019). For an intervention within the first



three months of the event, they recommend CBT-T, cognitive therapy, and EMDR. There are also pharmacological interventions to use in conjunction with these if needed (International Society for Traumatic Stress Studies, 2019).

I had profound emotion and questions raised within myself with this surprise finding. First, why are we using a method that is subject of research indicating it does not mitigate the development of PTSD and that can cause harm? The current research does not paint a reliable, trustworthy picture of debriefing; that is without question. My own thoughts are, debriefing caters to our inherent need to help. It is an emergency intervention in the aftermath of a tragedy, viewed as us helping the helpers. Early governmentally published articles on the topic praised it, some calling it a ritual for closure, an opportunity to process cognitively and emotionally, that fits well with police culture of helping (Havassy, 1991). Early research suggested that brief psychological interventions be mandatory after a critical incident (Bohl, 1991). The early studies were just that, early. We need to take into account what the current literature is telling us on this and adapt our practices accordingly. This finding has implications beyond these pages. This is not a study on the effectiveness of debriefing, however, this study found debriefing widely used in rural Minnesota, with 70% of my participants having received it post-event. Sadly, for some, this was the only intervention that was provided. I refer to figure 4.6 and the previous discussion on the code.

Table 4.6

*Debriefing participants and their reaction*

Mark	Frank	Daniel	Scott	James	Michael	Alan
Negative	Negative	Mixed	Positive	Positive	Positive	Positive

The risk of harm in debriefing was evident even in my small sample. Participant Mark was negatively affected by the debriefing process, adding to his own traumatic experience the collective knowledge of the group. Debriefing involves rehashing intense imagery in a short window after the event, this in itself, carries the risk of secondary trauma (Rose et al., 2002). This secondary, unnecessary traumatization was exactly what Frank described happening to him; is it not worth the risk.

**Conclusion**

Bringing these topics to the forefront of conversation here in Minnesota is a goal of mine. The reflections above look at the literature in chapter two and lay upon it, the words of my participants. There is without a doubt trauma being experienced by my participants. The stigma of the culture locally is still carries fear, misunderstanding, and misinformation. Debriefing is something that we should stop doing because of the risk of further harm to its participants, and its lack of therapeutic value. In the next chapter, I will explore the implications for the study.

## Chapter VI: Implications

### Introduction

In the following chapter I will discuss anomalies from the study, and places where I see we can begin to focus for reform. I will also discuss the limitations of this study and my experience of duality, being a researcher and member of the culture.

### Anomalies: Surprises in the Study

Two anomalies were present in the stories told. These stood out and did not merit their own code, however their presence may be significant. One was the low trauma experience of an officer, the second was the way information travelled when an officer shared their experience with therapy, and how others responded.

Participant James was impacted the least by trauma on the job. James related three stories involving children dying during calls he responded to; two infant deaths and one teen suicide. He also related one smaller story where he watched someone pass in front of him, a choking incident at a care facility. Common across all his stories was a follow up by his leadership. Also common across his stories was an environment of open communication and a trusting relationship with his leadership. He had second guessing, "...woulda, coulda, shoulda" and recurring thoughts from the calls, but he said:

And so this, any of these incidences that I'm discussing with you today...I can't ever recall getting, having nightmares, or not being, having the ability to do effectively do my job and such.

Significantly, James said he grew up in a strong evangelical household, learning about death and what's beyond, adding "I think it has also played a significant role in my life in being able to handle traumatic situations." He was also a veteran of the Marine Corps but was not in combat.

Regarding the support he received after incidents, James said:

...it's always been verbalized to me, hey we can have a debriefing, we can talk, or we can get some professional help. So through all my traumatic experiences, it's been verbally communicated to me. So I've never consciously looked for any kind of pamphlets or anything.

In relation to the others in the study, the communication in his agency was unique. James said his peers look out for each other, and described strong bonds, and a low impact of trauma.

I've always felt that our department has been really close. And we're always checking in with each other, how are you doing, what's going on, hey you look either down, or hey, you look really up, what's happening in your life?

He said even though they are a smaller agency, their officers and leadership tend to stay. It has been my experience that smaller departments tend to be a stepping stone for officers, but this was not the case according to James. "And so that gives us all the chance to form strong bonds and friendships and trust when working together." He said that the leadership has been stable, including the sergeants who have been there for as long as he has; James has 20 years at this agency. This is supported by the limited literature on small town officers, which noted disruptive administrative changes in smaller organizations as being a major stressor (Scott, 2004).

James said the leadership promotes camaraderie outside of the working day.

And our administration has always been great and we do lots of things together. Whether its fishing tournaments, to just social, hey lets together type of things. I think our admin, and the middle, and the other guys and gals, we're always connected in some way, shape, or form.

He gave an example of his leadership going the extra step to check on his wellbeing.

During a conversation with his leadership, he mentioned a recent call. He said it was just idle conversation, but his supervisor recognized a potential harmful event and asked him if it was bothering him. James said he was asked if needed to talk about it, and most profoundly to me,

“...do you need to talk to somebody about it.” This offer was greatly appreciated by James and was in contrast to what he knew as “We’re cops, we’re supposed to be seasons for this, we deal with this, this is our job.”

I think it’s important for leaders, and I think it’s important for everybody to have that mindset, keep in mind, you might hear something like he did. He heard that and he took it, and made the efforts to find out if I’m okay or not, I think that’s what good quality leadership does is that. Yeah, we’re not huggy and all of that, but we’re human beings and we do have feelings and that it’s something to recognize that and offer what you need.

The leadership style mentioned by James resembles servant leadership. Listening, empathy, healing, awareness, persuasion, conceptualization, foresight, stewardship, commitment to the growth of the people, and the building of community are the tenants of servant leadership (Northouse, 2016; Spears & Lawrence, 2002). James’ narrative describes leadership that is concerned with the emotional wellbeing of the officers, leadership that can conceptualize that healthy officers make better officers for the community. Supervisors are very influential regarding the attitude of the team and the whether the individual talks about their experiences (Evans, Pistrang, & Billings, 2013). There is also a building of community, away from the rigors of the paramilitary structure of law enforcement, efforts at bonding and getting to know one another on a more personal level. James recognized these servant leadership qualities in his agency. He appreciated them and given the low turnover, his peers do also.

His experience was unique in the study; what I don’t know is the how and why of his experience. His supervisor went above the other supervisors in the study and took the initiative to ensure he was doing well after incidents. The culture of the agency was one of open communication and caring leadership. James also stated he had a unique upbringing with religion and had military experience. These factors may also be a part of his personal resilience. I am left with more worthwhile questions than answers regarding his narrative.

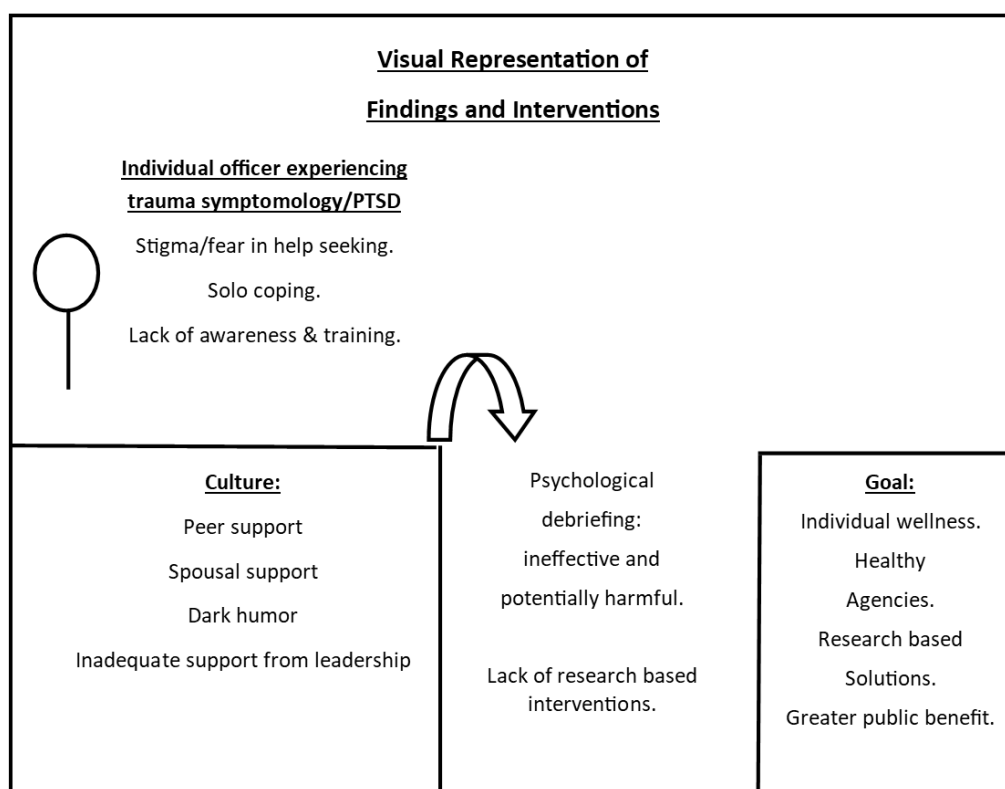
The second anomaly I noticed was an informal sharing of resources on therapy from participant Frank. Visually I picture this as a grapevine effect, informal, yet deep in meaning. Peers heard that he had sought help, and practicing their own vulnerability and relating, reached out to him on the topic. Frank was at a conference when he was approached that night at the bar by peers. One person came up to him and handed him an article from a military mission where civilians were killed, this person was a part of the ship's crew. Frank said this peer told him, "That was my boat. I was packing those guns...where do you go for help?" He said that was after the conference had a session on trauma, his first training. He said a separate incident involved a peer in a separate agency who reached out to him. He said this peer told him, "I can't sleep at night. I don't know what the freak to do. It keeps popping in my head every few months." Frank said he gave them the contact number for his therapist, adding "Apparently it landed on a few guys."

This chain reaction of help-seeking was unique to Frank's narrative. It is apparent that Frank was demonstrating a new way of coping, speaking up in a session on trauma. Other peers saw this and compared his experience to their own and asked him for resources. What is fascinating, is this adaptation. When others heard of Frank getting services, they reached out and asked him how he did it, who he uses. How many other people are on the cusp of seeking help for trauma as old as the man's military service, or as fresh as last week? We know that trauma does not have an expiration date and it is not too late to get help. Frank's account of others reaching out to him is worth mentioning and noting as unique.

### **Other Issues with Current Practices**

What we are currently doing regarding trauma is a disservice. I do not believe we as a society are doing this on purpose, for we all want what is best for our officer's health. These are

findings and words I do not express lightly, for it pains me as a member of this profession. Figure 5.3 provides a visual of my findings in relation to interventions. As a profession, we currently lack effective interventions for trauma. In only two incidents during my study, administration delivered psychological services to their officers; a line of duty death, and an officer responding to their child's suicide. In all the other incidents, there were not services brought in or utilized by the officer post-incident, as an intervention. Unofficial solutions such as dark humor, peer support, and spousal support have a purpose, but they are not going to address engrained traumatic experiences that lead to PTSD. My larger question post-study is, what is law enforcement going to do to address what science is telling us about trauma?



*Figure 6.3.* Study findings in relation to an officer experiencing trauma.

We all want to get to wellness for our officers. The solutions we have in place do not meet those goals, as noted by Figure 6.3. The findings show a gap in our wellness efforts.

There are places law enforcement can strengthen their responses immediately. The success of CBT and EMDR should be noted by administrators. Agencies are incorporating peer support officers, fellow officers trained to recognize signs of distress and substance abuse and stressing confidentiality. When given a choice, officers viewed CBT as the most credible among seven options, a list which included eye movement desensitization and reprocessing EMDR and medication therapies (Becker et al., 2009).

Leadership can find ways to encourage resilience, satisfaction with life, and gratitude, all which have been shown to mitigate PTSD (McCanlies et al., 2014). They involve leadership issues and training issues; these were mentioned by my participants. First of all, we can remove the lack of awareness of the problem and introduce practical training. This would be delivered during the academy (MN Skills) and as a mandatory continuing education requirement for licensure. With an increase in training, our understanding of this topic will increase overall. The stigma of receiving mental health services, or engaging in services, must be taken on.

Law enforcement leadership can begin with dispelling misinformation and focus on education. As an officer there are many trainings we are required to attend. A disdain for training does not override the need to address a gap in our understanding as a profession. I propose this question for leadership; would you rather have an officer inconvenienced for a day session on trauma, or have them suffer in silence? My findings show a lack of knowledge in what trauma is, how it works, and how to address it using the resources available, except for those who have undertaken counseling themselves. Even then, those who sought counseling spoke of a lack of solutions within their agencies.

A prevalence of fear in help-seeking can be addressed by reassurances by agency leadership. A study published in 2010 noted that male officers being aware of the benefits of



counseling, was not enough to overcome the stigma in receiving counseling (Wester, Arndt, Sedivy, & Arndt, 2010). The study I have undertaken has progressed beyond the findings of this study from 2010. As noted by my participants the police culture is changing. It is my belief that officers can be shown a pathway to help, through engaged knowledgeable leadership, that solutions for this are available and that taking them will not negatively impact their careers.

When it comes to stigma, police officers endorse the negative stereotypes of mental illness, such as perceptions of danger, and unpredictability (Soomro & Yanos, 2019). It is no wonder given they encounter individuals experiencing mental illness routinely. Further police officers experiencing PTSD themselves, endorse the negative stigma more than officers without PTSD (Soomro & Yanos, 2019). In other words, those who are injured, and experiencing PTSD may be some of the most critical of any mental health solutions offered. Leadership needs to challenge these misconceptions among ourselves. I know that leadership is not always held by title, in fact, some of the most influential officers in my career were the middle managers, or those with many years of service that I respected.

Legislation can also help remove legal barriers to psychological care. There is a substantial gap in workers' compensation laws and what the empirical evidence indicates regarding PTSD (Wise & Beck, 2015). As I mentioned previously, Minnesota passed legislation for PTSD to be recognized as a presumptive work-related PTSD injury for public safety employees (HF327, 2018) However, the law stipulates an individual must not have been diagnosed with a "mental impairment" previously, and the injury must not result from disciplinary action. Further the claim can be rebutted by substantial factors brought forth by the employer or insurer (HF327, 2018). Minnesota is one of the states that allows psychiatric injury

without a physical stimulus. This law is a step in the right direction, but it does nothing for the cost of treatment such as co-pays, which can add up.

### **Looking Forward**

Four participants in my study did seek treatment for their trauma. I did not ask them how they came to this need, where and how they looked for it. Their paths to help were varied; the loss of a child, the loss of a partner to gunfire, excessive alcohol usage related to trauma, and long-term PTSD and encouragement from a spouse. Looking for commonality across them, I do not see one shared trait, except deep trauma incurred from the job. For future study, I would want to see what lead them to cross the boundary into services, what factors and fears were weighed in their minds. These would be helpful to know so we can create more structural solutions. Two of the participants had psychological services provided by their agencies for their extremely difficult situations; loss of a peer and responding to their child's death. I would like to know in more detail, what that path looked like for those who sought services themselves.

It is my belief that law enforcement is in the midst of a cultural shift. National non-profits such as Blue Help.org are tracking police suicides as best they can. C.O.P.S. (Concerns of Police Survivors) is providing training titled "Traumas of Law Enforcement" which covers topics such as cumulative stress, PTSD, and solutions. A dissertation study by Faulkner (2018), noted that Ontario police officers mirrored our trauma and stigma here in the US, but also, the culture is in flux, and traditional stigma regarding help-seeking remains. My participants reported perceptions shifting in the culture, moving toward a setting where trauma can be discussed without repercussions. In my career, I have seen and felt this shift occurring also. It is my hope that legislators can create laws to assure our law enforcement officers that they are valued, and their wellbeing is important. It is my hope that visionary leaders shift the status of a

fear-based stigma, or blatant silence, to one of informative training, beginning in college, and carrying on through the officer's career

I would encourage a larger quantitative study including both rural and urban agencies, focused on the prevalence of trauma and the awareness, availability of resources, and barriers for solutions. What I envision is building blocks for actionable legislation and resources. It is my hope that the words of these officers create an impact greater than these pages. I hope my participants are heard by the CLEO's, legislators, and the communities they serve, so that steps to research-based solutions can begin.

### **Study Limitations**

I stress that I am not unbiased in this study. However, during the interviews, I could relate to them, and that held reassurance that they were in trusted company. I received their stories as sacred experiences shared for a greater purpose.

My sampling method was not random. The flyer was put forth to agencies and they responded. It can be argued that they self-selected into the category of trauma, and this was not representative of the whole of law enforcement in Minnesota; they were extreme cases. Collier and Mahoney (1996) pointed out that those working with smaller sets would not be able to make larger inferences, rather casual inferences. All participants were male, which was disappointing, for I was hoping to include the rural female officer's perspective on trauma and culture.

Geographically my sampling was vast. I cannot disclose specifics, but I was pleased that I reached a wide variety of access away from metropolitan areas. Regarding anonymity, there are protections in place, however, situational inferences may be made by peers if the officers' traumatic experiences are known or unique throughout the department.

I saw things common to law enforcement and each other, across these geographical distances. The purpose of the study was not to relate to all officers in the State, but to create a base of understanding in rural Minnesota, where before there was none. On this front, I believe I have provided answers to my specific research question, noting that the officers who responded, are the ones to provide this view into culture and trauma as they experience it.

### **Ethical Considerations**

The fear and risk for my participants for taking part in this study is real. There exists a fear of a negative career impact for officers who speak about mental health issues (Fox et al., 2012). Anonymity is a concern throughout the entirety of the inquiry (Clandinin and Connelly, 2000). For me, even though the interview itself lasted on average an hour, the protections for my participants continues.

The way I sought my participants was through the gate keepers, the Chiefs and Sheriffs who lead the agencies. Researchers need to ask permission, and explain the purpose of the study to these gate keepers (Creswell & Poth, 2018). Some participants expressed an idea that their leadership is supportive of this study as well as speaking on the topic of trauma and culture. Perhaps they were very supportive, however this did not inhibit the structural protections for anonymity in the study. The anonymity of my participants is paramount. Besides scrubbing the data, I used pseudonyms for the participants, changing their names for the data analysis.

My insider status was something that gave me access to the culture on a level that I believe would not be possible with some of the study's participants, as noted in many of their narratives. This meant that I needed to be aware during the inquiry process itself of my impact. Clandinin and Connelly (2000) quoting Blaise (1993) wrote, "The events in our lives, places we

have been and the people we have known, keep coming back” (p. 172). My years of experience were relevant in drawing out the narrative of my participants.

The reader has to understand that this insider status created a unique bond between myself and my participants. I cannot say what the response would have been to my flyer if I said only, I am a student studying trauma, please tell me some of the most difficult moments of your career. I approached them as a peer. I shared some of my experiences with my participants, they reciprocated as a part of the process. I can say some of my participants prefaced their stories by saying they only talk about their experiences with other law enforcement. I can say that more than one of my participants said that they would not speak to someone during help-seeking who has not been in law enforcement. I leaned into them and they leaned back; it was a reciprocal process.

The spaces in which the interviews were conducted were intentionally created, in the participant’s comfort spaces, an advantage of doing research via digital link. I know from Clandinin (2013) that these spaces should include openness, mutual vulnerability, reciprocity, and care. The participants were very open with their stories, some prepping them ahead of time. During our initial screening, some asked if I needed specific dates for the events. I stressed that this specificity was not needed. One participant did become visibly upset during our interview. Thankfully this participant is currently in therapy and has a support system in place to mitigate any surfacing of traumatic memories; he called to his wife in another room at one point verifying the approximate year of an event.

In this process I moved from field texts to interim research texts, to finally, public research texts (Clandinin, 2013). At no time did anyone have access or critique the unedited

field texts. The raw data audio is secure in password protected files and no one else has access to them.

The reality is, I was asking each participant to share old wounds with me. This was not a task I took lightly. The mood of each interview was assessed by me moment by moment. For reference, I have shared some of my most painful experiences with a therapist. I am aware of the feelings that can come up in talking about traumatic experiences. All of the interviews ended with an off-recorder check in session, where I asked how that was. In the appendices, the Institutional Review Board (IRB) documents, the letter that was sent to the CLEO's, and the consent form used can be found. During our unrecorded post-interview talks, a majority of participants asked when and how this study would be published. I notified them, I would do let them know immediately when it is published and available.

### **My Experience of Duality in the Study**

My researcher reflexivity, my past experiences, impacted the way I interpreted the phenomenon, my findings (Creswell & Poth, 2018). The duality of myself in this discussion is ever present. When I would speak to my participants, I would relate to them and share my own experiences. I walked with them in the stories, in a sense they were not alone in the story process. I wasn't merely an audience, I was a peer relating across unique cultural lines. I have to be careful not to confuse my knowledge of my own past, with systematically obtained knowledge (Malterud, 2001). Their voice is their voice, my practice was not to insert my own, offer my experience as relating, and listen to their experiences on trauma.

This dual practice, of law enforcement officer and researcher, is best expressed by Henry (2004) who was also an insider:

To some extent, my experience as a police officer and membership in the police culture comprise a double-edged sword: at the same time they afford me a special capacity to access and make sense of raw data, they also complicate the issue of objectivity. (p. 7)

This dual-relationship and status brought acceptance within the community, as participant Scott said, "...I don't talk too much about it unless it's to other law enforcement." In another example, participant Jeremy and I bonded over the familiarity in rural policing, where I pointed out that his friend who works in Minneapolis is going to tragic calls more frequently. However, his peer who works in Minneapolis will largely not know who they are serving, they will not know their victims or see them in the future. In contrast, participant Jeremy is seeing people he knows from his community being hurt and injured. Jeremy replied, "Yeah, 100 percent." I also related to participant Frank when he shared with me his aversion to crowds, an effect he attributes to trauma. Frank said he struggles with large crowds even though they are a part of his duties. I shared with Frank a recent story where I was at a gala party with my significant other, telling her "I'm done." At that moment I was agitated, felt closed in, and wanted nothing more than to get away from people. Frank related and responded that even now, when he is in crowds his wife will tell him to just focus on her to cope.

Besides relating across experiences, I was impacted across identities. Insider research is more than an intersection of career paths or demographics, it is the intersection of many characteristics, some inherent, some not (Mercer, 2007). For example, my origin, my inner soil, is rural. The population of my hometown Cass Lake is listed as 770 on the sign when you come into town. Everything tragic that could happen, in some way did there; car crashes, homicides, and violence. It is often missed in small town stories; every tragedy had to have an officer on scene. Every crash, fire, sudden child death, every natural death, all of it, an officer responded. I

didn't know what this was like until I in turn, responded to calls in a rural setting. I responded to family members in distress, scenes of violence with people I knew, people I valued. More than once, I had to recuse myself from calls because the people involved were my blood relatives. There is a bond there, unique to the officer and their rural environment, that is hard to explain, but easy to feel. That is what I shared with these participants. I related to them when they said scenes would bring up memories, and in a familiar patrol area, you're going to pass the scene again. You are going to see victims in the supermarket, no longer bruised, or bloodied. You are going to see some at their worst, intoxicated, and inwardly hope the best for them when they are fresh-eyed and sober. The caretaker role of the small-town officer is a prism in itself; part community fixture, part authority figure, wholly aware of the positive and the negative in their workspace.

I would recommend that any future insider researcher, looking at a difficult topic, take their own self-care into account. The weight of the stories is something that I still have not fully processed. I knew the status as an officer and a researcher would be difficult. It is more difficult when you can relate through specific trauma imagery of your own. My takeaway understanding from this insider research experience was a feeling of honor and trust. I felt the stories on a profound level, more than I believe a neutral party would.



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## **Appendix**



## Appendix A

### PTSD DSM-V Definition

#### **PTSD diagnostic criteria (Diagnostic and Statistical Manual of Mental Disorders, 5<sup>th</sup> edition)**

A. Exposure to actual or threatened death, serious injury, or sexual violence in one of the following ways

- Directly experiencing the traumatic event
- Witnessing the event, in person, as it occurs to others
- Repeated or extreme exposure to aversive details of traumatic events.

B. Presence of one more of intrusion symptomology associated with the traumatic event, beginning after the event occurred.

Recurrent, involuntary, and intrusive memories of the event.

Recurrent distressing dreams in which the content and or affect of the dream is related to the event.

Dissociative reactions (flashbacks) in which the individual feels or acts as if the traumatic events were recurring.

Intense or prolonged psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.

Marked psychological reactions to internal or external cues that symbolize or resemble an aspect of the traumatic event.

C. Persistent avoidance of stimuli associated with the traumatic event, beginning after, as evidence by one or both of the following.

Avoidance of or efforts to avoid distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).

Avoidance of or efforts to avoid external reminders (people, places, conversations, activities, objects, situations) that arouse distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).

D. Negative alterations in cognitions and mood associated with traumatic event(s) beginning or worsening after the event(s) occurred, as evidenced by two or more of the following:

Inability to remember an important aspect of the traumatic event(s) typically due to dissociative amnesia and not to other factors such as head injury, alcohol, or drugs.

Persistent and exaggerated negative beliefs or expectations about oneself, others, or the world.

Persistent, distorted cognitions about the cause or consequences of the traumatic event(s) that lead the individual to blame himself/herself or others.

Persistent negative emotional state (e.g., fear, horror, anger, guilt, or shame).

Markedly diminished interest or participation in significant activities.

Feelings of detachment or estrangement from others.

Persistent inability to experience positive emotions (e.g., inability to experience happiness, satisfaction, or loving feelings).

E. Marked alterations in arousal and reactivity associated with traumatic event(s), beginning or worsening after the event(s) occurred, as evidenced by two or more of the following:

Irritable behavior and angry outbursts (with little or no provocation) typically expressed as verbal or physical aggression toward people or objects.

Reckless or self-destructive behavior.

Hypervigilance.

Exaggerated startle response.

Problems with concentration.

Sleep disturbances (e.g., difficulty falling or staying asleep or restless sleep).

F. Duration of the disturbance (criteria B, C, D, and E) is more than 1 month.

G. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

H. The disturbance is not attributable to the physiological effects of a substance (e.g., medication, alcohol) or another medical condition.

## Appendix B

### Flyer and Participation Letter Sent to Chief Law Enforcement Officers



#### Law Enforcement Trauma and Culture in Minnesota's Smaller Agencies

Dear Minnesota Peace Officer,

I am conducting a study of trauma and culture in Minnesota's smaller agencies. The purpose of the study is to provide data on the experience of on-duty trauma and its relationship to police officer culture.

This study will be a study incorporating the lived experiences and stories of officers directly. Your agency was selected for its geographical location in the state and its size. I am seeking 2 officers from your agency; first come basis. Compensation upon immediate completion of interview will be \$150 paid via Paypal, Venmo, or Check, whichever is preferred.

#### Qualifiers for Participation

1. Be an active Minnesota Peace Officer employed by an agency with less than 30 sworn officers.
2. Experienced on-duty trauma, this can be directly or vicariously, through victims or peers.
3. Be willing to speak on your experience with trauma and how/if law enforcement culture impacted your reaction to trauma.

#### Study & Protections

1. A pre-screening phone call will be conducted with the researcher.
2. Interviews will be conducted in person or via Skype/FaceTime, estimated time of interview 60 minutes. An optional follow up interview will be provided within a week if the participant recalls something for the study.
3. Personal identifiers such as names, specific geographic locations, specific agency references, will be removed from the data set. Your name will not be used. Your agency will not be identified.
4. Years of experience and gender will be noted for demographics. For example, "The participant has 4 years of law enforcement experience in an agency with

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## Law Enforcement Trauma and Culture in Minnesota's Smaller Agencies

### Study & Protections Continued

6. Your Chief or Sheriff will not be aware you participated in the study, nor will your peers. Your CLEO's participation ends with the dissemination of this flyer. They will not have access to any data. This is to ensure the interviews are candid and honest, so that officers can speak freely of their experience.

### Your Researcher

This topic is personal for me as a researcher and a LEO. It is my goal to highlight this problem because I have seen it exist unaddressed for far too long. My background has been in rural Minnesota policing. I have seen trauma impact my peers as well as myself. But before we can talk about solutions we need to understand the problem. It is my goal to make this study the basis of future research. I believe if we understand this issue we can create meaningful policy changes with the officer's wellbeing at the forefront. Solutions need to take into account the unique cultural aspects of the position. In short, I want solutions to support the officers the way **they** want to be supported. There is a cultural shift happening in law enforcement on this topic. I believe now is the time for this research to happen. This study is a part of my doctoral dissertation.

### Contact

If you are interested in participating, please contact me directly below. I thank you for your time on the this topic. I look forward to hearing from you.

Additionally, thank you for serving your community and doing the difficult work we do. Until then, stay safe.

John Littlewolf



## **DOCTORAL STUDY ON POLICE OFFICER TRAUMA IN RURAL MINNESOTA**

**BY JOHN LITTLEWOLF, PHD CANDIDATE, ANTIOCH UNIVERSITY**

Chief Law Enforcement Officer,

My name is John Littlewolf. I am a conservation officer for the Shakopee Mdewakanton Sioux Community in Prior Lake, Minnesota. I have been in law enforcement since 2009, spending a large part of my career in rural departments, specifically the White Earth Police and Leech Lake Tribal Police.

I am currently a doctoral student at Antioch University. My doctoral studies have led me to a glaring shortcoming in our profession when it comes to understanding traumatized officers. I have served with many great deputies and officers throughout my career. I have also seen many peers fall to issues related to human trauma. Trauma is insidious, it affects the whole body; blood pressure, digestion, sleep, depression, alcohol usage, and overall mental wellbeing. For me, this problem is personal for I have felt the effects of trauma from the job myself. My training did not prepare me for it and I was afraid of what my peers would think of me if I spoke to them about it. So when I began my doctoral journey in 2015, I knew I wanted to focus my research on this topic. For me this problem is personal, reflected in myself and my peers. My goal is simple; highlight the problem so solutions come into focus for us in Minnesota.

The reason for this letter is to outline my study and to ask your agency participate. I am seeking five (5) agencies, across different geographical points across the state. I am asking each CLEO to disseminate a flyer via email to their officers. The flyer will ask any officer who has experienced trauma and is familiar with law enforcement culture to contact me directly. If an officer has not experienced trauma, they will be excluded in the initial phone screening. I will be seeking to interview two (2) officers from each agency. The interviews will be conducted in their downtime, away from the pressures of the job, preferably in their home or somewhere they are comfortable. I anticipate the interviews to take

approximately 60 minutes. They will be done in-person or via a live video medium like Skype or FaceTime. You, as a CLEO, will not know who spoke to me- this is so they can offer an unedited and honest account of their experience. Also, it keeps the proverbial street clean for the participant and the department. For their participation, officers will receive \$150 dollars paid immediately upon completion via Paypal, Venmo, or a paper check can be mailed.

I will be asking questions related to their personal experience, how trauma from the job affected them. More importantly, I'm interested to understand how police officer culture has/or hasn't impacted their reaction to trauma. The officer's anonymity will be protected. No names or specific geographical locations will be used in my final dissertation. No agency specific references will be used, only a generalization such as "a Minnesota law enforcement agency with less than 30 sworn peace officers". I will include their years of experience. Overall the study demographics will be shown, but not tied to the individual interviews. For example, "3 of the interviewees were female, 7 male".

My study is focused on story, meaning it is a narrative study. The officer will tell me stories of their experience, honestly, as only they can. It will be their voice, for who better to describe the problem than the officers. The interview will be audio recorded, transcribed, scrubbed for identifiers (anonymity protections), and the raw audio & unedited transcripts will be destroyed after this study; I take the protection of the officer's data seriously.

As a LEO I can feel a cultural shift happening. It started a few years ago, as I began to see some social media sites encouraging officers to speak out on their experience; Blue help, Invisible Wounds Project, Code 9 to name a few. We know this problem is out there, in our agencies, in our brothers and sisters; what is needed is research. Research builds on research and I anticipate this being only the beginning of our efforts to advance the profession.

In the end, a system with trauma aware officers would have increased health, productivity, attendance, attitude, and morale. The public benefits from having the best service oriented LEO's coming to their call for service. Individually, the officer benefits from understanding and recognizing trauma for what it is and enacting supportive solutions without stigma. The spouse and family of the officer benefits from not having to share in the ripple effects of lived pain.

If you are willing to help me advance our understanding of this pressing issue, it would be greatly appreciated. Enclosed is the flyer for my study, which I would ask be disseminated in-house, or placed in a common area so officers can see it. I am willing to talk at your convenience to answer any questions. If you are not interested in participating, would you please let me know that also so I can shift to another agency. I will end by saying thank you, with my deepest gratitude for your service, and that of your officers.

Sincerely,

John Littlewolf  
PhD Candidate, Antioch University