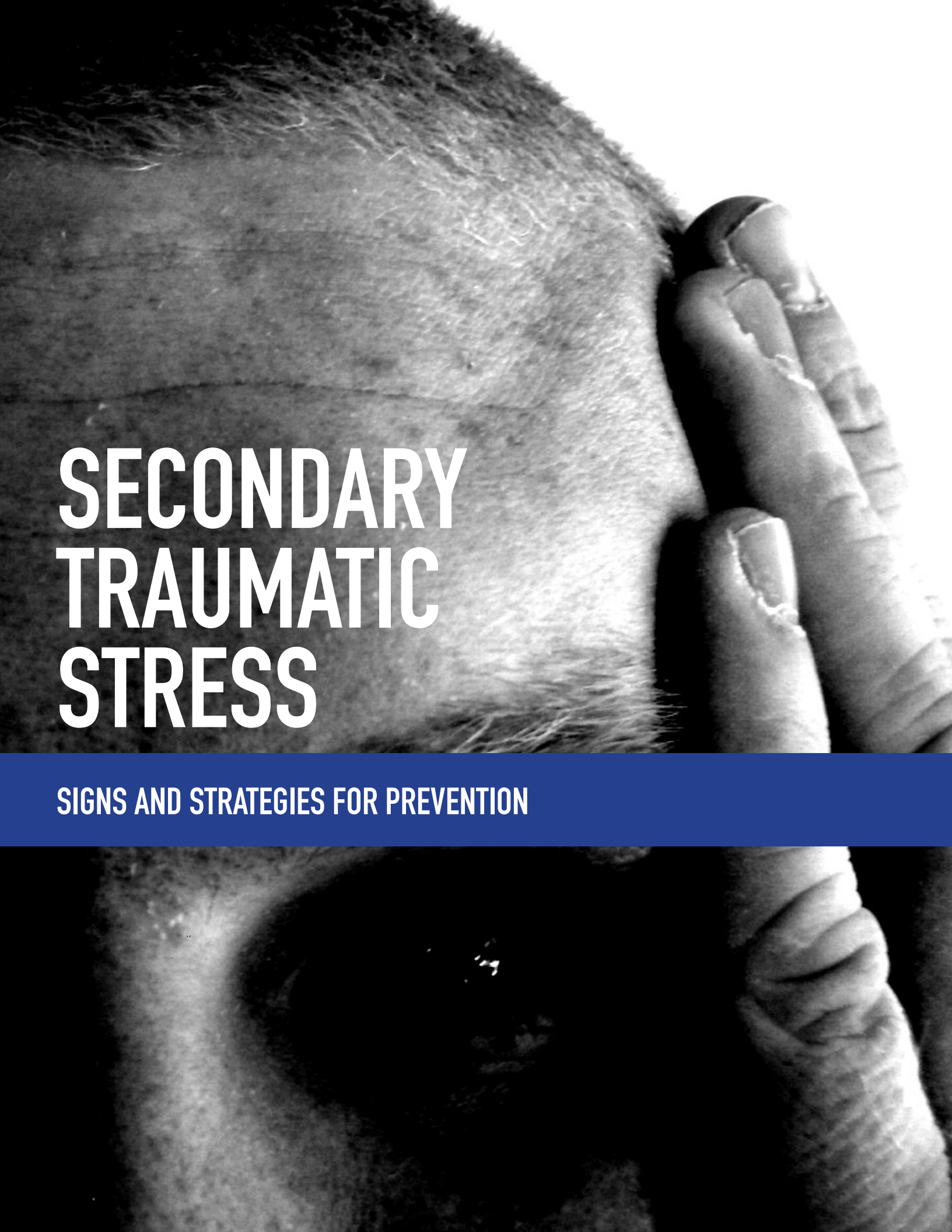

SECONDARY TRAUMATIC STRESS

SIGNS AND STRATEGIES FOR PREVENTION

Most police officers are familiar with the concept of post-traumatic stress disorder (PTSD). PTSD is often associated with significant events such as officer-involved shootings or exceptionally heinous crime scenes. Supportive measures such as critical incident stress debriefings and defusings help officers overcomeadverse reactions stemming from the incident. The average rate of PTSD in police officers is 7-10%, which is very close to and sometimes even below the general population rate of 9%. Clearly, the majority of officers demonstrate resilience despite their exposure to critical incidents. This statistic might be surprising to read in light of the Ontario Ombudsmen's Report released last year that indicated officers are more likely to die by suicide than be killed in the line of duty. So what accounts for this sobering occurrence when we consider the low prevalence rate for PTSD in police? I believe secondary traumatic stress disorder (STSD) is to blame.

Officers do not have to experience a full-blown critical incident in order to be affected psychologically by their exposure to trauma. STSD occurs when officers are continuously exposed to the traumatization and suffering of others. In fact, research indicates that a larger percentage of officers are affected by their routine exposure to the suffering and traumatization of others. According to one study, the incidence rate for STSD is 30-40%. STSD results in symptoms that are indistinguishable from PTSD. In a large-scale study of STSDpolice officers reported high levels of disturbance from their exposure to trauma on the job.

• 74% of participants reported experiencing recurring memories of an incident

• 62% experienced recurring thoughts or images

• 54% avoided reminders of an incident

• 47% experienced flashbacks of an incident

• 96% of participants reported that their opinions of others had changed

• 92% reported they no longer trusted others

• 82% believed the world was an unsafe place

• 88% experienced prejudices they did not hold prior to being on the job

• 11% experienced suicidal ideation as a result of the occupation

Some of the lesser-known symptoms of STSD make it difficult for the officer and others to understand what is happening. The impacts are cognitive- difficulty concentrating, losing things and accident-proneness; emotional - anger, sadness, numbness, impatience, moodiness and negativity; behavioural- withdrawal and interpersonal difficulties; and physical- aches, pains, and exhaustion. Making matters worse, there appears to be an additive-dose effect. The more traumas the officer is exposed to, the more symptoms he or she will have. In fact, the number of traumas exposed to is deemed more important than the intensity of the trauma. Adding to the confusion, some officers may be asymptomatic until the next event. It is difficult for officers and their family members and co-workers to understand what is happening with the officers because you cannot point to a specific source of the disturbance, as you could with PTSD.

The effects of STSD are not limited to the officer. Studies have shown that spouses and partners of officers experiencing PTSD symptoms experienced STS symptoms that mirrored PTSD symptoms. Higher levels of PTSD symptoms in police officers have indicated higher levels of secondary trauma in police wives. Secondary traumatization has led spouses to avoid the source of the trauma, the officer. Secondary trauma of police wives has been strongly correlated to psychological distress, depression, anxiety and increased levels of alcohol consumption.

Negotiators and tactical team members may be at heightened risk for STSDfor several reasons. I conducted a study in 2011 on what hindered police officers'abilities to cope with STS. Several of the factors that officers identified are commonly experienced by negotiators and tactical team members such as remaining at the scene for a protracted period of time, having unclear or contradictory objectives, learning personal details of the victim(s), a negative outcome in the incident and feeling a heightened sense of responsibility based on the vulnerability of some victims.The prevalence of these risk factors for negotiators and tactical team members calls for both proactive and reactive strategies to prevent STS from becoming STSD.

Personal Strategies to Mitigate STS

There are several ways officers can promote resilience. Talking with family members, friends, and co-workers helps many officers to discharge some of the stress they feel following a difficult call. Many officers have found that exercise also helps them to better manage stress. Officers improve their coping ability by staying active outside of work with hobbies and non-work interests.Resilient people know to not take themselves too seriously and know the value of having a sense of humour.

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The attitude officers take regarding their work also has an impact on their resilience. For instance, officers who recognize and accept their limitations as a person are better able to let go of the outcome of the incident. I realize this is easier said than done. There is a natural tendency to equate your "input" with the outcome, discounting all other factors that contributed to the event itself. It is important to ask yourself how you define success in your job and determine if this is a fair standard, given all the aspects that are out of your control.

Organizational Strategies to Mitigate STS

Police agencies can also take measures to promote the resilience of their officers. Preventing the accumulation of STS is far more productive than trying to help an officer with STSD. Educating officers aboutthe signs of STS helps them to understand what is happening, normalizing their reactions. Police are trained to tactically respond to traumatic events but lack training on how to psychologically respond. Psychological preparedness training reduces uncertainty, increases a sense of control, and teaches automatic responses that are less readily eroded during stressful events.

Supervisors are urged to monitor for signs of distress in their team that indicate the accumulation of traumasso they can encourage adaptive coping such as exercise, mental and physical check-upsand facilitate access to mental health services, including peer support. Everything you do or don't do sends a message toyour team. If you don't ask them how they're doing after a particularly heinous call, what message might that send? Even if you get tight-lipped responses such as "I'm fine", it might invite an officer to come at a later point and say "I'm not fine anymore". Supervisors also promote their team's resilience when they demonstrate grief leadershipby expressing their own grief. This normalizes reactions that arise in these incidents. It could be as simple as saying "Man! That was a tough call. It was hard to hear the kids screaming and know I couldn't do anything about it." Saying something like this encourages others to share what it was like for them and offsets the stigma of being weak. Several officers in my study said they hid their feelings until they knew that someone else felt the same.

Experiencing STS is a normal reaction to the continuous exposure to human suffering. It is when it accumulates and begins to cause distress that it becomes a problem.I hope this article helps you recognize the signs of STS and take a proactive approach to your resilience.

Stephanie Conn

About the Author

Stephanie holds her M.A. in Counselling Psychology and M.Sc.in Criminal Justice, and is a Registered Clinical Counsellor. She is currently completing her Ph.D. in Counselling Psychology at the University of British Columbia. Stephanie is an experienced police officer having served 9 years with Fort Worth Police Department in various roles including patrol, gang, and on the Critical Incident Stress Management Team, where she offered support to police employees and their family members. She was a member of the Texas Association of Hostage Negotiators for several years and researched and published her work on hostage negotiations. Stephanie's research is in the area of police stress and trauma. Stephanie has presented widely to police audiences on critical incident stress, trauma, secondary trauma, resilience, and crisis intervention. Stephanie works with police officers and their family members in her private practice, and writes a monthly column for Blue Line Magazine on police mental health. Comments and questions may be directed to Stephanie at Stephanie@conncounsellingandconsulting.com