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POST-SHOOTING TRAUMA

WHAT NO COP SHOULD EXPERIENCE

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The survivors have been rescued and transported to hospital. The bodies of the lifeless remain frozen in time, surrounded by investigators and forensic specialists trying their best to document the crime scene with a quiet reverence in honor of the dead. Most have children of their own. As they gaze down upon and photograph the faces of bloodied and battered children, they will think of their own and pause to reflect, "But for the grace of God, this could have been my kid."

Try as they might to compartmentalize the horrific scene to the furthest reaches of their minds to prevent "emotional capture" and meltdown, the investigators and CSI specialists are certain to become victims to their forensic duties as a result of the post-traumatic stress disorder (PTSD) that will latently arise. For all, this will be the most difficult case of their careers. Few, if any of these brave officers and technicians will survive. Some will be effected soon; others a bit later. All will be impacted. Most, if not all, will retire scarred for life. They are the walking wounded. None will ever forget. How could they? Some things can never be permanently displaced or forgotten. This is a crime scene that no cop, EMS or support person should ever have to experience. But it's what we do. It is an unfortunate part of "the job."

"I see dead people"

As a forensic criminologist specializing in crimes of violence — most of which are horrendous death cases — I know the feeling and the emotional outrage that must be compartmentalized for self-survival. The majority of my cases in some way involve police officers. However, I will readily admit that even I cannot possibly fathom what it must be like for our band of brothers and sisters in law enforcement, emergency medical services and fire services to be assigned to this crime scene.

In my current caseload, 70% of my investigations involve shooting "fatals," officer-involved shootings (OIS) and in-custody deaths (ICD). It is difficult to explain to the lay person, but at night while my family is asleep, I see dead people. My more peaceful dreams take place only after the mental exhaustion that comes after experiencing nightly collages of crime scenes, diagrams, photographs and weapons. I hear the chaotic, panicked 911 calls of victims and sometimes officers pleading for assistance. Sometimes, the odors of death surround me to a point where I honestly feel that I can't breathe. Surveillance videos of in-progress crimes transit the ceiling of my bedroom as I gaze upwards while my wife sleeps peacefully next to me. Bloody bodies with lifeless eyes stare back at me, waiting for me to speak for them. "Follow the evidence. It's all about the evidence," they whisper to me. This is the non-glamorous side of CSI that is never portrayed in shows like "CSI: Las Vegas." How could it be? You can't see it; you can only feel it.

My education and experience in forensic psychology has trained me to understand why this occurs, but nothing really prepares one for coping with the emotional rollercoaster we experience while engaged in the investigation of violent death. I have learned to make friends with the dead. That and my faith in God have sustained me and keep me centered. But what of my colleagues who must respond to and investigate the mass fatality crimes scenes such as Columbine High School, the Gabbie Gifford shootings, the Aurora movie complex shootings and now the Sandy Hook Elementary School massacre?

Posttraumatic Stress and Post-Shooting Trauma

Posttraumatic stress (PTS) and post-shooting trauma (PST) may occur immediately or relatively soon after a

frightening, life-threatening, or emotionally traumatic event. The forensic psychology term would be a "phobic scale response." Officers and EMS personnel experiencing PTS or PST are actually presenting with a normal reaction to being subjected to an abnormal amount of stress.

Although we normally see police officers involved in officer-involved shootings presenting with PTS and PST; this dynamic at one level or another certainly could affect all first responders and forensic personnel who would be tasked with the investigation of major crime scenes and accidents with multiple fatalities, especially those involving children.

Officers who present with posttraumatic stress and post-shooting trauma are not isolated to those who shoot suspects; this applies to any first responder who experiences the emotional and psychological trauma of a major shooting or accident and its aftermath. Typical symptoms of PTS and PST include trouble sleeping, depression, fleeting thoughts of violence, dwelling on the incident, auditory and visual distractions and eating disorders. At the extreme, affected personnel might self-medicate using prescription drugs and alcohol and even experience suicidal ideations. If another officer was killed, the other officers involved may even experience survivor's guilt.

Physiological presentations can include high blood pressure, rapid heart rate, chest pains and trouble breathing, nausea, stomach disorders and diarrhea. Prolonged, unexplained fatigue, absent any medical reason for it, is also prevalent. EMS personnel first responders and forensic technicians can present with these same symptoms depending upon their level of connection with and time spent at a major crime scene.

PTS and PST symptoms can be managed, mitigated and, in most cases, eliminated. Critical components in resolving and removing the presentations are communication and support resources.

Beginning the healing process requires the recognition, honesty and commitment of the involved officers, EMS and forensic support personnel to admit that they are experiencing PTS and/or PST and to seek help. Police officers who are used to taking control of stressful situations are often reluctant to seek help. They internalize and compartmentalize their emotional trauma, but act out in ways confusing to those around them. Spouses and family members

most often feel the brunt of an officer's presentations and feel powerless to help them. Officers may also be reluctant to seek psychological help in fear of being assigned to the "rubber gun squad" and losing the respect of their peers.

To move forward in the process of healing, those who may be experiencing PTS and/or PST may ask themselves:

- Am I keeping my feelings hidden?
- Am I minimizing what happened to me?
- What am I feeling now?
- Do I have a support system in place?

As any psychologist or psychiatrist will tell you, suppressed feelings and emotions that are unresolved have a tendency of surfacing months or even years following a person's involvement in a horrific event. When these pent up emotions do surface, they can do so with an explosive presence. However, if the involved first responder, investigator or forensic technician recognizes their need for assistance and moves quickly to seek support and counseling to manage their presentations, their actions can stop posttraumatic stress disorder (PTSD) from developing later.

Who is Your Support System?

A support system is a network of people and organizations that you can turn to in a time of crisis as a stress mitigator. The following people and organizations comprise a network of support for personnel affected by PTS and/or PST:

- Fellow officers, EMS personnel and forensic specialist co-workers
- Family members
- Close, trusted and centered friends
- Department mentors, CIT members and psychologists
- Outside psychologists, counselors and therapists
- Clergy
- Non-profit support groups

Agencies should take the lead in recognizing the psychological dynamics of posttraumatic stress and post-shooting stress and immediately provide personnel involved in responding to and/or investigating major fatality crime or accident scenes with department mentors, transitioning to psychological counseling services. The critical incident de-briefing where affected personnel are allowed to simply vent is an important step in any road to

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recovery. This de-briefing should be confidential, non-tactically oriented and attended by professional psychologists and crisis counselors. This is done to provide an opportunity for the assessment and evaluation of affected personnel.

Along with counseling, affected personnel should take an active role in controlling their presentations by maintaining an active participation in support group activities and close ties with their informal support network of family, friends and clergy.

Posttraumatic stress disorder and post-shooting trauma can damage your life just as much as that gunman or drunk driver who created the horrific chaos that you responded to, if you let it. It is the "silent killer." Recognize the dynamic and the symptoms and get help as soon as you recognize the need.

One more thing: If you see dead people in your sleep, make friends with them. Remember that everyday, everyone you meet is battling something. Win your battle.

Be safe out there!

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About the Author

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