

**The Bill Blackwood
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Combat Veteran to Cop

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ABSTRACT

Recruiting military personnel that have been deployed to a combat zone for law enforcement is relevant to contemporary law enforcement because police departments, sheriff's offices, and correctional institutions are feeling the effects of a national hiring crisis across the United States. Some war veterans returning from serving their country will be looking for a career when they return home and may apply for a law enforcement or correctional position.

Potentially, there are greater inherent risks associated with hiring war veterans than the average police applicant. The increased risks include PTSD, mental illness, chronic or terminal illness, family or dating violence, excessive use of force, substance abuse, and suicide. This research could prove to be useful since there is little to no information published specifically on recruiting war veterans for law enforcement positions or on the police officer who is a military reservist who has been deployed and has returned to policing in their community. Being aware of the research could save lives, dollars, and reputations.

Information and opinions contained in this document were collected from a variety of literary resources that include internet sites, published works, and a survey. The researcher discovered that there is little information on the subject as it relates to the combat veteran reintegrating or integrating into the community as a cop. Results of the survey supported the researcher's opinion that departments gather limited information as it relates to the hiring of combat veterans or reintegrating combat veterans when they return to work after being deployed.

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INTRODUCTION

Today, there is a national crisis facing police departments across the United States when seeking qualified police applicants. According to Woska (2006), since the 1990s, there are many reasons for this decline in police applicants. There are a higher number of youth attending college and then seeking professional careers in their major, negative images of police and the police profession, and a drain on potential applicants and existing employees due to the wars in Iraq and Afghanistan. A possible resource of applicants may be those individuals that have been discharged from the armed forces or those that are reservists and have returned from the war and are seeking new employment. The concern to be examined considers whether or not there are inherent risks associated with hiring combat veterans versus the average police applicant.

Both police officers and combat veterans are in highly stressful and demanding professions. Each of these professions has a higher than normal risk of involvement with posttraumatic stress disorder, mental illness, chronic or terminal illness, family/dating violence, excessive use of force, substance abuse, and suicide. Therefore, it would be relevant to identify if the risk is greater when hiring combat veterans for police officer positions so departments could be better equipped to deal with the effects on the employee and the department. Departments could then implement periodic evaluations of officers' psychological, emotional, and behavioral states to assess if they have been impacted by traumatic events in their lives and how this could possibly affect their work behavior as well as how to cope with the traumatic event. In addition, departments could implement a reintegration program for military

reservists that have been deployed to serve their country and are returning to serve their communities.

The research could potentially save lives, dollars, and the reputations of both the employee and department by implementing programs that would assist in identifying potential problems before they fester and get out of control. The intended research methodology includes reading journals and newspaper articles, searching the internet, and interviewing individuals with knowledge relating to the topic.

The researcher anticipates that there are no statistics to support this area of concern and surmises this is an area that should be researched. This research should invite departments across the United States to look at their own statistics and implement programs to periodically evaluate officers' psychological, emotional, and behavioral state as well as establish a reintegration program for returning war veterans to policing their communities. The implementation of these programs should assist in fostering better relations with the citizens of the community and the officers within the department, thereby enhancing greater collaboration between the two. The individual officers' well being and health should be enhanced, and there should be greater satisfaction in their personal lives and jobs with a reduced number of officer involved incidents. The departments will preserve their investments in the recruiting process, the training of personnel, and the experience and knowledge within the department as well as have an added bonus of potentially reducing lawsuits.

REVIEW OF LITERATURE

The majority of the reference material identifies mental and physical issues arising from a combat veteran's tour of duty and how to deal with those issues versus

the screening and hiring process of combat veterans for a career in law enforcement. With this reference material, departments should be able to identify standards that would serve as a guideline when hiring combat veterans and any on-going psychological assessments that would be essential for both the employee and employer.

According to Anderson (2004), combat veterans can experience combat-related posttraumatic stress disorder (PTSD) when they return from a tour of duty, or it could take a number of years to surface. Both police officers and war veterans sustain an unusually high number of PTSD incidents due to the exposure to near death or death experiences. Sanders, Ph.D. (2004-2005) cited The Diagnostic and Statistical Manual of Mental Disorders Fourth Edition (DSM-IV), which is published by the American Psychiatric Association in Washington D.C., and identified Posttraumatic Stress Disorders as:

The essential feature of Posttraumatic Stress Disorder is the development of characteristic symptoms following exposure to an extreme traumatic stress involving direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one's physical integrity, or witnessing an event that involves death, injury, or a threat to the physical integrity of another person. Being a witness to these events is a major factor in the onset of PTSD symptoms. (para 1)

Police officers are immersed in a professional and cultural environment on a daily basis that exposes them to the inescapable death related stressors. These death events have been acknowledged as factors in the manifestation of PTSD. If officers continue to work in this environment while symptomatic for PTSD, they may incur greater risks of reduced self-control, escalated use of force, and other inappropriate behaviors related to anger management issues arising from PTSD (Sugimoto & Oltjenbruns, 2001).

Research indicated that women are twice as likely as men to suffer from PTSD symptoms regardless of their culture, environment, or trauma that was sustained (McPherson-Sexton, 2006).

This is an opportunity for police departments to become more aware of PTSD and implement preventive intervention programs, including peer support and psychological counseling for officers that exhibit a need. Not only combat veterans run the risk of suffering from PTSD; so do police officers. For the past several decades, officers have dealt with stressors that have triggered PTSD but feared acknowledging the stress disorder due to a variety of repercussions or the loss of their job. Officers are trained to make order out of disorder and take control of any given situation, oftentimes assisting others during stressful and tumultuous situations. In years past, new police recruits were trained not to show their emotion but rather to tuck it away and not reveal any emotions to others; this is often referred to as training a “robo-cop.” In effect, this mentality, coupled with many other elements of police work, would contribute to some type of stress reaction, which can include, but is not limited to, shift work, the public’s perception, management issues, and more. Often, officers discard their own emotional and psychological needs to assist others, and they maintain a stoic presence in their own department (Perin, 2007). Anderson (2002) cited that law enforcement, coupled with the media and the public, fosters the myth that police officers can experience trauma and violence without suffering any ill effects.

According to Plohetski (2007), on March 14, 2007, an Austin, Texas police officer responded to a 911 disturbance call and subsequently fired his duty weapon three times at a fleeing suspect in the vicinity of a shopping area. One of the bullets pierced a van

carrying two children, but no one was injured. Nearly a year earlier, the officer had returned from being deployed to Iraq. The Austin officer's attorney stated that the time his client spent in the war zone may have clouded his judgment. According to Thompson (2008), most of the reservists and guardsmen that return from the Middle East readjust with little problems, but a few have come back to police work only to use tactics more suited to a combat zone than a city patrol beat. Perhaps due to PTSD, the officer experienced some trigger that caused the officer to fire at the fleeing suspect.

The Vietnam Veterans Association of Australia (2009) defined triggers of PTSD as:

Triggers are part of the re-experiencing phenomena displayed by those who suffer from PTSD. They are often unbidden, occurring without warning. Triggers are not just physical prompts, but can also be emotional, occurring when the individual is placed in a situation where the same emotion is experienced. These emotional triggers include guilt, fear, or lack of control, and they are just as strong as physical triggers. (p. 2)

The police officer was indefinitely suspended, thereby losing his job with the Austin Police Department.

Not only do departments need to welcome the combat veteran into the role of policing in a civilized community, but the citizens need to welcome them back into the community. The transition from soldier to cop is quite lengthy and requires a lot of training regardless of whether they were an officer that was deployed and is returning to work or a new hire (Petrie, 2006).

According to Anderson (2004), combat related trauma and other psychological problems gained prominence after the Vietnam War. The National Vietnam Veterans Readjustment Study (NVVRS) (2009) examined PTSD and other psychological problems that are found among veterans after the Vietnam War and ascertained that:

The rate of PTSD for male veterans, in general, was 15.2% or 479,000 of the estimated 3.14 million men who served in Vietnam. For male veterans exposed to heavy combat, the rate was about 30%. The rate of PTSD for female veterans, in general, was 8.9% of the approximate 7,200 women who served in Vietnam. An additional 350,000 male and female veterans suffered from partial PTSD. Substantially higher level of PTSD among minority veterans i.e., African American and Hispanic veterans experienced more life adjustment problems after the war, and PTSD had a substantial negative impact on the entire family, not just the veteran. (p. 3)

According to Johnson (2007), a justice department analysis estimated that 11,380 police officers had been called for service. By applying the study numbers to Johnson's (2007) number, the following percentages could be determined: 15.2% or approximately 1,707 of the 11,380 would exhibit PTSD, and, and out of the 11,380 officers that have been exposed to heavy combat, 30%, or approximately 3,414, would exhibit PTSD. The relevant information that has not been specifically identified is at what point, or how long after the veteran returns, will the PTSD appear or become a recognizable issue.

Law enforcement agencies should implement programs to stop or hinder the degree to which some of the following problems can interfere with an officer's ability to transition back into the workplace and community after serving in combat: PTSD, depression, alcohol/substance misuse, and other psychological problems. These intervening programs should focus on the officer and their family by providing counseling in order to prevent family breakdown, social withdrawal, isolation, occupational problems, and declining quality of life issues. The veterans should be provided group counseling with other veterans in order to have peer support, and they should receive anger management training, skills for coping, communications, stress management, conflict resolution, and parenting, if needed. It is essential that the

veteran's war experiences be validated, thus an alliance within the support group can be formed (Anderson, 2004).

According to Thompson (2008), the International Association of Chief's of Police (IACP) is developing a national strategy to assist with reintegrating officers into civilian police work after returning from combat. The IACP is worried that extreme exposure to combat can hinder the ability of officers to follow regulations regarding the use of lethal force within communities. The other concern is that fighting in Iraq is somewhat different from previous wars because civilians and combatants are intermixed. Thus, the concern for the officer is to make the transition from military tactics to civilian police tactics. Clearly, the rules of engagement for the military are different from those for police. To illustrate the concern, Stephen Curran, a Maryland psychologist, conducted a survey in October of 2007 of 103 psychologists from across the United States who had treated public safety officers. The survey found that 16% were counseling individuals that had returned from combat as cited by Johnson (2007).

The review of literature illustrated that law enforcement agencies are not consistent in gathering information on the number of military reservists they have employed as officers, those that have been deployed, and those that have returned to policing. In addition, there is limited information available that relates to the correlation of mental health issues between combat veterans and those that have returned to policing after being deployed. Dr. Anand (personal communication, May 21, 2009), is unaware of anyone actively tracking outcomes in a systematic way for combat vets with previous law enforcement backgrounds. Tracking this information and identifying

standards that would be utilized in hiring combat veterans and reintegrating returning combat veterans would be an essential tool for both the employee and employer.

METHODOLOGY

The research question and the purpose of this paper is to ascertain whether there is an inherent risk when hiring combat veterans as police officers as opposed to the average police applicant. This encompasses when a police officer that is a reservist is called to duty and sent into a combat area and then returns to policing in his/her community. Some of the areas of concern that have been analyzed are Posttraumatic Stress Disorder (PTSD), mental illness, chronic or terminal illness, family/dating violence, excessive use of force, substance abuse, and suicide. The literature reviewed included journals, publications and responses to a survey created and disseminated by the researcher.

A survey will be constructed and distributed to 19 survey participants across the state of Texas and will include law enforcement officers from police departments, independent school districts, sheriff's departments, and a university police department; there was a resulting 100% response rate. The survey participants included chiefs of police, assistant chiefs of police, captains, lieutenants, sergeants, detectives, and corporals.

The information obtained from the survey will be analyzed by tabulating the responses to each of the seven questions. As an example, the tabulated responses will be compared to determine how many departments currently have officers that are reservists and what, if any, reintegration program the department may offer to the combat veteran.

FINDINGS

The 19 completed surveys represented departments that varied in size from ten to 1100 sworn employees. Out of the 19 respondents, ten knew how many sworn employees were military reservists, which totaled 189. Of those reservists, approximately 67 had been deployed to war zones since September 11, 2001. Of the 19 departments, not one offered a reintegration program for the reservists returning to their position. The researcher identified that some departments offer limited services to returning war veterans. Out of 19 departments surveyed, three offered Critical Incident Stress Management (CISM), one offered Critical Incident Stress Debriefing (CISD), two provided peer support groups, and the notation was made by two departments that these programs are offered only after a critical incident. The researcher identified that some of the departments did have war veterans that had suffered from or been involved in a traumatic event while employed as a police officer. Of the 19 departments surveyed, one department had one officer who was a war veteran that committed suicide, and one department identified three incidents of family violence/dating violence, substance abuse, and PTSD. Of the 19 departments surveyed, only one department noted that they offered any type of periodic evaluations in order to assess officer's psychological, emotional, and behavioral state and this is typically done as a fitness for duty based on a specific work-related event.

DISCUSSIONS/CONCLUSIONS

A review of the literature indicated that both police officers and combat veterans are predisposed to PTSD. However, there is a lack of information to substantiate whether or not combat veterans are at a greater risk of mental and/or emotional issues

when they join or return to policing in their respective communities. The code of silence or “Thin Blue Line” is an obstacle in identifying these types of issues, as officers are reluctant to talk about their mental or emotional status for fear of being labeled weak or unstable by their peers or a liability risk by their agency. Officers who believe that they are suffering from PTSD are ashamed to disclose this to anyone for fear that they will be dismissed from their profession.

When combat veterans return to serve their communities, they sometimes have a difficult time fitting in and are not always treated well. Most agencies screen the officers for mental health issues regardless of the type of extended leave. In addition, the officers participate in a battery of psychological tests, and for those that are returning from war, specific questions are asked by the psychologist. The most apparent mindset difference is in the tactics used when in combat versus those used in the community (Thompson, 2008).

Police officers are similar to war veterans; both are predisposed to PTSD. Police officers and combat veterans are both proficient in handling firearms, and they are taught how to shoot and possibly kill another human being. Training for both instills that every encounter is potentially life threatening; hence, both wear body armor to help preserve their own lives. PTSD may be initiated by the cumulative effects of exposure to multiple losses or by low-intensity chronic stress. Exposure can be through direct involvement, reminders, or an implied threat in the environment. Police may also suffer Secondary Traumatic Stress (STS), which is a form of PTSD in which officers empathize with a significant other or victim’s loss (Sugimoto & Oltjenbruns, 2001).

According to Patterson (2001), there is a high correlation between police officers suffering from PTSD and the number of traumatic incidents that the officer has been exposed to. Many departments today offer or mandate that officers involved in a traumatic incident attend a critical incident stress debriefing in order to assist with any potentially negative psychological effects that may be sustained by the officer. Critical incident stress debriefing provided to officers is meant to establish mutual support, provide education, allow officers to express their emotional responses to the traumatic incident, and establish support within the organization for their reactions and emotional responses. However, there is some contradictory information as to the most effective approach to utilizing critical incident stress debriefing for individuals involved in a traumatic incident. Some research suggested that individuals resent mandatory debriefings and prefer to speak with others who have experienced a like or similar type of traumatic incident (Patterson, 2001). According to Brown (n.d.), police counseling is a relatively new mental health specialty. Critical incident stress debriefing has been known to be exceedingly helpful; however, it is still not employed often enough. While society is fascinated by the police profession, police stress is not part of the glamorous aspect of the job.

There needs to be additional research on the issues associated with combat veterans joining or returning to police work. It is vitally important for police officers to be mentally healthy and competent individuals as they serve their communities. If departments are able to identify potential risks associated with individuals that have been deployed and returned from combat zones, then the department is better equipped to deal with a situation at the onset or before it spirals out of control.

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APPENDIX

Combat Veteran to Cop Survey

Agency name: _____

Number of sworn employees: _____

Position/rank: _____

1. Are you a war veteran?
2. How many of your sworn employees are military reservists?
3. How many reservists have been deployed to a war zone since September 11, 2001?
4. Does your department offer some type of reintegration program for the reservists returning to their position? If yes, please explain.
5. Does your department offer any of the following programs to war veterans returning home:
 - Stress Debriefings _____
 - Critical Incident Stress Management (CISM) _____
 - Critical Incident Stress Debriefing (CISD) _____
 - Peer Support Group _____
 - Other _____
6. Have any of your war veterans suffered from or been involved in any of the following:
 - Posttraumatic Stress Disorder _____
 - Mental Illness _____
 - Chronic or terminal illness _____
 - Family violence/dating violence _____
 - Excessive use of force _____
 - Substance Abuse _____
 - Suicide _____

7. Does your department offer any type of periodic evaluations in order to assess your officers psychological, emotional and behavioral state? If yes, please explain.

Please return to Gena Curtis

All information contained in this survey is confidential.

*If you do not know exact numbers, approximations are appreciated. Please feel free to offer any additional information or comments on the survey.