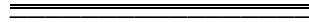
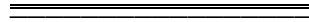


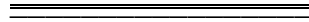
**The Bill Blackwood  
Law Enforcement Management Institute of Texas**



**Post-Traumatic Stress Disorder and Law Enforcement**



**A Leadership White Paper  
Submitted in Partial Fulfillment  
Required for Graduation from the  
Leadership Command College**



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## **ABSTRACT**

By providing mandatory training to all department employees on Post Traumatic Stress Disorder (PTSD), it could help reduce the number of police suicides. Currently heart disease is the leading cause of death among law enforcement officers. However, suicide has exceeded Line of Duty (LOD) deaths. The training would provide all department employees the knowledge of being able to recognize when an employee is displaying signs or symptoms of PTSD. This training would allow for early assistance in seeking out resources for professional help with PTSD. All too often, officers do not seek out help, due to the stigma that is present in the law enforcement culture associated with PTSD. The officer does not want to be looked down upon as being “weak” and unable to do the job by their co-workers. As law enforcement officers, agencies need to change the way they approach PTSD, and eliminate the stigma associated with it. PTSD is the “invisible wound” which cannot be seen by just looking at someone, but it is there. In order to be successful at combating PTSD we need to provide support and assistance, and not shamed and guilty. By being supportive we can influence the outcome of PTSD and the effects it has on the officers who serve or have served.

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## INTRODUCTION

Law enforcement agencies should provide mandatory training to all law enforcement employees on recognizing the warning signs of Post-traumatic Stress Disorder. Post-Traumatic Stress Disorder (PTSD) has come to light since soldiers began returning from the Iraq War in 2004. Law enforcement work has become very stressful over the past decade as well. There are so many things law enforcement officers are exposed to. Daily, they place themselves on the front lines of every call, and not one should be considered routine. The law enforcement officer may not realize the compound effects of the job they do every day.

Post-Traumatic Stress Disorder has been called or known by a variety of other names. In the Civil War, it was known as a Soldiers Heart; in World War I, it was known as Combat Fatigue or Shell Shock; World War II titled it as Battle Fatigue or Gross Stress Action; in the Vietnam War, it was known as Post-Vietnam Syndrome; and, as of Desert Shield/Desert Storm, it has become known as Post Traumatic Stress Disorder (Friedman, n.d.). A lot of attention has been brought to the subject, due to the Iraq and Afghanistan Wars and the effects the wars had on the soldiers who deployed to these war zones (Friedman, n.d.). Today's approach to PTSD is different than how Vietnam Veterans were treated or handled upon their return from the Vietnam War. The Vietnam Veterans have paved the way for the development and handling of PTSD. Post-Traumatic Stress Disorder can affect other people, not just soldiers in a war zone. Post-Traumatic Stress Disorder can and does affect men, women, and children from all walks of life and all races. Post-Traumatic Stress Disorder does not discriminate or cause one person to be more susceptible than others. It affects people at different levels, due to

the traumatic event they experienced, and the duration of the traumatic event or events (ADAA, 2016).

There is still a stigma associated with an officer asking for help when they believe they may have PTSD. A department and the leadership need to understand what causes PTSD and have a policy in place to help when an officer is in a mental crisis, versus “black balling” or trying to end their career. The leadership needs to be aware an officer may be suffering or struggling with PTSD and needs to be willing to help the officer. There is a need to have mandatory training for all Police Officers on what PTSD is, the warning signs of PTSD, and resources available to help an officer who is suffering or struggling with PTSD. With this type of training available, an agency can benefit by providing training, which will help combat PTSD by being able to recognize the warning signs, and, possibly, save the life of a police officer in the future. With this type of approach, a department will be able to fight the stigma associated with officers seeking help with PTSD.

By identifying the warning signs and symptoms, officers, supervisors, and administrators will be able to recognize when an officer is experiencing a mental crisis. As a result, the agency will be able to provide help and assistance for the employee who is suffering from a very real problem. By getting the officer help, it could save the agency monetarily with decreasing the amount of sick time an officer may take, and by reducing the cost of losing an officer due to suicide. As police suicides are recently on the rise, law enforcement agencies need to find a way to help save an officer from this. A police suicide affects, not only the family, but also the agency and the people who

worked with this officer. They struggle with trying to understand why this happened or what they missed.

## **POSITION**

Every person working in law enforcement will, at some point during their career, experience stress in some form or fashion. The stress may come from the job-related event or it could be something in their personal life. The stress can come from past experiences or current event encounters. Social media and news outlets have produced a form of the stress that officers may experience by the negative attention and comments that are portrayed to the public, which leads to having to overcome biases as a result. This can compound the problems which an officer may be going through. PTSD symptoms can manifest into a feeling of distrust where an officer may feel a community does not care. As a result of the compound of these stressors, this will add to the need to have mandatory PTSD training. The training needs to be provided to all employees, including the uniform patrol officers, detectives, crime scene investigators, supervisors, records clerks, call takers, and the command staff of a police department. It is just as important for the line officer as it is for the chief to have the training information, which will enable everyone to recognize the signs of Post-Traumatic Stress Disorder in another, at the earliest possible stage. By providing the training, the department can be effective in helping to reduce police suicides. The training needs to identify what Post Traumatic Stress Disorder (PTSD) is, what the warning signs and symptoms of PTSD are, the effects if left untreated, and resources available to help an employee who has PTSD.

Most of the time, a police officer will not realize they are possibly suffering from PTSD (Brown, 2003). The police culture in which officers are in has a mentality where mental health issues or problems are not frequently or openly spoken about. If the topic is brought up to an officer, the officer's first reaction will usually be denial. They will insist they don't have any problems. This is usually due to the role a police officer assumes. They may see themselves having a role as the problem solver, since they are called upon several times a day to help people solve their problems, or to help save people who need some type of saving. There is also the "macho" image they try to maintain, and, if they say they have a problem, they fear they will be looked down upon by their peers and supervisors. They don't want to be viewed as being weak, unable to perform the job, or unable to be counted on by their peers. Officers may not realize what they are experiencing and may not know how to ask for help when they are experiencing a mental crisis. Often, the signs will be seen by other people, such as family members or co-workers, who will notice the changes to a person's behavior and reactions to different situations.

To understand PTSD, officers must first know what Post Traumatic Stress is, and how someone may develop PTSD. Post-Traumatic Stress Disorder has been defined by the American Psychiatric Association (2013) as a mental disorder (American Psychiatric Association, 2013). This is when a person experiences a mental crisis after witnessing or experiencing a traumatic life-threatening event. This could include events as a soldier in combat, witnessing or being involved in a serious automobile accident, experiencing a natural disaster such as a hurricane, tornado or earthquake, or terrorist act or a violent physical assault (American Psychiatric Association, 2013). Being

affected by these types of events is normal; however, if the thoughts or memories of these events continue, or the individual is unable to work through them after the event has passed, this could be an indicator the person may be suffering from Post-Traumatic Stress Disorder.

According to a study conducted by the Nebraska Department of Veterans Affairs, it is thought that approximately 70% of Americans have experienced at least one traumatic event in their lifetime (Khan, 2019). Of those effected by a traumatic event, roughly 44.7 million people which is 20% continue to struggle with PTSD symptoms (Khan, 2019). Soldiers, Police Officers, Fire Fighters and EMT's have been identified as occupations which are at high risk to developing PTSD due to the nature of their occupations (Khan, 2019). They are increasingly more likely than the general population to be placed into traumatic events or the aftermath of traumatic events more frequently. PTSD symptoms can include experiencing intrusive memories such as flashbacks or nightmares about a traumatic event or events (Friedman, n.d.; Khan, 2019; American Psychiatric Association, 2013; Hartley, 2016). There can also be avoidance which involves trying to avoid the exposure to the trauma (Friedman, n.d.; Khan, 2019; American Psychiatric Association, 2013; Hartley, 2016). This can occur by trying to avoid talking about the event, thinking about the event, visiting a place where the traumatic event occurred, or seeing the people who shared in the traumatic event (Friedman, n.d.; Khan, 2019; American Psychiatric Association, 2013; Hartley, 2016). A person may start to develop a withdraw from friends, family and may not be able to go to work or do the things they once enjoyed doing (Friedman, n.d.; Khan, 2019; American Psychiatric Association, 2013; Hartley, 2016). A person's mood or behavior



may change negatively where they begin to feel numb or sad, may develop a low self-esteem, and have a feeling of hopelessness about the future (Friedman, n.d.; Khan, 2019; American Psychiatric Association, 2013; Hartley, 2016). There may be changes in their emotional reactions which can range from irritability, angry outbursts, feeling of guilt, or ashamed (Friedman, n.d.; Khan, 2019; American Psychiatric Association, 2013; Hartley, 2016). Hyper-vigilance or over-arousal may be experienced where the person remains in an on-guard state or reactions to events (Friedman, n.d.; Khan, 2019; American Psychiatric Association, 2013; Hartley, 2016). The mood and behaviors begin to change their maybe psych-motor agitation, physical tension, having a difficult time falling asleep and staying asleep, experiencing anxiety, fear, irritability or anger may occur (Friedman, n.d.; Khan, 2019; American Psychiatric Association, 2013; Hartley, 2016). Persons may develop sleep disorders such as insomnia, and sleep apnea has been linked to PTSD (Friedman, n.d.; Khan, 2019; American Psychiatric Association, 2013; Hartley, 2016).

PTSD can affect anyone, and it is difficult to determine who will be affected and who will not be affected by a stressful or critical incident and who will be able to work through it. PTSD can affect men as much as women, and the young as well as the old. A person does not have to be a victim of a sexual assault or serve in a war to experience PTSD. Law enforcement officers are being constantly pressed to the front line by their frequent response to some of the most volatile and dangerous calls. They are the first people on scene to some of the most devastating situations, whether it is a shooting, homicide, or a natural disaster. In addition, assaults on officers and the hatred for the police has been on the rise. Police officers can experience a traumatic

event through the violent acts of members of a society they protect. In some cases, the officers can survive, but there are also the situations where they may witness or be a part of an officer losing their life in the performance of their job. The public expects officers to be able to handle the situations and solve them but does not think of the aftermath of the call on those who responded. The officer then is expected to move on to the next call and be able to handle them as business as usual. Over time, the amounts and types of critical incidents the officer is exposed to can increase the chances they may develop PTSD in their career.

Due to the dangerous nature of a police officer's job, where they are at an increased likelihood of being exposed to critical incidents, environmental hazards, and traumatic events, can lead to an increased risk of negative mental health consequences. Depression, divorce, substance abuse, alcohol abuse, life threatening activities and suicide have been reported in police officers (Stanley, 2016). In a study following the 9/11 attacks, it was found that 24.7% of police officers suffered from depression, and 47.7% suffered from both depression and anxiety (Bowler et al., 2016). After Hurricane Katrina, a study was conducted investigating the use of alcohol by police officers and there showed to be a significant association between the hurricane relief efforts and hazardous alcohol drinking (Heavey et al., 2015). According to McCanlies a study after Hurricane Katrina was conducted and it was shown there was an increase in the number of alcoholic drinks consumed by police officers, which rose from two drinks to seven drinks a day (McCanlies, 2014). In multiple studies, there were suicide attempts and ideations reported in first responders who responded (Stanley, 2016). In another study, police officers reported having job strain, burnout,

depression, anger, and suicidal ideations. Officers with burnout showed significantly greater risk, with 117% greater likelihood of suicidal thoughts for officers which reported burnout at work (Bishopp & Boots, 2014).

Police officers who have experienced critical incidents or traumatic events, and don't realize it, or are in denial they are suffering from PTSD, are at a higher risk for suicide. According to BLUE H.E.L.P since 2015 police suicides have surpassed the total number of law enforcement officers killed in the line-of-duty (Blue help, 2018). In 2018, at least 167 officers died by suicide which is more than the total number of 163 line-of-duty deaths (which 27 of those were related to 9/11 illness) (Blue Help, 2018) (Officer Down Memorial Page (2018). As tragic as these deaths are, the single greatest cause of death for a law enforcement officer is suicide. According to Blue H.E.L.P which tracks police suicides, there has been 228 police suicides as of December 2019 compared to 135 Line of Duty Deaths in 15 different categories, as reported on the Officer Down Memorial Page (2019) (Officer Down Memorial Page, 2019) (Blue H.E.L.P, 2019). When an agency loses an officer, it is not just the family who experiences the loss. It will impact the entire agency, and the community they served. The leadership of an agency needs to answer questions as to what warning signs may have been present. Agencies will try to find answers as to what could have been done to help the officer and find ways to prevent this from happening again. The agency will also look to ways to make sure staff employees are familiar with warning signs and be able to recognize symptoms to prevent any future loss.

## COUNTER ARGUMENTS

Opponents may argue against the need to provide mental health training to their department until there develops a need. Law enforcement agencies, administrators, and supervisors are not as reluctant to embrace the need to provide mental health training to their department, until there develops a need. The need is only developed as an incident-driven response to something that has already occurred, rather than as a means of prevention or intervention before it happens. Budget constraints will usually be the first reason to justify why an agency cannot provide the necessity and need for the training. When the budget is not flexible, it can affect the type and quality of training which is provided to department personnel. There are additional costs associated with PTSD which an agency needs to recognize. The person who is suffering from PTSD may need professional, specialized treatment, which may be more long-term than one can anticipate.

Law enforcement must consider the cost associated with the initial selection, hiring, training, and equipping of a qualified person to become a police officer. A small city agency will usually have a process when hiring a person who wants to become a police officer, which may last four to six months. The process will usually begin with the application process, where a person will apply for the desired position. During this time, the applications will be screened and given a notification of the testing process. Once the testing is completed, and scores calculated, those who passed will move into the next phase. An extensive background investigation will be completed, and choices of their life will be looked at to see if they present the skills and qualities a department is looking for in an employee. The applicants who pass the background investigation will

continue through the selection process, which could include a practical assessment exercise, oral boards and interviews, a polygraph examination, physical fitness testing, and drug and alcohol testing. After completing all the testing, an applicant will be selected for employment, and scheduled to attend a police academy. In the next five to six months, the candidate will become a recruit or cadet and will receive training in a police academy setting, which will give them skills and knowledge to perform the job. Then, the cadet will graduate the police academy and come to work for the department. During the next four to six months, they will receive more advance training through the field training program, which will provide them with the expertise, knowledge, and skills to be able to perform the duties of a police officer. After the officer successfully completes the field training program, they will finally be a fully qualified police officer in the agency. When an agency finally selects a person, they have invested a great amount of time and money into this person. In the first year, an agency can easily spend approximately \$100,000.00 on the police recruit (Lindsey & Kelly, 2004).

A \$100,000.00 investment for a small city agency represents a good portion of its budget on the police officer. On average, a police agency may spend \$50,000 in wages and benefits for this one officer, per year (Lindsey and Kelly, 2004). In ten years, this officer is valued at \$500,000, which does not include pay raises, benefits, or tuition-based training (Lindsey & Kelly, 2004). In reality, the figure for a ten-year officer is closer to \$600,000 (Lindsey & Kelly, 2004). When an agency does not take steps towards recognizing and finding ways to reduce stress for their staff, the outcome could be devastating. Some officers will begin to show signs of stress, which can lead to devastating consequences to their career. Officers may become angry, and, due to

their anger, they may perform an act that could end their police careers involuntarily. This could lead to termination or threat of possible criminal charges being brought against them. The stress of the job will become too much, and the officer may not have the skills to cope with or do the job. In this situation, officers may develop habits to cope with the stress that are not very healthy, such as turning to alcohol or developing dependency on illicit or prescription drugs. Some officers will just choose to walk away from this job and choose to pursue a career which is a little less stressful.

Unfortunately, a worst-case scenario unfolds, and the officer finds there is no hope to solve their problems and commits suicide. The cost to replace this officer with another of similar training and experience could be as much as \$1.2 million dollars (Lindsey & Kelly, 2004). This amount does not include the impact of overtime on an agency to cover the vacancy that is now there. The cost and time involved in selecting a qualified applicant to be trained, and emotional cost of the loss has on the staff as a result of the devastating loss. In some cases, employees may need professional help in dealing with the loss of an officer. When an agency loses an officer it is not only the monetary impact an agency deals with, but the emotional effect it will have on the city, agency, employees, and the family (Lindsey & Kelly, 2004).

An area of consideration when talking about PTSD in Law Enforcement is addressing the police culture stigma. In the culture of law enforcement, depressive problems or symptoms is not one of those problems openly spoke about. When an officer suffers a physical alignment or injury it is important to be given the necessary medical attention to correct the problem and get the officer back to work as soon as possible. Attempting to get help for PTSD is considered a sign of weakness by

members of a department, and officers tend not to trust a weak officer to back them up on dangerous calls (White, Shrader & Chamberlain, 2015). PTSD first came to use in the 1970's in large part due to the diagnosis of US military veterans of the Vietnam War, and it was officially recognized by the American Psychiatric Association in 1980 (American Psychiatric Association, 2013). PTSD in the US military really came to light when soldiers began to return home from the Iraq War, and began to show signs of PTSD. There is a stigma for them to suck it up and move on. Since the Iraq war in the Middle East, this stance the US military had been taking has changed and is now trying to help soldiers who reach out and request the help they need. The law enforcement culture, however, has not embraced the same way of approaching this problem as the military has. PTSD is real and is known as the invisible wound, as it cannot be seen by looking at someone, but it is occurring inside the person as they struggle with demons of a traumatic event which was experienced.

However, the leadership of an agency needs to take a stance to break the stigma associated with PTSD, where an officer can get the help that they need to be able to survive and live with PTSD. It is time for the law enforcement community to change their approach and beliefs towards officers suffering and needing help with PTSD. Having PTSD does not make the officer weak or unable to perform the duties as a law enforcement officer. Officers in supervisory positions need to be aware of the warning signs of PTSD, as early intervention can have a successful outcome for the officer, agency, and the community. In addition, an agency and its leadership need to be supportive towards an officer who is seeking help in dealing with PTSD. Support is the main contributing factor to a person having success when combating PTSD problems.

Having the support increases success. The officer will be able to return to work and continue to perform duties as a police officer. With support, the stigma begins to be broken down, and allows an officer to get help in dealing with PTSD problems.

Agencies need to strongly reconsider the need to provide training to their staff on recognizing and identifying the warning signs of PTSD versus the cost of the training or the cost of overtime to receive the training. Agencies also need to look at the training that is being provided to their staff to ensure it is the most effective type of training. In addition, departments need to assess their department needs when determining their training needs for the future and implementing mental wellness training for the members needs to be at the top of the priority list.

## **RECOMMENDATION**

Law enforcement agencies should provide mandatory training to all law enforcement employees on recognizing the warning signs of Post-traumatic Stress Disorder. With the rise of persons diagnosed with a mental health illness there had been a need to educate law enforcement officers on the needs to identify a person in a mental crisis or who has a mental health problem. Even the US military has broken down the walls or stigma associated with soldiers who have returned home from the battlefields and are suffering from the effects of PTSD. The law enforcement community has failed to take the same stance for their officers. Officers are at the fore front and on the front lines when it comes to dealing with traumatic events or serious critical incidents. Yet, there is no training provided to the law enforcement community to recognize and identify when an officer or employee may be suffering from PTSD.



According to the American Psychiatric Association (2013), the types of traumatic work exposures that police officers are exposed to can greatly increase the development of PTSD symptoms (American Psychiatric Association, 2013). The risk of hopelessness is increased because police officers are experiencing unpredictable and uncontrollable stressful situations. Officers respond frequently to a variety of stressful events, which can include fatal traffic accidents, graphic crime scenes, child abuse, homicides, suicides, and rapes. Officers are frequently exposed to situations that are life or death scenarios, or threat of death exists. Chronic stress can develop in an officer, which comes from an internal source such as an organization. The chronic stress may be a result of isolation, sense of betrayal, work overload or burnout, or the lack of trust in the supervisors (Gersons, 1989).

Law enforcement employees often remain silent about the feelings or thoughts they are experiencing, due to the police culture, which has told them any loss over their emotions could cause them to possibly lose their careers (Karaffa & Koch, 2015). Agencies have put blinders on and refuse to acknowledge there is a problem with officers and PTSD. Officers are taught from day one to put their true feelings away and bury them deep inside. Due to this type of attitude, there is an increase in officers who are unable to cope with everyday stressors. Officers then try to manage it themselves and keep it as their dirty little secret and hide what is occurring to them. As a result, officers will struggle with depression and a feeling of hopelessness. Some officers will develop a dependency to alcohol or other substances, which will impact their ability to perform their job at a high-performance level. Law enforcement officers are also at risk of a higher divorce rate than the general population, as the family members do not

understand what they are going through. There has been an increase in officers ending all their pain and suffering by committing suicide rather than seeking out help.

It is important to implement mandatory training for all employees in a law enforcement agency. By giving everyone the training, an agency will increase the likelihood of being able to identify and recognize when an employee is in a mental crisis and allow for early intervention. It is imperative to acknowledge that it is not just the patrol officer who experiences effects from traumatic events, and it can include the detectives, the call takers, and other members of the department who have a role in the critical incident. In addition, it is good for everyone to learn how to identify common warning signs of PTSD, as they may be the one who the person suffering goes to when there is nowhere else to turn for help.

When speaking of mental health concerns and treatments, the budget will always be an issue for the law enforcement agency. It is imperative that department administrators be aware of the other costs associated as well. An agency should not look at just the overtime issues of getting the training to better equip departments, but how this training could ultimately offset the overall expense associated with PTSD. An officer suffering from untreated PTSD can cause other problems for the department's already over-stretched budget. Officers combating PTSD tend to have more problems, such as using more sick time than other officers. This is caused by a combination of problems, including depression, which has developed into the officer turning to alcohol or substances to take the pain away. As officers struggle with the effects of stress, they develop other medical conditions such as inability to sleep, eating disorders, digestive

issues, and headaches. As a result, they are unable to go to work, which results in other officers having to cover their shifts and costing the department more in overtime.

If a department takes a vested interest in helping to recognize and identify officers who are experiencing signs or symptoms of PTSD, the outcomes can be quite different. An agency and its leadership need to be supportive of an officer or employee struggling with PTSD. It has been proven through the military that when they changed the way they handled the problem, and got the soldiers the help they need, the success rate greatly improved the overall wellness of those affected (Khan, 2019). Just as the military took a new approach to combating PTSD symptoms and increased suicide rates, the law enforcement community needs to do the same. Departments need to know what resources are available to help their officer's, such as informing military veterans that they can get help through the Veterans Administration. There are counseling groups to help people talk about their traumatic events. A program developed through "Pennies from Heaven" established a program known as Train a Dog-Save a Warrior (TADSAW) (TADSAW, 2019). The program was established to help returning combat veterans who were suffering from PTSD to train a dog which would become their service dog (TADSAW, 2019). TADSAW has developed additional programs for family members and first responders (TADSAW, 2019). TADSAW has introduced a new program for first responders known as TADSAR which is Train A Dog-Save A Responder (TADSAW, 2019). A department needs to have a policy and procedure in place to help when an officer has experienced a traumatic event. It is imperative a department or several departments in an area establish a PTSD response teams who will be there to speak and talk with all those personnel who are impacted by

a critical incident. If a department takes a proactive and supportive approach, the possibility for success increases.

In conclusion, to have a productive and effective agency, the officers need to be healthy, both physically and mentally. Ensuring an officer's mental wellbeing is just as important as making sure they have all the necessary equipment to do the job. A relationship with mental health professionals should be established to develop a program to ensure the officer's overall mental health needs are being addressed as needed. When an officer feels their department cares and shows them support, and their mental and physical wellness improves.

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