Does Firing a Weapon and Causing Bodily Harm on a Suspect Impact a Police Officer’s Mental Stability Specifically Involving Post-Traumatic Stress Disorder (PTSD)?

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Does Firing a Weapon and Causing Bodily Harm on a Suspect Impact a Police Officer’s Mental Stability

Specifically Involving Post-Traumatic Stress Disorder (PTSD)?

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Abstract:

The objective of this study was to determine whether firing a weapon and causing bodily harm to a suspect is a traumatic experience for a police officer, which leads to PTSD. The research used a multi-methodical approach consisting of both surveys and interviews of police officers that fit the population of interest. No original empirical research was conducted due to resource constraints but the study is designed to test for a hypothesized positive correlation between PTSD and deadly force. PTSD is a serious problem amongst those who are exposed to dangerous situations and this research is designed to figure out how to stop it and help those affected.

Introduction:

Our lives as American citizens are intertwined with the criminal justice system, especially police officers. In the study, we are trying to answer the question, does firing a weapon and causing bodily harm to a suspect impact a police officer’s mental stability, specifically involving post-traumatic stress disorder (PTSD). We are interested in answering the question because not only can it help the lives of those police officers who are affected, but it can also point researchers in the right direction to finding effects of this disorder and understanding them. It also helps look for ways to prevent PTSD in future cases.

One hypothesis is: when a police officer fires a weapon and causes bodily harm to a suspect, his mental stability will decrease because it is a traumatic experience. We want to know if firing a weapon impacts the future actions of a
person who is put in charge of upholding the law and protecting the citizens of this country. We determined that in order to conduct this research, a multi-methodical approach consisting of a survey and interviews would be most successful in obtaining this data.

The study was conducted in stages, first reviewing prior research into the broader topic, then formulating the methodology for answering the question to the fullest, and finally the data would be analyzed in order to see if our question had been answered and if our theory had been confirmed or disconfirmed. In order to make sure that this research had not been done before, prior research that was conducted was examined. This information helped lead us in the right direction.

**Literature Review:**

Law enforcement officials and the criminal justice system are parts of everyone’s life at some point. A family member may be a police officer or may be being punished for some criminal action, or maybe an officer protects you at some point. Our lives as American citizens are intertwined with those in the criminal justice system, especially police officers. Therefore it is important for researchers to study those who are so important in the daily routines of society. Someone must look to understand if anything, especially internally, can cause these pivotal members of society to not function at full strength and even make bad judgment calls. Post-traumatic stress disorder is a serious threat to those who encounter tough situations in life and police officers can be witness to these situations daily.
Past research has looked into police officers, the effects of PTSD, and the critical incident of having to use deadly force. However no study has done research on all three at the same time. This literature review looks at previous research on these three topics and talks about the findings in relation to our current objectives, hypotheses and research questions.

A. Post Traumatic Stress Disorder (PTSD)

Post-traumatic stress disorder is a mental health condition that is often triggered by an individual witnessing an event that is terrifying to them. Some symptoms include flashbacks, behavioral changes, mood changes, avoidance, sleep problems, and unwanted thoughts (Stewart 2011).

Previous research in the field suggests that post-traumatic stress disorder affects police officers in disproportionate and uneven ways. Some officers do not seem to suffer from the disorder at all during their careers while others are drastically altered by it from certain situations. Some research determines that external factors such as anxiety sensitivity and work environment stressors lead to police officers developing symptoms of PTSD (Asmundson et al., 2008; Maguen et al., 2009). However most research points to police stressors like critical incidents as the main source of PTSD in police officers. Critical incidents are events that are not usually experienced by the average human and cause one to question the physical safety of oneself or others.

Measurement of PTSD and Critical Incidents
Researchers have stuck to similar patterns when measuring PTSD and its symptoms as well as measuring critical incidents for police officers. Questionnaires in the forms of surveys and interviews are the most common ways as determined by Asmundson et al. (2008), Can et al. (2014), Littleton et al. (2011), Lonsway et al. (2005), Maguen et al. (2009), Pasciak et al. (2013), and Addis et al. (2008). Some developed their own questions while others used measurements from other common and respected questionnaires such as:

- the Lifetime Traumatic Events Checklist, which assesses exposure to 16 events known to potentially create PTSD and distress;
- the PTSD Symptoms Checklist, which is a 20 item self report that assesses symptoms of PTSD that helps screen individuals and monitors changes;
- the Anxiety Sensitivity Index (ASI) which is a 16 item scale to measure an individuals changing anxiety;
- the Epidemiologic Studies Depression Scale, which is a screening test for depression and disorders relating to it; and
- the Law Enforcement Officer Stress Survey, which is a short early-warning stress screening used specifically to analyze officer's behaviors.

Asmundson et al. (2008), Can et al. (2014), Holder (2011), Lonsway et al. (2005), Wexler (2014), Addis et al. (2008), Pasciak et al. (2013), and Maguen et al. (2009) all used police officers as their population of interest in their studies of PTSD. Ron Clark, a chairman of the program Badge of Life estimates that one in eight police officers have symptoms of PTSD. However there are no definitive
numbers out there besides the numbers of police officers who commit suicide, which can be seen as a symptom of PTSD.

*Coping Mechanisms*

Police officers showed a wide variety of coping mechanisms in the research conducted, however much of it was left unexplored besides the debriefing process, which will be detailed in a short bit. Most officers are required by their departments to go and talk to a department employee charged with looking out for their well-being, either a counselor or therapist who may or may not be an employee of the department. Visiting and a later diagnosis all depend on how well the department works with this person and the workload they have. Being married led to decreased stress levels yet individual coping led to repressed anger and health problems (Can et al. 2014). Pasciak et al. (2013) concluded that males conformed to traditional gender norms and most would have preferred to handle things on their own. Some research has concluded that coping mechanisms are helpful in eliminating the threats that PTSD poses while other research is divided and claims that coping mechanisms are useless (Pasciak et al. (2013) and Addis et al. (2008)).

*Other Related Psychological Conditions*

Although never directly stated in any of the research a few other psychological conditions are alluded to. Serious depression and substance abuse are most commonly associated with those who also have PTSD. There are also increased risks of some sort of panic disorder, a form of obsessive-compulsive disorder, social
phobia, bipolar disorder and other personality disorders. As PTSD affects officers in all different ways it is almost impossible to tell how it may affect individuals.

B. Causes of PTSD

Use of Deadly Force

Deadly force is defined as the amount of force that is likely to cause either serious bodily injury or death to another person. Police officers used to be able to use deadly force under specific circumstances when trying to do their job and enforce laws. Police officers sometimes refer to deadly force as “shoot to kill.” The courts specifically the Supreme Court in the past have ruled in favor of police officers using deadly force if it is reasonable to overcome resistance to arrest. However in 1984, Tennessee v Garner prohibited the use of deadly force unless it is necessary to prevent the escape of a suspect and a probable cause exists that the suspect poses a threat of violence to the officer and/or the community. Nowadays many police departments around the country have defense-of-life policies, however some states are less restrictive than others.

Exact numbers vary but a good average of police use of deadly force involving the death of a suspect by police would be around 300 annually according to the FBI’s Uniform Crime Report (UCR). However there seems to be debate over the actual statistics. Klinger et al. (2015) says three problems exist with the measurement of deadly force. They are that official statistics “undercount substantially” the amount of deadly force instances, the conceptualization and
operationalization of deadly force is incorrect and only fatal shootings are counted, and finally that an aggregation bias exists.

Hypothesized Effects on Psychological Health

Most previous research that has been conducted has hypothesized that the use of deadly force or even witnessing of deadly force would create PTSD even if only one or two symptoms. Littleton et al. (2011) hypothesized and concluded that without resources (debriefing, personal coping mechanisms) psychological distress after a traumatic event would be ever present. Lonsway et al. (2005) hypothesized that rookies may develop PTSD more easily and the race of the shooter may play a factor in the development of symptoms. In the incident studied here, an African-American woman accidentally shot another rookie at the police academy and due to this country’s past and today’s media, race and gender were looked at to analyze respondents’ attitudes.

Although no other research explicitly stated any hypothesis that correlates deadly force and PTSD it is clear that most researchers assume that some sort of change occurs for the individuals as their studies indicate looking at symptoms of PTSD and the effects of critical incidents.

Additional Explanations

However not all research concludes that deadly force is the only way for officers to contract PTSD. As stated before some researchers believe that external factors outside of routine police work may cause PTSD as well as the possibility of
basic police work and stressors. One of these other factors is explained by Asmundson et al. (2008), as their research points to a connection between anxiety sensitivity and PTSD. This research believes that anxiety related to psychological concerns (ex. Developing a disorder), social concerns (ex. Losing an “anchor”), and somatic concerns (worried about physical health) has a direct relation with those who show more serious symptoms of PTSD.

Another study conducted by Maguen et al. (2009) hypothesizes that routine work environment stress has the strongest relationship with PTSD and its symptoms. The researchers also believe that the work environment stress will serve as a mediator to balance out the effects of critical incidents, negative life events, and prior trauma. Another explanation may come from Pasciak et al. (2013) whose research believes that the debriefing process conducted after a critical incident may indeed have negative consequences and lead to PTSD development.

Evidence

As the researchers all had different hypotheses and questions to answer, evidence concluded varies. Asmundson et al. (2008) concluded that those with PTSD were older, showed high anxiety symptoms, and screened positively for panic disorders. Their research also concluded that depressive symptoms, previous trauma, and somatic concerns were good predictors of PTSD in police officers. Can et al. (2014) concluded that those with high stress had increased health problems, lower self-esteem, and more aggression to individuals they deemed close. Results also pointed to marriage being a helpful variable in reducing stress in officers.
Littleton et al. (2011) concluded that race could be a factor in who would talk more about the event in the aftermath, with African-American women being less likely to discuss, and 95% of women studied showed at least one symptom of PTSD. Lonsway et al. (2005) determined that witnessing a use of deadly force led to no job dissatisfaction and women were more likely to develop symptoms of PTSD. Addis et al. (2008) concluded through their research that all officers saw the critical incident they experienced as something that impacted them personally. A good portion (79%) had no debriefing process and those that had a debriefing showed more PTSD symptoms years later.

External factors research also had some interesting findings. Maguen et al. (2009) concluded that the work environment was more of a predictor for PTSD even beating out critical incidents and negative life events. In the research done by Pasciak et al. (2013) they determined that most officers (92%) experienced some sort of traumatic event and that in the debriefing process they had trouble discussing and even recognizing their own emotions. Combined with Addis et al. (2008) research one could claim that the debriefing processes have no effect on PTSD reduction and may need some reevaluating.

C. Prevention and Intervention

As post-traumatic stress disorder and critical incidents are no new thing for law enforcement strategies, tactics, and methods are always being developed to combat them from negatively affecting police officers. Dusseau et al. (2015), of the Northern Virginia (NOVA) Community College Police Department, developed a guide
to help police departments with critical incident planning. It provides for a six step management system: (1) assessing the scope of the event and figuring out planning assumptions, (2) identifying and prioritizing objectives, (3) identifying resources, (4) assigning and controlling resources, (5) identifying lessons, and (6) implementation of corrective actions. The International Critical Incident Stress Foundation (ICISF) claims the importance of Critical Incident Stress Management through the tools of demobilization, crisis management briefings, defusing, and debriefings. CISM allows large groups of individuals to come together and discuss their experiences. Critical incident stress debriefings are also considered helpful by the ICISF but only in the form that it can return an individual to routine activities.

Mitchell (2014) like the ICISF believes in a 7-phase CISD, which includes an introduction, facts, thoughts, reactions, symptoms, teachings, and re-entry phases. A follow-up can also help with additional services and concerns. Management and debriefing processes are being used throughout the country to help all types of law enforcement officers.

**Effectiveness**

The effectiveness of prevention and intervention strategies is tricky and truly depends on a few factors. Dusseau *et al.* (2015) claims that the NOVA Police Department strategy is very successful as it has been used multiple times for certain events such as visits by the President and the 2012 presidential inauguration and has been shown to work with less than 48 hours of preparation. The ICISF shows no effectiveness of their strategy however Mitchell (2014) goes on to elaborate that to
make the CISD as effective as possible, it must be developed for a small homogeneous group and that personnel must be properly trained and following guidelines. Mitchell also claims that the combination of CISD and CISM give even more positive results. However, Addis et al. (2008) concluded that short-term debriefings have no effects on the prevention of PTSD and that those who did attend a debriefing (21% of the respondents) exhibited more signs of PTSD than those who did not attend. The authors do mention the limitations of their findings in that their population was small and an unknown common factor may have existed amongst the participants.

D. Tying it All Together

Police officers are a vital part of American society and at one point during any person's life there is a good chance of meeting someone involved in the criminal justice system. Post-traumatic stress disorder is affecting more and more people nowadays and for police officers that are exposed to dangerous and life-threatening incidents every day, this is a threat that must be assessed. Someone may wonder how these articles relate to the research, does firing a weapon and causing bodily harm to a suspect impact a police officers mental stability specifically in regards to PTSD. These articles provide a vast foundation of knowledge on the police, shootings, and PTSD. They also show methodologies that could be used when conducting research, leading us in the right directions on how to measure PTSD, shootings, and other information related to the police that we need to collect when doing our research. These prior studies help us make sense of collected data as well.
When we began with just a research question, we were unsure on how to methodologically approach this and how to collect data and other things that would help us in our quest, but after reading these articles we have confidence that we can answer our question and hypothesis with satisfactory results.

**Methodology:**

When answering the question, “does firing a weapon and causing bodily harm to a suspect impact a police officers mental stability specifically involving PTSD?” careful consideration must be given to the research methodology. To do this a multi-methodical approach of using a survey and interview would provide data necessary to assess the issue. For the research the population would be police officers but more specifically the population of interest would be police officers that have shot a weapon and caused bodily harm to a suspect. The number of officers who use their service weapons, firing it, over their careers is already low and even lower for those who use it in a deadly force situation causing death or bodily harm; therefore to get the desired population, contact with many police departments would be a necessity. The need for another population of officers who have not used deadly force would be necessary as well but would be easier to contact due to the infrequent use of deadly force.

This study has the independent variables of police officers shooting their weapon and causing bodily harm to a suspect as well as police officers that never use their weapon or deadly force. This study wishes to look at police officers causing harm to suspects and has left out looking at police officers that discharge their
weapon to no effect on a suspect although there may be some psychological harm done there. A third independent variable would consist of officers who have not used deadly force in order to completely assess the effects of deadly force. The first two independent variables would include the police officer attending counseling or therapy through the police department. Therefore, the dependent variables consisted of PTSD symptoms such as constantly remembering the event, feeling emotionally “numb,” avoiding situations that remind you of the event, panic/anxiety attacks, nightmares, and/or suicidal thoughts. These variables were important to the study because they effectively measured PTSD as a whole while trying to establish a correlation between them and the independent variable. However when it comes to comparing the officers who have never used deadly force to those who have, new dependent variables are needed to make a comparison. New measures for comparisons will be agitation, irritability, hostility, self-destructive behavior, loneliness, insomnia, and emotional detachment. These are all symptoms of PTSD but can be studied for comparisons unlike measures such as flashbacks and nightmares of the event.

This study will gather enough other participants to use as a control groups. These individuals are officers who had shot and caused bodily harm to a suspect but had not gone to counseling at all, police officers that had never used their weapon or used deadly force and never had any counseling. We believe this would be a good control group because these officers still have many of the same demographics as the study group but did not receive any treatment or counseling for their actions. It is acknowledged that the officers who attend the counseling may be different than
those who do not and in the analysis officer behaviors and characteristics would be scrutinized to ensure that no other factors were mitigating the PTSD that are not being examined in this study.

The entire survey and research depends on how the questions are asked. Questions will be yes/no, multiple choice, rating scale, and a few demographic questions. Considering the survey covers a wide range of concepts and variables, it needs a wide variety of question types and measurements. This way the multi-methodical approach could answer all the questions in an appropriate manner because not all can be answered with the same question type.

When this research is conducted a partnership with the police counselor will be formed because the officers who are going through some sort of treatment may be wary of the researchers but they might be more inclined to trust their therapist or counselor. This can create a problem wherein those who attend counseling may show differences due to a trust shown to their coworkers instead of any progress made through the actual counseling. After all the data are collected, this potential problem with the data would have to be taken into context and considered in the interpretation of the results. The questions are intended to help us understand the concepts of: the officer's feelings (including how they feel towards use of deadly force); symptoms of PTSD; the events prior, during, and after the shooting; details about the suspect (some factors may make an officer more or less likely to use their weapon); and any changes in their work performance after the shooting. Also in order to make sure that this event had indeed caused these symptoms, questions involving work stressors would be included so as to look at baseline trauma whose
effects could be confounded with those of the event. This study will also include questions that could assess how the officers felt towards any intervention processes they went through. This method allows the research to quantify the officer’s actions and behaviors. With the data collected the researchers could use a checklist to see what behaviors, experience, or attitudes are present and categorize into designated stages of PTSD which would include no PTSD, showing symptoms but not necessarily having PTSD, and having enough symptoms to classify PTSD.

The instrument will be pre-tested by having a few associates complete it. This allows us to look for problems such as bad wording or if we missed anything we would have liked to add. We also get a feel if it was too long or wordy. A screening of information pulled from previous research would be unnecessary. We would then proceed to reach the population of interest. To approach this population of interest, we would want to go to the police stations that are accessible to us and get permission to survey and interview their officers. We would like to identify officers who have had to use deadly force within the last ten years, which we believe makes the data collected still relevant. We would explain our research and our question, the benefits of our research and the data we are looking to collect, and what they will get out of it. This screening would help not only get the population ready for the real research but give them a great insight on how the research process will actually occur when it is time to start.

Validity and reliability are very important to this study. To make sure that the questions and subsequent answers are both of these, we would make sure everything was mutually exclusive and exhaustive and there were no double
negatives or double barreled items. To double check the validity of the responses we got from these officers, we would compare the data with those official records from the police department on their use of deadly force, counselors who gather data on everything from helping one cope through a tough situation to their favorite basketball team (of course we would only analyze the information that is pertinent to this study), and any other office that took information on the shooting incident. According to the U.S. Department of Veteran Affairs and National Center for PTSD, there is no “right way” to measure PTSD and the right measure depends entirely on one’s purpose of study. Previous research has used some of this study’s survey items but no definitive validity has been established from them.

Experiments and observations would not be possible like the multi-methodical approach. No police officer could be randomly assigned to a deadly force situation. Surveys and interviews are well known and the people that are included would understand what to do. Other advantages of a survey include: it can be made quickly, can be distributed by multiple means (such as in-person, mail, or e-mail), and it collects a large amount of data from a large number of questions. Some disadvantages include: respondents may not answer truthfully, may get bored and may see questions differently compared to other respondents. To limit these weaknesses, going through the police counselor could help with the truthfulness and making sure that the pre-test to determine boredom (for example: if the survey is too long, if the administrator is not focused, and the longer it takes to complete), will be key. Humans determine things differently so we will try to make it as much as possible that everyone understands the questions the same.
This research is definitely sensitive and that means that there are a few ethical concerns involved. These include avoiding potential harm to individuals who participate in the research, obtaining informed consent, avoiding deception, and maintaining privacy and confidentiality. With such a personal topic, avoiding harm is a main priority of the study. With lots of funds, we would have counselors standing by in case the officers or we needed immediate assistance. We would even ask loved ones or friends to be ready in case. If it became too much for the participant then we would have no problem with them ceasing to participate. We are not here to cause them any more pain. If they did continue throughout, then there will be a debriefing process in which the study and the information gathered from that participant will be discussed in detail and any remaining questions by the participant will be answered.

Results/Findings:

Unfortunately due to time, geographical, and other constraints we were not able to conduct the actual research at this time. Our population is a very small one and the time and resources it would take to find it were not available. However we would like to take the time to talk about what we hope to find if this research ever is conducted.

Our ultimate goal with this research is to test for a strong positive correlation between using deadly force and causing bodily harm to a suspect and developing PTSD and its symptoms. We would like to see how PTSD varies amongst police officers who use deadly force and see if any basic factors contribute to the
development or not. The extent of the symptoms and how many symptoms they have are of the upmost importance. We would like to know as much about the situation as possible that caused the PTSD. We hope to find some relationship between the events themselves, the officers’ feelings and emotions, suspect factors in order to determine if there are any similarities between our population and the development of PTSD.

Another goal is to see the effects of counseling on police officers. Prior research has shown that police mandated counseling only seems to further harm the officers in sustaining the PTSD and its symptoms. We would like to test this as we have our doubts. We would also like to take note on this topic if counseling truly helps diminish PTSD or do officers divulge information to these therapists because of a developed trust and a false sense of positive treatment.

A side goal is to see if PTSD can also be caused by other normal work factors in a police officers life and job. We are not looking for anything specific but if anything comes up we would like to take note and possibly conduct further research later. Some prior research has claimed that the job of being a police officer is stressful enough to produce PTSD on its own. This is not a goal we are actively pursuing but any information to confirming prior research would not be unwelcomed.

We understand that a tremendous number of factors come into play here and will try to control for as many as we possibly can. But we will note that some of the possible findings may be due to external factors outside of our control or due to something else that may end up needing some further research down the road. We
also note that there is no correct way to measure PTSD and its symptoms so until one is officially determined our findings may be incorrect.

**Conclusion:**

Police officers play a principal role in modern America. They keep the peace, enforce laws, protect civilians, and investigate crimes. Post-traumatic stress disorder is an anxiety disorder that develops after an individual has been exposed to a traumatic experience. The daily duty of any police officer can lead them down a path towards a traumatic event that could give them PTSD and severely impact their performance and future job requirements. This research helped determine if a specific traumatic event, shooting a suspect and causing bodily harm, had any impact on a police officer developing PTSD and its symptoms. There were also some side goals of looking at the effects of counseling and the stresses of a police officers job. All of this would be determined through a multi-methodical approach of both surveys and interviews of our population. However due to constraints we were unable to conduct any original research. We hope in the future we can conduct this study and determine if deadly force and PTSD are related in any capacity. In the long run all this gathered information can be connected and linked to helping police officers with PTSD and how to properly cope with the event and fight their PTSD. Police officers are constantly exposed to traumatic events, but shooting a suspect is one that is extremely rare. Many other traumatic events happen much more often and more and more officers are exposed to these events. This research may have opened the door into one traumatic event or otherwise “critical incident,” but more
research should be conducted in order to help determine the full extent of PTSD invading the lives of police officers around the country. Further research should also be conducted to fully understand the counseling process, the “normal” stresses of police work, and any external factors that may change a police officer. The job of a police officer is one of the most important in the country and the world and this research is done in the respect that we should help those who help us.

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