

# OFFICER DOWN!

BY ALICIA IHNKEN

## DEALING WITH TRAUMA IN LAW ENFORCEMENT COMMUNICATIONS

*Shots fired! ... He's got an axe! ... I've been hit!*

Whenever responders are called to duty, there's a chance they may be injured or killed and not make it home to loved ones. The effects on family are obvious. The effects on the telecommunicator may be a little harder to understand, but are equally real. It doesn't matter what size your agency is or how busy it is, a line-of-duty tragedy is always possible. And when something happens to one of your own—whether your department is close-knit or you wouldn't recognize your shift on your day off—a floodgate of questions, worry and heartache will open.

### SCENARIO 1

A telecommunicator in Florida tells the following story: "Aug. 13, 2005, I went into work feeling like something awful was going to happen. I could not shake this terrible cold feeling that seemed to have overtaken me. ... Just before midnight, one of the dispatchers took a call and put it in as a robbery in progress. I was working the fire channel and watched in horror as a K-9 officer and his partner's tracking device stopped working. I just stared at the car's icon on the computer map not moving. Within seconds, another dispatcher took a call from a passer-by stating that a pickup truck had pulled in front of a police car and the police car had flipped. The dispatcher only had to say, 'WHAT?!,' and I knew it was my friend the K-9 officer, because I was fixated on his vehicle tracking device not moving at all.

"While sending out the fire units and notifying the ambulance service, I felt my heart pounding so hard that I could hardly speak. All of the city's officers were responding with lights and siren to the accident scene, along with the fire units and a battalion chief. I heard the

fire chief call over the radio to send out a page to all fire administration regarding the death of an officer. I could barely type in the page; I thought I had lost one of my best friends in the world.

"One of the lieutenants from the fire truck sent me an instant message asking me if I was doing all right. She could tell by my voice that I was not handling this situation well. We heard on the police radio the awful scream from the officer's wife, and that's when each and every one of us lost it.

"Everyone was crying and in a state of shock that this could happen on our shift. All of a sudden, the director and office manager were in the communications center, but they were simply going through the motions, just like the rest of us were trying to do. The victim advocate was called in and spoke to each of us, and the day shift was called in early to relieve us. As the day shift came in, one by one all the night dispatchers were sent home early, but only after speaking with the victim advocate.

"I was the last one to see the advocate, one of the most painful experiences I've had in 16 years of dispatching. I told her

## OFFICER DOWN!

about the awful feeling of loss I'd had all day long and that I'd really wanted to call in sick because I just felt so out of sorts.

"After I left the communications center, I stopped at the nearest open convenience store and bought my first pack of cigarettes in 10 years and proceeded to smoke the whole pack. I bought another on my way to work on Sunday. Not one of the dispatchers on my squad slept that whole day, and we came in looking like zombies. When we all sat down you could hear a pin drop. No one said a word. It was apparent that all of our lives had changed the night before.

"Aug. 13, 2005, is a day that I will never forget, and I still cannot bring myself to leave the house on that day. I still do not have closure, and every Aug. 13, I go onto the Officer Down Memorial Page and reflect on my feelings about that wonderful officer, which seems to make me feel a little better. There is no way that I can explain my feelings. You always think police officers and firefighters are invincible, and when something like this happens, reality

steps in and shakes your whole world."

The telecommunicator who shared this story with *Public Safety Communications (PSC)* eventually left dispatching.

### SCENARIO 2

*An officer's story:* "August 2001, approximately 0130 HRS: It was a quiet night in a three-square-mile city of 17,000 residents. The quiet would be shattered by the crash and near death of a rookie police officer with less than six months on the job. This is my account of that night.

"The city I worked for hired trainees as part-time officers, meaning they could work only 32 hours per week. When field training officers were assigned a new hire, we kept them with us until they had completed a minimum of 300 hours of training. That was a long time to have someone riding in your car, and you either liked them a lot or really didn't like them.

"Scott" was my trainee, and because we were close in age, we became close friends. August 2001 would challenge our friendship, make me question my abil-

ity to serve as a training officer and my techniques and knowledge, and make me realize just how quickly things can go from *normal* to really bad.

"We were working midnight shift. A corporal was running our shift, I was the senior officer, and we had two newly released officers, one of whom was my latest trainee and friend, Scott. Around 0130 HRS, the corporal and I were on the opposite side of the city meeting with each other, when Scott reported that he was trying to stop a vehicle traveling at a high rate of speed. Within what seemed like seconds, the other new officer was in position trying to help Scott get the car stopped. Mere seconds after that, the other new officer reported a patrol car crash and requested fire rescue. The corporal and I responded.

"I was the second person on scene, and thinking back now, it seems that despite the horror before my eyes, I simply reacted to the crisis upon arrival. I observed my friend's patrol car off the roadway, basically destroyed. I noticed flames coming

from the underside of the car, grabbed my fire extinguisher and put the fire out. When Scott saw me, he immediately began screaming for me to help him. He couldn't breathe, and he was begging me to get him out of the car. I tried to comfort him and told him help was on the way. It took firefighters 45 minutes to extricate him and begin transport to the hospital.

"Standing on scene, the thought crossed my mind that this crash was my fault. I had failed Scott as a training officer and as his friend. There had to be something I could have done, could have said, that would have made this different. How many times had I done the exact same thing, driven at high speed to catch up with someone who was speeding? How many times could I have ended up just like Scott or worse? Why didn't I tell him that it just wasn't worth it? I blamed myself.

"Scott suffered career-ending injuries. He broke his neck, shattered his left arm and leg, broke his pelvis and punctured a lung. Over time, he healed as much as could be expected, even more than some

expected. Today, he is mobile, and he can do most things without assistance. But he constantly feels pain and will never regain the strength or stamina he had before. He will never be a police officer again, but he is alive, and that's what truly matters.

"After Scott's crash, I sank into a kind of depression. I couldn't shake my feelings of guilt. Despite what anyone said to me, I blamed myself. In some ways, seven years later, I still do. I received little to no support from my agency, and if not for my family and friends, I might not have been able to cope with the feelings I had from this incident. Initially, I wanted to stop being a training officer, but I soon realized that I could use this experience as a means to educate other new officers. I could relate my experiences from what was nearly the only line-of-duty death I had been to and share that. I could use this to teach new officers that they are not invincible. None of us are. The badge and gun we carry do not exempt us from accidents or injuries that can end our lives or careers. There are some things that we cannot change, and

some dangers that are simply a part of the job. The ability to deal with the stress that we experience, while realizing that we are all human and we all experience horrible things from our chosen field, and being able to deal with negative feelings in a positive manner are keys to success.

"This incident happened before Post Traumatic Stress Management and Debriefings were discussed in law enforcement in my area. I realize now that this was absolutely a traumatic incident, and I needed to work through this and get my feelings out. I was lucky. I was able to work through this and turn a negative into a positive in my future. Some people aren't that lucky."

The officer who told *PSC* this story was able to take this tragedy and use it to help others and himself. Even though it took a while to rebound, he is still working in law enforcement, now with a renewed focus on traffic enforcement and training.

The worst thing to do in any situation like this is to play the "what-if" game. There is no room for second guessing

# OFFICER DOWN!

when dealing with events that cannot be changed. That should be done only in training scenarios and forward planning.

## WHAT NEXT?

No one is immune to emotional responses to tragedies they witness. Rank and experience don't count and can even make one feel more responsible and therefore suffer more deeply. People who choose careers in emergency services or public safety tend to have much in common,<sup>1</sup> and some of these traits affect how we deal with stressful situations and tragic circumstances. Do the following characteristics apply to you or someone you know?

- Obsessive: "It has to be done this way.";
- Compulsive—every time;
- Control or action oriented—at work and at home;
- Easily bored;
- High need for stimulation;
- Risk taker;
- Highly dedicated;
- Need to be needed;
- Difficulty saying no;
- Family oriented;
- Driven by internal motivation; and
- Generally high tolerance for stress and ambiguity.

What can you expect to go through after a traumatic event? Your reaction starts within minutes of the event and will continue months and possibly years afterward, even when you receive help. You should be aware that you and your co-workers may have several responses to an officer-involved injury or death<sup>2</sup>: heightened sense of danger; anger; nightmares; flashbacks and intrusive thoughts; isolation/withdrawal; numbness; startle responses; alcohol/substance abuse; marital problems; perceptions of going insane; fatigue; crying/depression; guilt; trouble remembering/concentrating; and/or anxiety.

Other stress reactions, such as difficulty sleeping, headaches, muscle aches, stomachaches and high blood pressure, may also occur.

Initial responses may include psychological numbing, fear, denial, nausea, perspiration, guilt and panic. These symptoms will manifest themselves and most likely get worse over the first 24 hours. Sleep will be evasive, and concentration will be extremely difficult. You will find you are "going through the motions" because it is easier than thinking about what you are doing. When you start to think, you start to think about what happened.

In the next few days, doubts and fears will intensify, and you might feel increasingly vulnerable. Hopefully, you will have had an opportunity to speak with a victim advocate or counselor immediately, but it is important to continue talking about the event.

Toward the second week, even though you have been experiencing strong emotions, you may start blocking things out with the desire to get back to normal. Or you might worry to the point of obsession and relive the event over and over in your mind.

It's important to understand that these reactions are normal and should be dealt with. If symptoms are ignored and go unchecked, the person's mental and emotional status will deteriorate even more. It's also important to be able to recognize that your co-workers may be experiencing symptoms as well, and no one may be exempt from the effects of loss.

## OFFICER DOWN!

Not everyone's experiences will be the same. Wayne R. Hill, PhD, clinical psychologist and president of Management and Behavior Consultants PC, says there are at least four possible ways in which symptoms manifest. Public safety personnel may: 1) exhibit a tough exterior; 2) self-medicate emotional pain with alcohol or other substances; 3) overuse morbid humor, inappropriate jokes and exhibit seeming oblivion to the pain of others; and 4) exhibit isolationism, detachment and intolerance to human frailty.<sup>3</sup>

Because of the characteristics common to those in public safety, we often try to handle things ourselves and keep our feelings—especially those of vulnerability—to ourselves. But this is unhealthy and will make matters much worse.<sup>4</sup> On the other hand, an active and supportive approach to even the worst tragedy can facilitate successful coping by affected personnel.

### HOW TO HELP

Coping with trauma requires peer support. What can you do to help? Learn

about critical incident trauma. Be available. Accept whatever response you get: Don't judge; it is not appropriate to say, "You should" or use such clichés as "Everything happens for a reason." Listen to what's being said. Validate emotional responses. It's OK to give advice as long as you're not condescending. Be sensitive to changes in behavior or mood. Offer to help with specific things, such as making phone calls, driving or running errands. Personalize what you say. "I remember how hard it was for me when my brother passed away. I am so sorry about Jason's death." Remember, you are not responsible for how others handle a traumatic event. Know your limits—and when to recommend professional help. Don't be afraid to bring up the event weeks or months later. Touch communicates a great deal. If you're comfortable with it and if it's appropriate, a hug can mean a lot.

Often, going through a traumatic event and successfully dealing with the aftermath can help you be more effective for those who may be involved in later events. Use your experience.<sup>5</sup>

### CONCLUSION

Information is available to help telecommunicators cope with tragedy, but the information can be confusing and disheartening. So take the steps to find out more *before* a tragedy occurs. ||PSC||

**ALICIA IHNKEN** is the training course instructor for the APCO Institute. Contact her via e-mail at [ihnkena@apco911.org](mailto:ihnkena@apco911.org).

### REFERENCES

1. Mitchell JT; Bray G: *Emergency Services Stress: Guidelines on Preserving the Health and Careers of Emergency Services Personnel*, 1st ed. Prentice Hall. Upper Saddle River, N.J. 1989.
2. Horn JM; Solomon RM: "Peer support: A key element for coping with trauma." *Police Stress*. 25–27, Spring 1988.
3. Hill WR: "Post violence trauma police officers are the victims." In *Traumas of Law Enforcement*. Seminar Proceedings. Concerns of Police Survivors (C.O.P.S.) Inc. Feb. 26–29, 2008.
4. Sawyer S, et al: *Traumas of Law Enforcement*. Seminar Proceedings. Concerns of Police Survivors (C.O.P.S.) Inc. Feb. 26–29, 2008.
5. Horn & Solomon.

1. **Of the following, which is *not* a feeling a survivor of a traumatic event might experience?**
  - a. Fear
  - b. Anger
  - c. Numbness
  - d. Hunger
  
2. **Something you should avoid when speaking with a survivor is:**
  - a. Using clichés.
  - b. A hug.
  - c. An open mind.
  - d. Validation.
  
3. **Even if you seek treatment, you may still end up leaving your profession.**
  - a. True
  - b. False
  
4. **Many people who work in public safety share similar characteristics. Which of the following is *not* a common trait?**
  - a. Obsessiveness
  - b. Low tolerance for stress
  - c. Risk-taking behavior
  - d. Internal motivation
  
5. **Survivors of trauma typically experience physical manifestations. Which of the following is *not* typical?**
  - a. Nausea
  - b. Muscle aches
  - c. Carpal tunnel
  - d. Headaches

6. **Rank and experience:**
  - a. Have no bearing on how one deals with a traumatic event.
  - b. Can often make one feel more responsible for the traumatic event.
  - c. Can make one oblivious to the traumatic event.
  - d. Usually make a difference in how one responds to a traumatic event.
  
7. **Months after a traumatic event, one should:**
  - a. Avoid discussing the event.
  - b. Have a party.
  - c. Offer condescending advice.
  - d. Talk about the event.
  
8. **When does a survivor start feeling the effects of witnessing a traumatic event?**
  - a. Within minutes
  - b. A few hours later
  - c. A few weeks later
  - d. A month later
  
9. **When trying to help someone who has experienced a traumatic event, you should personalize what you say.**
  - a. True
  - b. False
  
10. **After experiencing a traumatic event, you should:**
  - a. Talk about it as soon as possible.
  - b. Wait to talk about it until you feel comfortable.
  - c. Never talk about it.
  - d. Wait until someone approaches you to talk about it.

### Using the CDE Articles for Credit

#### APCO Institute Continuing Dispatch Education

1. Study the CDE article in this issue.
2. Answer the test questions using this form. Photocopies are acceptable, but don't enlarge them.
3. Fill out the appropriate information section(s), and submit the form to:

APCO Institute  
351 N. Williamson Blvd.  
Daytona Beach, FL 32114

Questions? Call us at 888/APCO-9-1-1.

**ORDERING INFORMATION:** If you are **APCO certified** and will be using the CDE tests for recertification, complete this section and return the form when you send in your request for recertification. **Do not send in the tests every month.** There is no cost for APCO-certified personnel to use the CDE article program.

APCO Instructor Certificate # \_\_\_\_\_

Expiration Date: \_\_\_\_\_

APCO EMD Basic Certificate # \_\_\_\_\_

Expiration Date: \_\_\_\_\_

If you are **not APCO certified** and would like to use the CDE tests for other certifications, fill out this section and send in the completed form with payment of \$15 for each test. You will receive an APCO certificate in the mail to verify test completion. (APCO instructors and EMD students please use section above also.)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

I am certified by:  MPC     PowerPhone     Other

If other, specify: \_\_\_\_\_

- My check is enclosed, payable to APCO Institute for \$15.  
 Use the attached purchase order for payment.