

too much too ugly: Trauma Contamination How do we get it?

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Research is clear that because of an increased exposure to life threatening situations, law enforcement officers are also at an increased risk of experiencing trauma-related symptoms [1]. Exposure is either direct, when the officer is the victim (e.g. officer-involved shooting) or vicarious, when they are the responder (e.g. exposure to dead bodies). Whether the exposure is direct or vicarious, the distress involved in these types of incidents can be infectious. Therefore, even if you are not the direct victim of a trauma, the trauma response can be viewed as a communicable disease.

What are the types of trauma?

There are several different categories of trauma. However, there is often overlap between these categories, meaning an individual can experience the effects of multiple types of trauma.

Too much, too ugly, too soon: The defining aspect of this type of trauma is its **rapid onset** with little preparatory time for psychological inoculation. For example, the Century 16 movie theater shooting in Aurora required an immediate response and there was no opportunity to advise responders on what they would see, hear, and experience upon entry to the theater.

Too much, too ugly, too long: Prolonged exposure to trauma, either as a victim (i.e. ongoing sexual or physical abuse), or through staying in a particular assignment for too long (i.e. child sexual abuse investigations, crime scenes investigations, homicide investigations) depletes the mind and body's energy reserves, making it increasingly difficult to cope with and process events. This leads to dissociation (emotional numbing) and denial ("I'm fine, it used to bother me but it doesn't anymore.") as the primary coping strategies.

Too much, too ugly, too similar: When a victim or a responder is exposed to a trauma that is similar to other life events, it can lead to a **cumulative exposure** response by triggering both a response to the current trauma, as well as a re-experiencing of prior events [2]. Officers involved in a critical incident may handle the event with limited distress. However, if a similar critical incident occurs, even several years later, they may find that thoughts of the prior incident come to mind, and their response may disturb them. We have often seen officers become frustrated with themselves regarding their different responses to similar events ("it didn't bother me last time and this isn't that different so I don't understand why it's getting to me now.") regarding their differing responses to similar events.

Too much, too ugly, too different: This occurs when a victim or responder is exposed to an event that is **unpredictable**. For example, victims and first responders associated with September 11 struggled to process this trauma in part due to the scope of devastation and because no one thought such an attack would ever happen on American soil.

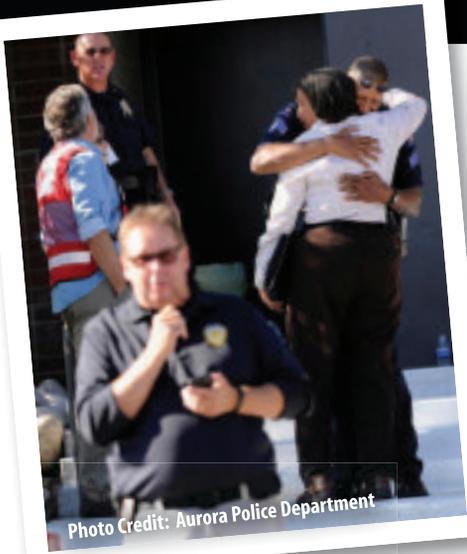


Photo Credit: Aurora Police Department

What are the symptoms?

- Thought or sensory modality intrusions (i.e. thoughts about the incident become disruptive; certain smells, sounds, sights, etc. keep replaying in the mind).
 - Flashbacks (i.e. perception of physically re-experiencing the trauma)
 - Shattered comfort zones and assumptions about the world (i.e. terrorists aren't suppose to be able to crash planes into buildings; mass shootings aren't supposed to occur in schools or movie theatres)
- Deteriorated physical well-being (difficulty sleeping, lack of energy, etc.)

What is the cure?

- Effective training aimed at preparing officers for the incidents they are likely to encounter, educating them on the range of “normal” trauma responses, and providing healthy coping strategies for processing through a traumatic event.
- Move the experience from a thought to a memory. A thought is always in the front of our awareness whereas a memory sleeps until we wake it up. For example, if asked what you had for dinner last week, it would take a moment to recall that memory.
- View psychological trauma symptoms the same as physical symptoms. If you cut your leg open with a chainsaw, you would never say, “This shouldn't be bothering me.” Therefore, if you are experiencing a trauma reaction, don't say, “This shouldn't be bothering me.” If you did not treat the physical chainsaw injury you would eventually bleed out. If you don't treat the psychological trauma injury you will eventually bleed out mentally.
- Talk about it or write about it until you feel that the event has become a memory as opposed to a thought. ✧

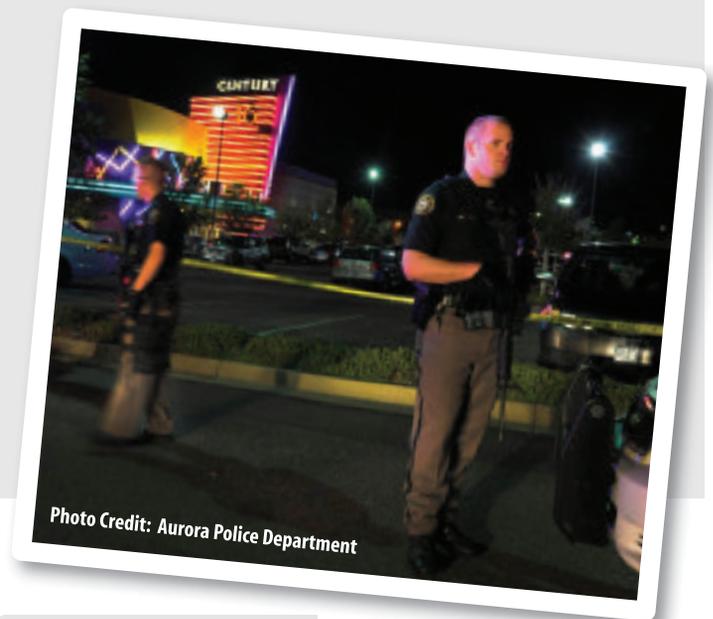


Photo Credit: Aurora Police Department

Citations:

[1] Karisson, I., & Christianson, S. (2003). The phenomenology of traumatic experience in policework. *Phenomenology of traumatic experience*, 26, 419-438.

[2] Carlier, I. V., Lamberts, R. D., & Gersons, B. P. (1997). Risk factors for posttraumatic stress symptomology in police officers; a prospective analysis. *Journal of Nervous & Mental Disease*, 185, 498-506.