Trauma and the Investigator of Violence: Weathering the Storm

Matthew H. Logan Ph.D.

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After almost 40 years working in the Criminal Justice System I am commonly asked "How do you cope with all you have seen and experienced?" I typically answer with the five things that sustain me: Faith, family, friends, fitness and fun. I do believe that these are the elements that allow me to thrive and not just cope. Many are satisfied with that response but it seems that those who are struggling with the effects of trauma want to know more and so they should. We should all want to know what to do and how to be prepared pre-trauma, during the trauma, and post-trauma. I want to dig deeper into what has really worked for me as a cop and what has really worked as I talk to those in the field of violence investigation. This perspective should be read by those who seek to gain mastery over trauma both for themselves, their clients, and their first responder family.

I began researching and writing in this area in the late 1980's. I have been 20 years away from it and working as a Criminal Investigative Psychologist doing Forensic work. As I am called back to the arena of trauma, I am saddened that there still seems to be funding for research, but little for practice. We are very aware of the scope of the problem and recently were reminded in Canada via a landmark study that was designed to provide estimates of mental disorder symptom frequencies and severities for Canadian Public Safety Personnel. Results indicate that 44.5% screened positive for clinically significant symptom clusters consistent with 1 or more mental disorders. This is compared to the 10.1% diagnostic rates for the general population (Carleton et al, 2018). Respectfully, we have seen the research about whether trauma exists, its prevalence and symptom development. All good and necessary, but overdone, because that's where government funding is directed. I want to get "boots on the ground" intervention in the prevention and treatment of trauma injury.

I find the use of metaphors is very helpful as I plow through the darkness. Metaphors are so embedded in our thinking that they can influence our perceptions, ideas and the decisions we make in ways that might not be readily apparent. Lakoff & Johnson (1980) see metaphor not just as a characteristic of language, but conclude that our whole conceptual system is 'fundamentally metaphorical in nature' (p. 3). Metaphors help our minds find familiar patterns and build bridges between what is new and what is unknown by absorbing new ideas into already familiar concepts; find new understandings by linking something which is familiar with something that is similar but not identical. One metaphor that has been helpful is looking at life as a jig saw puzzle we are building. Some of us are further along in fitting the pieces together than others. When we are confronted with traumatic situations sometimes our puzzle is thrown into the air and we are left to piece it back together. Our view of the world as a fair and

just place can be disturbed as we see the violence in our work. As in building a puzzle, it is helpful to find an 'other' who can walk with us in our journey of fitting the pieces back in place.

I have developed a simple practice of what I call "Intentional Walking". It is combining exercise with capturing useful metaphors for my life and daily thought patterns. It began when I was doing therapy with federal offenders in prison. One offender who was serving 3 life sentences for murder had been on antipsychotic medication for years and had developed a condition known as tardive dyskinesia which made it extremely uncomfortable to sit and talk. I invited him to join me outside to walk the track and his symptoms not only abated but he communicated in a much more open manner and I was hooked on the concept of "walk 'n talks". The more we walked, the more he talked, the more I learned and the more he learned. It was there we used metaphors about the fences, the gates, and the birds to enhance his learning about himself. I have found that a simple fork in the road can make me stop and think about decisions I have made and lessons learned. As I look at trauma, I find it helpful to see the metaphor of weather and make more sense of it.

Trauma is like the weather; it will always be there. It is our preparation for trauma, response during trauma, and action after trauma that will determine our ability to thrive and not just cope. We do not just walk outside in the morning and greet the weather, we prepare for what weather we will encounter. We dress accordingly and we carry things like umbrellas in the event of rain. We learned with weather how to prepare or we were "forearmed" much as we would be if we were going out into a toxic environment; in other words, we were inoculated. I am constantly amazed at how little we prepare our emergency services personnel and our investigators of violence to see and experience the world of violence and cruelty. It is no wonder they are traumatized. It's like walking out in a snowstorm in a bathing suit. My baptism by fire began 4 months into my police career with the Royal Canadian Mounted Police while stationed on the Alaska Highway. I was called to a stabbing at 4 A.M. and while the victim died in my arms the perpetrator appeared to "finish the job." Being the only Mountie on duty within 256 miles, I had to set the victim down and place a very determined murderer in custody. You may say "nothing could have prepared you for that" but I disagree. No matter what your role is in working with violence, there must be communication early in your training that at least inoculates you (gives you a small dose) to the presence of grief and loss.

Pre-trauma Inoculation: Expecting the storm

Stress inoculation training was initially developed by Meichenbaum (1985). It aims to provide patients with a sense of mastery over their stress by teaching them a variety of coping skills and then providing an opportunity to practise those skills in a graduated ('inoculation') fashion. It has been adapted for policing and we implemented it at the RCMP Behavioural Sciences for our Integrated Child Exploitation (ICE) investigators in 2006. The Inoculation/Defusing (I.D.) sessions were provided to new members to ICE, and on a follow up basis of every 6 months. The purpose of this intervention was to discuss and normalize reactions, to improve and learn coping strategies to address vicarious trauma, and to prevent or reduce the long-term psycho-

emotional impact of this work. It was also implemented in a modified format to contract psychologists who work with ICE members so they were familiar with the program and the type of work performed by ICE (Burns, 2008).

The US Military (2010) endorsed a Pre-trauma inoculation approach by calling for a more robust "vaccination" approach that reduces the stress level or prevents the transition to the tipping point. This suggests the value of intervention before the threshold to, or transition across, the tipping point is reached, (i.e., a "vaccination" instead of a therapeutic approach). This indeed is the value of a preventative model designed to keep our front-line workers from this dangerous tipping point. The image of the tipping point is valuable as we live with the awareness that an accumulation of traumatic experience can bring us to a precarious place and that we can design specific programming to intervene prior to, rather than after the fact, within a therapeutic environment. It resonates with me today as much as it did 20 years ago when I wrote that "developing a solution-focused, holistic approach rather than a problem-based, distress syndrome will move us toward coping strategies that will serve well before, during, and after the traumatic incident. As we prepare police officers to deal with the physical demands placed on them, can we do anything less than provide pre-trauma training that affords our officers the opportunity to prepare for the emotional and psychological demands inherent in exposure to traumatic events" (Logan, 1999, p.12).

During the Trauma: Out in the storm

Denial imagery is a coping strategy used by many investigators who find themselves at scenes of violence. Taylor and Frazer (2010) studied the rescue group involved in body recovery after the 1979 Antarctica air crash and found that 30% of the experienced crew used denial imagery to deal with a visually offensive task. The mental imagery used ranged from seeing the bodies as objects, to frozen meat, wax works, or scientific specimens. The researchers found that those rescue personnel who used this form of denial were unrepresented in the high-stress group and were significantly less likely to report PTSD symptoms. Unfortunately, longitudinal data on this groups' adjustment are not available, and it is not known whether the use of denial imagery was effective in more than the short-term adjustment. Janik (1992) postulated that individuals who were unable to use defense mechanisms to deny the severity of a situation would fare more poorly than those who could turn away from reality long enough to gain a sense of mastery over the traumatic situation. Gaining mastery over an event may involve reducing the significance of the event or reappraising the causative factors. Appraisal allows one to change his or her perception of an event from a threat to a challenge which would result in a different adaptational outcome. Creating or sustaining an illusion is not refuting facts but turning the prism and letting a different light shine through. I believe that cognitive defenses allow those in the front line of violence investigation, whether it be crime scene investigation or victim support role, to maintain optimistic views of life and of the value of life and their ability to preserve it in the face of destruction and injustice.

This Antarctica Air study set me thinking first of all to the scenes of two fatal aircraft accident sites, one with bodies so eviscerated that we never did find the heart of the pilot. My mind drifted to the many homicide and suicide scenes that I have attended as a 28- year police investigator and to my repertoire of cognitive strategies of reappraisal and coping. Perhaps the most critical of incidents I have encountered was venturing by boat on a horrendous February night to a cargo vessel where a psychotic crew member had taken a hostage, locked and barricaded himself in a room, and was threatening to kill the hostage. Boarding the ship was itself an experience but the incident that followed an hour of attempted negotiation was indeed traumatic. Negotiating through a metal door I suddenly heard the screams of the hostage as he was being killed. As I looked under the door the hostage's white socks turned red and he was silent. While working on the door with sledge hammer and crowbar, smoke began to fill the corridor and my partner and I took turns hammering the door while the other ran out to the deck for air. Going into the cabin, guns drawn and fighting smoke from the extinguished fire we found both the hostage and the perpetrator dead. The hostage, his head nearly severed, had been stabbed 16 times and the perpetrator had amazingly stabbed himself 14 times severing both carotid arteries. The next 6 hours were spent taking statements and seizing evidence, which included the bodies that we placed in body bags and transported to the morgue where we later attended the autopsies. We also arranged for a Priest to come out to the ship and had a funeral service for the crew.

I have often been asked, "how do you do that?" While it's all happening, I focus on my role as investigator and my role as a help to others in need, it's my job. It's like a photograph, the things I choose not to think about become blurred into the background. This reinforces my sense of personal control in a situation that is very out of control. The bodies are people but I choose not to think of them in a former living state because that would create emotion and it is not the time and place for emotion. The most difficult part of traumatic investigations is the interaction with the family members. I still guard my emotions because I want to be strong for them but at the same time, I am tender and empathetic. Denial as a coping strategy has worked many times for me and I do not suffer from PTSD. I am a "high discloser" and have wonderful social support, and a strong belief that God is in control. I see most of the police officers that I have worked with as "stress hearty" individuals who have the ability to use a variety of cognitive coping strategies.

The key to using a degree of cognitive denial in the face of the storm and the need to suppress anxiety and fear in order to concentrate is adaptive during the emergency situation, but note that it can interfere with the recovery process. I am the first to emphasize the need to unpack stuffed emotions and to do so in a safe place with a safe person(s).

Cognitive Defenses in Critical Incident Stress and Trauma

Cognitive manipulations of psychological distress before, during, and after a trauma are a common occurrence. They allow individuals such as police officers to function in what would be otherwise overwhelming situations. However, some therapists generally believe that they

offer little benefit and, in some cases, will result in delayed and cumulative reactions. It is yet unclear which aspects of these defenses are helpful and which are corrosive. Defense mechanisms act to protect an individual from disturbing awareness of vulnerability. There is a certain vulnerability in being involved in a situation where one is surrounded by the dead and dying and by continued danger and this involvement in such an event requires an individual to make some significant internal adjustments. It can be argued that these defenses are coping strategies that reduce the dissonance created when traumatic events challenge the egocentric beliefs and assumptions that may have propelled individuals into the first responder roles (Janik, 1992). Denial of distress may account for why some officers are not affected immediately at a critical incident scene that causes physical and psychological distress in others. There is still little known about adjustment to traumatic events, and less even regarding the relation between initial choice of coping strategy and the long-term effects of that coping.

There are numerous unanswered questions on this subject such as: Are there individual personality differences that determine successful use of cognitive defenses? Does denial of internal or external realities always exact a price or in some people can it reflect an ability to accommodate to higher levels of stress? Are there common cognitive assumptions made by front line workers that would put them at greater opportunity or at greater risk in using a psychological coping strategy such as denial? Can stress history identify those who are at risk for disorder or those who will successfully cope with further stressful situations? Pennebaker et al (1986) alluded to this last question when he noted that accommodation to stressors is moderated by the probability of re-experiencing old trauma or being confronted with new trauma that brings old ones to mind. He discovered that 'low disclosers" were particularly vulnerable and were less "stress hearty" than non-traumatized individuals; whereas, "high disclosers" seemed to have worked through their experiences within a strong network of social support. This awareness may be especially useful for those in a position to select peer counsellors.

As violence investigators, one of our survival mechanisms is to see ourselves outside of the problem(s) and by doing this we are able to focus on solution. Perhaps that is how we make meaning of the situation and are able to better cope with the tragedy. It is my observation that the greatest stress is created in situations where a perceived act of omission results in an investigator stewing in self-blame. This situation is often exacerbated by internal investigations or fault-finding operational debriefings. These debriefings and investigations, although necessary in many cases, can be handled in a manner so as not to create more casualties. Self-blame often appears as the "what ifs" ("what if I had said this" or "what if I had done that"). Engaging in self-blame tears away that protection and takes us into the problem. One may actually magnify the situation by seeing themselves "as the problem," and therein discount all of the helpful things they did as part of the solution. The trial process in our Courts can take a severe toll on violence investigators. In a study of over 200 police officers (Logan, 1992) the most stressful duty indicated was the impact of Court. Granted, testifying in itself can be stressful but it was also the self blame that accompanied the ordeal if the case was lost or the

Court ruled that the investigation was somehow flawed. Victim Support Workers have taken on a lot of blame as a result of a trial that did not adequately support the victim of violence. The realistic standard of a best possible effort under the circumstances is healthy but many workers define success and failure in terms of outcome (i.e., was the victim saved or was the violent offender incarcerated).

Guarding Your Mind: Cognitive Defense Strategies for Violence Investigators

I've had psychologist colleagues question my reliance on cognitive defense but respectfully they have never walked in the shoes of the investigator. A number of authorities have commented on the general mental hardening or toughening that takes place in the life of criminal investigators. However, most of these mental toughening or hardening techniques are intended to be utilized for short-term emergency situations; they are not designed to comprise the investigator's full-time mindset. When it persists, however, this psychological hardening reaction can take a number of forms, some that may be conducive to productive coping, others less so.

Durham, McCammon, and Allison (1985) identified a taxonomy of coping strategies that fit into three main categories: (a) Simple denial, which involves concentrating on other things, putting the feelings out of mind, and spending more time doing things like writing or reading, (b) rationalization, which is looking at things realistically, seeing humour in the event, thinking about the good things in life, and turning to religion or philosophy for help, and (c) focusing on work by being more helpful to others, devoting self to work, and figure out the meaning in being in this type of work

If you are a football fan you may relate well to the chant from the crowd of "De-Fence" as the opposition's offense takes the field. I have developed a few "defense" strategies that may be helpful for those of us involved in front line trauma and work within the arena of violence.

Distracting is a defense that is used during the active investigation or "peritraumatic stage" where the helper is actively engaged within a context that might be defined as a critical incident. It is during this stage where responding versus reacting to the situation is paramount. It is the phase where I believe that my response will alter how memory is laid down and how much I may be affected afterwards. One of the ways I remember to "respond, rather than react" to situations is to remember the difference as related in this anecdote. I go to the doctor and he/she prescribes medication and asks me to come back in 3 days. If in 3 days my doctor says "you are reacting to the medication" – that's bad. However, if my doctor says "you are responding to the medication" – that's good. Choosing to respond and maintain my internal locus of control in crisis situations is paramount.

De-escalating is a technique that involves a cognitive process that activates a visceral or behavioural process. A simple, yet important example is breathing. Being able to modulate my breathing brings more oxygen to the brain and creates a calming effect. Techniques of centering or grounding oneself or practicing mindfulness in the midst of the storm can be self soothing but can also impact the way we interact with others. The use of empathy skills absorbs tension for others but also for self. Sometimes just being able to step out of a critical incident for a while will de-escalate the traumatic impact. In a dynamic incident that would not be possible but in a protracted incident it can be a useful strategy. I recall at a particularly difficult scene of a murder of a child I walked into the back yard and allowed myself a few moments to de-escalate the impact and also to deflect some thoughts about my own children that were creating emotion that could cloud my objectivity and my ability to investigate the crime scene.

Deflection can take the form of internal thought control via thought stopping techniques such as a visualization of a large stop sign or simply self talk. At the end of the classic movie Gone with the Wind Scarlet O'Hara says to herself "I can't think about that right now. If I do, I'll go crazy. I'll think about that tomorrow…After all, tomorrow is another day". I have learned to successfully arrest the thoughts that could harm me in a particular time and space. The key is to, at a better time and space, address the thoughts and accompanying issues so that they do not continue to bubble up at times of stress and become overwhelming.

Demarcating

Setting boundaries (isolation of affect) is where negative emotions are separated out and put in a "mental file cabinet" in order to allow the rest of the officer's cognitive faculties to keep functioning. This might be referred to as compartmentalizing. Individuals differ in their ability to make this mental separation without undue emotional leakage into other areas of work and family life. Perhaps the biggest problem with this defense is when the helper isolates the affect continuously and is not aware of how this affects relationship. This defense mechanism requires that the helper has a network of support for safe emoting and also accountability.

Detoxifying

Intellectualizing is the term used to describe the process of detoxifying an emotionally wrenching task or experience by adopting the stance of detached, objective, intellectual curiosity. For example, the emotional revulsion of encountering the remains of a mutilated corpse is diffused and diluted by immersion in the technical scientific minutiae of crime-scene investigation and offender-profiling.

Demystifying

Information reduces apprehension. The sublimation process of turning a nasty crime scene or emotionally impactful interview or disclosure into a quest for justice or at least a scientific rationale. Piecing the puzzle together through a gathering of information and evidence can serve to clear the fog that makes no sense into at least a distant understanding of pathology and deviance.

Depolarizing

The process of lessening the gap or thawing the ice. Humor enables the VI to deal with the grotesque by removing it emotionally by several stages in the form of a joke. Healthy humor enables officers to defuse stress and anxiety, share an experience in a supportive atmosphere, and encourage a healthy bonding among members of an elite "club." By contrast, unhealthy humor distresses everyone, especially surviving family members. It may thus be important for departmental leaders to model the appropriate expression of humor as an adaptive coping mechanism. One of the effects of healthy humor is to cement peer support among members of the investigative team. Typically, police officers report that recognition and support from their fellow officers constitute the most important stress-mitigating factor they can identify. Peer support can also be thought of more broadly in the form of collegial associations, such as memberships in professional societies, attending conferences, or contribution to online databases in building a support system.

Disaffiliating

The concept of "common enemy". An enemy is someone we would disaffiliate, or not affiliate with because of a certain set of actions. The common enemy of violence can have many faces and we in the field of investigators of violence have the violence revealed in heinous acts against the innocent as our common enemy. In some of our roles we must interview, assess, and treat the violent actors so there is a caution about making the individual the enemy. Thus, it is the act(s) of violence that are the enemy. The belief that I am fighting the enemy and protecting the innocent allows me a degree of mastery over the violence that creates potential vicarious trauma.

Disengaging

Not everyone can do the job of investigating violence and some that are struggling to deal with the aftermath should consider the "walk away" factor. It is in no way a shameful step or a cowardly retreat. We are uniquely made and formed with sensitivity and tolerance levels. I have kindly suggested to police officers to just take care of themselves and choose another path. I have seen young police officers who became helpers in support of victims, therapists, and clergy who fulfilled their calling in a field where they could thrive rather than just cope.

Post Trauma: Dealing with the Aftermath

Going back to our use of metaphors we see the word "aftermath" used in different contexts. The word is defined by Oxford as "The consequences or after-effects of a significant unpleasant event" and also as "New grass growing after mowing or harvest" (Oxford, 2019). We can use the second definition to work as a metaphor for newness and recovery.

It is in the post trauma phase that we see the most interest in research and the literature on trauma is weighted heavily on this phase. Perhaps it is because there is material to work with or maybe it is because we have always waited until the aftermath to intervene. That statement alone is an indictment of the process of not preparing our frontline workers to go out into the world of violence with no roadmap nor psychological tools. We would not send a sports team to play an opposition without pre-planning and equipping our players. We would also have a game plan that would be executed throughout the duration of the game, not just on the offensive side of the ball.

Taking the metaphor another step, we would then have a post briefing or a debriefing when the game was over. It is here that we listen to the players and let them talk about their thoughts and feelings that came up during the game. We would then normalize their reactions by perhaps relating our similar experiences and would reinforce our belief in the effectiveness in their teamwork and effort. This is what a Critical Incident Debriefing does at the end of an incident where thoughts and emotions could result in a negative post trauma effect.

For many years we conducted the Critical Incident Stress Debriefings (CISD) in concert with other measure such as defusing, demobilization etc. I was involved with Dr. Jeff Mitchell and Dr. George Everly (1997) in their work with ATF post Oklahoma Bombing and post Waco. They did a lot of great work with a lot of people and began a process of "doing something". After years of doing CISM I believed that one of the keys to the process was getting people 'talking' which was a key to resiliency from the post holocaust research. Moreover, our police family actually saw the 'organization' caring enough to set up a helping structure (CISD). There was in fact a 'buy in' by management that trauma can cause a distressing, dramatic or profound change or disruption in their physical (physiological) or psychological functioning.

Over the past 15 years, research has indicated that CISM/CISD forces individuals to discuss a critical incident during a period when they may not be psychologically ready. They may not feel comfortable talking about the incident in front of other people. They may find other ways to deal with negative emotions such as exercise, journaling, prayer, mediation, or just talking with a spouse, co-worker, or close friend about the incident. Other research statements have been stronger: "Although psychological debriefing is widely used throughout the world to prevent PTSD, there is no convincing evidence that it does so…some evidence suggests that it may impede natural recovery. For scientific and ethical reasons, professionals should cease compulsory debriefing of trauma-exposed people" (McNally et al., 2003, p. 72). These authors proposed more of a psychological first aid in describing helpful components: listening,

conveying compassion, assessing needs, ensuring that basic physical needs are met, not forcing someone to talk, providing or mobilizing company from family or significant others, encouraging but not forcing, social support, giving information, protecting from additional harm, ventilation of feelings as appropriate for the individual, and when appropriate, refer to mental health specialist (McNally et al.,2003, p.67) .

There is no war going on here. Conventional wisdom would argue that people who bottle up their emotions will be worse off than people who talk about their feelings and release emotions. We do not want to leave our front-line workers and investigators of violence on their own without good support. I am a strong proponent of peer support programs and that is where we could use more funding. I have seen and experienced a lot of success with the walk 'n talks and also with journaling. It seems the difference of opinion is the "forcing someone to talk about the experience" and "immediate referral to therapy" and I can fully understand that we value and respond to individual differences and timing. There are mental health professionals who would disagree with the use of cognitive defenses and who unwittingly would over pathologize the frontline worker simply on the basis of what they have seen and experienced. Janik (1992) notes that "psychotherapists involved in mandatory critical incident debriefing sessions should examine the benefits of supporting acute cognitive defenses, rather than reflexively demanding that they re-experience psycho toxic emotions and thoughts they have laid aside (p. 149). This emphasizes that the threats felt in trauma are quite individual and arise out of the whole picture of one's life which include roles, goals, and beliefs.

As the threat is recognized as being individual in nature, so must there be recognition of the individual responses to the traumatic event. One person's debilitating traumatic event is another's temporary setback or meaningful situation.

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Address correspondence to:
Matthew Logan Ph.D., HALO Forensic Behavioural Specialists
E-mail: mattlogan6@gmail.com