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Policing trauma, discharge, PTSD, moral injury.

Medical discharge from the ‘family’, moral injury, and a diagnosis of PTSD:

Is psychological growth possible in the aftermath of policing trauma?

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Abstract

The potential for acute and cumulative exposure to traumatic events associated with policing, is well recognised. However, research exploring the subjective impact of that trauma, particularly when it results in discharge with a diagnosis of post-traumatic stress disorder (PTSD), is significantly limited. Drawing on a phenomenological epistemological position, this study explores the subjective ‘lived’ experience of seven former police personnel medically-discharged-with-PTSD. It sought both positive and negative interpretations of a) their personal experience of policing; b) consequential discharge with PTSD; and, c) life after discharge. Using Interpretative Phenomenological Analysis (IPA), semi-structured interviews provided the data for transcription and analysis. One superordinate theme: Moral betrayal, silence and hope in policing trauma; overarched four subordinate themes: Eroded identity; Moral betrayal; Confronting the silence; Learning to depend on me. These interpreted themes mirror multiple layers of complex policing trauma in these participants that over time eroded hope. They reveal a growing awareness of moral injury that only found voice, post-discharge. Chronic exposure to policing trauma was experienced as a domino effect slowly diminishing self-worth and consequently corroding their earlier sense of purpose as police personnel. Intrinsically, shame was interpreted as having failed. Discharge dissociated them from the collegial support necessary to reintegrate into their post-discharge lives. Instead, former altruistic selves became reclusive. These participants attributed ‘felt’ distress as directly attributable to organizational factors that left them feeling invalidated, betrayed, and without support. Over time, some experienced a newfound appreciation of ‘self,’ facilitated by hope. Implications for clinical practice and policy are discussed.

Keywords: Policing, posttraumatic stress, moral injury, betrayal, interpretative phenomenological analysis, posttrauma growth.

Introduction
Compared to other high risk career groups such as combat veterans, the psychological consequences of exposure to long-term policing is poorly researched (Neylan, Brunet Best, Metzler, Yehuda, Marmar, 2005). Furthermore, there is limited research exploring the experience of being medically discharged from policing with a diagnosis of posttraumatic stress disorder (PTSD). Given these limitations, existing literature is discussed exploring work-related traumatic experiences specifically in policing, the culture of ‘organization’ and its impact on wellbeing, and ‘moral injury’ (Shay, 1991) described in combat veterans as a possible complication of policing trauma. Both positive and negative impacts of traumatic exposure are considered in light of the burgeoning literature on posttraumatic growth. Through an interpretative phenomenological approach the study seeks to explore the positive and negative subjective ‘lived' experience of long term policing and subsequent psychological distress leading to medical discharge with a diagnosis of PTSD. It is interested in participants’ ‘lived’ experiences of work-related discharge with a mental health diagnosis; their perception of organizational support for reintegration into civilian life; and whether psychological growth is possible in the aftermath of these events.

Policing is recognised as one of the most dangerous careers within society (Bartol & Bartol, 2004). Repeated exposure to work-related traumatic incidents has the potential to impede an individual's normal ability to cope (Mitchell & Bray, 1990) and risk development of psychopathology (McCormack & Joseph, 2012). Trauma in policing may be experienced directly through events that threaten personnel’s lives, such as fatal shootings or hostage situations (Cross & Ashley, 2004); or vicariously, by witnessing events such as fatal traffic accidents, child abuse cases (Papazoglou, 2012); murders, and suicides (Chopko, 2010). Exposure to traumatic death alone significantly increases intrusive and avoidant symptoms, hostility, and somatisation, ultimately elevating an individuals' risk of developing posttraumatic stress.
Policing trauma, discharge, PTSD, moral injury.

Police personnel are often viewed as invincible individuals who manage traumatic exposures without personal consequence (Papazoglou, 2012) yet there are layers of psychological risk from exposure to trauma experienced by police personnel. First, critical incident trauma such as motor vehicle accidents, natural disasters, or combat zones exposes police personnel to what has been postulated as the first stage of trauma, known as the 'anticipation of trauma' (Van der Kolk, McFarlane, Weisaeth; 1996). This anticipation occurs prior to any actual exposure, with stress elicited from expectation of threat on the job, potentially negatively impacting decision-making responses (Papazoglou, 2012).

Second, isolated traumatic events (motor vehicle accident, assault, threat with firearm, or domestic violence), have the potential to trigger a posttrauma stress response. Evidence suggests that approximately 35 percent of police personnel exposed to a potentially traumatic event experience posttraumatic stress, with 10 percent developing other psychopathology (Papazoglou, 2012). Third, chronicity of posttrauma stress reactions can result in a diagnosis of PTSD (Ehlers & Clark, 2000). Habituation or systematic desensitization does not occur, irrespective of the number of times an individual is exposed to potentially traumatic events throughout his or her career (Rudofossi, 2007).

Fourth, cumulative on primary exposure through dealings with distressed clients, police are at risk of secondary traumatic stress (Figley, 1983), or compassion fatigue (Figley, 1995). Similar to others whose careers place them at the forefront of caring for members of society (McCormack & Adams, 2015), the narratives and life-style of many police clients, can increase vulnerability to vicarious traumatisation. If not recognised, a gradual eroding of the workers’ belief system can occur resulting in decreased levels of motivation, efficacy, and empathy (Baird & Kracen, 2006).

Research in the area of posttrauma stress recognises the importance of cognitive appraisal, personality structure, and social support, on stress and coping following a traumatic
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event (Joseph & Linley, 2005). Whereas personality traits such as neuroticism may increase vulnerability for developing clinically significant posttrauma stress and attract a diagnosis of PTSD, social support following a traumatic event has been found to offer protection against posttrauma stress (Joseph & Linley, 2005). Similarly, cognitive appraisal during and following trauma is likely to influence stress and coping. Individuals who appraise trauma as a time-limited event without negative global future implications rather than negatively (e.g. I can’t trust my colleagues; I’ll get killed on the job), are less likely to attract a diagnosis of PTSD (Ehlers & Clark, 2000).

These findings have important implications for policing organizations and the way personnel are psychologically supported. Police culture has been described as being a 'monolithic authority', in acknowledgement of its powerful influence (Fielding, 1988). Despite what has been described as a unique robust in-house camaraderie (Skolnick, Feeley, & McCoy, 2005), acculturation for police personnel has been identified as a particularly complex and potentially stressful process (Gonzalez, 2005). There is a distinct non-acceptance and a perception of weakness associated with emotional expression in policing (Berking, Meier, & Wupperman, 2010). Personnel are expected to exhibit a high level of emotional control, regardless of context, maintaining a masculine 'hegemony' that is highly congruent with police identity (Papazoglou, 2012). This serves to further exacerbate any intense negative emotions, as individuals struggle with the knowledge of what is expected of them whilst endeavouring to deal with often very different intrinsic responses to the traumatic event (Berking, Meier & Wupperman, 2010). The very nature of police culture stigmatises and inhibits individuals from seeking social support, a key buffer against stress (Reiser & Geiger, 1984; Stephens, Long & Miller, 1997; Dollard, Dormann, Boyd, Winefield, & Winefield, 2003). This places personnel at an increased risk of enduring psychological injury.
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with psychosocial implications for partners and children, similar to veteran and military personnel families (McCormack & Sly, 2013; McCormack, Hagger & Joseph, 2011).

Operational and organizational stressors, play a crucial role in personnel' mental health and well-being (Veldon, Kleber, Grievink & Yzermans, 2010) significantly contributing to negative changes in police personnel over time (Lumb & Breazeale, 2010). Chronic exposure to these stressors increase the likelihood of mental-health problems and psychological outcomes (Brown, Fielding & Grover, 1999; Violanti & Aron, 1993). Organizational stressors may include collegial conflict, lack of managerial and/or organizational support, and administrative issues (Tuckey et al., 2012). Implicated in the development of cynicism, suspiciousness, and health issues, such stressors can impair job performance and ultimately lead to increased absenteeism and early retirement (Lumb & Breazeale, 2010). Additionally, operational and organizational stressors such as observing injustice, and working within a legal system that often yields seemingly lenient court decisions, impact chronic stress, self-worth, psychological health and wellbeing (Tuckey, Winwood & Dollard, 2012). In comparison to reactions to traumatic events, they are stronger predictors of intrusions and avoidance reactions (Huddelston, Stephens & Paton, 2007). Many of these findings are within developed countries. Organisational and operational stressors cross-culturally may present different challenges although comparisons between Korean and USA policing personnel showed similarities in negative coping strategies and stress management through the use of escape and avoidance behaviours (Morash, Jeong, Haarr & Hoffman, 2011).

As a collective group, police believe that the behaviours of police management, along with organizational policies and practices, fail to provide an effective and accountable approach to psychological health and safety within the organizational structure (Tuckey et al., 2012). Perceived failure of the organization's ability to recognise, anticipate, and actively mitigate routinely faced emotional challenges experienced by frontline personnel, leave many
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Police personnel feeling that little or no value is placed on their psychological health and safety (Tuckey et al., 2012). This may potentially lead to what has been coined by Shay (1991), in his work with combat veterans, as 'moral injury'. The term 'moral injury' (Shay, 1991) describes the impact on an individual of 'a betrayal of what's right, by someone who holds legitimate authority in a high stakes situation' (Shay, 2014; p183). Shay (2014) postulates that moral injury is encoded by the body as a physical attack, activating it for danger and counterattack and imprinting the physiology to the same degree as it would a direct physical attack. As such, moral injury has the potential to deteriorate one's 'character; ideals, ambitions, and attachments', impairing and potentially destroying trust (Shay, 2014, p184). Destroyed trust is inexorably replaced with an "expectancy of harm, exploitation, and humiliation from others" (Shay, 2014; p186).

There is a second, distinctly different form of moral injury described in the literature which posits it ascends from an individual acting in a way which violates their moral ideals, making the individual the perpetrator, betraying what they believe to be right (Litz, Stein, Delaney, Lebowitz, Nash, Silva & Maguen, 2009; McCormack & Joseph, 2014). Neither form of moral injury are considered in the Diagnostic and Statistical Manual (DSM5, 2013) diagnosis of PTSD, despite both forms being significantly associated with: a) trauma; b) heightening a sense of hopelessness; c) increasing suicidality; d) interpersonal violence; whilst impairing one's capacity to trust, ultimately leading to the deterioration of character (Shay, 1991; 2014; Litz et. al. 2009). Shay (2014) posits that moral injury is not only clinically treatable but is something that is "in our control" and to an extent able to be controlled through means of organizational hierarchy being "expert, ethical, and properly supported" (Shay, 2014). Shay (2014) debates the stance of the American Psychiatric Association (APA), which refutes the existence of moral injury and that one's character may be damaged in adulthood due to the experience of trauma, despite empirical evidence.
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suggesting otherwise. Similar to that experienced by military personnel, the current hierarchical structure and psychologically critical culture of policing may contribute to moral injury in policing personnel, negatively impacting on psychological wellbeing over years, for many.

To further complicate the psychological picture of those whose careers place them in situations of high risk, *Altruistic Identity/Altruistic Identity Disruption* (McCormack, Joseph & Hagger, 2009), has been identified in personnel returning from deployment to high risk environments. This construct recognises that certain high risk service occupations attract individuals high in *altruistic identity (AI)* who by the very essence of their work are vulnerable to *altruistic identity disruption (AID)*. AID manifests as interrelated feelings of isolation, doubt, and self-blame post-deployment in response to feelings of perceived invalidation or lack of support from organization, family, or society following a difficult or traumatic deployment.

In more recent years, despite the negative, even psychopathological risks from chronic exposure to potentially traumatising events including those individuals exposed in high risk careers, there is a growing body of research suggesting adversity has the potential to facilitate personal growth (Joseph & Linley, 2005; Joseph, Murphy & Regel, 2012; McCormack & Joseph, 2012; 2013; McCormack & Sly, 2013; Tedeschi & Calhoun, 1996). There are three main theories that currently posit theoretical accounts of growth: 1) the functional-descriptive model (Tedeschi & Calhoun, 1995; Calhoun & Tedeschi, 1998, 1999; Tedeschi & Calhoun, 2004a) which describes the way in which traumatic events serve to challenge the existing pre trauma schemas by shattering prior goals, beliefs and the individuals’ methods of coping with emotional distress; 2) the biopsychosocial-evolutionary theory (Christopher, 2004) that posits that exposure to a traumatic event has two possible outcomes: a) adversarial growth or, b) pathology, with growth being defined as the normal trauma response and pathology a
result of failure to successfully modulate the ‘normal’ trauma response (Joseph & Linley, 2006); 3) the organismic-valuing process theory of growth (OVP) which integrates the person-centred perspective with the positive psychology paradigm. This model provides a more comprehensive theoretical analysis of growth out of adversity (Joseph & Linley, 2005) including psychological resolution of trauma by: a) a return to the pre-trauma baseline, leaving the individual vulnerable to further traumatisation; b) accommodation of the trauma information in a negative direction, paving the way to psychopathology and distress; or c) accommodation of trauma information in a positive direction, facilitating the path to growth via new worldviews (Joseph & Linley, 2005).

Posttrauma growth has been defined across three broad dimensions. First, the enhancement of relationships has been reported following trauma. Those who report such findings describe this positive change as valuing and appreciating their relationships more than before the traumatic event, including an increase in feelings of empathy, humility, and altruism (McCormack, et al., 2011; McCormack & Sly, 2013; McCormack & Joseph, 2013). Second, changes in self-perception include newfound positive perceptions of personal resiliency, wisdom, and strength and even increased acceptance of vulnerabilities and limitations (Tedeschi & Calhoun, 1996). Third, changes in life philosophy recognising life is finite can give rise to a new appreciation of the very nature of existence, often leading to a re-evaluation of what is important in life (Joseph & Linley, 2005).

Given the possibility that both positive and/or negative outcomes are experienced from exposure to traumatic events, this study explores how long-term police personnel medically discharged with PTSD subjectively interpreted this career trajectory post-discharge. Specifically it aims to describe both positive and negative interpretations of individual’s policing experiences, their discharge, and leaving the ‘family’ to reintegrate with civilian life. Using Interpretative Phenomenological Analysis (IPA; Smith, 1996), the researchers are
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concerned with the importance of alternative subjective positions and different ways of making sense of the world, following this career trajectory. Working from a critical-realist position, IPA endeavours to explore and explain the social construction of the world and the way in which it is interpreted and perceived by the individual. Furthermore it serves as a stage for complex and poorly understood phenomenon to be explored through a process of understanding, interpretation, and critical meaningful reflection of a real world where unobservable realities exist (Blaikie, 1991). The subjective interpretations of the participants of this study were captured by way of data collection through semi-structured interviews, followed by interpretative phenomenological analysis.

**Method**

**Participants**

The participants were seven ex-serving police personnel, six males and one female medically discharged with policing-related PTSD from the Australian police service. The age range of participants was between 37 and 52 with a mean of 45.7. The length of service ranged from 14 to 22 years with a mean of 18.5 years. At the time of the study, five participants had been discharged for five or fewer years, and two discharged for greater than ten years. The mean of years post discharge was 6.1. Immediately prior to discharge, four participants were working as general duties personnel, and three in specialist units.

**Procedure**

Following University Human Rights Ethical approval, participants were sourced through a Police Post-Trauma Support Group (PPTSG) newsletter. A Letter of Interest provided an overview of the research along with contact details of the researchers. It indicated that this was a qualitative study where data collection would occur by way of individual audio recorded semi-structured interviews. Upon receiving expressions of interest, the study Information Letter and participation Consent form were posted or emailed to
potential participants. The study information letter confirmed that all data would be de-
identified.

A semi-structured interview schedule was developed using a “funnelling” technique
recommended for interpretative phenomenological studies (Smith & Osborn, 2008). The
second author conducted the interviews at a time and location of the participants’ choosing.
Interviews lasted between 1 hour and 1 hour and 40 minutes. The conversational nature of
the interviews enabled subjective reflection by participants’ on the phenomenon under
investigation. Subsequent subjective meaning making was explored using a double
hermeneutic reiterative investigation to gain clarification and ensure accurate interpretation.

Participants took the lead dictated by the narratives of the subject under investigation.
The researcher prompted direction only when there was deviation from the subject under
investigation. Participants were invited to offer a detailed subjective account of both positive
and negative aspects of their ‘lived’ experience of policing, of being medically discharged
with a diagnosis of PTSD, and the meaning making they gave to this journey. The interviews
were transcribed verbatim by the second author, providing the data set for analysis.

Analytic Strategy

An interpretative phenomenological method of enquiry was chosen as the authors were
seeking to understand the positive and negative ‘lived’ experience of police personnel
medically discharged with a diagnosis of PTSD. Interpretative Phenomenological Analysis
(IPA: Smith, 1996; Smith, Flowers, & Osborn, 1997; Smith & Osborn, 2008) facilitates the
exploration of subjective interpretations of unique experiences rarely explored (Smith, 1996).
IPA draws participants from similar demographic and experiential backgrounds. Thus IPA is
homogeneous and purposive in its sampling strategy (Smith, 1996) exploring a topic that
holds relevance and personal significance for the participants. It has flexible guidelines,
adaptable to the particular research aims (IPA: Smith, 1996; Smith, Flowers, & Osborn,
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1997; Smith & Osborn, 2008). IPA employs the use of semi structured interviews which unlike standardised interviews does not limit the depth of data acquired, but encourages dialogue between the researcher and participant. This dialogue allows for deep exploration and interpretation of the participants’ ‘lived’ experience, facilitating the ‘dance’ of interpretation and meaning making between researcher and participant.

The participants’ worldview determines the path of exploration, increasing the likelihood that the data will be authentic. Using reiteration, clarifying and seeking to understand, the participant may further develop insight into their experience. This process facilitates the double hermeneutic exploration of the phenomena, with the researcher able to verify their interpretations as the exploration continues. As the ‘lived’ experience is entirely subjective, the phenomenological and hermeneutic qualitative approach of IPA best serves to elicit rich detailed personal accounts needed for a refined understanding of the phenomenon under investigation. The interviews were transcribed, and analysed following the four stage process described by Smith and Osborn, (2003); (see Table 1). Audit trails between researchers also guaranteed the credibility of themes in keeping with IPA guidelines (Smith, 1996).

- Insert Table 1 -

Researchers Perspective

The researcher’s personal values and assumptions, albeit identified in an endeavour to maintain neutrality, will circumstantially influence the researcher’s interpretations given the double hermeneutic nature of IPA. The first author has worked in complex trauma including therapeutic intervention with police personnel for over 20 years. The second author has had personal exposure through family to police personnel and has developed a clinical interest in the ‘lived’ experience of this population, particularly in relation to the phenomena of trauma.
in policing. Bracketing biases and presupposition has been examined at every level of this study.

**Results**

Participants reflected on the ‘lived’ experience of policing, being medically discharged with Posttraumatic Stress Disorder (PTSD) from their duties as police personnel, and life after discharge. One superordinate theme emerged: *Moral betrayal, silence and hope in policing trauma*; and encapsulates four subordinate themes: *Eroded identity; Moral betrayal; Confronting the silence; Learning to depend on me*. These interpreted themes mirror the multiple layers of complex policing trauma and minimal hope out of what we describe as *moral injury* experienced by these participants, both pre and post discharge. The themes highlight the participants sense of eroded self-worth as chronic exposure to policing trauma left them bereft of their earlier sense-of-purpose as police personnel. Intrinsically they felt shamed and perceived themselves as having failed. Finding themselves disconnected, without support to integrate into ‘civilian’ life after policing, their former altruistic selves became reclusive. Their distress was perceived as being attributable directly to organizational factors inclusive of invalidation, betrayal, and lack of support. However, for some, time allowed for a new found appreciation of ‘self’ facilitated by hope.

- Insert Table 2 -

**Eroded identity**

This theme reveals a slow undermining of sense of purpose, once the driving force of these participants. Within this theme, overwhelming feelings of failure and shame at being medically discharged with a diagnosis of Posttraumatic Stress Disorder (PTSD) was observed to complicate their feelings of disappointment, loss of sense of self, and self-judgement. As such, pride in contributing to the fabric of a safe society had been withered away. These participants exuded a sense of nothingness that grieved a once respected self-identity.
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**Failure & shame**

These participants appeared to have shifted intrinsically from confident, altruistic individuals to shells of their former selves. They spoke of failure at being medically discharged from their careers as police men and women.

It’s embarrassing I’d say basically and you feel like you’re a failure to your family - that you couldn’t continue on.

Perceiving themselves as weak for not maintaining a robust capacity for dealing with emotional distress, shame seemed an appropriate response:

It’s a bit of a sign of weakness, with what happened, so I think sometimes there is a little bit of shame in, you know, what’s happened.

Participants made interpretations about who was to blame positioning themselves as centrally responsible. Verbal criticism of ‘self’ including loss of psychological strength, juxtaposed their beliefs about ‘others’ whom they saw as coping and psychologically intact. Unable to perceive an alternate internal discourse with self, they consequentially maintained an insidious tendency to negatively self-evaluate throughout the interviews:

I’m weak; there’s something wrong with me. Why have other people been able to cope with this (trauma/discharge) and I can’t.

Contextually, their experiences of cumulative traumatic experiences and resultant self-blame were the catalysts for eroding pride in themselves. As highly responsible individuals, they found it difficult to go beyond self when looking for blame and explanation. Any former altruistic drive was now replaced with self-devaluing. They struggled to accept their own vulnerability and the relationship between policing trauma, and damage to self-integrity. For example, a quizzical self-judgement and a sense of loss, “I’m just sort of nothing”, was primarily interpreted as personally worthless:
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I’m just – just disappointed in myself, I just sort of feel worthless, I’ve spent all
this time, basically more of my life as a police officer than I was a civilian, it’s
changed my life, I thought like I would be able to keep going but I couldn’t.

Current nothingness could not be reconciled with former effort and commitment. “It meant
everything to me at the time” was mused upon with confusion as if an unfathomable void had
opened up between former mind/body connection and current mind/body connection.

Sensing a great and shameful injustice had occurred, besides blaming self, the only other
explanation immediately obvious was that a covert set of circumstances were in place to
undermine their goodwill and efforts:

All the trauma, I’ve suffered as a result of my policing experience, - ah - resulting
in my ah – ah - discharge, it was incredibly demoralising; a very bitter pill to
swallow.

**Altruistic identity disruption**

Driven by altruistic intentions, cumulative trauma of policing triggered highly
interrelated feelings of isolation; a questioning of personal role in work outcomes and values;
and a predisposition to self-blame in these participants. This constellation of responses in
those employed in careers of service in high risk environments, has been described as
altruistic identity disruption (McCormack, Joseph, & Hagger, 2009) and occurs when the
supportive organization of front line personnel is perceived to invalidate efforts of their
personnel, and fail to assist in the transition from the front line, or out of the service
organization. Once remembered as a core attribute for joining the police, these participants’
identity as altruistic individuals was lost amongst the distress and confusion of cumulative
traumatic events. Worn away, they felt unable to connect with those values they once
identified as core to policing. They no longer belonged to the community of policing nor
were they reskilled to integrate within the ‘civilian’ community. Disappointment, self-blame,
and loss of personal worth now permeated their vision of self:
I feel disappointed in myself umm, I’ve let myself down and possibly my family
and work colleagues and umm, I guess benefit in the community, and now I don’t!

For many, a ‘policing’ identity was cultural ingrained from a young age over a number of
years, the traumatic loss of which brought negative change to confidence and view of ‘self’:

It’s changed who I am; it’s changed how I view the world, how I view myself
umm, I’ve really got no self-confidence left.

Grappling with this loss of identity elicited intense emotions which felt justified, but
incomprehensible. Attempting to make sense of contribution, identity, and loss of faith in
capacity to function, feelings of rage, impotence, and emotional detachment overtook rationality:

I was very angry, I was very depressed umm, the realisation that ah, yeah, you will
never be in a position to go back to that ah, to work as a police officer again is ah,
yeah a savage hit at your mental state and to learn that you no longer have got the
capacity to work as a police officer is umm, yeah quite you know, smashing to the
head, especially when you have contributed some 19 to 20 years’ service.

**Shameful disengagement**

These participants’ psychological distress and poor adjustment which continued for
years placed them at risk of ongoing psychopathology. Without support to reintegrate and
redefine themselves post-policing, narcissistic shame, or engaging in self-destructive
behaviours, recognised as a ploy to disguise feelings of shame (Wurmser, 1987), seemed to
complicate their traumatic stress recovery. Their changes to perception of self, self-blame,
lost confidence, social disconnectedness, and other high-risk behaviours, struck a chord with
persistent self-judgement and personal shame. Ultimately, though they reminisced about their
earlier altruistic identity, little hope of a reconnecting with a prior respected and worthy ‘self’
emerged in their sense making:
Policing trauma, discharge, PTSD, moral injury.

Before joining the police, I enjoyed people’s company, had empathy for others; actually liked people. After being in the job for a number of years I became very cynical, have a general dislike for people, a complete lack of empathy and would prefer my own company to spending time with others.

They talked of becoming cynical and how they had replaced empathy and social engagement by retreating into reclusiveness:

Well, it ah changed me it changed me enormously. I was very outgoing, ah, um, funny sort of fellow, enjoyed social activity and um, but yeah, I’ve got no desire or no interest in anything like that anymore.

For some, “I just don’t really have a role, I question my self-worth all the time” permeated significant areas of their lives, often leaving them generalising a new interpretation of self: “I just feel very inadequate”.

Moral betrayal

For these participants, disconnection from the service of policing brought a catastrophic sense of lost youth where once they had believed and enthusiastically committed to an organization which now rejected them. They felt betrayed. This sense of betrayal appeared to increasingly permeate the post-policing years as the repercussions of their discharge infiltrated their non-policing world and expected organizational support was not forthcoming.

Betrayal, burnout and neglect

It took time for these participants to recognise that the faith they had placed in the policing ‘family’ and culture was ill-founded. Reflecting backwards, a new interpretation of the ‘family’ began to take hold as they remembered those times where they had attempted to individualise self-care. There were light bulb moments in the interviews when participants identified the risk of being open about own needs. These were turning points in their sense making where instead of feeling a sense of belonging, suspicion and self-care began the
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disenfranchisement from culture: “the best thing for me to do was resign if I felt this way”.

They remembered that seeking help was treated contemptuously, even used to push psychological thresholds. A slow sense of disconnection and self-protection developed as they came to recognise that those who were in a position to provide support and care, betrayed their trust and openness:

I had on several occasions asked management to be transferred. I knew within myself I needed a break. On one occasion, I was transferred, I had felt a large weight had been lifted from me, but with a week to go to the transfer I was told I was staying in general duties and another officer took up the role.

The slow unravelling of loyalty and need to prioritise self-collided with witnessed nepotism. Uncertain about being protected sabotaged earlier willingness to be open, and honest in communication about self needs. For these participants there was a sense that cost of care was prioritised over duty of care for services. This was felt most intensely in the aftercare following discharge confounding their sense of betrayal:

There’s no duty of care after you leave, you’re just a number, you have to pay to an insurance company, you just feel like, oh I did 20 years in this job and it’s meaningless.

Minimised, disregarded and invalidated was described as the legacy of the years given to policing. These participants came to view themselves as dispensable and invisible expressing feelings of anger, fear and mistrust abundantly. They recalled that while, on the job, betrayal trauma began to overshadow on-duty trauma as they recognised their insignificance to fellow law enforcement personnel in the organization, “you didn’t feel like you were supported”.

They sensed their psychological fragility was becoming a nuisance within the service:

You are just a number. You get your letter, and it’s oh I’m sorry that this happened to you, here’s your money, on your way, and that’s it, it’s almost like you were never there. No one stays in touch with you, no-one.
Bitterness post-discharge appeared to overshadow any positive experiences they had as police personnel:

I’ll always have a bitterness about, like the way they treated you in the end, always.

*Learning to dis-trust*

For these participants, negative and protective learning infiltrated their wider lives with distrust. They had come to consider these changes as “Due to lies and continuing bullying by management within the police over a sustained period” which undermined their wider relationships they mused that it “carried over into my married life. Even with good friends I still have an element of non-trust”.

*Confronting the silence*

There were glimmers of new insight when ‘open’ was replaced with ‘closed’ in their interpretation of communication within police culture. New insights mirrored punctuation marks in their policing lives. Despite the negativity they experienced from attempts at open and honest communication within the service, they began to see the benefits of open and honest communication outside the service. Some even became courageous in reaching out.

*How to communicate*

These participants considered how they communicated amongst friends; colleagues and others had significantly changed as they endured their routine exposure to trauma while on the job and post discharge. The changes were marked by their experience of trauma and its responses on once fruitful relationships: “My relationship with my wife changed from always speaking about a range of topics to hardly any conversation”. Learning to shut down on the job, the role of communication during their time as police was one of silence, to continue without any demonstration of weakness regardless.

Trauma that may be starting to, you know, be starting to impact on you, you always just thought that was just part of the ah, job, and you just keep on manning up and ah, yeah you just keep on doing ah, what’s called the job.
Policing trauma, discharge, PTSD, moral injury.

Importance of ‘talk’

Recognising the value of trusting communication was difficult however for some, time presented an opportunity for positive change:

I think it is enormously therapeutic for ah, you know an ongoing ah, ah, drive for
umm, you know ah, improvement in our ability to stay ah, rational, and sensible.

What could be described as wisdom emerged from the benefit of hindsight which gave rise to a greater future sight and the purpose of open communication:

I realise the importance of communicating and communicating how you feel.
Hindsight is a good thing. Even though other people can’t always change things,
well they can’t change things for you, it helps to talk about things with people and
I do that now with my new partner.

Learning to depend on me

The participants struggled to reflect on any positive aspects of being medically discharged from policing. Nevertheless, for every one of them, a fine thread of hope emerged from within ‘self’ in the absence of validating support from the organization.

Fine thread of hope

A sense of new-found appreciation of self was experienced by the participants when they began to find meaning and value in different aspects of their lives. These changes were perceived as being attributable directly to their adverse experiences, invalidation and betrayal by the organization and lack of support for integration post-policing.

Wanting to reclaim ‘self’, personal reflections of future sight heightened awareness, allowing for some redefining of their traumatic experiences and the re-evaluation of things as significant:

Everything’s not all negative you know, the fact that I’ve been able to move on
despite my situation, the fact that I have been able to you know, start another
relationship, and like desiring to sort of grow as a person and to seek spiritual
assistance, you know I’ve sort of changed my values now which I wouldn’t have done if I had still been lucky enough to maintain good (mental) health.

Upon re-examination of existence pre and post discharge, priorities were altered to accommodate a new sense of personal value inclusive of health and family particularly an appreciation of the opportunity to enjoy a unique relationship with children:

I’m well aware that not many men get an opportunity to spend quality time with their children, I’m lucky in that respect. My health and my family’s health are now always going to be a more important focus than anything else.

Discussion

This interpretative qualitative study has shed light on the positive and negative subjective ‘lived' experience of long term policing for these participants. Similarly it highlights their subsequent psychological distress from a career in policing that ultimately led to medical discharge with PTSD. These participants interpreted the impact of discharge from the police service with a mental health diagnosis, as directly related to lack of organizational support. They reflected on difficulties reintegrating into civilian life and their struggle to positively redefine their lives in the aftermath of discharge.

One superordinate theme emerged: Moral betrayal, silence, and hope in policing trauma. This theme encapsulated four subordinate themes: eroded identity, moral betrayal, confronting the silence, and learning to depend on me. The four subordinate themes gave voice to the multiple layers of policing distress that were experienced by these participants. For them, the insidious nature of cumulative policing trauma led to the erosion of hope over time. This was interpreted as specifically related to the absence of validating support in the organizations’ culture. The themes also highlight the experience of moral injury and loss of purpose. However, it was only after discharge that they came to recognise the slow domino effect of chronic exposure, poor support, and invalidation of their psychological distress. Feelings of shame were internalised as personal failure. The process of medical discharge
Policing trauma, discharge, PTSD, moral injury.

dissociated them from the collegial support. Without this support they struggled to reintegrate into their post-discharge lives. Consequently, their former altruistic selves became reclusive and withdrew from seeking help. Over time, these participants came to recognise that ‘self’ was not to blame rather, entrenched and neglectful organizational factors perpetuated invalidation, sense of betrayal, and negative support. For some, that recognition gave opportunity for self-reparation. In turn, hope could emerge facilitating a newfound appreciation of ‘self’. These results are discussed below.

These participants experienced loss of ‘self’ identity on discharge marked by the end of career and a loss of core identity. In or out of uniform, these participants had been defined by their policing identity. Driven by a desire to serve, their altruistic identities had no purpose ‘dropped like a hotcake’ by the organization to whom they had dedicated so much of their lives. Feelings of failure and shame ensued. Having once considered themselves robust and somewhat invincible, they now felt uncharacteristically weak. Once perceived as ‘helpers’, they were now the ‘help seekers’. For most participants, policing was the only life they had known. Minimal assistance in transitioning back into civilian life, left them adrift as they had limited skills in psychological wellbeing for working to re-define themselves post discharge. All participants disconnected from family and friends to varying degrees, masking their feelings of shame in self-destructive behaviours including excessive alcohol consumption, isolation, and disconnecting from positive support (Wurmser, 1987).

Having once considered the organization to be ‘family’, they were now completely disenfranchised from police culture, “hurled from the nest”. Moral betrayal infiltrated the interpretations of absent and neglectful support among these participants. The organization that was supposed to ‘have their back’, as they protected society, deceived them on numerous levels (Shay, 1991). A sense of betrayal was recognised on many layers. Betrayal in service, occurred when senior management’s treatment was felt to be neglectful and failed to support
Policing trauma, discharge, PTSD, moral injury.

and protect both their psychological and physical well-being. Betrayal post-discharge was recognised as a lack of support in their rehabilitation from psychological injury. Compounding this was the need to engage in stressful litigation with insurance companies for psychological treatment to be approved and/or receive any type of monetary compensation. All participants described feeling like criminals and/or frauds, having to prove their declining capacity to function as a consequence of their traumatic distress. Nevertheless, despite this traumatic trajectory, a positive re-definition of values was evident for some. Similar to other high risk professionals, the absence of validating support from the organization triggered self reparation and a redefining of purpose (McCormack & Joseph, 2013).

As they came to interpret the closed communication patterns of policing as detrimental to mental wellbeing, some began to reprioritise life choices and incorporate changes in communication. The benefit of hindsight gave rise to a new insight into the importance of expressing feelings, with some even describing it as therapeutic. This newfound way of communicating was reported as enhancing new and existing relationships.

A re-defining of values saw participants identify areas of their lives that had changed for the better, which they saw as a direct result of their discharge. For some, it was finding value in going back to their spiritual faith, whilst for others, it was a newfound appreciation of having more time to spend with their children. Despite experiencing anguish and distress in relation to their discharge, elements of growth out of adversity were evident in all participants. In particular, hope for a future that was more connected with those whose support was genuine and positive became a conscious goal.

Limitations

This study is not without limitations. As a qualitative interpretative study, researchers are at risk of bringing biases to their interpretation. Both the first and the second authors have had exposure to working with ex-police personnel who were medically discharged with a
Policing trauma, discharge, PTSD, moral injury.

Therefore rigorous debate and independent audits were implemented at each stage of the analytic process to externalize unexpected biases. From a positive perspective, such experiences can enhance an interpretative phenomenological study in which both the researcher and the researched engage in the double hermeneutic process. As a qualitative study, it does not offer cause-and-effect nor generalizations but an in-depth insight into the ‘lived’ experience of being medically discharged from the police service in Australia with a diagnosis of PTSD from the perspective of these participants. This study contributes to the existing research on trauma in policing, whilst offering an alternative line of enquiry, moral injury, for future research.

**Conclusion**

The current study contributes to our understanding of the complex picture of traumatic distress in police personnel particularly the aftermath of being medically discharged with a diagnosis of PTSD. Psychological wellbeing and growth appeared limited seemingly hampered by persistent intrinsic shame associated with lack of positive or validating support. Although recent studies have shown that growth can occur over time following complex trauma despite the lack of validating support (McCormack & Joseph, 2013, 2014), positive and authenticating social support is seen as a major stimulant for psychological growth following adversity (Joseph & Linley, 2005). Of importance is that neglectful and invalidating support throughout a career in policing from organizations may well leave individuals with an eroding sense of having been betrayed. When individuals exposed to such environmental risks to both physical and psychological wellbeing sense isolation and poor validation from organizations, shame and guilt are likely to be internalised and moral integrity questioned. It is important for therapists to recognise that narcissistic shame associated with organizational invalidation and high risk career-related trauma can impact on transference within therapy, and sabotage therapeutic outcomes. This is important for clinical
Policing trauma, discharge, PTSD, moral injury.

practice and highlights the complexity of organizational and work related trauma when individuals carry blame/shame associated with environmental trauma in the course of their work that may attract those with high altruistic drives.

Importantly, police departments have a responsibility to provide training and support in psychological wellbeing for personnel. Both preventative education as well as the provision of treatment pathways are needed with transparent access to that support (Ménard, Arter, & Khan, 2015). Commonly used for years to support front line personnel, critical incident debriefing has been criticised as ineffective (Lilienfield, 2007). Though there has been methodological challenges to these findings (Regel, Dyregrov, & Joseph, 2007) the loss of a group support tool following critical incidents appears to have occurred as a result of haphazard use outside the realms of its purpose. Unfortunately, it has become a ‘hot potato’ leaving a void in care of all first responders worldwide. Resiliency training (see Manzella & Papazoglou, 2014) and importantly posttraumatic growth facilitation training, (see Joseph, 2012; McCormack & Joseph, 2013), is needed without delay.

The existence of moral injury is not currently recognised as part of a PTSD diagnosis, and therefore, evidence-based best practice interventions do not address this significant component of trauma in treatment. Similarly, apart from recent research including the development of a self-measure, altruistic identity disruption, is unrecognised as a specific response to high risk environments in service careers (McCormack et al, 2009). Treatment protocols that expand thinking beyond the umbrella of PTSD and consider the values that drive those in certain careers, as well as the impact of organisational expectations of high risk career personnel, is needed.

Policy frameworks in policing currently do not address the complex psychological risks throughout a life-long career of service. Focus of care is more likely directed at debilitation after years of exposure. Encouraging disclosure for early intervention, building
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psychological robustness, and promoting psychological growth requires changes in hierarchical and system thinking. This offers a challenge to all service organisations.

As all participants continued to be symptomatic despite PTSD intervention, we would argue moral injury serves to maintain both anguish and posttrauma distress limiting opportunity for growth and psychological wellbeing. Similarly, in their efforts to maintain peace and civility in society, those at the front line of policing came to question their valued altruistic identity. It is paramount that organizations recognise the value of nurturing psychological wellbeing throughout a high risk service career such as policing, and prioritise changes to policy for necessary psychosocial, psychiatric and psychological support that is free of mental health stigma for maintaining not only the mental wellbeing of their personnel but contributing to wellbeing in policing families.
Policing trauma, discharge, PTSD, moral injury.

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doi:10.1080/01924036.2011.571828


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25, 303-314.


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Transcript extract notation

[ … ] indicates editorial elision where non-relevant material has been omitted

[ - ] pause in speech
Policing trauma, discharge, PTSD, moral injury.

Table 1. Stage of Interpretative Phenomenological Analytic Process

<table>
<thead>
<tr>
<th>Stage</th>
<th>Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Listened to audio recordings, transcribed verbatim and prepared first draft of transcripts.</td>
</tr>
<tr>
<td>2</td>
<td>Thematic analysis of transcript to identify themes.</td>
</tr>
<tr>
<td>3</td>
<td>Interpretation of transcript through analysis of participant’s phenomenological and hermeneutic experience.</td>
</tr>
<tr>
<td>4</td>
<td>Documentation of expected themes followed by exploration of overarching themes.</td>
</tr>
<tr>
<td>5</td>
<td>Data from transcript checked by researcher’s supervisor to verify validity of interpretations of text and subsequent development of themes.</td>
</tr>
<tr>
<td>5</td>
<td>Listing of emerging themes for connectedness</td>
</tr>
<tr>
<td>6</td>
<td>Further examination of overarching theme and analysis of association and links to psychological wellbeing &amp; growth and the maintenance of PTSD.</td>
</tr>
<tr>
<td>7</td>
<td>Clustering of themes around concepts and theories.</td>
</tr>
<tr>
<td>8</td>
<td>Data from transcript rechecked by researcher’s supervisor to verify validity of interpretations of text and subsequent development of themes.</td>
</tr>
<tr>
<td>9</td>
<td>Emergence of overarching theme of moral injury and its role in inhibiting growth explored.</td>
</tr>
<tr>
<td>10</td>
<td>Subjective analysis of interpretation of themes representative of the phenomenon of the ‘lived’ experience within the context of policing and moral injury leading to development of policing specific model.</td>
</tr>
<tr>
<td>11</td>
<td>Narrative account of theoretical links to themes developed through succinct verbatim extracts from transcripts.</td>
</tr>
<tr>
<td>12</td>
<td>Development of links between exposure to trauma associated with policing and outcomes relating to psychological growth.</td>
</tr>
</tbody>
</table>

Table 2: Superordinate theme: Moral betrayal, silence and hope in policing trauma overarching 4 subordinate themes and subthemes.

<table>
<thead>
<tr>
<th>Subordinate Themes</th>
<th>Failure/shame</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eroded Identity</td>
<td>Altruistic identity disruption</td>
</tr>
<tr>
<td></td>
<td>Shameful disengagement</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Subordinate Themes</th>
<th>Betrayal, burnout &amp; neglect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moral Betrayal</td>
<td>Learning to dis – trust</td>
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</table>

<table>
<thead>
<tr>
<th>Subordinate Themes</th>
<th>How to communicate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confronting the silence</td>
<td>Importance of ‘talk’</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Subordinate Themes</th>
<th>Fine thread of hope</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning to depend on me</td>
<td></td>
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</table>