

Why Police Need to Understand Trauma

Lisa H. Thureau, Executive Director, Strategies for Youth

The girl is maybe 15 years old? She is standing in the back of a building, or maybe it's an alley way. She has her arms wrapped around her body and her teeth are chattering. When the officer approaches and tells her to leave the alley way she shakes her head and refuses. The officer moves in closer and reiterates his order to leave. Suddenly the girl is lunging at him, screaming, "Don't touch me! Don't touch me! Get away from me!" She is pushing her hands out at him, then pointing her finger at the officer, ordering him to keep his distance. We hear the officer say, "Whoa, hold on there. You listen to me young lady, I'll arrest your ass if you don't settle down. You want that? You want to go to jail?"

Officers watching this scene unfold during Strategies for Youth trainings often express their discomfort by laughing at the girl's sudden, and seemingly unprovoked transformation into an accuser. "She's acting like my wife," one will say and the ensuing chuckles help dissolve the tension in the classroom.

When asked to proffer a diagnosis of what mental health problem the girl is experiencing, the male officers typically call out, "Psychotic," "Schizophrenic," "Bipolar," or they just shake their heads. When asked, what they would do with a girl behaving like this, most officers express the belief that they would arrest her for disorderly conduct, at the very least.

If there are any women officers in the room, they generally won't volunteer their diagnosis. But when asked, they'll uniformly say, "She has PTSD [post traumatic stress disorder]" or they'll speculate, "The girl's probably been raped."

Since 2000, understanding trauma and PTSD has become big business. There is trauma therapy. Trauma histories are used to mitigate punishment. There are trauma-sensitive schools.

We now know the extent of damage and disorder trauma inflicts on a child and a teen's brain, how it bathes the brain in an acid bath of cortisol that literally corrodes the brain, that children's nervous systems are basically re-wired—and not for the better. We know that the toll of hyper-vigilance from being on-guard in anticipation of another trauma leaves a legacy of physical diseases from asthma to depression to heart problems that endure long into adulthood.

Research also has told us that it doesn't matter whether youth have experienced trauma first hand, or simply witnessed it at home or in their neighborhoods. Violence and death seen or heard cause intrusive thoughts, malfunctioning short-term memory and an inability to concentrate or sit still, weakening their connection to school.

Children and youth exposed to trauma organize their world according to what Giovanni Liotti calls the “triangle of trauma.” The 3 players in that dynamic are the victim, the abuser, and the rescuer. For the most traumatized youth, each interaction requires assigning each person into one of those roles.

And we know that children and teens living in cities, where police presence is greatest, are the youth most chronically exposed to trauma. They walk past shrines to their dead peers, hear events discussed in detail and rehashed and invoked and threatened in school. And they see it in the nation’s media and nightly news.

Yet, somehow, in 2011, most police interacting with youth are not trained to recognize, much less interact with a child or a teen in the throes of a traumatic experience or one who has experienced trauma.

How is that possible?

One reason is that police are not trained in child or adolescent development or psychology. The preliminary results of an SFY review of state police curriculum show that most state police officer standards and training (POST) programs do not include these subjects. This lack of awareness puts youth and police at risk.

Police must understand how traumatized youth think and anticipate their responses for several reasons.

First, it’s important that officers understand that their presence as an authority figure is sufficient to make a traumatized youth become unhinged and lose control of their ability to regulate their behavior in what would appear to be a normal, rational manner. While many officers can understand that their comrades back from the wars in Iraq or Afghanistan will jump and respond aggressively to loud noises like cars backfiring, it’s important for officers to apply that understanding to the youth they deal with, especially in communities with high rates of violence.

Second, when youth who have been traumatized become agitated in their presence, it’s important that officers ***not assume*** that traumatized youths’ behavior is intentional. Youth who have been chronically exposed to and/or actively traumatized are usually unable to regulate their emotions and anxiety. They engage in hyper-vigilant, protective conduct to ward off more trauma. The two most frequent protective responses are fight and flight. And these are exactly the behaviors that police believe, respectively, require control and provoke suspicion.

Third, officers should be on guard for traumatized youth who unconsciously assign them the role of abused, abuser or rescuer and pull them into that role.

Fourth, officers not trained to recognize the signs of a traumatized youth and see a youth’s hyper vigilance, extreme defensiveness, as intentional and oppositional often perceive these behaviors to reflect guilt that warrants a strong,

physical assertion of authority and power. And for officers suffering from PTSD, it may lead to reflexive defensive responses. Too often officers' chosen or reactive responses lead to escalation of youth and officer reactions, which can result in use of force and arrest.

It's time we connect the dots: the gap in achievement, in positive interactions, in healthy communities owes a lot to trauma. As long as we continue to fail to recognize its implications, we can assume we will perpetuate it.