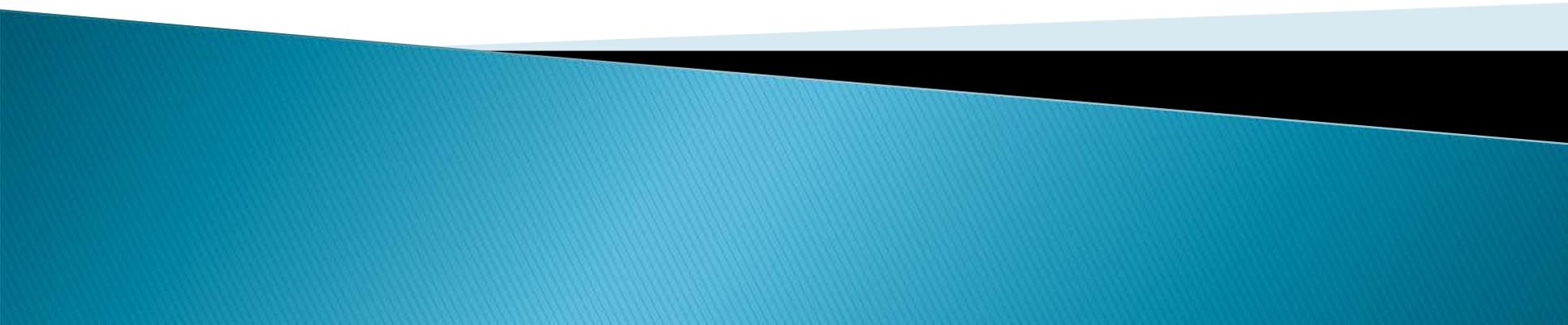


Officer Reactions to Shooting Incidents

The Human Element



An Introduction

- ▶ **Dr. Steve Band** entered on duty as a Special Agent of the Federal Bureau of Investigation (FBI) December, 1983. During his 22 year career with the FBI he was assigned to counterintelligence (CI), counterterrorism, undercover and behavioral science operations. During his last seven years in the FBI, he served as chief of the famed Behavioral Science Unit at Quantico, Virginia. Dr. Band retired from the FBI in 2005. He is now a consultant serving the US Intelligence Community; and, Federal, State and Local Law Enforcement Agencies to include the Fairfax County Police Department. Dr. Band's present focus is behavioral science consultation, training, research, assessment. He is also in private practice as a licensed behavioral health care provider. Dr. Band is a graduate of the New Jersey State Police Academy 140th municipal class, earned his doctoral degree at Fordham University, and was a post-doctoral Fellow of forensic psychology at Indiana University-School of Medicine. He is a Fellow of the American Psychological Association.

Most officers reported that just before and as they pulled the trigger, they experienced a range of psychological, emotional, and physiological reactions that distorted time, distance, sight, and sound.

Many officers found their recollection of the events of the shooting to be imperfect.

In extreme cases, officers could not recall firing their guns. In the days, weeks, and months that follow a shooting, officers may suffer adverse reactions such as sleep interruption, anxiety, and depression.



“...my shooting and its outcome was not the way I ever imagined it would be...”

»» Unforeseen consequences

Perceptual, Cognitive and behavioral Disturbances (depending on personality and experience)

- ▶ Distortions in time perception
- ▶ Sensory distortions: tunnel vision, tunnel hearing, sounds may seem muffled, not hearing own or other gun shots, or sounds amplified, perceptual clarity may increase or decrease
- ▶ Perceptual or behavioral dissociation: extreme cases can report being an outside observer; hovering above the scene – or like it was happening to someone else, milder cases: reports of just going ‘into automatic’, a sense of helplessness may occur during the incident – reporting that they ‘froze’ at some point during the event (normal action–reaction gap), Slow motion affect

Disturbances in memory:
commonly reported: 50% will
report impaired recall (may be
associated with 'going into
automatic', more rarely specific
parts of the incident are recalled
with vivid clarity (flashbulb
memory), not so much loss of
memory—but distortion in memory
to the extent observations are
markedly different from others at
scene (i.e. can't remember number
of rounds fired commonly
experienced/reported), tunnel
memory: vivid v/s fuzzy memory
of events reported

Reaction Phases

- ▶ Immediate or impact phase: relief and exhilaration having survived the encounter
- ▶ Recoil or remorse phase: guilt or self-recrimination if shooting situation less clear-cut. May feel detached pre-occupied, operating on auto-pilot
- ▶ Resolution or acceptance phase: having come to grips with his/her actions
- ▶ Post-traumatic phase: First 30 days or less an acute stress reaction; 30 days or more: PTSD.

EVERYBODY IS DIFFERENT: Post-shooting Symptoms and Reactions *ARE* influenced by individual personality and experience.

- ▶ Physical symptoms: headache, stomach upset, nausea, weakness, fatigue, muscle tension/twitches, changes in appetite and sexual functioning. Sleep typically impaired, frequent awakenings, nightmares.
- ▶ Emotional symptoms: can be driven by sleep deprivation, intrusive imagery, flashbacks, premonitions, distorted memories, feeling of déjà vu, some degree of anxiety and depression is common; sometimes accompanied by panic attacks.

Important Issues

- ▶ Loss of wages; duty status during investigation
- ▶ Media release of names and related family & officer safety concerns

Acute Stress Disorder/reactions

- ▶ Exposure to a traumatic event in which both of the following were present: (1) **involved actual or threatened death or serious injury or threat to physical integrity of self or others** (2) **response involved intense fear, helplessness or horror**
- ▶ Experiencing three or more of the following: (1) sense of numbing, detachment, absence of emotional response (2) being dazed (3) derealization (4) depersonalization (5) inability to recall an important aspect of the trauma
- ▶ Event is reexperienced by recurrent images, thoughts, dreams, illusions, flashbacks, reliving the experience, distress on exposure to reminders of the incident
- ▶ Avoidance

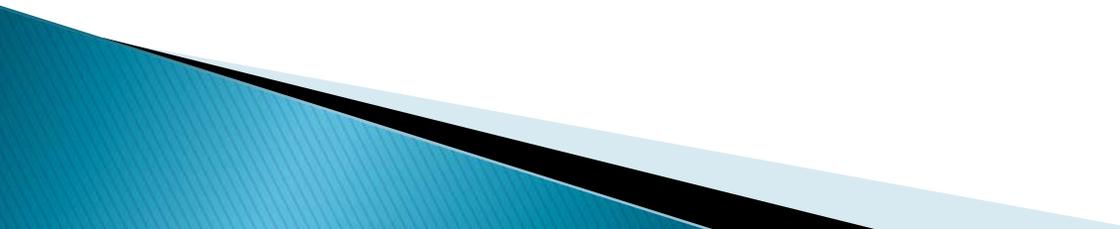
PTSD (continued)

Duration of the disturbance is **more than one month**.
The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Acute: If duration of symptoms is less than 3 months

Chronic: If duration of symptoms is 3 months or more

With Delayed Onset: If onset of symptoms is at least 6 months after the stressor



**Officers' perceptual distortions during shooting incidents
(n = 113)**

Distortion	At any time	Prior to firing	Upon firing
Tunnel vision	51%	31%	27%
Heightened visual detail	56%	37%	35%
<i>Both visual distortions</i>	15%	10%	11%
Auditory blunting	82%	42%	70%
Auditory acuity	20%	10%	5%
<i>Both aural distortions</i>	9%	0%	9%
Slow motion	56%	43%	40%
Fast motion	23%	12%	17%
<i>Both time distortions</i>	2%	0%	2%
Other	13%	6%	9%

Officers' responses following a shooting

Physical response	At any time (<i>n</i> = 113)	First 24 hours (<i>n</i> = 112)	First week (<i>n</i> = 113)	Within 3 months (<i>n</i> = 111)	After 3 months (<i>n</i> = 105)
Trouble sleeping	48%	46%	36%	16%	11%
Fatigue	46%	39%	26%	7%	5%
Crying	24%	17%	7%	2%	2%
Appetite loss	17%	16%	8%	2%	1%
Headache	7%	6%	4%	1%	1%
Nausea	4%	4%	4%	0%	0%
Other physical response	19%	18%	11%	12%	6%

Officers' Responses Following the Shooting (continued)

Thoughts and feelings

	Any Time	1 st 24 Hrs	1 st Week	Within 3 Mos.	After 3 mos.
Recurrent thoughts	83%	82%	74%	52%	37%
Anxiety	40%	37%	28%	13%	10%
Fear of legal or administrative problems	34%	31%	25%	19%	11%
Elation	29%	26%	19%	11%	5%
Sadness	26%	18%	17%	5%	5%
Numbness	20%	18%	7%	4%	3%
Nightmares	18%	13%	13%	10%	6%
Fear for safety	18%	9%	10%	9%	8%
Guilt	12%	10%	5%	6%	2%
Other thoughts or feelings	42%	33%	23%	20%	14%

- Although some officers did not feel fear during a shooting, they still sensed imminent danger to themselves or others that met the standard for using deadly force.
 - Contrary to earlier research findings, few officers in the study suffered long-lasting negative effects following a shooting. However, Officers' post-shooting responses were influenced by ***the attitudes and actions of investigators***, colleagues, family members, and friends; these reactions diminished markedly as attention and activity around the incident lessened.
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Most officers reported experiencing no negative reactions 3 months after the shooting, and fewer than one in five reported “severe” reactions (two or more negative emotional or physical reactions) 3 months after the shooting.

Even in the short term, many officers experienced no or only one negative reaction during the first day and week following a shooting (38 and 52 percent, respectively). Only one specific reaction—recurrent thoughts—persisted past the 3-month mark in more than one-third of the cases, and only two other reactions exceeded 10 percent—fear of legal problems and trouble sleeping, both of which were reported in 11 percent of the cases.

The emotions that officers experienced were not all negative. Following about one-third of the shootings, officers reported feelings of elation that included joy at being alive, residual excitement after a life-threatening situation, and satisfaction or pride in proving their ability to use deadly force appropriately.

Officers may honestly say they cannot recall some aspect of the incident or report information that conflicts with other evidence. Investigators faced with problematic statements from officers can try to fill in the gaps or reconcile conflicting evidence through further investigation.



Officer Reactions to Shooting Incidents

Time for Questions

Sources of Information

- ▶ ‘Practical Police Psychology’, Dr. Laurence Miller, 2006
- ▶ NIJ Journal No. 253 • January 2006
Police Responses to Officer–Involved Shootings, *Final report submitted to NIJ*, Police Responses to Officer–Involved Shootings, *David Klinger, grant number 97-IC-CX-0029, available from NCJRS (NCJ 192286).*