

Law Enforcement Distress Syndrome

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Introduction

The job of law enforcement is critical to maintaining our way of life: If there were no police officers, society would descend into anarchy and chaos. The men and women who protect us sacrifice their lives every day for the peace and prosperity of strangers. After serving 15 years in law enforcement, I've observed another, hidden sacrifice many police officers are making simply by doing their jobs.

Law enforcement produces a varying psychological toll among police officers. I have observed and noted signs of what I have termed Law Enforcement Distress Syndrome (LEDS) in different members of the law enforcement community, including myself, and have outlined the syndrome here. Not every person exhibits every symptom, and there are varying degrees of severity, but I have seen, know of, or observed each of the listed symptoms specifically in law enforcement personnel. I believe them to result from Law Enforcement Distress Syndrome. It is my sincere hope to use my research to help raise awareness so that police officers everywhere may receive proper treatment and support to improve their health, happiness, and overall quality of life.

I am conducting ongoing research on LEDS and am looking for volunteers who are active, former, or retired law enforcement to take a 15-minute online survey. Please contact me at www.stevewarneke.com or steve@stevewarneke.com to receive your electronic survey. Thank you in advance.

Sincerely,

A handwritten signature in black ink, appearing to read 'Steve Warneke', with a large, stylized initial 'S'.

Ret. Sgt. Steve Warneke

Law Enforcement Distress Syndrome

Law Enforcement Distress Syndrome (LEDS) is defined as a psychological condition developed by some law enforcement officers due to prolonged exposure to continuous threat, violence, trauma, accidents, and crime.

Symptoms may include hypervigilance, revenge/vengeance paranoia, distrust of others, antisocial behavior, fatalistic thinking, adrenaline addiction, depression, suicidal thoughts or actions, and alcohol or substance abuse issues, although it is possible that not every officer exhibits every symptom and there are varying degrees of severity.

Risk Factors

The exposure to constant threat and witnessing trauma, accidents, violence, victimization, and crime combined with unavailable or ineffective coping mechanisms has a direct correlation to the onset and severity of symptoms. The duration and frequency of exposure to these traumatic events also have a direct link. For instance, police officers in high-crime areas and/or large metropolitan patrols are quicker to exhibit a greater number and severity of symptoms.

An additional significant factor contributing to LEDS and its severity is the culture and climate in which today's police officers must work. A constant public barrage of negative stories and perceptions of law enforcement has created a general distrust and disrespect of police officers. An officer's perception of a lack of trust, support, and appreciation by the public and/or their department's administration can increase one or more of the following symptoms.

Separation from the job in the form of retirement or other means does not necessarily resolve these symptoms. Often, the resulting loss of power and authority can exacerbate many of these symptoms as the affected individual tries to assimilate back into normal society.

Signs and Symptoms

Hypervigilance

While vigilance is necessary as it helps officers stay safe and avoid falling victim to violence or injury, hypervigilance occurs when an officer believes excessive vigilance is necessary to eradicate perceived imminent danger even if the threat of danger is not real. This excessive behavior affects everyday relationships and significantly deteriorates an officer's quality of life.

Hypervigilance exists when an officer is constantly and continually evaluating their environment both on and off duty to the point where rest and relaxation become difficult or impossible. Hypervigilance can cause one to overreact to situations, and feel a constant state of anxiety and worry.¹

These overreactions can occur anywhere: at grocery stores, movies, restaurants, public events, concerts, on airplanes, or other events and places where, in a supermajority of instances, a safe outcome is the most probable.

In severe instances, hypervigilance is paralyzing and prevents the sufferer from relaxing or resting except for a few predetermined places, often at home, or to the extreme, only in specific rooms or places in that home or another safe area.

Hypervigilance is also known to be a symptom of PTSD or exhibited in people who have witnessed or experienced extreme trauma.²

Revenge/Retaliation Paranoia

Annually, multiple officers are targeted at work and at home as retaliation for their actions and/or the actions of law enforcement in general, even if their actions were reasonable and lawful. Again, a healthy amount of vigilance is necessary for officers and intelligence branches of law enforcement who are tasked with gathering threat information and protecting the law enforcement community.

¹ "Hypervigilance: Symptoms, Causes, and Treatment - Healthline." 26 Apr. 2017, <https://www.healthline.com/health/hypervigilance>. Accessed 23 May 2018.

² "Hypervigilance: A Symptom of PTSD - Verywell Mind." 21 Nov. 2017, <https://www.verywellmind.com/hypervigilance-2797363>. Accessed 23 May 2018.

Revenge paranoia deviates from normal, healthy vigilance when it becomes a belief that many actions by a person both on and off duty will be answered with retaliation and revenge. This can cause the officer to acquiesce in situations even when the desired actions would have been just, fair, and well within their right to carry out.

For instance, when dining at restaurants, officers suffering from LEDS will not send food back to the kitchen when prepared incorrectly, for fear that something will be done to the food. Making complaints to management, giving bad reviews, disputing minor parking violations, or handling neighborhood issues whether on or off duty all carry the perceived outcome of retaliation in the form of damage to property or injury to the officer and his or her family.

Officers may begin to allow the fear of revenge or work complaints to discourage them from participating in activities with higher risk at work. Officers may gravitate away from conflict or from enforcement, trying instead to take reports or engage in activity that is perceived as a low threat risk to the officer.

In more severe cases, officers begin to fear retaliation or hostile action for their regular activities, even when non-confrontational. The afflicted begin to think many of their actions, attitudes, or behaviors might cause others to try to persecute them. For instance, many officers won't have an innocuous personal conversation in their car because they fear the administration is listening and they will get in trouble if they say anything wrong.

Separation from the job can result in an increase in the severity of this symptom due to loss of protection that comes with having a position of power and authority.

Distrust of Others and Motivations

Police officers are commonly lied to while performing their duties. When speaking with the police, people of interest and suspects frequently lie about their name and other pedigree information, their intentions, and when explaining their actions. Over time, this creates a general distrust about information shared and creates an overwhelming need for proof or corroboration.

Officers exhibiting this symptom of Law Enforcement Distress Syndrome begin to allow these thoughts to permeate their way into their personal lives and relationships. They begin to distrust most of what people say, even when interacting with friends and loved ones they once trusted.

Compounding this symptom is the belief that nefarious, selfish, or criminal reasons motivate a person's every action. Even the most selfless and altruistic action is not taken as such by police officers suffering from LEDSD and is instead assigned a negative reason for occurring. Police officers with Law Enforcement Distress Syndrome believe that people only do good deeds because they believe it will ultimately benefit them in some way.

For example, if an officer exhibiting this symptom sees two people shake hands in public, he or she might assume they've witnessed a drug deal. Lone females standing around become prostitutes. Nice gestures or gifts are only done because somebody wants something.

In severe cases, this distrust will spread to include family, friends, and significant others, even those who at one time were trusted by the officer.

Antisocial Behavior

For many years, the "us versus them" mentality has been pervasive throughout law enforcement. While understandable to a degree, this general distrust of others and their motivation can morph into extremes.

Over time, many officers may begin to associate only with pre-existing friends and family, and other police officers. It becomes difficult to make new friends and accept people who aren't already in their inner circle.

In extreme cases, some officers will begin to disassociate with existing friends and family because of the belief that they will be hurt and betrayed, convinced that others' intentions are impure.

Often, the severely affected will form their strongest bonds with dogs or other pets as a coping mechanism, believing animals are the only ones with pure intentions, capable of true love. Their relationship with these animals becomes their primary relationship in life, and abnormal caretaking ensues. For example, a

person turns down social activities, vacations, and other outings, meanwhile using the care of their animals as the reason for the declination.

Chronic Fear Caused by Fatalistic Thinking

People engage in and complete many innocuous tasks every day, including driving to work, performing the duties of their job, making home improvements, going to events, and so on. Police officers respond to the small number of situations where these everyday activities have gone bad and an accident, negligence, or criminal behavior resulted in significant injury or death. Over time, police officers associate the severe trauma they witnessed with these regular activities.

Police officers may experience this symptom in mild or major ways. In the mild form of this symptom, the affected believes he or she can carry out most tasks successfully because they know all the associated possible risks and precautions. When this occurs, the fear is often then projected onto loved ones. For instance, the officer may trust his or her ability to drive somewhere without incident but believes a loved one would be harmed if they attempted the same task. In more severe cases, the fear begins to affect the officer as well.

The affected go beyond taking reasonable precautions into unnecessary ones or avoiding the activity altogether. Quality of life suffers when the officer cannot enjoy regular activities, stops participating in them, or prohibits others from taking part due to fear the activity will go bad, resulting in their death or the death of others.

In severe cases, the person stops traveling, won't engage in many activities, and starts to exhibit signs of becoming a recluse.

Adrenaline Addiction

Police work is unique in that officers are exposed to a range of circumstances. During any shift, a police officer may go from experiencing a quiet night to responding to a call or pursuing a suspect, driving at high speeds toward an event that is inherently life-threatening to the officer.

This happens on a regular basis, depending on the size of the city and crime rate, multiple times a day. After years of experiencing these highs and lows, it becomes depressing when there exists long periods of time without adrenaline. Frustration, anger, and depression can be present while awaiting the next dump of adrenaline.

After some time, officers who move from high-action assignments to desk or administrative functions can better notice the degree to which they have been affected by adrenaline addiction. Oftentimes it takes the removal of these situations to evaluate the person's dependence on them.

Much of the research and literature on adrenaline addiction states that those affected by this engage in risk-seeking behavior. There's no difference in law enforcement. Sometimes it may put one's self at unnecessary risk while on or off duty. Often, this means the affected person attempts to seek out more dangerous and high-stress positions within a police department like SWAT or undercover work.

In severe cases, adrenaline addiction can lead people to engage in all types of risky behavior on or off duty. These could include high-risk sexual encounters, breaking the rules or law, and even substance abuse.³

Over time, severe addictions occur when a person becomes mentally and physically dependent on adrenaline, experiences a high or sensation, and feels they have to do it again to recapture the feeling.⁴

Depression/Suicidal Thoughts

Depression in America is a major epidemic. The U.S. Centers for Disease Control and Prevention shared that in 2014, one in every eight Americans over the age of 12 reported recent antidepressant use.⁵ While depression is not

³ "Adrenaline Addiction | Psychology Today." 12 May 2016, <https://www.psychologytoday.com/us/blog/how-do-life/201605/adrenaline-addiction>. Accessed 23 May 2018.

⁴ "Beat an Adrenaline Addiction | Recovery Boot Camp | Rehab Center." 12 Jun. 2016, <https://www.recoverybootcamp.com/how-to-beat-adrenaline-addiction/>. Accessed 23 May 2018.

⁵ "Products - Data Briefs - Number 283 - August 2017 - CDC." 15 Aug. 2017, <https://www.cdc.gov/nchs/products/databriefs/db283.htm>. Accessed 23 May 2018.

unique to law enforcement workers, it should mandate discussion for the instances it occurs within the ranks.

Police officers around the country undergo a psychological change during their training. This change continues to strengthen throughout their career. This phenomenon is described and chronicled in Steve Warneke's book *From Boy To Blue—Becoming One of America's Finest*.⁶

Over time, officers can begin to exhibit signs of hypervigilance, paranoia, distrust, antisocial behaviors, and fatalistic thinking. Many times, there's a general awareness of these changes occurring but a lack of understanding about how and why.

With the prevalence and progression of many of these symptoms, coupled with a lack of understanding and awareness of their occurrence can cause the affected to experience depression. Those suffering from depression are then more likely to attempt suicide.⁷

Alcohol or Substance Abuse Issues

Alcohol and substance abuse are also prevalent in today's society, but how this abuse relates to and results from police officers' work is the focus of this discussion.

It is because police officers are under constant threat and must repeatedly bear witness to accidents, death, trauma, gore, and violence, that many of these symptoms begin to exist and grow. If there is not sufficient treatment, management, and prevention in place to keep Law Enforcement Distress Syndrome at a reasonable and appropriate level, over time the affected may turn to drugs and alcohol as a method of coping.

⁶ "Google Books: From Boy To Blue: Becoming One of America's Finest."
https://books.google.com/books/about/From_Boy_to_Blue.html?id=LLleswEACAAJ. Accessed 23 May 2018.

⁷ "Depression and Suicide." 19 May 2017, <https://caps.ucsc.edu/resources/depression.html>. Accessed 23 May 2018.

In extreme cases of this abuse, officers can abuse alcohol and/or drugs to a point where it costs them their careers. If this occurs, the affected is more likely to increase the abuse to such extreme amount that it can cost them their lives.

Identification

Because this syndrome is newly defined, there is no recognized identification of LEDS as it's described here. The hope is to create an awareness of this syndrome so first responders may recognize, identify, manage, and treat this condition.

Instruction of this syndrome should take place at the entry level police academies as well as during recurrent wellness training.

Currently, it is up to the officers personally to be aware of the signs and symptoms of LEDS and then to take the initiative to treat and manage the symptoms so as to prevent their increase and growth.

Treatment

Awareness is always the first key. A knowledge of the signs and symptoms will create an awareness of their existence should they occur. Naturally, there are members of the law enforcement community who will not be affected by LEDS. Those who are may not necessarily progress into more severe displays of some or all of the symptoms. In other words, the mere existence of LEDS does not mean it will progress if the coping skills of those affected are sufficient, the exposure level is decreased, or both. If neither of those exist, there can exist a gradual progression into the severity and number of symptoms an individual presents.

Counseling is an important piece of treating and managing Law Enforcement Distress Syndrome. The severity and number of symptoms will determine the respective amount of counseling necessary. Counseling can help the affected deal with the trauma and find ways to assist in coping with the job so as to reduce the severity and number of symptoms they are experiencing.

Support from family and friends is important. Having loved ones be aware of this phenomenon will also assist police officers in the awareness of the severity of the symptoms.

If severe enough, seeking medication from a qualified medical professional may also be an option for those suffering from depression and anxiety from these symptoms.

Oftentimes, the affected are so tied to their job that leaving without any separation assistance can make matters worse. However, over time and with proper coping, leaving police work and assimilating back into normal life can greatly reduce the number and severity of symptoms.

Management

There are many ways a police officer and the department can assist their employees with management. Depending on the individual, ongoing counseling may be enough to manage LEADS.

Along with counseling, the department administration can also be of assistance. If LEADS is identified as a problem, a temporary change of assignment can help. Clerical, administrative, or teaching positions within a department may provide a much-needed break while the employee works through their issues.

Some investigative positions may also provide some relief. However, investigative bureaus such as robbery, homicide, assaults where the detective is still subjected to repeated trauma, gore, and violence may not be as effective.

Continuing education and honesty are important of the management of LEADS. The more awareness of this syndrome, the more effective the management and treatment will be.

Prevention

Due to the nature of police work and the necessary training that goes into preparing the men and women who protect us to successfully do the job, there may not be a way to prevent LEDS. Some of these symptoms in their root form are appropriate—vigilance, paranoia, and distrust in their basic forms are necessary for an officer to be safe and successful in law enforcement.

Police officers need to be on guard and vigilant because it is a fact they are under constant threat while on-duty and oftentimes while off-duty as well. In order to keep safety paramount for officers, it is also necessary that police officers be aware of the possibility of retaliation and that they maintain a reasonable distrust of people and their motivations.

It becomes problematic when these symptoms progress to a level as described above and police officers' quality of life deteriorates or the symptoms progress to such a severe level that it inhibits the officer's relationships and interactions to a debilitating level.

Be on the lookout for when vigilance morphs into hypervigilance, or when paranoia and distrust progress to a level that inhibits healthy personal and professional relationships. These are signs that action needs to be taken.

The other symptoms, antisocial behavior (outside the person's regular state), chronic fear caused by fatalistic thinking, adrenaline addiction, depression, or drug and alcohol abuse should be concerning at the first sign of their presence.