

# CONFORMITY TO TRADITIONAL GENDER NORMS BY MALE POLICE OFFICERS EXPOSED TO TRAUMA: IMPLICATIONS FOR CRITICAL INCIDENT STRESS DEBRIEFING

**Adam R. Pasciak, Ph.D.**  
Triad Associates PC, Clarkston, Michigan

**Thomas M. Kelley, Ph.D.**  
Wayne State University

Following exposure to a potential traumatic event, many police officers are encouraged or required to participate in critical incident stress debriefing (CISD). CISD assumes trauma-exposed officers are willing and able to share painful emotions and memories with their peers, and to receive and provide emotional peer support. This study questions the use of CISD for male police officers whose tendency to conform to traditional gender norms appear to discourage these behaviors. It measures trauma exposure, conformity to traditional gender norms, and post-trauma behavior changes of 96 Midwestern male patrol officers. Findings supported the study's predictions that officers would report exposure to potential traumatic events tend to adhere to traditional gender norms and display post-trauma behaviors that would suggest the form of an alternative, strength-based, post-trauma intervention for male police officers.

*Key Words:* male gender roles; policing; trauma; critical incident stress; debriefing; PTSD.

Most police officers are exposed to far more potential traumatic events than the general population (Addis & Stephens, 2008). These events include duty-related shootings, vicious assaults, suicides, horrific accidents, and natural disasters (Stinchcomb, 2004; Violanti, 1995). Consider the following incident described by a male patrol officer posting on the website [www.woundedbadge.com](http://www.woundedbadge.com):

“About six weeks after one of my friends and fellow officers was killed in the line of duty I responded to a scream of ‘OFFICER DOWN—I NEED HELP!’ I arrived on the scene (freeway). There was another officer who was doing chest compressions on the officer. I began mouth-to-mouth. We worked on him ‘forever’ until rescue arrived. There was blood coming from everywhere...his head, nose, mouth and no I didn’t use a barrier...he was one of us. I got up and saw the police and rescue units from everywhere around us. The freeway was shut down. I provided escort to the hospital and there were police cars blocking

---

Author Note: Adam R. Pasciak, Triad Associates PC, Clarkston, MI; Thomas M. Kelley, Department of Criminal Justice, Wayne State University. Correspondence concerning this article should be addressed to Adam R. Pasciak, Triad Associates PC, Clarkston, MI 48348, [adam@woundedbadge.com](mailto:adam@woundedbadge.com).

traffic everywhere. We arrived at the hospital and I knew the officer was gone... but never really want to admit it. There was a very kind nurse who pulled me aside and handed me a wash cloth and got me to a bathroom. She told me to 'clean up.' I didn't know what she meant. I looked in the mirror in the bathroom and will never forget seeing my mouth covered in dry blood. It is something I will see forever." (Anonymous, 2012).

Exposure to a potential traumatic event can take an emotional toll on even the most resilient police officer. Most officers have a breaking point, be it a particular incident that strikes a personal chord, or a continuous build-up that becomes too much to handle (Leonard & Alison, 1999; Miller, 1995). These officers may experience acute anxiety, posttraumatic stress disorder (PTSD), or depression. Maladaptive coping behaviors such as alcohol abuse, delays in decision-making, the use of excessive force, and increased risk-taking may follow (Miller, 2007; Rees & Smith, 2007). In an attempt to avoid these unhealthy outcomes, many departments encourage or require trauma-exposed officers to participate in Critical Incident Stress Debriefing (CISD) (Deville & Cotton, 2004; Reyes & Elhai, 2004; Smyth & Poole, 2002).

## LITERATURE REVIEW

### *CISD*

CISD was developed by Everly and Mitchell (1997) who proposed that the mental health of first responders would be best served by providing them with a structured session in which they could talk with their peers about their emotions and memories related to a potential traumatic event (Bledsoe, 2003). Since its inception, CISD has become the most utilized intervention for trauma-exposed emergency responders (Deville & Cotton, 2004). CISD is conducted with small groups of first responders typically within hours after the critical incident, although Everly and Mitchell (1997) suggested it is acceptable at any time within 10 days following the event. At least one trained facilitator is usually present to educate participants on recognizing symptoms and receiving and giving emotional peer support. The proposed benefit of CISD is providing first responders an opportunity to manage the potential traumatic experience in a supportive peer group setting, rather than alone. The expectation is CISD may help mitigate potential psychological consequences of the event, thereby reducing symptoms of acute stress and lowering the risk of acute stress disorder, PTSD, and depression (Campfield & Hills, 2001; Richards, 2001). During a typical CISD session, which can last up to four hours, it is assumed that participants will receive some benefit by sharing trauma-related emotions and memories with their peers and receiving and providing emotional peer support.

#### *The Effectiveness of CISD*

CISD has been used widely since the mid-1990s despite little empirical evidence demonstrating its effectiveness (Addis & Stephens, 2008; Devilly & Cotton, 2004). In fact, the bulk of CISD research appears to question its efficacy (Kagee, 2002; Thomas, Burrell, McGurk, Wright, & Bliese, 2008) and, in several cases, concludes that CISD may increase rates of PTSD for first responders over no treatment or other treatments (Cannon,

McKenzie, & Sims, 2003; Everly, Boyle & Lating, 1999; Lilienfeld, 2007). For example, McNally, Bryant, and Ehlers (2003) concluded, "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 impedes natural recovery" (p. 45). Choe (2005) stated "...there is mounting empirical evidence that certain forms of intervention such as CISD may either be inert or can even exacerbate or solidify the very symptoms of PTSD that mental health workers and relief workers set out to prevent in the first place" (p. 72). Despite some assertions that CISD is a successful intervention for police officers (e.g., Leonard & Allison, 1999), Kagee (2002) concluded the results of an 18-month CISD follow-up study showed no effect.

Additionally, CISD appears to assume that many first responders exposed to a potential traumatic incident will go on to develop symptoms, disregarding that many people do quite well, or even flourish, following exposure (Billings, Folkman, Acree, & Moskowitz, 2000; Mancini & Bonanno, 2008). There is little credible evidence that immediate post-trauma prophylactic interventions such as CISD have positive effects, and such efforts may disrupt natural recovery (Bonanno, Brewin, Kaniasty, & La Greca, 2010; La Greca & Silverman, 2009).

Several explanations have been offered for these pessimistic findings. For example, Devilly and Annab (2008) proposed CISD might exacerbate symptoms by forcing individuals to confront the traumatic incident before they were prepared to do so and not allowing for more adaptive short-term amnesia that can help people cope at a pace they can tolerate. Barboza (2005) proposed that CISD may "medicalize" (p.65) stress symptoms, alter the person's usual support system, and traumatize individuals further because it involves intense imaginal exposure to a traumatic incident. Addis and Stephens (2008) speculated that CISD may lead to learned helplessness, and the lack of continued support from the organization following CISD may worsen symptoms.

This study offers another possible explanatory factor, heretofore neglected in the literature -- *the tendency of male police officers to adhere to traditional gender norms*. CISD assumes a tightly-knit "brotherhood of first responders" whose members are willing and able to share painful, post-traumatic emotions and memories with each other and to offer one another emotional support. Considerable research on Western policing, however, appears to challenge this assumption, particularly for male police officers. While there is a presumption of closeness and a high need for group affiliation within the police ranks, this perceived bond may not extend beyond the functional aspects of the job, or lead to closeness after a potential traumatic incident (Moskos & Jay, 2008; Skolnick, 2005).

While men in general tend not to offer sensitive support in a time of crisis (Burlison, Holmstrom, & Gilstrap, 2005; Feldman & Broussard, 2005), the demands of the job itself may lead many police officers to depersonalize events in order to cope. This depersonalization or "emotional numbing" can extend to the interpersonal relationships of these officers (Marzuk, Nock, Leon, Portera, & Tardiff, 2002, p. 36). Despite being trained in the academy and by departments to loyally support, even risk their lives for one another in the line

of duty, there is considerable evidence that male police officers are less willing and able to recognize and share painful memories and emotions with their peers. Further, this discomfort affects their ability to receive and provide intimate, emotional peer support.

### ***Masculine Role Norms and Policing***

O'Neil (2010) stated, "Before anything else is considered, a man is defined by his level of masculinity, as defined by his adherence to traditional male roles" (p. 335). There is intense pressure in Western policing for officers to conform to a masculine identity that prizes stoicism, composure, and self-control particularly during and following critical, potential traumatic incidents (Regehr, LeBlanc, Jelley, Barath, & Daciuk, 2007; Silverstein, Auerbach, & Levant, 2002). Prokos and Padavic (2002) described how policing, similar to other male-dominated occupations, defines itself through ideals of masculinity, and how officers who do not conform to these ideals cause unease among their peers. Wozniak (2007) called this "hyper-masculinity," (p.7) wherein control and stoicism are deeply valued. Police officers frequently equate self-control with denying or suppressing painful memories and emotions (Magovcevic & Addis, 2008). Nolan (2009) described how officers seen as nurturing or weak often are shamed or ridiculed by their peers. Factoring in homophobia experienced by some male officers (Nolan, 2009), it appears that the attitudes and behaviors associated with hyper-masculinity are dissonant with those expected from "successful" CISD participants (Connell & Messerschmidt, 2005; Devilly & Cotton, 2004; Smyth & Poole, 2002).

Furthermore, research suggests that males who adhere to traditional gender norms tend to avoid direct coping (Magovcevic & Addis, 2008). Displacement and self-blame tend to be common coping strategies for these male officers (Miller, 1995). Affected male officers are less likely to desire and seek out emotional support from their peers because this goes against their internalized masculine ideals of self-reliance and self-control (Magovcevic & Addis, 2008; Mahalik & Rochlen, 2006). Addis and Mahalik (2003) described how certain occupational groups maintain expectations of self-reliance and members who can't handle problems on their own risk rejection by their peers. Over time, adhering to these rigid norms tends to limit the size of male officer's social support networks (Rochlen & Mahalik, 2004), restrict their ability to develop intimate peer relationships, and reduce their capacity to express themselves emotionally (O'Neil, 2010).

Mahalik, Good, and Englar-Carlson (2003) concluded that men often develop an "independent script" (p. 128) wherein they feel safer when alone. According to Feldman and Broussard (2005), the way males are typically socialized in Western society fails to prepare them to be emotionally supportive of other males in times of distress. This detached, independent style is likely magnified in male-dominated occupations like policing (Nolan, 2009). Research has shown that the effect of social alienation following a traumatic event tends to exacerbate PTSD symptoms, particularly fear, anxiety, and depression (Nietlisbach & Maercker, 2009; Rees & Smith, 2007). Many police officers attempt to shield their families from the unpleasant aspects of the job and in so doing tend to alienate a potential source of support—a void which many trauma-exposed officers expect to fill with support from their peers, whom they may view as the only ones that can truly

understand them (Dantzker, 2005; Bannish & Ruiz, 2003). Unfortunately, peers typically expect trauma-exposed colleagues to maintain a calm exterior and remain in control. This response often compels trauma exposed officers to turn away from the very individuals they expected to help them cope (Rees & Smith, 2007; Jones & Kagee, 2005).

### ***Peer Influence in Policing***

Peer influence is instrumental in controlling behavior in the police world where there is a strong desire to avoid being seen as weak or cowardly (Bannish & Ruiz, 2003). Men are acutely attuned to shaming responses from their peers and to avoid them they may overemphasize their masculinity and work harder to repress or deny insecure emotions so as not to appear vulnerable or feminine (Addis & Cohane, 2005). In an environment where self-reliance/stoicism is the norm, behavior that deviates can bring negative consequences to the offending (perhaps traumatized) officer. In a police setting, peer rejection can mean being isolated at the station and potentially on the street. Pinto, Marques, Levine, and Abrams (2010) labeled this outcome the “black sheep effect” (p. 107) wherein group members who do not follow prescribed norms are shamed or chastised. Anticipating negative sanctions from peers likely inhibits the desire and ability of many officers to recognize and express painful memories and accept/provide emotional peer support (Blazina, 2001; Mahalik & Cournoyer, 2000; Pinto et al., 2010).

Some researchers have suggested that police officers tend to resist any therapeutic intervention due to their “tough guy” norms (Dumont, 1999; Miller, 1995). Police officers tend to distrust mental health professionals, often viewing them as a threat to their job security and safety (Violanti, Mnatsakanova, & Andrew, 2013) Wester, Arndt, Sedivy, and Arndt (2010) documented the stigma associated with psychological counseling by male officers, concluding that it is typically viewed as a desecration of male gender roles and a risk to self-worth. Such resistance would seem likely for officers who participate in CISD, particularly from those who are required to do so. Yet, CISD continues to be recommended and frequently mandated for many trauma-exposed male police officers whose hyper-masculine conditioning appears to make them poor candidates for this intervention. It is not surprising, therefore, that CISD is viewed by many police officers as a “boring routine” (Miller, 2008, p. 2), or worse—a waste of time and resources (Seely, 2007).

### ***The Need for Alternative Post-Trauma Interventions for Male Officers***

While the hyper-masculine attitudes of male officers have obvious mental health downsides (Kelley & Lambert, 2012), they are not soon likely to change and thus must be factored into interventions for trauma-exposed male officers. The consensus of considerable trauma research is that social withdrawal following trauma exposure may trigger or exacerbate posttraumatic stress symptoms (Miller, 2008; Violanti, 1995), and social support can help mitigate these unhealthy effects (Nietlisbach & Maercker, 2009; Rees & Smith, 2007). Recognizing the uniqueness of the male dominated police profession is important in determining how to best approach trauma exposed officers and provide them with non-threatening peer support. This logic suggests that police agencies consider developing alternative, non-ego-threatening, post-trauma interventions for male officers that focus on their strengths, drawing out their inner resilience, and offering them peer support without

threatening their masculinity. For example, important coping skills that may help offset PTSD symptoms are effective problem-solving, above average intelligence, and sound verbal skills, which historically are common strengths of police officers (Miller, 2008b). Such interventions might focus on these and other strengths, positive attributes, and inner resilient qualities of trauma-exposed male officers rather than encouraging discussion of painful memories and feelings. By focusing on the health and resilience of trauma-exposed, male officers such interventions may enhance their self-confidence, mastery, and sense of control in responding to future critical incidents (Nietlisbach & Maercker, 2009; Rees & Smith, 2007).

To discern a possible form of such an intervention, we surveyed 96 experienced Midwestern male police officers. Our predictions are: (1) officers will self-report exposure to potential traumatic events; (2) officers will tend to conform to traditional gender norms; and (3) officers will report post-trauma behavior changes that will suggest a possible form of an alternative, strength-based, post-trauma intervention.

## METHOD

### *Participants*

Prior to conducting this research, human subjects permission was secured from an institutional review board (Pasciak, 2012). Sworn police officers who held the position of patrol officer (i.e., line staff assigned to patrol an area) were recruited for this study from several medium-sized departments (i.e., 40 to 160 sworn officers) in southeast Michigan. Prior to recruiting participants, department chiefs were contacted to obtain their approval for contacting their patrol officers. Once approval was granted, participants were recruited in the following ways: (a) by word-of-mouth to friends and former co-workers of one author (a former police officer); (b) by posting a brief description of the survey on bulletin boards in participating departments; and (c) by leaving stamped, pre-addressed envelopes containing the research survey in areas accessible to officers in participating departments. Each participating officer received a packet containing a brief description of the survey, an informed consent form, the survey instrument, and a stamped, pre-addressed return envelope. Participants were advised that the research was voluntary and anonymous. A total of 96 adult, male, sworn police officers holding the rank of patrol officer completed and returned the survey.

Demographic information for participants is presented in Table 1. All responding officers were male and held the position of patrol officer. Almost all participants were Caucasian (96%), and most were hired between the ages of 21 and 30 (78%). At the time of the survey, the majority of participants were 40 years old or older (55%), and most were married (75%) with one or more children. The majority (56%) had worked in the field of policing between 11 and 20 years. Seventy-five percent reported having a bachelor's degree. Finally, the majority of participants (65%) worked in departments employing between 50 and 125 sworn police officers.

Table 1: *Participant Demographic Characteristics*

Variable	<i>n</i>	%
Ethnicity		
African American	1	1.0
Hispanic/Latino	1	1.0
Caucasian	92	95.8
Pacific Islander	1	1.0
Bi-racial	1	1.0
Age at hiring		
18-21	7	7.3
21-30	75	78.1
Older than 30	14	14.6
Current age		
21-29	9	9.4
30-39	34	35.4
40-49	44	45.8
50-59	9	9.4
Years of service		
1-5	9	9.4
6-10	9	9.4
11-15	28	29.2
16-20	26	27.1
21-25	17	17.7
Over 25	7	7.3
Number of sworn officers in department		
Less than 50	7	7.3
50-125	62	64.6
More than 125	27	28.1
Marital status		
Never married	12	12.5
Married	72	75.0
Separated	1	1.0
Divorced	10	10.4
Education		
High school	12	12.5
Associate's Degree	5.2	5.2
Bachelor's Degree	72	75.0
Master's Degree	7	7.3
Religion		
Attend weekly services	11	11.5
Attend services somewhat weekly	24	25.0
Attend rarely	25	26.0
Affiliated but do not attend	22	22.9
Not religious	11	11.5

### *Measures*

*Conformity to Traditional Gender Norms.* Conformity to traditional gender norms was measured using the Male Normative Alexithymia Scale (MNAS) (Levant, Hall, Williams, & Hasan, 2009), and the “restrictive affectionate behavior between men” sub-scale of the Gender Role Conflict Scale-I (GRCS-I) (O’Neil, Helms, Gable, David, & Wrightsman, 1986). These instruments were chosen because they appear to measure behaviors expected by officers participating in post-trauma interventions like CISD: recognizing and expressing trauma related memories and emotions and offering and receiving emotional peer support.

The MNAS is a 20 item, self-report questionnaire measuring normative male alexithymia (i.e. level of emotional awareness and expression). Sample items are, “If I’m upset or worried I don’t like to show it for fear I will be seen as weak;” “I don’t see much value in talking about feelings;” and “I have difficulty telling others that I care about them.” Items were answered using a seven-point Likert scale ranging from strongly disagree (coded 1) to strongly agree (coded 7). A scale for the MNAS was created by summing responses to the 20 items. This scale had a Cronbach’s alpha of .93. Factor analysis was conducted using principal axis factor and all the items loaded on a single factor. The factor loading scores were .50 or higher for all but one item, which had a factor loading score of .34. Higher scores on the MNAS scale represented less ability to recognize and express emotions.

The GRCS-I is a self-report questionnaire containing 37 items measuring four components of conformity to traditional male roles: 1) restrictive expression of emotion; 2) restrictive affectionate behavior between men; 3) success, power, and competition; and 4) conflict between work and family relations (O’Neil et al., 1986). The GRCS-I has been used in more than 200 studies (O’Neil, 2010) and its validity has been established in past studies (Mahalik, Cournoyer, DeFranc, Cherry, & Napolitano, 1998; Mahalik & Cournoyer, 2000). We used only the second GRCS-I component, restrictive affectionate behavior between men. This component was comprised of eight items and had a Cronbach’s alpha value of .91. Items were measured on a six-point Likert scale ranging from strongly disagree (coded as 1) to strongly agree (coded as 6). Higher scores on this sub-scale represent greater difficulty showing affection between men. Sample items are, “Affection with other men makes me tense,” and “Expressing my emotions to other men is risky.”

*Post-Trauma Behavior Changes.* Officers were asked to indicate if they made one or more of the following changes in their behavior following exposure to a potential traumatic event: 1) they increased their own training; 2) they asked their department to offer more training; 3) they discussed tactical issues with their peers more regularly; 4) they sought more contact with peers; 5) they developed healthier life style habits; and 6) they made no significant changes.



## RESULTS

### *Exposure to Potential Traumatic Events.*

Exposure to potential traumatic events reported by these officers is presented in Table 2. These events included: (1) personal involvement in a duty-related shooting; (2) assisting a fellow officer involved in a duty-related shooting; (3) personal involvement in a non-shooting, duty-related event considered traumatic; and (4) assisting a fellow officer involved in a non-shooting, duty-related event viewed as traumatic. Ninety-two percent of these officers reported exposure to at least one duty-related, potential traumatic incident. Close to two-thirds of these respondents (62%) reported experiencing two or more potential traumatic incident.

Table 2  
Exposure to Traumatic Experiences

Officers trauma experience	<i>n</i>	%
0	5	5.6
0, 1	2	2.2
0, 1, 2	3	3.3
0, 1, 2, 3	8	8.9
0, 1, 3	9	10.0
0, 2	1	1.1
1	17	18.9
1, 2	3	3.3
1, 2, 3	15	16.7
1, 3	11	12.2
2	7	7.8
2, 3	3	3.3
3	6	6.7

*Note.* 0 = involved in duty-related shooting, 1 = have a peer who was involved in duty-related shooting, 2 = have been affected by a traumatic incident other than a shooting, and 3 = offered support to a fellow officer who was involved in a traumatic incident.

### *Conformity to Traditional Gender Norms.*

Scores on the MNAS can range from 20 to 140 with higher scores indicating higher levels of normative male alexithymia or difficulty recognizing and expressing emotions. The MNAS scores for these officers ranged from 33 to 123 with a mean score of 80.2. In their MNAS validation study, Levant and associates (2004) reported an NMAS mean score of 72.0 for their sample of 180 men. Compared to this MNAS validation sample of "men in general" these officers reported having greater difficulty recognizing and expressing emotions. Scores on the GRCS-I component, restrictive affectionate behavior between men, can range from 8 to 48. Scores on this scale for these officers ranged from 10 to 46 with a mean score of 25.8 indicating some difficulty and discomfort in expressing affection toward their male peers.

*Post-Trauma Behavior Changes.* The post-trauma behavior changes reported by 91 officers (93%) who responded to this item are presented in Table 3. Overall, 75% of these respondents reported at least one significant behavior change following exposure to a potential traumatic event. Thirty-five officers (39%) reported they increased their own training. Fourteen officers (16%) asked their department to offer more training. Forty-eight officers (54%) discussed tactical issues with their peers more frequently. Fourteen officers (16%) sought more contact with their peers. Thirteen officers (14%) indicated they developed healthier lifestyle habits. Almost half of these officers (46%) reported making two or more of these behavior changes following exposure to a potential traumatic incident. The remaining officers (25%) reported no significant behavior changes following trauma exposure.

Table 3  
Officer's Post-Trauma Behavior Changes

Officers response to trauma experience	<i>n</i>	%
0	7	7.7
0, 1, 2	7	7.7
0, 1, 2, 3, 4	1	1.1
0, 1, 2, 4	3	3.3
0, 2	6	6.6
0, 2, 3	1	1.1
0, 2, 3, 4	1	1.1
0, 2, 4	5	5.5
0, 3, 4	1	1.1
0, 3, 5	1	1.1
0, 5	2	2.2
1, 2	1	1.1
1, 2, 3	1	1.1
1, 2, 4	1	1.1
2	13	14.3
2, 3	2	2.2
2, 3, 4	4	4.4
2, 5	4	4.4
3	1	1.1
3, 5	1	1.1
4	5	5.5
5	16	17.6
6	7	7.7

*Note.* 0 = increased own training, 1 = asked department to offer more training, 2 = discussed tactical issues with peers more regularly, 3 = sought more contact with peers, 4 = developed healthier lifestyle habits, 5 = made no significant changes, and 6 = made no changes.

## DISCUSSION

Our findings appear to support our three predictions for this sample of male patrol officers. Our first prediction was officers would report exposure to potential traumatic events. More than 90% of officers reported experiencing at least one such event, and about two-thirds reported exposure to two or more potential traumatic incidents. Since these officers were not asked to report the frequency of exposure to each trauma category, we suspect that the total number of duty-related traumatic events experienced by these officers may be higher.

Our second prediction was officers would tend to adhere or conform to traditional gender norms. Officer's scores on the MNAS appear to support this prediction. Compared to the MNAS validation sample of "men-in-general," these officers reported more difficulty with emotional awareness and expression. This finding is highlighted by the percentages of officers who responded "agree" or "undecided" on the following MNAS items: "If I am upset or worried, I don't like to show it for fear I will be seen as weak" (54%); "If someone asks me how I'm feeling, I typically say how I am not feeling (e.g., 'not too bad')" (61%); "I do not like to show my emotions to other people" (56%); "I don't like to talk with others about my feelings" (47%); and "I am uncomfortable telling someone that I am afraid of something" (54%). We suspect that the MNAS mean score for these officers may have been even higher if we had changed the gender neutral items on this measure (e.g., "other people") to gender specific (e.g., "other men" or "other male officers").

Results on the GRCS-I sub-scale, restrictive affectionate behavior between men, also appear to support our prediction that these officers would have difficulty expressing affection toward their male peers. Again, this finding is highlighted by the percentages of officers who responded "agree" or "slightly disagree" on the following CRCS-I items: "Affection with other men makes me tense" (72%); "Expressing my emotions to other men is risky" (66%); "Being very personal with other men makes me feel uncomfortable" (63%); and "I am sometimes hesitant to show my affection to men because of how others might perceive me" (63%).

These findings appear to be consistent with the literature presented earlier on conformity to traditional gender norms by male police officers. They also appear to support our suspicion that adherence to masculine role norms makes male officers poor candidates for interventions like CISD by restricting their ability to recognize and express painful emotions and memories to their peers, and to receive and provide emotional peer support. Also, considerable research exists which suggests younger men may adhere more strongly to traditional gender norms than older men (Cournoyer & Mahalik, 1995; Levant et al., 2006). Thus, we suspect levels of normative male alexithymia, and restrictive affectionate behavior between men may be higher for younger, less experienced male officers.

Our third prediction also appears to be supported by these results. The post-trauma behavior changes reported by these officers appear to suggest the form of an alternative post-trauma intervention that may be less threatening to them than CISD and better aligned with their strengths and weaknesses. Following exposure to a potential traumatic event(s),

69% of officers reported they discussed tactical issues with their peers more frequently and/or sought more contact with peers. Furthermore, 54% of officers indicated they increased their own training and/or asked their department to offer more training. Finally, 23% of officers reported they developed healthier lifestyle habits. We suspect these officers choose these behaviors because they viewed them as ways to cope with stress that typically follows exposure to a potential traumatic event without violating traditional gender norms and risking scorn from their peers. These behaviors may have provided these officers a safer way to gain peer interaction and support, reduce stress, shore up their self-confidence, and minimize the risk of peer rejection.

These post-trauma behavior changes suggested the possible form of an alternative intervention that compared to CISD appears to better align with the strengths and vulnerabilities of trauma exposed male officers. In our view, this intervention would utilize a peer group training/discussion format with the following objectives: 1) to provide trauma exposed male officers safe, reassuring, non-ego threatening, peer interaction and support; 2) to strengthen trauma-exposed male officer's tactical knowledge, skills, and abilities; and 3) to offer trauma-exposed male officers immediate, non-ego-threatening, stress reduction techniques and information designed to re-kindle their inner resilience. During these sessions, the disclosure of trauma-related memories and emotions would occur at the discretion of each officer.

This intervention appears to be superior to CISD for several reasons. First, positive psychology (e.g., Hutchinson & Lema, 2009; Kelley, 2008) has highlighted a vital prerequisite for effective post-trauma interventions: *ensuring the safety and well-being of participants*. In other words, when trauma exposed individuals feel at ease and secure during an intervention, their learning curves are heightened, and their inner resilience is more likely to surface (Kelley & Lambert, 2012). Since this intervention would not expect or encourage trauma-exposed, male officers to express painful memories and emotions or to receive and provide emotional peer support, it would be less likely to threaten their masculinity and trigger fear of peer rejection. Also, by providing trauma-exposed male officers safe, reassuring, non-ego-threatening, peer interaction and support, this intervention may help minimize their tendency to isolate and withdraw socially.

Second, several researchers (e.g., Artwohl, 2009) have concluded that police officers are better able to cope with trauma exposure by virtue of training which promotes a sense of mastery and control. Miller (2008) proposed that interventions that more closely match the police personality (i.e., goal directed) and enhance officers' strengths (e.g., problem solving) are more likely to succeed. This intervention focuses on the strengths of male officers, and emphasizes goal-directed training and education (e.g., safer firearms use). By reinforcing and enhancing the tactical knowledge, skills, and abilities of these officers in a safe, goal-directed manner, this intervention may help heighten their sense of mastery, self-confidence, and self-control.

Third, the consensus of contemporary trauma research (Bonanno, 2004; Masten, 2011) is effective post-trauma interventions focus on health and resilience rather than

dysfunction. By teaching trauma-exposed, male officers positive, strength-based, non-ego-threatening, stress reduction techniques and information designed to draw out their inner resilience (e.g., mindfulness stress reduction; thought recognition) (Kelley & Lambert, 2012), this intervention may help them quiet their personal thinking and realize that traumatic memories and emotions are temporary and can harm them only if they continue to re-think them and take them seriously. Finally, during this intervention, officers who demonstrate severe posttraumatic symptoms could be identified and perhaps referred to low ego-threatening, individual interventions such as EMDR, cognitive-behavioral therapy, and health realization counseling (Becker, Zayfert, & Anderson, 2004; Kelley & Pransky, 2013).

### ***Study Limitations***

Like many studies, this study suffers from some significant limitations including methodological flaws that cannot be corrected, such as a small sample size. Another significant limitation was our failure to determine whether respondents had ever participated in interventions like CISD and, if so, to what degree they thought those interventions helped them cope with exposure to potential traumatic events.

Other limitations included the overwhelming majority of respondents identifying as Caucasian (95.8%), suggesting these results may not generalize to police agencies that are more culturally diverse. Another limitation is the advanced age and job experience of these respondents with nearly half (45.8%) being 40-49 years old, and more than half (56.3%) having between 11 and 20 years of job service. The age and experience of these officers may contribute to levels of trauma exposure, conformity to traditional gender norms, and post-trauma behavior changes that may be different for younger, less experienced officers who may be less likely to interact with their older male counterparts (Hill & Donatelle, 2005). Thus, it would be important to replicate this study in larger, urban departments employing younger, ethnically diverse, less experienced officers.

Furthermore, CISD was initially designed for use with firefighters. While both firefighters and police officers serve the public and experience critical, often traumatic incidents, there are differences between these professions. For example, compared to police work, there is a more technical aspect to firefighting that allows firefighters to remain focused on the task at hand, and there is a higher level of affiliation and acceptance of change among firefighters (Matarazzo, Allen, Saslow, & Weins, 1963), and Brough (2004) found a “unique experience of occupational stress for police officers” (p. 227) as compared to firefighters and ambulance personnel. While police officers share many characteristics with firefighters, police work is less technical, typically done on an individual basis, and police officers tend to resist change (e.g., community policing). In contrast to the more individualized nature of police work, on-duty firefighters respond to calls together, live together, eat together, and appear to form more intimate personal bonds than their police counterparts. Additionally, Brough (2004) found police officers to be more negatively affected by organizational stress, perhaps due to a more rigid, paramilitary organizational structure where there is a heightened perception of scrutiny from supervision (Stinchcomb, 2004). Thus, interventions like CISD may better fit male firefighters than male police officers.

Finally, we failed to directly investigate how adherence to traditional male norms impacts police officers' ability to ask for help from their peers, to offer support to their peers, and to share and discuss with their peers emotional aspects of troubling events. More research is needed to investigate these relationships particularly for younger male officers, minority male officers, and male officers in high crime urban areas. It would also be of interest to investigate the impact of these factors on female police officers, who would be expected to have better coping skills than their male peers due to their heightened ability to pursue social support (Krause, Ellison, & Marcum, 2002) and communicate emotional needs more clearly than males (Jones & Wirtz, 2007). Findings for female officers suggest they do not cope any better with trauma than their male peers (Krause et al., 2002), perhaps due to the expectation they will adopt behaviors and characteristics consistent with those of their male counterparts (Stroink, 2004).

Social identity is an issue for female officers, especially because females in this profession are expected to adopt male behaviors and characteristics (Stroink, 2004). Stroink goes on to discuss how a problem for women is that there are mixed views about the standards for women, none of which is fully endorsed, often leading to confusion on how women are expected to behave in normal roles, but even more so in roles where they go against stereotype. Despite the changing views towards what women are able to do, there is still an expectation that females will follow traditional gender role norms and be emotionally expressive and nurturing (Stroink, 2004; Smiler, 2006). These societal expectations appear to conflict with the expectations of the job of police officer, which could lead to confusion among female officers. The suggestion is that if the position of police officer is enough to override the more natural support systems existing among females, then it would serve to reinforce the more traditional male role norms, perhaps making the findings of this research applicable to female officers as well.

## CONCLUSION

While it is essential that male police officers exposed to potential traumatic events have access to interventions that help them respond to critical incidents with resilience rather than dysfunction, it is also essential to identify factors that may compromise the efficacy of widely used interventions such as CISD. Findings from this study appear to highlight another factor, heretofore neglected in the literature, which may compromise the efficacy of using interventions like CISD for trauma-exposed male officers: the adherence of these men to masculine gender norms. CISD expects participants to be willing and able to share painful memories and emotions with their peers, and to receive and provide emotional peer support. The hyper-masculine norms held by the typical male police officer appear to be dissonant with these expected behaviors.

It is likely, however, that CISD will continue to be recommended and often mandated for trauma-exposed, male police officers despite the absence of sound empirical evidence demonstrating its efficacy (Addis & Stephens, 2008; Devilly & Cotton, 2004; Kagee, 2002). For police agencies that continue to endorse CISD, its use should be based on the recognition of an officer's needs and desires, not strictly his or her exposure to a potential

traumatic event. Following trauma exposure, short-term distress is almost universal. Over time, however, most people—including most police officers—display resilience, and eventually regain their prior level of functioning (Bonanno, 2004; Satel & Sommers, 2005). Emergency responders tend to be resilient and to bounce back following crises and trauma. Relatively few are severely disabled by traumatic incidents (Becker et al., 2004; Addis & Stephens, 2008), and go on to develop acute, chronic or delayed onset PTSD (McNally et al., 2003). Thus, it essential that police agencies develop better methods of screening to determine which trauma-exposed officers need and desire CISD, and which do not. As pointed out by Devilly, Gist, and Cotton (2001), CISD has become the default response of many departments, which automatically implement it following a critical incident whether it is needed or not. This practice may be a waste of resources, and perhaps a boring routine for many officers. The timing of CISD, if implemented, needs to be reconsidered as well. Pushing an officer to disclose painful memories and feelings shortly after being exposed to a potential traumatic event may not be helpful and could even be harmful.

Furthermore, we suggest police agencies give hyper-masculinity and its potential mental health downsides increased attention during the selection and training of officers. Considerable research suggests that hyper-masculine conditioning relates to more fragile forms of high self-esteem (Heppner et al. , 2008; Ryan & Brown, 2003) that require on-going validation and maintenance (Goleman, 2006; Kernis, Lakey, & Heppner, 2008). Also, hyper-masculinity has been associated with avoidant coping which can lead to depression and anxiety (Feldner et al., 2004), substance abuse (Hayes, Follette, & Linehan, 2004), and anger and aggression following the threat (Ciarrochi & Godsell, 2005). Helping male officers realize how hyper-masculine conditioning can obstruct their common sense may help them be more receptive to organizational, peer, and family support following a potential traumatic episode (Stephens & Long, 1997).

While using interventions like CISD may meet certain political, financial, and legal needs of police organizations, these interventions do not appear to be meeting the mental health needs of many trauma-exposed male police officers and, in some instances, may leave them worse off than they were before. These findings add to those of several other researchers that question the efficacy of CISD, and offer an alternative post-trauma intervention that focuses on the strengths and inner resilience of male police officers.

## REFERENCES

- Addis, M.E., & Cohane, G.H. (2005). Social scientific paradigms of masculinity and their implications for research and practice in men's mental health. *Journal of Clinical Psychology, 61*, 633-647.
- Addis, M.E., & Mahalik, J.R. (2003). Men, masculinity and the contexts of help seeking. *American Psychologist, 58*(1), 5-14. doi:10.1037/0003-006x-58-1.5
- Addis, N., & Stephens, C. (2008). An evaluation of a police debriefing programme: Outcomes for police officers five years after a police shooting. *International Journal of Police Science & Management, 10*(4), 361-373. doi:10.1350/ijps.2008.104.092
- Anonymous (2012). Cleaning up the blood. Retrieved from <http://www.woundedbadge.com>.
- Artwohl, A. (2009). The impact of danger and critical incidents. *The Tactical Edge, 27*(2), 66-67.

- Bannish, H., & Ruiz, J. (2003). The antisocial police personality: A view from the inside. *International Journal of Public Administration*, 26(7), 831-881. doi:10.1081=PAD-120019322
- Barboza, K. (2005). Critical Incident Stress Debriefing (CISD): Efficacy in question. *The New School Psychology Bulletin*, 3(2), 49-70
- Becker, C.B., Zayfert, C., & Anderson, E. (2004). A survey of psychologists' attitudes towards and utilization of exposure therapy for PTSD. *Behaviour Research and Therapy*, 42, 277-292.
- Billings, D.W., Folkman, S., Acree, M., & Moskowitz, J.T. (2000). Coping and physical health during caregiving: The role of positive and negative affect. *Journal of Personality and Social Psychology*, 79(1), 131-142. doi:10.1037//0022-3514.79.1.131
- Blazina, C. (2001). Analytic psychology and gender role conflict: The development of the fragile masculine self. *Psychotherapy*, 38(1), 50-59.
- Bledsoe, B.E. (2003). Critical Incident Stress Management (CISM): Benefit or risk for emergency services? *Prehospital Emergency Care*, 7, 272-279.
- Bonanno, G.A. (2004). Loss, trauma, and human resilience: Have we underestimated the human capacity to thrive after extremely aversive events? *American Psychologist*, 59(1), 20-28. doi:10.1037/0003-066x.59.1.20
- Bonanno, G.A., Brewin, C.R., Kaniasty, K., & La Greca, A.M. (2010). Weighing the costs of disaster: Consequences, risks, and resilience in individuals, families and communities. *Psychological Science Public Interest*, 11(1), 1-49.
- Bonanno, G.A. & Mancini, A.D. (2008). Beyond resilience and PTSD: Mapping the heterogeneity of responses to potential trauma. *Psychological Trauma: Theory, Research, Practice, and Policy*, 4(1), 74-83. doi: 10.1037/a0017829
- Brough, P. (2004). Comparing the influence of traumatic and organizational stressors on the psychological health of police, fire, and ambulance officers. *International Journal of Stress Management*, 11(3), 227-244. doi:10.1037/1072-5245
- Burleson, B. R., Holmstrom, A. J., & Gilstrap, C. M. (2005). "Guys can't say that to guys: " Four experiments assessing the normative motivation account for deficiencies in emotional support provided by men. *Communication Monographs*, 72(4), 468-501.
- Campfield, K.M., & Hills, A.M. (2001). Effect of timing of Critical Incident Stress Debriefing (CISD) and posttraumatic symptoms. *Journal of Traumatic Stress*, 14(2), 327-342. doi:0894.9867/01/0400-0327
- Cannon, M., McKenzie, K., & Sims, A. (2003). Psychological debriefing is a waste of time. *British Journal of Psychiatry*, 183, 12-14.
- Choe, I. (2005). The debate over psychological debriefing for PTSD. *The New School Psychology Bulletin*, 3(2), 71-82,
- Ciarrochi, J., & Godsell, C. (2005). Mindfulness-based emotional intelligence: A theory and review of the literature. In R. Schulze & R.D. Roberts (Eds.), *Emotional intelligence: An international handbook* (pp. 69-90). Gottingen, Germany: Hogrefe & Huber Publishers.
- Connell, R.W., & Messerschmidt, J.W. (2005). Hegemonic masculinity: Rethinking the concept. *Gender & Society*, 19, 829-859. doi:10.1177/0891243205278639
- Cournoyer, R.J., & Mahalik, J.R. (1995). Cross-sectional study of gender role conflict examining college-aged and middle-aged men. *Journal of Counseling Psychology*, 42(1), 11-19. doi:0022-0167/95/S3.00
- Devilley, G.J., & Annab, R. (2008). A randomised controlled trial of group debriefing. *Journal of Behavior Therapy and Experimental Psychiatry*, 39(1), 42-56.
- Devilley, G.J., & Cotton, P. (2004). Caveat emptor, caveat venditor, and Critical Incident Stress Debriefing/Management (CISD/M). *Australian Psychologist*, 39(1), 35-40. doi:10.1080/00050060410001660317
- Devilley, G.J., Gist, R., & Cotton, P. (2006). Ready! Fire! Aim! The status of psychological debriefing and therapeutic interventions: In the workplace and after disasters. *Review of General Psychology*, 10(4), 318-345. doi:1037/1089-2680.10.4.318
- Dumont, L.F. (1999). Recognizing and surviving post shooting trauma. *Law & Order*; 47(4), 93-99.
- Everly, Jr., G.S., Boyle, S., & Lating, J. (1999). The effectiveness of psychological debriefings in vicarious trauma: A meta-analysis. *Stress Medicine*, 15, 229-233.



- Everly, G.S., & Mitchell, J.T. (1997). A primer on Critical Incident Stress Management (CISM). *The International Critical Incident Stress Foundation*. Retrieved February 12, 2010 from <http://www.icisf.org/about/cismprimer.pdf>
- Feldman, B., & Broussard, C.A. (2005). The influence of relational factors on men's adjustment to their partners' newly diagnosed breast cancer. *Journal of Psychosocial Oncology*, 23(2/3). doi:10.1300/J077v23n02-03
- Feldner, M.T., Zvolensky, M.J., & Leen-Feldner, E.W. (2004). Review of the empirical literature on coping and panic disorder. *Clinical Psychology Review*, 24(2), 123-148.
- Goleman, D. (2006). *Emotional intelligence: Why it can matter more than IQ*. New York: Bantam.
- Hayes, S.C., Follette, V.M., & Linehan, M. (2004). *Mindfulness, acceptance and relationship*. New York: Guilford Press.
- Heppner, W.L., Kernis, M.H., Lakey, C.E., Campbell, W.K., Goldman, B.M., Davis, P.J., & Cascio, J., (2008). Mindfulness as a means of reducing aggressive behavior: Dispositional and situational evidence. *Aggressive Behavior*, 34, 486-496.
- Hill, W.G., & Donatelle, R.J. (2005). The impact of gender role conflict on multidimensional social support in older men. *International Journal of Men's Health*, 4(3), 267-276.
- Hutchinson, J., & Lema, J.C. (2009). Ordinary and extraordinary narratives of heroism and resistance: Uncovering resilience, competence and growth. *Counselling Psychology Review*, 24(3/4), 9-16. doi:0269-6975
- Jones, R., & Kagee, A. (2005). Predictors of post-traumatic stress symptoms among South African police personnel. *South African Journal of Psychology* 35(2), 209-224. doi:10.1177/008124630503500204
- Jones, S.M., & Wirtz, J.G. (2007). "Sad monkey see, monkey do:" Nonverbal matching in emotional support encounters. *Communication Studies*, 58(1), 71-86. doi:10.1080/10510970601168731
- Kagee, A. (2002). Concerns about the effectiveness of Critical Incident Stress Debriefing in ameliorating stress reactions. *Critical Care*, 6 (88), 1-2. doi:10.1186/cc1459
- Kelley, T.M. (2008). Principle-based correctional counseling: Teaching health versus treating illness. *Applied Psychology in Criminal Justice*. 4(2), 182-202.
- Kelley, T.M. & Lambert, E. (2012). Mindfulness as a potential means of attenuating anger and aggression for prospective criminal justice professionals. *Mindfulness*, 3(4), 261-274.
- Kelley, T.M., & Pransky, J. (2013). Principles for realizing resilience: A new view of trauma and inner resilience. *Journal of Traumatic Stress Disorders and Treatment*. 2(1), 1-9 doi:10.4172/2324-8947, 1000102
- Kernis, M.H., Lakey, C.E., & Heppner, W.L. (2008). Secure versus fragile high self-esteem as a predictor of verbal defensiveness: Converging findings across three different markers. *Journal of Personality*, 76(3), 477-512.
- Krause, N., Ellison, C.G., & Marcum, J.P. (2002). The effects of church-based emotional support on health: Do they vary by gender? *Sociology of Religion*, 63(1), 21-47. doi:AN 6640910
- La Greca, A.M., & Silverman, W.K. (2009). Treatment and prevention of posttraumatic stress reactions in children and adolescents exposed to disasters and terrorism: What is the evidence? *Child Development Perspectives*, 3(1) 4-10.
- Leonard, R., & Alison, L. (1999). Critical Incident Stress Debriefing and its effects on coping strategies and anger in a sample of Australian police officers involved in shooting incidents. *Work & Stress*, 13(2), 144-161. doi:02678373
- Levant, R.F., Cook, S.W., Smalley, K.B., Good, G.E., O'Neil, J.M., Owen, K., & Richmond, K. (2006). The normative male alexithymia scale: Measurement of a gender-linked syndrome. *Psychology of Men and Masculinity*, 7(4), 212-224.
- Levant, R., Good, G., Cook, S., Richmond, K., Owen, K., & Smalley, B. (2004). *Validation of the Normative Male Alexithymia Scale (NMAS)*. Paper presented at the 112th Annual Convention of the American Psychological Association, Honolulu, Hi.
- Levant, R.F., Hall, R.J., Williams, C.M., & Hasan, N.T. (2009). Gender differences in alexithymia. *Psychology of Men & Masculinity*, 10(3), 190-203. doi:10.1037/a0015652
- Lilienfeld, S.O. (2007). Psychological treatments that cause harm. *Perspectives on Psychological Science*, 2(1), 53-70.

- Magovcevic, M., & Addis, M.E. (2008). The masculine depression scale: Developments and psychometric evaluation. *Psychology of Men & Masculinity, 9*(3), 117-132. doi:10.1037/1524-92209.3.117
- Mahalik, J.R., & Cournoyer, R.J. (2000). Identifying gender role conflict messages that distinguish mildly depressed from nondepressed men. *Psychology of Men & Masculinity, 1*(2), 109-115.
- Mahalik, J.R., Cournoyer, R.J., DeFranc, W., Cherry, M., Napolitano, J.M. (1998). Men's gender role conflict and use of psychological defenses. *Journal of Counseling Psychology, 45*(3), 247-255.
- Mahalik, J.R., Good, G.E., & Englar-Carlson, M. (2003). Masculinity scripts, presenting concerns, and help seeking: Implications for practice and training. *Professional Psychology: Research and Practice, 34*(2), 123-131. doi:10.1037/0735-7028.34.2.123
- Mahalik, J.R., & Rochlen, A.B. (2006). Men's likely responses to clinical depression: What are they and do masculinity norms predict them? *Sex Roles, 55*, 659-667. doi:10.1007/s11199-006-9121-0.
- Marzuk, P.M., Nock, M.K., Leon, A.C., Portera, L., & Tardiff, K. (2002). Suicide among New York City police officers 1977-1996. *American Journal of Psychiatry, 159*, 2069-2071.
- Masten, A. S. (2011). Resilience in children threatened by extreme adversity: Frameworks for research, practice, and translational synergy. *Development and Psychopathology, 23*, 493-506.
- Matarazzo, J.D., Allen, B.V., Saslow, G., & Wiens, A.N. (1963). Characteristics of successful policemen and firemen applicants. *Journal of Applied Psychology, 48*(2), 123-133.
- McNally, R.J., Bryant, R.A., & Ehlers, A. (2003). Does early psychological intervention promote recovery from posttraumatic stress? *Psychological Science in the Public Interest, 4*, 45-79.
- Miller, L. (1995). Tough guys: Psychotherapeutic strategies with law enforcement and emergency services personnel. *Psychotherapy, 32*(4), 592-600.
- Miller, L. (2007). Police families: Stresses, syndromes, and solutions. *The American Family Therapy, 35*, 21-40. doi:10.1080/01926180600698541.
- Miller, L. (2008). Stress and resilience in law enforcement training and practice. *International Journal of Emergency Mental Health, 10*(2), 1-16.
- Moskos, P.C., & Jay, J. (2008). Two shades of blue: Black and white in the blue brotherhood. *Law Enforcement Executive Forum, 8*(5), 57-87.
- Nietlisbach, G., & Maercker, A. (2009). Effects of social exclusion in trauma survivors with posttraumatic stress disorder. *Psychological Trauma: Theory, Research, Practice, and Policy, 1*(4), 323-331. doi:10.1037/a0017832
- Nolan, T. (2009). Behind the blue wall of silence: Essay. *Men and Masculinities, 12*(2), 250-257. doi:10.1177/1097184X09334700
- O'Neil, J.M. (2010). Is criticism of generic masculinity essentialism, and positive healthy masculinity a problem for the psychology of men? *Psychology of Men & Masculinity, 11*(2), 98-106. doi:10.1037/a0018917
- O'Neil, J.M., Helms, B., Gable, R.K., David, L., & Wrightsman, L.S. (1986). Gender role conflict scale: College men's fear of femininity. *Sex Roles, 14*(5/6), 335-350.
- Pasciak, A.R. (2012). Adherence to traditional male gender roles and its influence on how male police officers offer emotional support to fellow traumatized officers. Dissertation for the degree of doctor of philosophy, Walden University.
- Pinto, I.R., Marques, J.M., Levine, J.M., & Abrams, D. (2010). Membership status and subjective group dynamics: Who triggers the black sheep effect? *Journal of Personality and Social Psychology, 99*(1), 107-119. doi 10.1037/a0018187
- Prokos, A., & Padavic, I. (2002). 'There oughtta be a law against bitches:' Masculinity lessons in police academy training. *Gender, Work and Organization, 9*(4), 439-459.
- Rees, B., & Smith, J. (2007). Breaking the silence: The traumatic circle of policing. *International Journal of Police Science & Management, 10*(3), 267-279. doi:10.1350/ijps.2008.10.3.83
- Regehr, C., LeBlanc, V., Jelley, R.B., Barath, I., & Daciuk, J. (2007). Previous trauma exposure and PTSD symptoms as predictors of subjective and biological response to stress. *The Canadian Journal of Psychiatry, 52*(10), 675-683.
- Reyes, G., & Elhai, J.D. (2004). Psychosocial interventions in the early phases of disasters. *Psychotherapy, 41*, 399-411.

- Richards, D. (2001). A field study of Critical Incident Stress Debriefing versus Critical Incident Stress Management. *Journal of Mental Health, 10*(3), 351-362. doi:10.1080/09638230020023868
- Rochlen, A.B., & Mahalik, J.R. (2004). Women's perceptions of male partners' gender role conflict as predictors of psychological well-being and relationship satisfaction. *Psychology of Men & Masculinity, 5*(2), 147-157; doi:10.1037/1524-9220.5.2.147.
- Ryan, R.M., & Brown, K.W. (2003). Why we don't need self-esteem: Basic needs, mindfulness, and the authentic self. *Psychological Inquiry, 14*, 71-76.
- Satel, S., & Sommers, C.H. (2005). The mental health crisis that wasn't. *Reason, 37*(4), 48-65.
- Seely, M.R. (2007). Psychological debriefing may not be clinically effective: Implications for a humanistic approach to trauma intervention. *Journal of Humanistic Counseling, Education, and Development, 46*, 172-184.
- Silverstein, L.B., Auerbach, C.F., & Levant, R.F. (2002). Contemporary fathers reconstructing masculinity: Clinical implications of gender role strain. *Professional Psychology: Research and Practice, 33*(4), 361-369. doi:10.1037//0735-7028.33.4.361
- Skolnick, J. (2005) A sketch of the policeman's 'working personality.' In T. Newburn (Ed.), *Policing: Key Readings*. Devon: Willan.
- Smiler, A.P. (2006). Conforming to masculine norms: Evidence for validity among adult men and women. *Sex Roles, 54*, 767-775. doi:10.1007/s11199-006-9045-8.
- Smyth, N.J., & Poole, A.D. (2002). EMDR and cognitive-behavior therapy: Exploring convergence and divergence. In F. Shapiro (Ed.), *EMDR as an integrative psychotherapy approach: Experts of diverse orientations explore the paradigm prism (1st ed.)* (pp. 151-180). Washington, DC: American Psychological Association.
- Stephens, C., & Long, N. (1997). Posttraumatic Stress Disorder in the New Zealand Police: The moderating role of social support following traumatic stress. *Anxiety, Stress, and Coping, 12*, 247-264.
- Stinchcomb, J.B. (2004). Searching for stress in all the wrong places: Combating chronic organizational stressors in policing. *Police Practice and Research, 5*(3), 259-277. doi:10.1080/156142604200227594
- Stroink, M.L. (2004). The conflicting standards dilemma and gender: A mediating model of its affective implications and coping styles. *The Journal of Social Psychology, 144*(3), 273-292.
- Thomas, J.L., Burrell, L., McGurk, D., Wright, K.M. & Bliese, P.D. (2008). Group randomized trial of Critical Incident Stress Debriefing provided to US Peacekeepers. *Journal of Traumatic Stress, 21*, 253-263.
- Violanti, J.M. (1995). The mystery within: Understanding police suicide. *FBI Law Enforcement Bulletin, 64*(3), 19-23.
- Violanti, J.M., Mnatsakanova, A., & Andrew, M.E. (2013). Suicidal ideation in police officers: Exploring an additional measure. *Suicidology Online, 4*, 33-41.
- Wester, S.R., Arndt, D., Sedivy, S.K., & Arndt, L. (2010). Male police officers and stigma associated with counseling: The role of anticipated risks, anticipated benefits and gender role conflict. *Psychology of Men & Masculinity, 11*(4), 286-302.
- Wozniak, J. (2007). *Real men use non-lethals: Framing of police weaponry*. Paper presented at the American Sociological Association New York, NY.

Received: 6/2013

Accepted: 10/2013

- Pasciak, A., & Kelley, T. (2013). Conformity to traditional gender norms by male police officers exposed to trauma: Implications for Critical Incident Stress Debriefing [Electronic Version]. *Applied Psychology in Criminal Justice, 9*(2), 137-156.

Adam Pasciak, PhD

Adam R. Pasciak is a psychologist in Oakland County Michigan. He is a former police officer whose areas of interest include police issues, trauma, substance abuse, and men's issues. His website: [www.woundedbadge.com](http://www.woundedbadge.com), is dedicated to assisting police officers who are struggling to cope with traumatic experiences.

Thomas Kelley, PhD

Thomas M. Kelley is a Michigan licensed psychologist and associate professor in the Department of Criminal Justice at Wayne State University in Detroit. His research interests include examining ways to improve the mental health of police professionals.