

## Post-Traumatic Stress Disorder in Military Police, Consequences and Approaches in Brazilian Literature

Marcionília Menezes Andrade<sup>1</sup>, Christina Caldas Araújo<sup>2</sup>, Pedro Luiz Ferro<sup>3</sup>

<sup>1</sup>(Psychologist and collective health department student, Federal of Espírito Santo University - UFES, Brazil)

<sup>2</sup>(Social Worker and collective health department student, Federal of Espírito Santo University - UFES, Brazil)

<sup>3</sup>(Post-PhD in Social Sciences from UFES. PhD in Social Sciences from PUC/SP. Server Attention Manager at the State Secretariat for Public Security and Social Defense of Espírito Santo)

**Abstract:** To understand the occurrence of Post-Traumatic Stress Disorder in Military Police Officers as well as the available treatment in order to raise the need for a closer look at issues related to the mental health of these professionals. **Methodology:** A search was carried out in the Google Scholar and Scielo databases with a survey of articles published between 2003 and 2023. The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) and the International Classification of Diseases (ICD-11) were consulted in search of a definition for the disorder studied. **Results:** Post-Traumatic Stress Disorder (PTSD) is a problem for military police officers, especially in Brazil, where high exposure to traumatic events and the stigma associated with mental health are prevalent. Police officers' psychological distress is often exacerbated by the pressure to maintain a facade of invulnerability, which makes it difficult to recognize and treat PTSD. **Conclusion:** The Cognitive-Behavioral Therapy (CBT) shows effectiveness in reducing PTSD symptoms, among other therapies and psychological support programs. Understanding PTSD and overcoming the associated stigma are crucial to improving mental health and the effectiveness of public safety operations as well as investing in public policies and institutional initiatives that promote mental health to the officers.

**KEYWORDS** - Post-Traumatic Stress Disorder; Military Police; Mental health; Police Mental Health; Brazilian Police.

### I. Introduction

According to psychoanalysis, psychological pain results from a conglomerate of unpleasant emotions or feelings that, combined with individual psychological factors affecting the subject, manifesting feelings such as compulsion, anguish, and inhibitions, entering a state of suffering (Santos, Hauer & Furtado, 2019 [1]). Within the diverse manifestations of psychological pain observed, Post-Traumatic Stress Disorder (PTSD) stands out due to its increasing prevalence, especially among emergency professionals, as well as the limited attention the topic has received, even in countries like Brazil, which has shown increasingly high levels of violence. In the 2000s, Brazil ranked third in the world for the number of young deaths between the ages of 15 and 24 due to firearms (Figueira & Mendlowicz, 2003 [2]).

The relevance of studying PTSD in military police officers is evident in the need to understand how this condition affects the mental health and performance of public security professionals. In Brazil, where public security is a major concern, the mental health of military police officers (PMs) is crucial to ensuring the effectiveness and safety of police operations.

The perception of military police officers as “iron men,” expected to remain present when everyone else flees, greatly contributes to the pressure for them to maintain a certain posture, making it difficult to adopt an empathetic approach toward these

individuals. As a result, they cease to be seen, even by themselves, as human beings with vulnerabilities (Santos, Hauer & Furtado, 2019 [1]).

In this sense, understanding the consequences of PTSD and effective therapeutic approaches is essential for improving the well-being of police officers and, consequently, public safety. More importantly, it helps to reveal the inexistence of the hero myth, showing that the military police officer is a human being like anyone else, endowed with strength and courage, but also with vulnerabilities and personal and relational issues that do indeed interfere with both their personal and professional lives.

Thus, this study will examine the consequences of PTSD in military police officers and evaluate the available interventions to treat this condition within the Brazilian context. The study seeks to provide a comprehensive analysis of the characteristics of PTSD, its impacts on the professional and personal lives of police officers, and the most effective treatment and support strategies. The justification for this study is based on the need for specific data and comparative analyses that can inform practices and public policies aimed at the mental health of military police officers.

Furthermore, the study will compare different approaches and interventions discussed in the literature, identifying points of agreement and disagreement among authors. This comparative analysis will help highlight best practices and identify areas that require further research and development.

## 1. Contextualization of post-traumatic stress disorder (PTSD)

Post-Traumatic Stress Disorder (PTSD) is a complex psychological condition that can develop after exposure to traumatic events. According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) [3], PTSD is characterized by symptoms such as trauma re-experiencing, avoidance of trauma-related situations, and negative changes in emotional states and cognition. Although PTSD can affect anyone exposed to traumatic events, it is particularly prevalent in high-stress professions, such as military police officers.

The near-perpetual exposure to stress enables the onset of both organic and non-organic changes in this population, leading to greater susceptibility to anxiety disorders, depression, PTSD, and Burnout syndrome (Silva & Dos Santos, 2021; Soares, 2021; Sousa et al., 2021 apud Santos & Saturnino, 2023[4]).

This disorder was officially recognized as a psychiatric condition in the third edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-III) in 1980, in response to the experiences of Vietnam War veterans (APA, 1980 [5]). In Brazil, the context of military police is particularly relevant for the study of PTSD due to the unique characteristics of the profession. Continuous exposure to high-tension situations, violence, and constant danger creates an environment conducive to the development of psychological disorders. Studies show that military police officers often face a significant stress load, which can lead to mental health issues, including PTSD. However, it is important to note that not all individuals exposed to traumatic situations will develop the disorder. Figueira and Mendlowicz (2003) [2], in their article "Diagnosis of Post-Traumatic Stress Disorder," affirm that biopsychosocial factors can be involved in the development of PTSD, pointing out that the rates of traumatic events and PTSD occurrence are not equivalent.

### 1.1 Definition of PTSD

Post-Traumatic Stress Disorder (PTSD) is a mental health disorder developed after exposure to traumatic events, which may involve a direct threat to life, severe violence, or events causing intense emotional distress. According to the *Diagnostic and Statistical Manual of Mental Disorders, 5th edition* (DSM-5) [3], PTSD is characterized by a set of persistent and debilitating symptoms that significantly impact an individual's life. These symptoms are grouped into four main categories:

- **Re-living the Trauma:** This includes flashbacks, nightmares, and intrusive memories of the traumatic event. These experiences can be so vivid that the individual feels as though they are reliving the trauma, often resulting in feelings of derealization and dissociation (DSM-5 [3]).
- **Avoidance and Emotional Numbing:** This symptom refers to the active avoidance of places, people, and activities that remind the person of the trauma. It also includes feelings of detachment and difficulty remembering significant aspects of the traumatic event (Santos, Hauer & Furtado, 2019 [1]).

- **Negative Changes in Thoughts and Mood:** Individuals with PTSD may experience persistent feelings of guilt, shame, and a distorted view of the world. Other symptoms include difficulty in feeling positive emotions and feelings of alienation (Nascimento et al., 2022 [6]).
- **Alterations in Arousal and Reactivity:** This is manifested by irritability, difficulty sleeping, hypervigilance, and exaggerated reactions to stimuli (Figueira & Mendlowicz, 2003 [2]).

### **1.2 Clinical characteristics of PTSD**

The clinical characteristics of PTSD can vary in intensity and impact. To be diagnosed, the individual must have experienced or witnessed a traumatic event. In many cases, symptoms are severe and persistent, significantly affecting daily functioning and quality of life. Therefore, it is understandable that the prevalence of PTSD among military police officers is notably high due to the stressful and frequently traumatic nature of their work. Studies indicate that repeated exposure to traumatic events can lead to a more complex form of PTSD, known as complex PTSD, which is characterized by a broader range of symptoms and greater difficulty functioning effectively in daily life (Andreoli et al., 2010 [7]).

### **1.3 PTSD in the context of police forces**

Constant exposure to traumatic situations in the police environment, such as armed confrontations and scenes of violence, can exacerbate the development and severity of PTSD. Research suggests that the pressure to maintain a façade of strength and competence may lead to greater reluctance to seek help, which can worsen symptoms and hinder treatment (Feitosa et al., 2021 [8]).

Moreover, military culture often values self-control and resilience, which can lead to minimizing symptoms and a reluctance to seek treatment. This is exacerbated by a lack of training and adequate resources to address mental health issues within the police forces (Price, 2017 [9]).

[...] a study conducted with military personnel in Pará found that those who were on medical leave for health treatments faced moral condemnation, exclusion, belittlement, and unfavorable views within the police corps, as they did not fit the “military professional” stereotype. This reinforces the idea that, even when these professionals are ill, due to rigid hierarchy and potential hostility, they either avoid seeking support or lack the coping mechanisms needed to mitigate the effects of potentially traumatic situations (Nunmer & Cardoso, 2019 apud Nascimento et al., 2022 [6]).

### **1.4 Comparisons and discrepancies**

The literature presents variations in the definitions and approaches to PTSD. While the DSM-5 and ICD-11 offer similar definitions, certain therapeutic approaches are more emphasized in specific cultural and professional contexts. For example, Cognitive Behavioral Therapy (CBT) and Eye Movement Desensitization and Reprocessing (EMDR) are often highlighted as effective, but the applicability and acceptance of these approaches can vary (Santos, Hauer & Furtado, 2019 [1]; Nascimento et al., 2022 [6]).

### **1.5 Impact on professional life**

PTSD can have a profound impact on the professional life of military police officers. Difficulty maintaining focus and making quick decisions can compromise safety during critical operations. Literature indicates that officers with PTSD often face a higher error rate in operations and decreased work efficiency (Figueira & Mendlowicz, 2003 [2]).

Additionally, the impact on the team can be significant, leading to increased conflicts and reduced team morale. These issues can result in higher turnover rates and decreased team cohesion (Feitosa et al., 2021 [8]).

### **1.6 Impact on personal life**

On a personal level, PTSD can affect family and social relationships. Police officers suffering from PTSD may become emotionally distant, face difficulties in maintaining intimate relationships, and experience social isolation

(Andreoli et al., 2010 [7]). The tension and stress associated with PTSD can contribute to family conflicts and communication problems, affecting family dynamics and the emotional stability of loved ones.

Additionally, substance use as a form of self-medication is common among individuals with PTSD, which can further exacerbate mental and physical health problems. According to Feitosa et al. (2021) [8], chronic PTSD is a factor in the morbidity of other psychiatric conditions, such as increased substance abuse and a higher risk of suicide. Physical health issues associated with PTSD include sleep disturbances, chronic pain, and an increased predisposition to cardiovascular diseases (Price, 2017 [9]).

The described inability to relax and the constant concern for imminent danger reveals a progressively more isolated professional, gradually distancing themselves from family and friends, with social contact often limited to fellow officers. In this context, the military's increasing interaction with alcohol use as a means to acquire relaxation or escape the effects of stress becomes more common (Feitosa JB et al., 2021 apud Santos & Saturnino, 2023 [4]).

### 1.7 Comparative studies

The literature presents various perspectives on the impact of PTSD on the professional and personal lives of police officers. While some studies emphasize the negative impact on operations and work effectiveness (Feitosa et al., 2021 [8]), others highlight the effect on personal and family relationships (Figueira & Mendlowicz, 2003 [2]). Comparing these perspectives is crucial to gaining a comprehensive understanding of PTSD and its implications.

## II. Treatment of PTSD: therapeutic approaches

The treatment of Post-Traumatic Stress Disorder (PTSD) involves a variety of therapeutic approaches aimed at reducing symptoms and improving overall functioning. Among the most recognized are Cognitive Behavioral Therapy (CBT), Eye Movement Desensitization and Reprocessing (EMDR), and Acceptance and Commitment Therapy (ACT). Each of these approaches offers different strategies for managing PTSD, and their effectiveness may vary depending on individual needs and cultural context.

### 1.8 Cognitive behavioral therapy (CBT)

Cognitive Behavioral Therapy (CBT) is one of the most studied and widely used approaches in the treatment of PTSD. CBT focuses on identifying and modifying dysfunctional thoughts and behaviors associated with trauma. The main components of CBT for PTSD include:

- **Gradual Exposure:** Involves controlled, gradual exposure to memories and trauma-related situations, helping the individual face and process trauma in a safe manner.
- **Cognitive Restructuring:** Aims to change dysfunctional beliefs and negative thoughts related to trauma, promoting healthier adaptation (Feitosa et al., 2021 [8]).
- **Coping Skills Training:** Includes techniques to improve stress management and emotional regulation.

Various studies have shown that CBT is effective in reducing PTSD symptoms and improving quality of life. However, the application of CBT may face challenges, such as the need for access to trained therapists and resistance from individuals to confront trauma (Figueira & Mendlowicz, 2003 [2]).

### 1.9 Eye movement desensitization and reprocessing (EMDR) therapy

Eye Movement Desensitization and Reprocessing (EMDR) therapy is another effective approach for treating PTSD. EMDR involves reprocessing traumatic memories through directed eye movements, which help reduce the emotional intensity associated with the trauma. The main components of EMDR include:

- **Reprocessing Traumatic Memories:** EMDR uses bilateral stimulation, such as eye movements, to help the individual process and integrate traumatic memories.
- **Resource Development:** The therapy also focuses on strengthening internal resources and promoting a positive self-image (Nascimento et al., 2022 [6]).

Studies show that EMDR can be particularly effective for those who struggle with direct exposure to traumatic memories, offering an alternative approach that may be less challenging for some individuals.

### 1.10 Acceptance and commitment therapy (ACT)

Acceptance and Commitment Therapy (ACT) is an approach that focuses on accepting experiences and emotions, rather than fighting against them. The main components of ACT include:

- **Acceptance:** Encourages individuals to accept their emotions and thoughts related to trauma, rather than trying to control or avoid them.
- **Mindfulness:** Utilizes mindfulness techniques to help individuals connect with the present moment and reduce the impact of PTSD symptoms (Santos, Hauer & Furtado, 2019 [1]).

ACT has proven effective in improving psychological well-being and helping individuals engage in meaningful behaviors, even in the presence of PTSD symptoms.

### 1.4 Group psychological support programs

Group psychological support programs provide a platform for military police officers to share their experiences and coping strategies. These programs may include:

- **Group Sessions:** Facilitated by therapists, these sessions create a safe space to share experiences and receive support.
- **Stress Management Training:** Includes relaxation techniques, meditation, and physical exercises, which are essential for overall well-being (Price, 2017 [9]).

Specialized programs for police officers can be beneficial, as they provide a space where participants understand the unique challenges of police work and can support one another.

### 1.5 Extended clinic model

Some authors advocate for the extended clinic model, which can positively contribute to officers diagnosed with PTSD. This model differs from the traditional clinical setting, as it brings the professional to the person in need, bridging the gap between the service provider and the officer's lived reality. This approach helps the officer feel understood and supported, which can facilitate the therapeutic process.

### 1.6 Public policies and institutional initiatives

The implementation of public policies and institutional initiatives is crucial for supporting the mental health of military police officers. Key recommendations include:

- **Development of Mental Health Policies:** Establish policies that integrate psychological support into the workplace and promote the mental health of officers.
- **Training and Capacity Building:** Offer regular training for managers and leaders on the importance of mental health and how to recognize signs of PTSD.
- **Access to Mental Health Services:** Ensure that officers have access to confidential and effective mental health services, with continuous support (Feitosa et al., 2021 [8]).

The lack of resources and cultural resistance remain significant challenges. Improving accessibility and fostering a workplace culture that values mental health is essential for the effectiveness of support programs.

## 2. Treatment of PTSD at the Military Police Hospital Of The State Of Espírito Santo (HPM-ES)

The Military Police of the State of Espírito Santo operates a general hospital in the state capital, which, through services offered by both military and civilian health professionals, is available to provide a wide range of treatments and health care, for both military personnel and their families. Among the specialties available, there is a dedicated team focused on mental health care.

Currently, HPM-ES employs three neurologists, three psychiatrists, six psychologists, and one social worker. The social worker is part of the Division of Corporate Health Promotion (DCPS) and provides support to military officers and their families. The psychology team primarily consists of civilian professionals, most of whom are hired on a temporary basis by the state's health department.

Regarding specific care, psychologists at HPM-ES follow various therapeutic approaches, making it difficult to determine the exact methods applied to each individual. However, it is clear that military police officers diagnosed with PTSD or exhibiting symptoms receive treatment through a multidisciplinary team, combining psychological therapy with medication management and ongoing monitoring, based on each individual's needs and adherence to the treatment process.



## 2.1 Challenges

One of the greatest challenges in providing mental health care to military police officers is overcoming the perception of officers as “heroes,” invulnerable beings, or “iron men,” as reported by several authors during the research. This perception can prevent officers from seeking necessary care and can hinder their superiors from recognizing the need for such care. It is crucial that research on the mental health of military police officers continues to expose the reality and prompt action to help these workers care for themselves and their colleagues.

## III. Conclusion

In conclusion, the study of Post-Traumatic Stress Disorder (PTSD) in military police officers emphasizes the importance of recognizing and addressing the profound impacts of this condition on their personal and professional lives. Continuous exposure to traumatic events, combined with the cultural pressure to maintain a façade of strength, exacerbates the development of PTSD and complicates the search for help. Therapeutic approaches such as Cognitive-Behavioral Therapy, Eye Movement Desensitization and Reprocessing (EMDR), and acceptance-based therapies have proven effective, although their applicability may vary depending on the context.

Investing in appropriate treatment strategies and psychological support programs is essential to ensure the well-being of military police officers and improve the effectiveness of public security operations. Deconstructing the myth of the “invulnerable hero” and promoting a more humanized view of these professionals is key to addressing PTSD within law enforcement

## References

- [1] Santos, R. O. B., Hauer, R. D., Furtado, T. M. (2019). O sofrimento psíquico de policiais militares em decorrência de sua profissão: revisão de literatura. *Revista Gestão e Saúde*, 20(2):14-27.
- [2] Figueira, I. & Mendlowicz, M. (2003). Diagnóstico do Transtorno de Estresse Pós-Traumático. *Revista Brasileira de Psiquiatria* 2003;25(Supl I):12-6.
- [3] American Psychiatric Association: *Manual Diagnóstico e Estatístico de Transtornos Mentais:DSM-5-TR*. 5 ed. rev. Porto Alegre: Artmed, 2023.
- [4] Santos, S. S. & Saturnino, A. S. G. (2023). O adoecimento psíquico nos policiais militares. *Revista Eletrônica Acervo Saúde*, 23(4), 1-7.
- [5] American Psychiatric Association: *Manual de Diagnóstico e Estatística de Distúrbios Mentais DSM III-R*. São Paulo: Manole, 1989.
- [6] Nascimento J.C., Costa T.M., Sarmiento S.D., Santos K.V., Dantas J.K., Queiroz C.G., et al. Análise do transtorno do estresse pós-traumático em profissionais emergencistas. *Acta Paul Enferm.* 2022;35:eAPE03232.
- [7] Andreoli, S. B., et al. (2010). Prevalence of PTSD and MDD among Brazilian urban violence survivors. *Journal of Affective Disorders*, 136(3), 370-378.
- [8] Feitosa, J. B. M. F., Silva, N. L. D., Lemos, R. F., Melo, D. J. S., Ramos, F. W. S. (2021). Depressão, risco de suicídio e transtorno de estresse pós-traumático em policiais militares de Maceió, Alagoas, Brasil. *Brazilian Journal of Development*, Curitiba, v.7, n.12, p. 115370-115391.
- [9] PRICE, M. Psychiatric Disability in Law Enforcement Officers. *Behavioral Sciences & the Law*. Boston, v. 35, n. 2, p. 113-123. 2017.