Police Negotiations with War Veterans: Seeing Through the Residual Fog of War

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Since the Global War on Terror began on September 11, 2001, more than 1.6 million Americans have deployed to distant lands to engage a determined enemy. When they return home, most make a smooth transition into civilian life, but others do not. All of them, however, face adjustment challenges.

“Square one no longer exists for those who have gone to war.”
—Down Range: To Iraq and Back

The military offers the best support programs and resources, such as Beyond the Yellow Ribbon, the Center for Deployment Psychology at the Uniformed Services University of the Health Sciences, and the Battlemind Program, ever available to this nation’s warriors. One deployed chaplain explained, “We don’t want our people to just come home physically; we want them to come back close to the human beings they were when they left.”

Despite these programs, some warriors still have difficulty with their readjustment or reintegration into the lives, families, schools, businesses, and communities they left behind. Often, these readjustment issues painfully play out in private. At other times, however, they involve municipal, county, and state police authorities when private affairs disintegrate and become matters of public concern and safety. No community—small town, suburb, or metropolitan area—is exempt from these issues.

Since 1995, the FBI’s Hostage and Barricaded Database System (HOBAS) has been compiling statistics on crisis incidents submitted by law enforcement agencies across the United States. As of July 29, 2009, it contains a total of 5,477 incidents that represent a sample of the situations including suicidal individuals, domestic altercations, homicides followed by suicides, bank robberies, and barricaded individuals, faced by law enforcement. In 6 percent of these incidents, the individual involved was a veteran or active-duty member of the military. To aid the law enforcement community, the authors examine the characteristics of these events and offer some specific insights.
and suggestions about dealing with recent combat veterans whose distress may lead to crisis situations and police interventions.

**Consequences of War**

 Wars produce multiple types of injuries to the soldiers who fight them. Mild traumatic brain injury (MTBI) has been characterized as the signature injury of the wars in Iraq and Afghanistan and psychological problems their Agent Orange.⁴

 A psychologist from Walter Reed Army Medical Center who works with MTBI patients has said that 70 percent of injuries to troops in Iraq are caused by improvised explosive devices (IEDs), and 10 to 20 percent of troops experience MTBI.⁵ The prevalence of major depression, generalized anxiety disorder, and post-traumatic stress disorder (PTSD) for those returning from Iraq may be from 15.6 to 17.1 percent; the figure may be 11.2 percent for those returning from Afghanistan (pre-Iraq troop drawdown).⁶ Additional screening and elapsed time since coming home are important factors in recognizing the continued presence of PTSD and mental health problems as a result of wartime experiences. A second screening conducted 3 to 6 months after active-duty military personnel returned showed an increase of reported mental health problems from 11.8 percent to 16.7 percent and for reserve personnel from 12.7 percent to 24.5 percent.⁷

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By themselves (as well as in concert with MTBI), PTSD, depression, and other disorders produce a major impact on returning veterans’ adjustment and potential for a police-related encounter. Concerns are exacerbated because it is likely that among the veterans returning from Iraq and Afghanistan, only about one-half, and in some studies only 20 to 40 percent, seek treatment.⁸ Stigma and concerns about the effect of a psychiatric diagnosis and treatment on their careers inhibit their desire to seek therapy.⁹

As an example of the interpersonal impact of reintegration issues that have the potential to bring veterans in contact with law enforcement, it should be recognized that those with PTSD are two to
three times more likely to commit intimate partner violence than veterans without the disorder. Sources also suggest that PTSD is related to alcohol abuse.

One tragedy involved a military wife who attributed her veteran husband’s psychological breakdown and subsequent shootout with sheriff’s deputies to PTSD from multiple traumas in Iraq. These included trying to deal with the experiences of both an adolescent Iraqi girl walking up to his heavy equipment transport truck to blow herself up and the image of an old man with his donkey who was killed because he did not respond to commands, with her husband believing that he may have been deaf. Moreover, her husband felt guilty about being medically evacuated for a breathing disorder and then learning that a fellow army reservist had been killed by a transportation mishap that he was convinced he could have prevented. Indeed, it was this event and this guilt that led to his acute breakdown and shooting episode. Of note, a deputy was wounded in that incident, which the county sheriff, himself a Vietnam veteran, described as the reservist having “a battle plan laid out,” which he executed.

In some months, depression and related suicide have caused more deaths than combat. A 23-year-old national guardsman returned home from Iraq in 2005 and slipped into “a mental abyss so quietly” that neither his family nor unit noticed. He shot himself in the head with a .22-caliber rifle. In another incident, the wife (and mother of three) of a Marine gunnery sergeant who took his life inside their home described the act as contradictory to the very person he was and confusing to understand.

The rate of suicide on the home front is double that of war zones. PTSD, depression, problem drinking, relationship issues, disabling injuries, and financial and legal problems are factors that raise the risk of suicide, often by a factor of two. While rates of suicide are not an “epidemic,” the numbers are of ever-growing concern.

**Transition Issues**

The first step for officers tasked with potentially responding to incidents involving veterans is to become familiar with the traits and trends experienced in past cases. In thinking about what to expect and anticipating potential responses, officers can optimize their mental preparation. No specific behaviors are predictable, but exposure to and familiarity with similar incidents can provide insight and a frame of reference.

Skill sets that military members learn so they can survive combat and accomplish their missions may not translate well into the civilian world. These encompass more than shooting straight or
learning how to throw a hand grenade. Constant vigilance, expected immediate responses to orders without question, erratic driving to avoid roadside bombs or ambushes, operational security (e.g., providing information only on an as-needed basis), and carrying weapons 24/7 represent just a few of the critical skills needed in combat. The nature of the war environment also plays a significant role.\textsuperscript{16}

- Hypervigilant states with no “day off”
- Selfish mentality centered on survival
- Sense of unlimited power and ability to make demands
- Tendency to vilify enemy supporters and even certain populations
- Offensive and defensive driving
- Sleep deprivation and chronic fatigue

When service members return from a war zone, they may have difficulty surrendering their weapons, which have provided them security and identity during their deployment (just as they do for law enforcement officers). They may continue to drive erratically because of debris on the road, or they may overreact to statements or gestures that they may interpret as hostile or threatening.

Domestic issues may develop if they believe family members are not quick enough to follow instructions. They have spent months or years controlling or suppressing emotions—especially those of a more tender, caring nature even toward family—to help them deal with separation. This continuation of emotional distance has been characterized as “freezing the heart”\textsuperscript{17} and as “stringing up the (perimeter) wire.”\textsuperscript{18}

Not surprisingly, these characteristics, which may develop or harden during deployment, can create difficulties upon returning home. Homecoming is not a single event with flags, hugs, and momentary cheers. Rather, it is an ongoing and often lengthy process.\textsuperscript{19} Apathy, uneasiness, and the desire to avoid questions and repetition of war stories can lead veterans to shun social activities (even those of enthusiastic participation predeployment) with the family. Nightmares and other aspects of hypervigilance can result in a preference for sleeping alone and apart from loved ones. Anger, irritability, and accustomed authority can fuel domestic relationship problems as a residual need for survival-related control can cause friction with spouses and children.

Because of modern transportation, a Marine could be in a gun battle on Thursday and back home in the United States on Saturday or Sunday. In other cases, access or attitudes (fear of the stigma of
being seen as weak or crazy) may inhibit forthrightness and needed intervention.²⁰ Letting go of habits essential for survival is a slow and difficult process for some combat veterans, and the law enforcement officers dealing with them must be aware of this.

**Invisible Wounds**

Law enforcement personnel should understand that not all wounds of war are visible. In addition to PTSD, many combat veterans experience feelings of alienation and isolation, guilt, fear, and shame, along with an undefined sense of anger. A collision of conflicting feelings, such as relief that they made it home but guilt about friends who did not, may occur. A conflict may exist between wanting to be with family but also missing their brothers and sisters at arms. As surprising as it may be for some civilians, veterans may long to return to combat zones where life is remarkably simpler and where they believe they were making a difference in the world and contributing to a cause far greater than anything they knew before or after combat.

In their book Band of Sisters: American Women at War in Iraq, Holmestedt and Duckworth describe the ordeal of a female Marine Corps captain, aviator, and weapons system operator who flew in an FA-18 Hornet.²¹ She punched in the coordinates to attack barracks where enemy troops were sleeping. She could see missiles launch and Iraqis running for their lives, white figures against the green background. She remained committed to the mission, but, like so many generations before her, she would have to learn how to cope with the emotional scars of combat. The captain’s distress showed in her dreams. The intellectual and emotional synchrony of the war zone began to dissolve. She experienced questions about her beliefs in human life and her actions in the war. Further, she had additional stress. Being female, she was sure her male counterparts would view these emotions and questions as a sign of weakness and “being female.” At a family wedding 2 months after returning home, she felt perplexed by the attention and congratulations and requests to recount her battlefield experiences, the very actions she was viewing with ambiguity. However, it was her uncle, a Vietnam veteran, who “saw a look in her eyes that he recognized” and went over to her and gently said, “I know, I know.”

Walter Reed Army Medical Center psychologist Dr. Louis French echoes this, “No one comes away from war unscathed.” One veteran put it this way, “No one crosses a river without getting wet, and no one goes to war without being changed.”²²

Anger may be a particularly frequent and underappreciated remnant of the war experience. Many veterans have spent a long time experiencing anger—at the enemy, at separation from home, at the frustrations of assignment, and toward the administration. In her book Stoic Warriors, Nancy
Sherman wrote, "Anger is as much a part of war as weapons and armor." She quotes Seneca, among the ancient stoic philosophers, as saying anger “whets the mind for the deeds of war.” And, despite more evidence of the role of anger in war, she notes Cicero’s concern about what occurs when that anger is brought home. She cautions that all too often, warriors “bring home a rage that has lost its targets.”

Many veterans of combat can experience a much shorter fuse with their anger. They are like Fourth of July firecrackers that will burst in an instant by the instigation of one little match. Others allow their anger to simmer, hidden somewhere deep in their soul, until finally a devastating eruption occurs.

Veterans may take attitudes and perceptions from the battlefield that may not form part of the formal definition of PTSD but can profoundly influence interactions with others, especially police. These may include cynicism and distrust of government and societal institutions, a tendency to react to stressful situations with survival tactics, a hypersensitivity to justice and injustice, and difficulty with authority figures.

Nonetheless, if an incident rises to the level of police involvement and if the responding officers understand the veteran’s perspective, they have a good chance of defusing it. Indeed, the best friend and best hope the combat veteran may have in a situation escalating out of control is the informed police officer or negotiator.

**Dangerous Assumptions**

In general, making assumptions when involved in a crisis negotiation can carry intrinsic risks. First, an incorrect assumption can result in losing rapport and credibility with the person in crisis. Attempts to demonstrate understanding could be undermined. Bad assumptions can communicate a judgment or opinion. This could cause a negative, defensive reaction and reduce any influence gained over the person. One police and military trainer calls this a conceptual baseline. Officers need to remain aware of what their conceptual baselines are so as not to become unduly, unconsciously, and undesirably diverted or biased by them.

For example, it would be easy to assume that veterans who were cooks or mechanics in the service never personally experienced armed conflict. While many often believe that only the infantry or other combat arms branches engage in direct warfare, nothing could be further from the truth. Cooks may
be delivering food as part of a convoy that may be attacked directly or indirectly from IEDs, rocket-
propelled grenades, or small-arms fire. Additionally, because American forces do not abandon
vehicles damaged during combat, recovery teams often must retrieve them. Many of these teams—
composed of mechanics, not infantrymen—have been ambushed as they attempt to secure these
disabled vehicles.

It also is wrong to assume that just because a veteran is a woman, she never personally engaged in
combat. Even though the military currently restricts women from traditional combat roles, such as
the infantry, women can serve as medics, and many have done so with honor and distinction as part
of an infantry company. As such, women may be carrying a pack and standing shoulder to shoulder
with her male counterparts in the infantry as part of the company’s or battalion’s combat medical
operations.

The key lies in opening the lines of communication with soldiers in crisis and expressing a willingness
to listen to their stories. Employing active-listening skills can help officers and negotiators effectively
demonstrate an understanding of the experiences and emotional states of these veterans.

**Healthy Survivors**

Not all veterans will be adversely affected by their war experiences. Research has shown that 85 to
90 percent of MTBI veterans completely recover and return to baseline within 1 year.\(^{26}\) While not a
reason to minimize concern, combat-related suicide rates do not exceed the prevalence of
demographically matched groups.\(^{27}\) Finally, many behavior patterns observed postdeployment are
not pathological in themselves, but have been essential survival patterns practiced for a long time
and, therefore, are not easy to abandon. Acknowledging this and avoiding as much as possible a
label or even innuendo that such behavior patterns constitute unhealthy reactions will facilitate help
for veterans struggling to process their wartime experiences.

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Law enforcement officers always need to consider whether they are dealing with a significant mental
illness that may or may not be war related. However, beyond that, in defusing situations with
combat veterans, police officers and negotiators should remember that war changes people in ways
still not fully comprehended. Today’s service members all are volunteers, and many want to maintain
the military values of duty, honor, and country, along with commitments to their units and friends.
Soldiers must be strong and brave. As a result, one of their greatest fears is to be perceived as weak or cowardly. Warriors must not be put into situations where they will be forced to act in a way that proves their personal courage. They want to be treated with respect, and they have little tolerance for half-truths or disingenuous talk. By relating to them as equals and as servants of the greater good who may not always be understood or appreciated, police officers and negotiators have a better chance than almost anyone to earn a veteran’s trust and to de-escalate situations that potentially may become dangerous.

**Rapport-Building Challenges**

The responding law enforcement officers may or may not have military experience. However, they share many common bonds with military personnel. Every day, officers face dangerous situations and life-or-death decisions. Officers share the same desire to serve and feel that they are contributing and worthy. They have lost sisters and brothers on the force and faced their families with guilt and pain. Officers understand the concepts of honor, bravery, and duty. They also have witnessed humankind’s capacity for evil and cruelty. At the end of each day, they go home and attempt to separate the job from their family life with varying degrees of success. In attempting to relate to veterans, however, officers must be careful not to equate their experiences to that of what veterans may have encountered. While some veterans will have the utmost respect for law enforcement officers, others may, justly or unjustly, view combat as unique and significantly different from police work.

This is not to say that officers would attempt to equate their experiences with those of veterans. However, it may help officers to demonstrate empathy and recognize and reflect back some of the underlying emotions of the veterans in crisis. For example, “It sounds like you had to make a difficult decision in that situation, and now you are second-guessing yourself and feeling bad.”

In other words, a lack of similar experiences does not prohibit officers or negotiators from developing rapport. After all, their primary skill is to listen and attempt to demonstrate understanding. The conversation is not about them or their experiences, it is focused and driven by the person in crisis until this individual is able to return to more rational thinking. It is equally important not to avoid topics that the person may bring up. Avoidance of a topic prevents a true understanding of the problem and related emotions causing the crisis. The individual is given the opportunity to vent emotions, thereby lowering the tension of the situation. Active-listening techniques, such as emotion labeling, mirroring, paraphrasing, and others, demonstrate an officer’s effort to understand.
listening and reflecting the emotions beyond the words, the officer seeks to de-escalate the situation and prevent the soldier from acting out while in a state of crisis.

Some specific closed and open-ended questions can help engage a distressed combat veteran. Coupled with the foundational approaches to negotiation (e.g., active-listening skills), these can help officers and negotiators build rapport and safely influence a potentially dangerous situation.

- How long were you in the military? Are you still in? (They may have a strong bond or commitment to members of their unit.)
- What was your military occupational specialty? (Some are more prone to experience direct combat than others, but none are completely free of its danger.)
- Were you ever deployed? How long? (The chance of potential problems rises in direct proportion to the length of deployment.)
- How many times were you deployed? (The more times they are deployed, the more likely they are to suffer residual effects.)
- Where were you deployed? (Certain areas are more dangerous than others.)
- What was it like for you? (The answer may offer insights into their mind-set; it also allows the officer or negotiator to demonstrate genuine listening skills.)
- Do you miss it? (This provides insight into the distressed subject’s mind-set.)
- How long have you been back? What is it like to be back? (It takes time to readjust to the civilian world. Although it is not an absolute, the longer they have been back, the more likely they are to be reintegrating to some degree. The second open-ended question offers potential insight into their mind-set.)
- Are you in contact with fellow veterans? (This may elicit available support or reveal friends who died in the war.)

It is critical to remember that these questions simply are a guide to help officers clarify a possible topic brought up by veterans. They are not to be used to question individuals in crisis who, in fact, may not want to talk about their war-time experiences.

The critical skill set of responding officers and negotiators includes their ability to apply active-listening skills and demonstrate an attempt to understand the emotions bubbling on or under the surface of the veteran in crisis. Those emotions are labeled and reflected back to the individual in an
effort to diffuse them long enough to allow a more rational light to shine through or, in the worst-case scenario, to provide the tactical team enough time to react safely.

**Conclusion**

Although responding law enforcement officers and negotiators want to help this nation’s honored warriors, they must remember that a veteran or active-duty soldier also can represent an extreme danger. Their weapons training and ability to act under pressure make it all the more imperative that law enforcement personnel prepare to de-escalate the situation and avoid “the battle.”

Our veterans and soldiers have returned, and, just as in the war zone, there are no acceptable losses. They stood between Liberty and her enemies, and now it is the challenge and responsibility of our law enforcement officers and negotiators to stand between these valiant warriors and the fog that has not yet lifted for them.

**Endnotes**

1 B. Cantrell and C. Dean, Down Range: To Iraq and Back (Seattle, WA: Wordsmith, 2005).


12 Ibid.


15 Ibid.

16 C. Remsberg, “Cops Back from War: What Problems Do They Pose?”


18 B. Cantrell and C. Dean, Down Range: To Iraq and Back.


22 C. Remsberg, “Cops Back from War: What Problems Do They Pose?”


24 B. Cantrell and C. Dean, Down Range: To Iraq and Back.

26 C. Remsberg, “Cops Back from War: What Problems Do They Pose?”

27 K. Hefling, “Veteran Suicides Highest Yet Recorded: Iraq and Afghanistan Vets at Greater Risk Due to Disabling Injuries, PTSD.”