



E71 Trauma, Cognition, and the Investigators

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After attending this presentation, attendees will be more aware of the various types of trauma that investigative personnel routinely encounter and the potential impacts this may have, not only on the individual, but on the investigation. Paths forward and the development of Evidence-Based Policy (EBP) will also be addressed, so attendees can examine what policies and assistance are available in their own agencies.

This presentation will impact the forensic science community by opening discussion on a topic that is not only often considered to be taboo, but also by highlighting the potentially different trauma experiences that investigative personnel face and how, while more attention is being placed upon first responder exposure to trauma and their subsequent resilience, this focus may mask or overlook specific needs of investigators who are likely to experience trauma for a longer duration and in a different manner.

While there has been increased discussion about trauma and resilience among first responders in the past decade, this discussion has often been limited in scope and scale. There has been a focus on those immediately responding to critical incidents, as noted by Fetterman, with advances made in how we address first responder mental health in the aftermath of a traumatic experience; however, like Henry noted in his research, different positions involved in dealing with death in particular, but ostensibly also those involved in other types of cases, experience trauma differently.^{1,2} This includes a variety of factors, such as time spent at the scene, and acknowledges that repeated exposure to trauma has a cumulative, rather than additive, effect. O'Hara notes that, unlike clear critical incident-related traumas, cumulative trauma can be more insidious and difficult to treat.³ This suggests that best practice would necessitate addressing how participating in difficult or traumatic cases, especially as an investigator or as a member of a crime scene unit, impacts those personnel and provide appropriate services. Traumatic or troubling cases may also impact investigative personnel and lab personnel that were not immediately on scene as a form of vicarious trauma, which has recently been addressed among first responders by the Office of Victims of Crime.⁴ Further, cognitive implications subsequent to traumatic exposure are varied in presentation and warrant further exploration. Amnestic complications associated with dissociation, as well as shifts in cognitive schemas, following traumatic exposure have implications for both subsequent cognitive functioning and possible applications of insight-based treatment approaches.^{5,6} It has been suggested that the cognitive impact of trauma can be seen in both primary and vicarious/secondary trauma exposure (e.g., peers, treating clinicians).⁷ Furthermore, some research has suggested a negative impact on executive functioning and memory, which may even be compounded by repeated exposure to trauma⁸⁻¹¹. Additional research, especially in order to synthesize findings across trauma research, is indicated.

This presentation draws on research conducted with various law enforcement personnel who had been involved in an officer-involved shooting, to include the shooter and investigative personnel, and clinical experience, as well as current literature and other sources discussing EBP, with the dual goal of both opening and furthering discussion on a sensitive but vital topic, as well as beginning to identify paths forward toward a balanced approach that acknowledges mental health and resilience of the investigators and other investigative personnel.¹²

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Investigator Mental Health, Trauma, Cognition