



**Kansas Association of  
Chiefs of Police**

PO Box 2163  
Hutchinson, KS 67504

**Testimony to the Senate Commerce Committee  
Proponent of SB491  
February 21, 2022**

Thank you Chairman Erickson and Committee members

The Kansas Association of Chiefs of Police, (KACP), supports passage of SB491. We believe that moving this bill forward will be a show of support for Kansas law enforcement. We have protection by the Kansas workers compensation for physical injuries we endure, we are asking for your consideration regarding the impacts, most often unobservable, that many in our profession experience.

Post-Traumatic Stress, can take place a following traumatic experience in virtually any setting, including the workplace. Our workplace is where bad things happen. In the case of a police officer, fire fighter, or EMT, our work lives take us into some gruesome and horrific situations. We see the inhumanity that is so prevalent in our world today. We see and experience the grief of others and our own grief when we share experiences with families who have to endure these terrible events.

We know that officers who experience more critical incidents are more likely that their colleagues who experience fewer such incidents to report experiencing Post-Traumatic Stress symptoms.<sup>1</sup> They are also more likely to experience emotional and mental symptoms of Post-Traumatic Stress after experiencing these traumatic events. Those can include:

- Flashbacks of the traumatic event
- Heightened startle response, or being jumpy or easily startled
- Anxiety
- Depression
- Anger and irritability
- Emotional detachment
- Violent or self-destructive behavior
- Problems with memory and concentration
- Obsessive-compulsive behavior
- Nightmares

There can also be physical manifestations:

- Headaches
- High blood pressure
- Ulcers
- Heart attacks
- Diarrhea
- Vomiting
- Fatigue

All of these emotional, mental and physical symptoms are counter for having an efficient and effective law enforcement officer. They can also distract an officer from doing the best work they can for their communities.

In the police culture we have been working to overcome the perceived shame and stigma associated with seeking help for problems associated with acute and/or long-term exposure to traumatic events; psychological help. This is where this SB491 can work to normalizing treatment for serious acute or long-term psychological injuries that are not visible from the outside. Our goal is to help an officer through an event and return them to full-duty. We believe SB491 will help accomplish that goal.

Over the past few years, the International Association of Chiefs of Police, the Police Executive Research Forum, USDOJ/COPS Office, the National Action Alliance for Suicide Prevention, and others have



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brought officer safety and wellness into the spotlight. They are working to open the door so that seeking help for mental health issues, issues involving Post-Traumatic Stress are not stigmatized.

Our profession is working on ways for building resilience for officers. Increasing confidence in stressful situations, reinforcing coping skills and building the capability for officers to be better prepared for critical incidents. But, with all of this effort we would be foolish to think training is the be-all-to-end-all.

The point I'm trying to make is we are attempting to mitigate the negative effects of traumatic events for officers. When they are involved in an incident, we are doing better at follow-up and identifying the warning signs after traumatic events. We are working to do better for our officers.

In 2017 there were 172, in 2018, there were 174, and in 2019 the number was 228. (Reported by BLUE H.E.L.P.) Most of those instances, 86.3% occurred when the officer was off-duty, 54.8% occurred when the off-duty officer was at home, and in 90.7% a gun was used. Studies show that officer suicide rates may be under reported. Regardless, when compared to violent line-of-duty deaths, officers die at a greater rate from suicide than from violent offender encounters.

Again, we are asking you to send a message to police, fire and emergency medical services that we recognize Post-Traumatic Stress as a job-related hazard and you are willing to give us the necessary tools to allow us to give hope to our employees to cope, recover, and return to doing their chosen profession.

The effects of Post-Traumatic Stress Disorder can be debilitating. The manifestation of PTSD symptoms make it such that an officer cannot perform the duties required of a law enforcement officer. In SB491 a trained, license, specially trained psychologist or psychiatrist would make the determination of an officer's ability to recover and return to work or not. It is in those cases, when an officer is not able to return to duty, that we believe SB491 will be of benefit to our members.

The KACP asks that you vote favorably to move SB491 forward.

Chief Darrell Atteberry  
Legislative Chair  
Kansas Association of Chiefs of Police

1. Heyman, M., et al., "The Ruderman White Paper: Mental Health and Suicide of First Responders," p. 11, 2018, Ruderman Family Foundation, [https://issuu.com/rudermanfoundation/docs/first\\_responder\\_white\\_paper\\_final\\_ac270d530f8bfb](https://issuu.com/rudermanfoundation/docs/first_responder_white_paper_final_ac270d530f8bfb).