

## **ABSTRACT**

### **Faith Perspective of First Responders:**

#### **The impact of a faith community on first responders pertaining to trauma**

by

Derrick L. Doherty

Due to their vocation, first responders, more than the general population, are exposed to further critical incident stress which may remain unresolved. Consequently, a number of first responders continue to burn out, abuse their spouses, abuse alcohol and drugs, develop Post-Traumatic Stress Disorder (PTSD), and some turn to suicide. This study investigated whether pre-incident training and critical incident stress management (CISM), might prevent such consequences. Specifically, this study identified how participation in a faith community positively impacts the ability of a first responder to prepare for, respond to, and recover from a traumatizing situation. This pre-intervention study involved 171 participants - through surveys, focus groups, and interviews. The participants' responses fell into the following four areas of influence: sense of God's presence, meaning-making, prayer, and community.

Approximately seventy eight percent of the participants indicated that faith communities can have a positive impact on a first responder when handling traumatizing situations. This study confirmed the positive impact of faith communities on first responders in terms of helping them to more effectively handle traumatizing situations. In addition, the study revealed the value of a sense of God's presence, meaning-making, prayer, and community for faith responders. Nevertheless, the study revealed areas in which faith communities might improve their ministry to first responders.

**Faith Perspective of First Responders:  
The impact of a faith community on first responders pertaining to trauma**

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Doctor of Ministry

by

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## **CHAPTER 1**

### **Overview of the Chapter**

Chapter 1 provides the framework for exploring if being involved within a faith community affects first responders involved with a traumatizing situation. The researcher provides a rationale for the project evolving from personal experience supported by research. The overview of the research project includes the research design, purpose statement, research questions, participants, and how the researcher collected and analyzed the results. To add support for this type of project, the researcher identified themes of the literature review and contextual factors. Further discussion, of the anticipated project results, establishes the significance for and impact on the practice of ministry and the life of the community.

### **Personal Introduction**

It was a cool fall afternoon, I was working in the office, and the tones dropped for a first aid call: “gunshot wound to the face.” I immediately got up from the desk, informed the office manager that I was responding to a first aid call, and was then responding to the scene. Upon arrival, I found a police officer who had blood on her shoes and pants and was throwing up in the bushes due to the scene that she had just witnessed inside the home.

A young adult male had attempted suicide with a shotgun, but was unsuccessful; he was sitting in the middle of the kitchen, on a wooden chair with blood all around him. As the first Emergency Medical Technician (EMT) on scene, it was my responsibility to stabilize the patient and prepare him for transport. That was accomplished. His vitals were stable and I was even able to communicate with the man who had shot off half of

his face. Then the medics arrived on scene. They insisted on transporting him in their apparatus. A problem arose when their protocols called for all patients to be transported in the supine position. This created the problem. Lying down compromised the patient's airway. He died in transit to the hospital even though he was communicating to me on the scene with stable vital signs. How is a first responder supposed to return to what they were doing before the call and act as if nothing has happened after a call such as this? Calls such as this are more frequent than the general population understands.

It was a warm summer evening, I was enjoying the night with my wife and children. The pager went off for a tent fire at a local camp. I responded with the fire department only quickly to find out that there was no fire at the location. Instead, there were three young adult males suffering from second and third degree burns on a large percentage of their bodies. The initial dispatch did not include any type of injured persons report. It was soon apparent that the resources at hand were not adequate to care for these three patients. Additional ambulances and helicopters for transport were requested and responding. However, I was the only EMT on scene with these three patients. Who was I to comfort? Who was I to care for? Who was going to live? All first responders must answer these real life questions every time they respond to help.

On October 29, 2012, Superstorm Sandy viciously came ashore in New Jersey. Within a week of the landfall, I was on one of the barrier islands of New Jersey, Long Beach Island (LBI). This is where my grandparents had owned a home and I have made many wonderful summertime beach memories with family. This trip to LBI was very different. I was on the barrier island to provide Critical Incident Stress Debriefings (CISD) for the first responders who chose to stay on the island—though in reality,



management did not give them a choice to stay. This is despite the fact that Governor Christie said “get the hell off the beach.” While driving to the location of the debriefings, I noticed a resident was flying an American flag upside down, a naval sign of distress. The place, filled with wonderful childhood memories, was under distress.

I have lived through these real scenarios. All first responders have similar stories. Scenes that I have had to process. With the help of my friends, family, CISM, professionals, and the faith community, I have been able to continue with my own life and get back on the emergency apparatus. First responders answer the call for help that many in our community do not want to answer. They are willing to put their lives in harm’s way to potentially save a stranger’s life. They run into burning buildings while others are running out.

As someone who has been involved in a faith community for over 25 years, I have directly benefited from being in said faith community whenever involved in a traumatic event as a first responder. Since my initial training in Critical Incident Stress Management (CISM) in 2008, I have had the honor of meeting with multiple first responders after traumatic events. As a first responder for over 20 years and a pastor for over 18 years, I have seen firsthand the impact of traumatic events on the mind, body, and spirit of first responders.

I am always amazed at how different people respond differently to traumatic events. No matter how someone responds, they are still human and are able to process only so much. I have experienced personally the support from a faith community before, during, and after a traumatic event as a first responder. My roles with the first responder community and the faith community have allowed me to see how faith communities are

uniquely equipped to help first responders to be prepared for, respond, and then recover from traumatizing situations.

### **Statement of the Problem**

First responders are exposed to traumatizing situations. All first responders train to be the best in the worst situations; unfortunately, the worst happens. Community members depend on first responders to be trained, equipped, and ready when they are having sometimes the worst days of their lives. A community member may experience one to three worst days in their lifetime but a first responder could respond to multiple worst day scenarios in a month, if not a week. Whether paid or volunteer, the first responder goes to help and is therefore influenced by the traumatizing situation. Any human being, no matter their training, can only be exposed to so many traumatizing situations before they are adversely affected.

As a result of being exposed to multiple traumatic events and not properly processing them, first responders can develop burnout and possibly Post-Traumatic Stress Disorder (PTSD). In addition, suicide is a possibility since first responders have a higher percentage rate than the rest of the population. First responders are more likely to die from suicide than from line of duty death (Heyman, Dill, and Douglas 36). This could be preventable through pre-incident training, CISM, counselors, and possibly some of the strategies from faith communities. The methodologies that currently exist are incident specific and do not address the need of the first responder as a whole human being: body, mind, and spirit. Because of unresolved critical incident stress, first responders continue to burn out, abuse their spouses, abuse alcohol and other drugs, and some unfortunately

turn to suicide. Research shows that these side effects could be preventable and that perhaps being involved in a faith community could be one factor of prevention.

### **Purpose of the Project**

The purpose of this study sought to identify how participation in a faith community impacts the ability of a first responder in the United States to prepare for, respond to, and recover from a traumatizing situation.

### **Research Questions**

To discover how participation in a faith community impacts a first responder pertaining to trauma, the following questions guided this research.

#### **Research Question #1**

How does participation in a faith community impact the ability of a first responder to prepare for a traumatizing situation?

#### **Research Question #2**

How does participation in a faith community impact the ability of a first responder to respond to a traumatizing situation?

#### **Research Question #3**

How does participation in a faith community impact the ability of a first responder to recover from a traumatizing situation?

### **Rationale for the Project**

When someone dials 9-1-1, there is an expectation that someone will answer the call for help. If our community first responders are not prepared, this will limit those who can respond to the call. Preventable PTSD situations can take our community first responders out of service.

Whether first responders are paid or are volunteers, the municipality that they serve is legally responsible, and should be concerned, about their physical, mental, and spiritual well-being. With just one of these pieces under the influence of a traumatic loss situation, first responders will not be able to respond to the fullest of their training and expectations.

All families of first responders want their father, mother, sister, brother, daughter, or son to come home. Unfortunately, due to the side effects of traumatizing events, their first responders do not always come home. The first responders might be there physically, but mentally and spiritually, they are elsewhere.

All faith communities, regardless of tradition, must take note that they have first responders in their community and that the first responders need them. First responders who are actively involved in a faith community from this research are better prepared, respond healthier, and recover better to traumatizing situations. It is time for the faith communities to engage. It is time for faith communities to form relationships with the first responders currently engaged in their faith and those within the community at large.

### **Definition of Key Terms**

**Traumatizing Situation:** Traumatic events typically involve a threat on human life or a threat on our own perception of our bodies or self. The world of first responders use the term *critical incident* sometimes to refer to traumatizing events. A critical incident is “an event which has the potential to overwhelm one’s usual coping mechanisms resulting in psychological distress and an impairment of normal adaptive functioning” (Everly and Mitchell 11). For the sake of this study, a traumatizing situation is a critical incident that involves loss of life (patient(s) or line of duty), mass loss events (a natural disaster or a

multiple home fire, for example), police-involved shooting incident, or a cumulative compounding factor of lesser traumas with the physiological implications of such.

**Faith Communities:** A group of people with similar religious beliefs and practices, including a belief in a higher/greater Being. Said group meets together on a regular schedule and encourage each other to deepen their religious practices. This study focused on faith practices of three Abrahamic traditions (Christianity, Islam, and Judaism), but did not exclude participation from members of other faith communities.

**Participation in faith community:** For the sake of this study, the author defines participation in a faith community as being present with the faith community for their corporate gatherings, at least once a month on average through the year.

**First Responders:** For the sake of this study, a first responder must be at least 18 years of age. A First Responder is someone who is trained, equipped, and given the responsibility to help and respond in a specific area. By nature of the profession, first responders are exposed to traumatizing situations at an increased rate. First Responders for this study are female and male, paid and volunteer, active and retired police officers (including FBI, secret service, border patrol, ICE, and port authorities), fire fighters, and emergency medical technician (on all training levels).

### **Delimitations**

Certified first responders within the United States, who have responded to traumatic events, are included. Those faithful members of our community who are involved within various first response agencies, but do not have state certifications, are not included. For the sake of this study, public works employees, municipal water

employees, mass transit employees, and utility personnel are not included. The scope of this study is limited to within the United States.

Specifically, this study focused on first responders who were involved in a faith community. First responders who had any type of belief structure but were not involved in a faith community were not included in this study.

This study does parallel studies that need to be completed pertaining to military personnel who are experiencing alarming statistics pertaining to PTSD, suicide, abuse, and divorce. For the sake of this study, it only focused on first responders. Military personnel were intentionally not included in the study, not to exclude them, but to be able to focus on the specific needs of our first responders.

This study refers to the CISM as defined and instructed by the International Critical Incident Stress Foundation, Inc. (ICISF). The author is aware of other organizations, but specifically focused on ICISF model and teachings. The researcher consulted CISM, International, The Police Chaplain Program, and others, but not as primary sources.

### **Review of Relevant Literature**

The topic of faith in the life of first responders and its impact on traumatizing situations covers multiple areas with a wide variety of sources. This section includes an introduction of the main contributors to the topics of stress, trauma, first responders, and faith communities (including presence of God, meaning-making, prayer, and community).

The biblical foundation of the literature review is the Book of Job. As deep as the Book of Job is, it is not enough to fully grasp the topic of pain and suffering. Therefore,

this review examines Psalms 23 and 121 with their reference to God being with us during pain and suffering. The section on biblical foundation concludes with an understanding from Revelation 21.1-6, which points the reader to the truth that what is current reality is not how things will always be. Something new is promised without pain and suffering. Unless otherwise specified, Bible quotations will be taken from the New International Version (NIV).

The theological foundation explores why people suffer and why there is pain in the world. Theologically, the review builds upon the Creation narrative and lays the foundation for an understanding of trauma, suffering, and pain. Rabbi Harold S. Kushner, is a primary source when researching the theological understanding of suffering. In addition, the review compares other works, such as Gregory S. Clapper's *When the World Breaks Your Heart*.

Within the world of trauma, pain, and suffering, Dr. George S. Everly, Jr. and Dr. Jeffery T. Mitchell are leaders in the field of CISM. The literature review summarizes and analyzes the topic of CISM. The International Center of Incident Stress Foundation (ICISF), which Everly and Mitchell founded, has been the prominent source of the creation of, current practice, and leadership of CISM for the past three decades, since the start of CISM. The mission of ICISF is to provide leadership, education, training, consultation, and support services in comprehensive crisis intervention, and disaster behavioral health services to the emergency response professions, other organizations, and communities worldwide (ICISF).

Cherie Castellano is the Program Director for Cop2Cop, the first legislated law enforcement crisis hotline in the United States, based in New Jersey. She has written

many articles pertaining to stress management for first responders. The author reviews Castellano's experience and findings.

Due to the lack of existing research, the author consulted Chaplain James Davis, Chaplain Khalid Latif, and Chaplain Shira Stern for their expertise in the area of faith in the life of first responders. These three chaplains represent the three Abrahamic faith traditions: Christianity, Islam, and Judaism. All three of them have been first responder chaplains for over ten years and are well-respected members of the first responder community. The literature review uses the insights gained from these three community servants throughout.

The author uses the various lenses of Christianity, Judaism, and Islam to explain the presence of God, meaning-making, prayer, and community. The review employs common threads between these the three religions and how they help first responders prepare for, respond to, and recover from traumatizing situations. The concept of meaning-making, first introduced in Viktor E. Frankl's *Man's Search for Meaning*, helps first responders understand how one's faith helps them make-meaning out of all things around them, including traumatizing situations.

## **Research Methodology**

### **Type of Research**

This research was a Pre-Intervention study. A detailed description is contained in chapter 3. The study used three research tools to collect the data. The First Responder Survey was used to gather demographic data and provided the three research questions via an open-ended format. The first responder focus groups served as the second research tool. Through the group dynamics of a focus group, the first responders answered



questions pertaining to the impact of being involved in a faith community, and how it has influenced their preparation, response, and recovery from traumatizing situations. Three expert interviews were conducted to compare the previously collected data with the experts' opinions.

The researcher analyzed the responses to the surveys, focus groups, and expert interviews in such a way as to find themes representing the impact that being involved in a faith community has had on first responders dealing with trauma. While each individual is unique and each traumatizing situation is different, the research pointed to themes among the impacts of the faith community upon the first responders.

### **Participants**

All the participants within this study were: (1) first responders, (2) involved in a faith community, and (3) who had been exposed to a traumatizing situation while serving as a first responder. The survey and focus-group participants self-selected themselves for participation. The participants for the interviews were experts in the field of this study. The researcher selected the participants for the interviews based on the same criteria used for the survey and focus groups, with the addition that they needed to be clergy from a Christian, Jewish, or Muslim congregation and a first responder for at least ten years. Also, said experts had to have been involved in the leadership response to a traumatizing situation. For this research, gender, age (besides being over 18 years of age), educational status, sexual orientation, and the like were not determining factors.

### **Instrumentation**

The study used three research tools to collect the data: the first responder survey, the first responder focus groups, and the expert interviews. All three research tools were

created by the researcher and received expert review. Data collection started with the first responder survey. The survey was an electronic survey which allowed for greater participation. The researcher used said survey to gather demographic and qualitative data while pursuing answers to the research questions.

Five focus groups were offered in geographically convenient locations for the participants in North Carolina and New Jersey. All of the participants self-selected their participation. The focus groups were conducted in a structured style that had prompts available for the facilitator. Digital audio recordings captured the focus groups.

Expert interviews of six experts in the field of study gathered their perspectives on the subject matter. The interviews followed a structured format with the use of predetermined prompts. All of the interviews were conducted via the phone and were recorded.

### **Data Collection**

Over the course of four months in 2020, data was collected via the three research tools. The first step was the creation of the tools, plus the scope of data collection and analysis. The second step was gaining expert approval of the research tools. The Institutional Review Board (IRB) approved the entire scope of the research. The third step was the First Responder Survey, made available via SurveyMonkey through the first responder communities and various faith communities. The first 150 responses provided data for the research. Additional responses were saved for later analysis.

The fourth step was the use of First Responder Focus Groups, organized via those who had self-selected participation in relationship to the geographical location of the participants. Once areas of possible focus groups were found, the researcher confirmed

state and county approval, and found safe, secure, and controllable locations to host the focus groups. The researcher acted as the facilitator of the focus groups. The fifth step was conducting the Expert Interviews. Six experts were invited to participate in phone interviews which the researcher did. The sixth step was data storage. Within this final step of data collection, all of the collected data was sorted, converted to an electronic format, and made available in a manner suitable for analysis.

### **Data Analysis**

Data was collected in a qualitative manner that utilized collected demographic data to help with the understanding of the results. To properly analyze the data, the author chose to follow the typical order of events for qualitative data analysis, namely: organize, scrutinize, and summarize.

**Organize:** While organizing the data, the researcher converted all of it to electronic forms. The data collected from the first responder surveys was converted into Excel. The audio recordings of the focus groups and interviews were transcribed with the researcher's notes being imposed into the documents.

**Scrutinize:** The researcher therefore read all the collected data three times, during which the researcher analyzed all the data by theme, category, and patterns. All the data was then analyzed by a computer program to also find themes, categories, and patterns.

**Summarize/Report:** After all the scrutinizing was complete and all the themes, patterns, and categories were discovered, the researcher then summarized the findings into broader terms that are defined as major findings.

## **Generalizability**

The research contained herein has a high likelihood that someone else could repeat and discover many of the same things. While all people are human, future researchers need to keep in mind that first responders are a different type, but very similar to military personnel. One should take care when attempting to transfer the contained findings to non-first responders. Differences could also emerge which reflect the biases of the participants, outsiders, and researcher. However, said differences should not be so skewed as to invalidate the general findings of this project. This project specifically identifies the impact that being involved in a faith community has on a first responder who has been exposed to a traumatizing situation.

## **Project Overview**

### Chapter 2 Literature Review for the Project

Chapter 2 covers the Literature Review for this project on faith in the life of first responders pertaining to traumatizing events. This chapter identifies and discusses relevant literature related to the topic through four subtopics: biblical understandings of suffering, theological understandings of suffering, first responders and trauma, and strategies from faith communities that could possibly extend to first responders dealing with traumatizing situations. The chapter also includes an overview of what trauma is and how first responders are exposed to trauma. How first responders prepare for, respond to, and recover from traumatizing situations are discussed for clarity. Using these subtopics allowed the researcher to explore understandings of: Why do bad things happen? Can a faith life help someone when going through suffering? How do first responders prepare for, respond to, and recover from traumatizing events? A summary concludes the chapter.

### Chapter 3 Research Methodology for the Project

Chapter 3 covers the Research Methodology for the Project. This chapter discusses the data collection method, which employed a qualitative approach using a survey, focus groups, and interviews to obtain the data needed to research how faith impacts a first responder in traumatizing situations. The author provides a rationale for using the three research tools. The researcher also provides full disclosure on the content of consent agreements and method for obtaining participants' voluntary support. A summary concludes the chapter.

### Chapter 4 Evidence for the Project

Chapter 4 covers Evidence for the Project. In addition to the chapter overview, the author presents the research questions and application of theoretical assumptions to analysis of evidence. For each research question, the author analyzes the obtained evidence. The chapter summarizes the major research findings. A summary concludes the chapter.

### Chapter 5 Learning Report for the Project

Chapter 5 covers the Learning Report for the Project. In addition to the chapter overview, the major findings for each research question and ministry implications of the findings are revealed. The author evaluates the study and presents future directions including directions for the study with a conclusion. A summary concludes the chapter. The study concludes with a reflection of the entire journey at the end.

## **CHAPTER 2**

### **LITERATURE REVIEW FOR THE PROJECT**

#### **Overview of the Chapter**

Everyone experiences trauma. First responders experience their own personal trauma, at varying levels, and by the nature of their vocation are also exposed to the trauma situations to which they respond. As a result of their cumulative exposure to trauma, they are more likely than average citizens to experience family problems, abuse alcohol and other substances, suffer from depression, develop PTSD, and have a higher likelihood of committing suicide. The fact that more first responders die from suicide than from line-of-duty death has motivated this research. It seeks to discover strategies that faith communities can offer to first responders to help them prepare for, respond to, and recover from traumatizing situations.

The literature review examines literature relevant to trauma, first responders, and faith. The author categorized the review into four sections. First, an examination of the biblical perspective on suffering. Within this area, the review focuses on the Book of Job, Psalms 23 and 121, and Revelation 21. Second, a look at the theological perspective that answers the questions of “where is God when bad things happen” and “why do people suffer.” Third, the literature review looks at trauma and first responders. Because of trauma and not being fully prepared for, or properly recover from it, first responders deal with unfortunate ramifications. Fourth, the review concludes with strategies from faith communities that could help first responders: sense of God’s presence, meaning-making, prayer, and community.

## **Biblical Foundations**

God's people are not immune to suffering. The Scriptures in the Old and New Testaments are full of examples of God's people suffering. Sometimes the suffering is a result of their own decisions (Judg. 21.25; 2 Kings 21.3-7). Other times, the suffering is a result of persecution (2 Tim. 3.12). The Scriptures are clear that suffering will happen and that blessing could come from suffering (Rom. 8.18; Jas. 1.12). Jesus suffered while on earth too. He suffered for his people, for their sins, for their opportunity to be in relationship with God (Luke 9.22; Luke 24.25-26; Heb. 13.11-12). There is a strong assurance throughout the Scriptures, that when suffering happens, God is with us (Isa. 43.2). The following section examines The Book of Job, Psalms 23 and 121, and Revelation 21 for the biblical perspective on suffering.

### **The Book of Job**

When searching the Christian Scriptures pertaining to the topic of suffering, one must stop and spend some time in the Book of Job. Job is one of the wisdom literature/poetry books (plus the Psalms, Proverbs, Ecclesiastes, and Song of Songs) found in the Old Testament, and actually starts the section. As a piece of poetry, it is considered "one of the greatest masterpieces of literature" (Comay and Brownrigg 211). John Wesley said that the Book of Job contains "many things hard to be understood," and that is an understatement.

The story of Job has never been an easy story to understand because of the writing style and word choice of the author(s). Being originally written in the fashion of Hebrew poetry, it can be difficult for modern readers to understand since that style is no longer used (*Life Changing Encounter with God's Word from the Book of Job* 10; Newsom 3).

This book is full of similes and metaphors, many of which connect to nature (Zuck 716). One of the many poetry types within the Book of Job is Janus Parallelism. This style of poetry describes a literary device in which ‘the middle’ (line, word, or thought) contains a pun, which in one of its meanings parallels the line that precedes it and in another, parallels the line that follows it. This makes it even more difficult for a modern non-Hebrew reader to understand the complexity of this book. This style of poetry is found throughout the Book of Job (Noegel 131–50).

In addition to the writing style within the Book of Job, the original word choice of the author(s) make interpreting and translating this book very difficult. The book has a very rich vocabulary using many words found nowhere else or in extremely limited locations within the Old Testament (*hapax legomena*). For example *za'ka* "extinguish" (17:1), *naka* "smite" (30:8), and *hap* "clean" (33:9) (Harris 12-13). The vocabulary of Job reveals influences from Hebrew and other languages, including Arabic, Akkadian, Aramaic, Sumerian, and Ugaritic (Zuck 716). Some scholars believe this book was first written in Aramaic and then translated into Hebrew, which created some of the literary difficulties (Harris 13). All this said, the task of translating this book is difficult. A comparison of different translations of the same passage from the book of Job will result in a wide variety of translations. Sometimes the comparison will reveal what appears to be contradicting translations in their meaning (Kushner 37; *Life Changing Encounter with God's Word from the Book of Job* 10–11).

To assume that the purpose of the Book of Job is to address the problem of suffering, good vs. evil, or the absolute power of God, would limit the purpose of the Book of Job. To seek those answers from the Book of Job would leave the seeker empty.



This book does address the concept of retribution theology in a very real way. Retribution theology refers to the understanding that for people who do good, good things will happen to them. The opposite is true within retribution theology, that is, it assumes that when people do bad things, bad happens to them. The Israelites knew this concept to be true for all the people and their relationship with God. The Israelites believed that the covenant God made with God's people supports this concept. God has made it clear to them that, if they remain faithful to God, they will remain within God's favor (Walton, Matthews, and Chavalas. 497). Again, the opposite is true; if they stray away from God, they too will stray from God's favor (Deut. 30.16-18).

On an individual level, however, one can understand how God fulfills God's justice through retribution theology. The people believed God handed out rewards and punishments based on people's behaviors here on earth. The greater the suffering, the greater the wrong the person must have done (Walton, Matthews, and Chavalas 497) . It appears that Jesus' disciples held this understanding of retribution theology (John 9.2).

Retribution theology is the basis on which Job's friends challenged and encouraged him to repent of his wrongdoings. Extremely bad things happened to Job, a righteous man. His friends wanted him to confess to anything and everything, even if he believed he did nothing wrong, to appease God and hopefully stop the bad things. Job's friends went through three cycles of conversations and then a fourth friend joined the dialogues in an attempt to convert Job to their thinking. Job did not confess. Job was more concerned with righteousness and integrity than with appeasement. Job wanted God to exonerate him of the charges and made an appeal to God. Within the discussions, this book explored Job's faith to a much deeper level. Nowhere else within the biblical text

are such destructive speeches given to dismantle a traditional understanding of God (retribution theology) (Newsom 31).

Notwithstanding a rebuttal of retribution theology, the Book of Job neither clearly answers the problems of evil, suffering, and wrong, nor answers the questions of God's power, justice, and control of the world. The author of the book does wrestle with these topics, but prompts the reader towards answers, which this book does not explicitly give. The lack of clear answers, to these long-lasting questions within the conclusion of this book, points to a deeper meaning. God does not answer these questions when speaking to Job nor does the narrator within the prologue. Answers to these burning questions could have been given but were not. Some readers and authors leave the Book of Job disturbed without a clear answer. These questions would appear to be surface items related to the deeper meaning and purpose of this book.

One single theme runs through the Book of Job, and it relates to the relationship between God and humanity (Anderson 509, 513). The prologue of the Book of Job introduces the main theme (Job 1.1-2.13). Said theme is woven throughout the various discussions, is brought to a climax when God spoke through the storm to which Job replied (38.1-42.6), and is then confirmed in the prologue (42.7-17). Within the prologue, when Satan challenged Job's faithfulness to God (1.8-12), it was a challenge to the basis of why Job is faithful to God. The reader wonders "Is Job faithful to God because God gives to Job or because Job and God have a deep relationship?" This is the reason for the trial against Job. Take away everything that Job has and, certainly, he will then curse God (1.9-12; 2.4-5). However, note the personal pronoun that is used. God referred to Job as "my servant" (1.8; 2.3; 42.7). In the prologue and the epilogue God used the personal

pronoun “my,” indicating the personal relationship that God and Job had (Walton, Matthews, and Chavalas 497).

When God appeared, spoke, and replied to Job from within the storm, Job was silent and repented out of the depth of their relationship. God dramatically reminded Job of his proper place within their relationship. God spoke to the freedom in which God rules the world within the created cosmic design (Habel 65). Job then confessed his sin and self-sufficiency to God. Seemingly, Job’s former self finally died and a new Job emerged from his confession (Job 42.1-6) (Mathewson 166). The story climaxed when Job confessed the false relationship based on self-sufficiency and instead turned to a relationship built on trust and surrender to God. Job has now seen God (42.5). Job turned to a new type of relationship with God, which gave all of his suffering meaning and purpose. Job even offered a prayer of intercession for his friends (42.8-9) because their persistent misconception of the relationship with God continued to place barriers in their pathways to a deeper relationship with God based on trust and surrender (Anderson 518). The Book of Job illustrates that faith does not come easily. Honest and searching doubt is often the prelude, not to a loss of faith, but to a deeper and more satisfying understanding of God’s ways. The human life and faith in God cannot be reduced to a simple formula of theology (Drane, *Introducing the Old Testament* 250).

After suffering unimaginable things, Job, the one who was “blameless and upright” fearing God and shunning evil (1.1), was restored by God with multiplication. This did not occur because of Job doing good things (for if that was the case the bad never would have happened), but instead by the mysterious God. The Book of Job makes it clear to the reader that God does not award blessing and shower down calamities, but

instead puts focus on the mysterious God and the unique fact that human beings can be in relationship with this mysterious all vast God.

The Book of Job is not the only place within the Scriptures wherein God directly discusses suffering. The Book of Psalms has many texts that deal with suffering. Psalm 23.4 and Psalm 121.1-2 are some examples.

### **Psalm 23 and 121**

Even though I walk through the valley of the shadow of death, I will fear no evil, for you are with me; your rod and your staff, they comfort me. (Psalm 23.4)

I lift up my eyes to the hills, where does my help come from? My help comes from the Lord. The Maker of heaven and earth. (Psalm 121.1-2)

Both the 23<sup>rd</sup> and 121<sup>st</sup> Psalms speak powerfully of God's protection and provision. The 23<sup>rd</sup> Psalm is the holy of holies of the Psalms (Dunnam 121). The most beloved psalm among the 150, is the 23<sup>rd</sup> which is a psalm of thanksgiving (Leslie 283). The 23<sup>rd</sup> Psalm is a celebration of the protection and assurance that a believer can have because of the continual presence of the heavenly Shepherd-King. This psalm uses the metaphors of shepherd and host to express this point.

This Shepherd-King provides all needs, gives direction, refreshes, leads, and protects the sheep from danger (Miller 26). The Psalm starts with describing the provision and care that the shepherd gives the sheep. Shepherd language fills this Psalm, portraying God as the metaphorical shepherd and God's people the sheep. Sheep need their shepherd. The shepherd needs to guide the sheep to water and food. Sheep need to be protected from other animals and themselves. Sheep need the shepherd to provide

shelter, protection, and even help with child bearing (Walton, Matthews, and Chavalas 524). The metaphor holds true for how God's people need God.

Within verse 4 the psalm changes. No longer are the sheep boasting about the provision but now they are reflecting on the protection provided by the shepherd. The personal pronoun "I" is used to reflect the inward reflection that the sheep is doing (Keller 81–83). The personal pronoun, "I," is used to refer to going through the "darkest valley" the "valley of the shadow of death" (NASB). When someone is traveling through the "darkest valley" or the "valley of the shadow of death," it is personal. Everyone has felt those valleys. Those valleys are real. When one walks through those valleys, they want to know where God is.

This psalm boldly answers the question of where God is during the dark times, "You are with me" (Ps. 23.4). The Shepherd-King is with the sheep in the darkest valley. The sheep know it and as such "fear no evil" (Ps. 23.4). The sheep have nothing to fear because the Shepherd-King, who provided for their needs before the valley, will continue the provision. Security and safety are found in the fact that the Shepherd-King is with us in the dark valley. The Shepherd does not promise that the dark valley will not happen, but promises to be with us, continuing to protect us— "your rod and your staff, they comfort me" (23.4).

Dark valleys in our lives are inevitable. However, Jesus has promised us that, "I have told you these things, so that in me you may have peace. In this world, you will have trouble. Nevertheless, take heart! I have overcome the world" (John 16.33). The question for the follower of God does not pertain to whether or not a valley will come, but how they will survive the valley. The Shepherd-King is with them always. The

Shepherd-King was with them before the valley, through the valley, and after the valley. The sheep of God can have a calm assurance that the one who provides all their basic needs will guide them and protect them, even in the valley (Keller 91). “I am with you always, to the very end of the age” (Matt. 28.20).

The 121<sup>st</sup> Psalm is a confession of assurance (Miller 64). This psalm is a liturgy of supplication that was created by joining together the leaders’ answers and the individual’s lament (Leslie 215). The one who is crying out “Lifting their eyes to the hill” does not receive their help from the hills (Ps. 121.1). Scholars differ on the meaning of this phrase. Some see that the writer is looking at the hill, the mountain that they need to climb and do not understand how they will be able to climb it by themselves (Walton, Matthews, and Chavalas 555). Others understand that hills and mountains have always been associated with holy places and that the author is looking to those holy mountains for help (Leslie 215). Either interpretation leads the reader to the same conclusion, help does not come from the mountain.

“My help comes from the Lord” (Ps. 121.2). The Psalmist looked so high that they ended up looking above the hills and mountains and saw God (Spurgeon 39). The writer knows the calmness that comes from being in that relationship with God. The answer given is the center of a faith statement on the availability of divine help, which is more than enough for every human need. The same one whom the writer declares as their helper is “the maker of heaven and earth” (Ps. 121.2). When troubles from the hill and mountains come, the one who made the hills and mountains provides the much needed help (Leslie 215).

While traversing these hills and mountains, these difficult times, and sufferings, the one who made everything promises that “your foot will not slip” (Ps. 121.3). God cares about God’s people so much. When the hard times come, God is not only with them in the darkest valley (Ps. 23.4) but also guides and protects their footholds. These powerful psalms direct God’s people to lift their eyes above their difficulties and sufferings (above the hills and mountains), and notice God who is with them in their trouble (darkest valley). Then, because of God’s continued provision, even in the time of suffering and difficulty, the believer needs not to fear anything, for God provides at each step along the way through the trouble and suffering.

In addition to the Book of Job and the book of Psalms, the Scriptures address suffering in other places as well. The Book of Revelation, with all its complexities, speaks to the end of suffering within the 21<sup>st</sup> Chapter.

### **Revelation 21.1-7**

“He will wipe every tear from their eyes. There will be no more death or mourning or crying or pain, for the old order of things has passed away” (Rev. 21.4).

The last book of the Bible, the Book of Revelation, engages the imagination of its readers and frustrates their understandings (Achtmeier, Green, and Thompson 555). Probably no other book within the New Testament is less read and less understood than Revelation. “All the great interpreters of the past had difficulty with it” (Drane, *Introducing the New Testament* 439). Different people have chosen to approach this book from different angles, thereby leading to a divergence of opinion as to the interpretation of the multiple events, symbols, persons, and sequences (Gromacki 393).

The Book of Revelation, within its 21 chapters, contains many things that can be hard to understand. The first three chapters of this book are similar to other New Testament writings in that they are letters to seven different churches. However, they are different in that it seems Jesus wrote the letters Himself to the churches. Chapters 4-22 deal with future events, things that “must take place after this” (Rev. 4.1) (Drane, *Introducing the New Testament* 441). The author of Revelation arranged the remaining sections of the book in a pattern of seven sections of seven: seven seals, seven trumpets, seven visions of a dragon and its kingdom, seven visions of the Lamb of God, seven bowls, seven visions of the fall of Babylon, seven visions of the end. However, if the reader is to understand these sevens, they “present a kaleidoscopic picture of how God will finally overcome the powers of evil” (Drane, *Introducing the New Testament* 442). At the conclusion of the “sevens,” evil is conquered and things are made right. One finds this at the conclusion of this book: Revelation 21.1-6.

This is the grand climactic vision with the new heaven and the new earth, and the holy city of God (Rev. 21.1-2). The new city is described as holy and precious, not because of how it is built, but because God’s self-dwells with God’s people in the city. (Achte-meier, Green, and Thompson 585). The beauty, wonder, and reality of this new heaven, new earth, and new city is beyond our human understanding. God will dwell with God’s people in a way that they have not yet experienced. As a result of conquering evil and God dwelling with God’s people, “there will be no more death or mourning or crying or pain, for the old order of things has passed away” (Rev. 21.4). Currently, suffering, death, and trouble are real. However, this text shouts that suffering, death, and trouble



will not last forever. This text points to the end of suffering, death, and trouble, and introduces a day when the “old order of things has passed away” (Rev. 21.4).

Revelation in detail clearly shows that God is involved in the details of humans’ lives (Drane, *Introducing the New Testament* 439). So much so that God will “make everything new” (Rev. 21.5). The people of God will experience suffering, and death, and troubles, but should hold on to the promise that a day is coming soon where these “old things” will be replaced with a very real presence of God. “Weeping may stay for the night, but rejoicing comes in the morning” (Ps. 30.5). Crying, and sorrow, and pain are real for now but “do not grieve like the rest of mankind, who have no hope” (1 Thess. 4.13).

“You are God Alone (not a God)” recorded by Phillips, Craig & Dean, illustrates where the Book of Job, Psalms 23 and 121, and Revelation 21.1-7 seek to take the reader:

You are not a God, created by human hands  
 You are not a God, dependent on any mortal man  
 You are not a God, in need of anything we can give  
 By Your plan, that's just the way it is  
 You are God alone from before time began  
 You were on Your throne  
 You are God alone and right now  
 In the good times and bad  
 You are on Your throne  
 And you are God alone

God is not bound by human understanding or actions. God is not bound by anything in all of Creation for God is the Creator of it all (Gen. 1.1). God is God alone. Human beings need to be thankful that God cares for us and provides for us. God is the one who spoke through the storm, is the Shepherd-King, and the one who will dwell with God’s people in a personal real way. Like Job, we need to acknowledge our proper place

in relationship with God. We are the sheep; God is the Shepherd-King. God is the Creator of the mountain and the provider of the footholds. God is going to make all things new.

### **Theological Foundation of Suffering**

The word theology comes from the root *theo* meaning God and *logos* meaning rational expression. Thus, theology on the surface level means the rational interpretation of religious faith, our lives with God (Ryrie 13). The study of God is a basic definition for theology. However, God is active, cares for humanity, and seeks to be in a personal relationship with all of humanity (Erickson 21). “Theology is a statement that tries to make sense out of our lives” (DeRevere, et al. 20) and God’s interaction with us.

Suffering and pain are moments when our lives do not make sense. The study of God, theology, and God’s interaction with humanity helps us to understanding suffering and pain. Tragedy makes life hard, but with God it is not hopeless (Palau and Halliday 199). As people of God, we look to our understanding of God and God’s Scriptures to make sense and gain understanding when we suffer. The Scriptures make it clear that as followers of Jesus, we will suffer. Jesus himself talked about how, if He suffers persecution that His followers too will suffer persecution (John 15.20). Being a part of the Body of Christ means that we will suffer for following Christ. The disciples were told that they would “drink from the same cup that Jesus was to drink from,” meaning his persecution, suffering, and death (Mark 10.39) (Erickson 954). Suffering for the sake of following Christ, believers can understand that on some level. Unexpected suffering, such as apparent unnecessary deaths, that causes one to ponder, why? Within this theological foundation on suffering, the author asked and addressed the question of “why.” ‘Why do

bad things happen?’ ‘Why did God allow this?’ ‘Where is God when bad things happen?’

This section discusses the root of these questions.

### **It is Okay to Cry**

It is okay to cry. When we cry we acknowledge our lack of control, and how we do not have the ability to make things go the way we want them to (Clapper 40). It is okay to cry, for when we do God cries with us. When God cries, it is not a sign of God’s “lack of control” or God’s inability to make things go the way God wants them to. When God cries, God is genuinely hurting and crying with us. The shortest verse in the whole Bible is “Jesus wept” (John 11.35). Jesus cried powerful tears just outside the tomb of His good friend Lazarus. We may never know if Jesus cried tears of anger and frustration from people’s disbelief (John 11:33,38) (Keener 283), or from human emotions (Blomberg 279), outside the tomb of His good friend Lazarus, but the fact remains that Jesus cried. While agonizing over the stress of His coming passion in the Garden of Gethsemane (Matt. 26.38-39), Scripture clearly states that Jesus cried; “During the days of Jesus’ life on earth, he offered up prayers and petitions with fervent cries and tears to the one who could save him from death, and he was heard because of his reverent submission” (Heb. 5.7). Our God is a God who cries. That God cries and cries with us is a good thing.

When anyone dies, God is the first to cry. When anyone hurts, God is the first to hurt. When anyone feels pain, God is the first to experience it. For we have a new High Priest in Jesus who literally can say, “I’ve been there, I have felt pain and suffering too” (Heb. 4.14-16; 7.25-27). As human beings created in God’s image (Gen. 1.27), God did not create us to cry. God did not create us to suffer. God did not create us to die. God did

not create us to experience pain. To understand this more, one needs to examine the Creation story.

### **Creation: It is Good**

One's understanding of how things came about can be foundational to their theological framework. In going about this discussion on creation, the author does not focus on the *how* of the Creation narrative—six literal days of creating, evolution, or any other theory—but instead focuses on the meaning of the fact that “In the beginning God created” (Gen. 1.1). When God created, God saw that the created order was good (Gen. 1.4, 10, 12, 18, 21, 25). Then nearing the end of the creating process, God created human beings and looked at everything that was created “and saw that it was very good” (Gen. 1.31). The lions were very good. The mosquitoes were very good. The sun, moon, and stars were very good. Human beings, female and male, were very good. Since the sixth day of Creation until today, something has changed.

Creation today is not all very good. Today, there is suffering. Today, there is pain. Today, there is death. Today, there is cancer. Today, there is a multitude of things, not all of which are good. There was a radical shift that happened that changed everything (Drane, *Introducing the Old Testament* 271). All three of the Abrahamic traditions (Christianity, Islam, and Judaism) speak of the Fall of the first human beings: Adam and Eve. God had created Eve and Adam for each other, placed them in the wonderful Garden of Eden, where all their needs were fulfilled (Gen. 2. 8-25). While living in the wonderful garden that God provided, God gave one provision: “you must not eat from the tree of the knowledge of good and evil, for when you eat it you will surely die” (Gen.

2.17). Many scholars have made many conjectures regarding this “tree of the knowledge of good and evil” (Drane, *Introducing the Old Testament* 272).

Eventually the woman and man were tempted to eat from the tree that God instructed them not to (Gen. 3.1-6). The ‘serpent’ presented this temptation. Many healthy conversations pertain to who the ‘serpent’ is, how the ‘serpent’ came about, and with that the origins of evil. It is the author’s opinion that the ‘serpent,’ a member of the created order chose, just like Adam and Eve chose to go against God’s plans/directions. While many papers could be written on the topic and origin of the ‘serpent’ for the topic of suffering, they are not as relevant because either way, suffering still exists (Hamilton 43). Adam and Eve fell into temptation. They chose to partake of the fruit from the tree that God said not to. Once they did, everything changed! “Then the eyes of both of them were opened, and they realized they were naked” (Gen. 3.7).

Everything changed once Eve and Adam partook of that fruit, and the rest of Creation has since been waiting for the day when God will make all things new (Rev. 21). In that moment, Adam and Eve realized that they were naked, whereas previously they were somehow naked but it did not matter. For the first time, they hid from God; previously, they somehow were able to walk and talk with God in a very real presence. When asked by God what happened, Eve and Adam started blaming others for their own mistakes (Gen. 3.12-14). As a result of partaking the fruit, everything changed. The ‘serpent’ must crawl on the ground; previously it had not (Gen. 3.14-15). Relationships will be more difficult. Child bearing will be painful and it seems very different from before (Gen. 3.16). The earth will not produce food easily and the people will need to work to gain food (Gen. 3.17-19). God sacrificed an animal so that Adam and Eve could

have clothing (Gen. 3.21). Moreover, God banished the people from the garden (Gen. 3.23). This is story of the Fall. Everything changed because of the Fall. Kushner understands this story as explaining the differences between animals and people (84). This author agrees that there are very real differences between animals and people, but understands this story to be explaining, not just that reality, but also the fact of the relationship between God and humanity. Kushner and this author disagree on the exact meaning of the Creation and Fall story, but come to the same conclusion: “There are consequences of being human” ( 85) and we are living with those consequences today.

The only reference that current humanity has are post-Fall experiences, living in the consequences. Unfortunately, humanity only knows pain, suffering, death, cancer, hurting, sorrow, and the like. When reading the Creation story, it is clear that the currently reality is not what God created. One possibility could be that what we are experiencing today, with our suffering, is an end to a long evolutionary process (Kushner 75). Yet another possibility could be that humanity who were told to be stewards of the creation messed it up when they chose to go against God. Humanity suffers but why. Why do we suffer then is a deep question that spans throughout time from Creation, to the Fall, to today.

### **We suffer**

No answer will take away the pain of suffering (Clapper 19). The simple answer is that the created universe is in a fallen state because of human beings’ rebellion against God. We are living in the consequences of Adam and Eve’s decision. The created cosmos is not in the original very good state that God saw (Gen. 1.31) (Palau and Halliday 205). ‘Creation is groaning’ in anticipation of the new heaven and the new earth (Rom. 8.20-

21; Rev. 21.1). The universe is no longer good. There is suffering, death, and much more pain. Christian tradition has had to struggle with the concept of God's providence that takes into account the Scriptures and is true to reason and experience. Things do not happen by chance or fate (Oden 279). Nevertheless, why do we suffer? The laws of nature, human decisions, and "I don't know" appear to be the best answers that we have this side of eternity.

#### *Laws of Nature*

Through the laws of nature, we can gain some understanding of what is happening around us (Kushner 74). Gravity for example. Something goes up; it will come down. If someone jumps off their roof, they will probably get hurt. The laws of nature treat everyone the same. They do not make exceptions for nice people ( 66).

God does not cause the laws of nature to send hurricanes, earthquakes and flood. To refer to these events as "acts of God." is unfair, and possibly blasphemous. God does not cause natural disasters, they happen as a result of the natural laws of this universe. "Nature is morally blind and without values" (Kushner 68). Those unfortunate events are natural by the laws of nature. Why one person gets sick, and another person does not, does not make sense. There must be something within the laws of this current order that we, as human beings, do not yet fully understand ( 69).

#### *Human Decision*

As human beings, we have the ability to make our own decisions; we have freewill. As a result, human beings can make helpful, productive decisions, or hurtful, destructive ones. God has given human beings the ability to choose (Kushner 91). We can make good decision and bad decisions. All of these decisions have consequences. One

needs to be careful not to blame God for suffering and pain, because much of it is our own fault. Human beings have caused atrocities against each other and the created cosmos. The holocaust and many other genocides were not caused by God, but by the decisions and hand of human beings (Palau and Halliday 209). “We suffer and cause suffering by our own choices. It is not fair to blame God for the horrors inflicted by humanity” (207).

*“I Don’t Know”*

We cannot explain death, suffering, and pain any more than we can explain life (Kushner 80). Suffering and pain are a mystery that are not easily explained, although easily felt (Palau and Halliday 207). The Book of Job and the Passion narratives of Jesus point to that; suffering and pain could have a reason but it is not definitive. When comforted with a question about pain and suffering, Jesus acknowledged their existence, but it seems He continued with what He was doing (Luke 13.1-7). Jesus did not address the question of suffering and pain (Clapper 23). God’s thoughts “are not our thoughts, and our ways are not God’s ways” (Isa. 55. 8). God is not under obligation to explain all of the workings of what God does (Prov. 25.2; Isa. 45.15; Deut. 29.29; Eccles. 11.5). Possibly, here and now we lack the ability to fully understand all that is happening (Dobson 8). Perhaps it is best for humanity to travel to the place that Job got to when he spoke about all that he went through, “things too wonderful for me to know” (Job 42.3). Parts of life are a mystery (Clapper 23). God is God and we are not.

Within the mystery of God, we do not fully understand many things. We understand that we suffer and our suffering is real. The laws of nature, human decisions, and “I don’t know” appear to be the best answers that we have this side of eternity as to



why we suffer. Often people ask deep, real questions during times of suffering: Is God punishing me, what good is prayer when I suffer, and where is God when people suffer? A theological foundation of suffering gives some understanding to these powerful questions.

### **Is God Punishing Us With pain?**

The root of the word *pain* means to punish. Some theologians understand specific Scripture passages to support divine punishment for sin (1 Tim. 5.24) (Kushner 12; Palau and Halliday 206–07). Those sufferings and pains cannot be explained by human understanding. Kushner explains that pain may seem like God is punishing us, especially when we remember our interactions with our earthly parents punishing us and the pain that might have been associated with said punishment. According to Kushner, pain is not a result of God punishing us. Pain is nature's way of warning good and bad people that something is not right (71).

While we, as human beings, are living on this earth, we are living in the consequences of the decisions that Eve and Adam made. God is not punishing humanity for Adam and Eve's mistakes, their sins, but instead is forcing humanity to accept the results of their mistakes. Suffering and pain may or may not be a result of our sins, but they could be the consequences of our own or others' (Kushner 12). If someone visiting a friend's home knocks over a lamp and the lamp breaks, regardless if the homeowner forgives the visitor or immediately asks them to leave, the homeowner still has the consequences of a broken lamp.

### **What About Prayer Then?**

God's people should pray without ceasing (1 Thess. 5.17). Is anyone in trouble, they should pray (Jas. 5.13). Too often prayer is not a conversation but a list of supplications to God. God is not Santa Clause; our prayers should not be a wish list. This is a misconception of God and prayer. Psalm 91.15 reads: "When they call to me, I will answer them; I will be with them in trouble, I will rescue them and honor them" (NRSV). The writer of the Psalm seems to be pointing God's people to pray even when in trouble. When sick, people should call in the leaders of the church to prayer for them (Jas. 5.14).

Kushner, speaking from his tradition and experience, says that prayer does not answer suffering. If prayer worked that way no one would die, have cancer, and there would be no need for hospitals and doctors because everything would be answered by prayer (125). On the contrary, the Scriptures describe a God who is infinitely loving, kind, and concerned about us, God's children (Ps. 96.7) (Dobson 11). We pray in faith, believing God is concerned about and responsive to us (P. D. Brown 15). God wants us to pray. Prayer is a gift from God to God's children for the purpose of relationship building, communicating, and being open and honest with God. The Lord is near to all who call (Ps. 145.18).

### **Where is God When We are Suffering?**

On July 19, 1989, United Airlines Flight 232 crashed suddenly and unexpectedly into the community of Sioux City, Iowa. With blood on his clothing and hands, National Guard Chaplain Gregory Clapper, while moving from one person to another, caught the eye of his unit commander, the colonel. When their eyes connected, Clapper simply stated "God is here" (100). He shares that he did not say it under his breath or with

uncertainty. Nor with sarcasm, pride, or wishful attitude. He said it “because I knew it was true, and I knew I had to say it” (101). God’s presence in a moment of suffering is unavoidable with the God whom Jesus revealed. Clapper was able to lift his eye above the disaster, the suffering, the pain, the hills; just enough to see that his help comes from the Lord, who was right there with him during the suffering, pain, and disaster (Ps. 121). Nurture and strength can be found when connecting with God during pain and suffering (Dobson 19).

Asking “where is God” during times of pain and suffering is natural and normal (Adsit 11). The wildest claim of Christianity is also the most comforting in the midst of suffering. Yes, God will be with us during pain, and suffering. However, God is right here, with us right now also! God is with us in the midst of suffering and joy, shortcomings and triumphs, sunshine and rain, weddings and funerals. This is not to say that God caused all the joy and all the pain, but instead uses them as a powerful reminder that God is with us (Clapper 105).

Suffering is real. People cry and it is okay. Despite the suffering we experience now, God created everything and said it was good then. The Bible and our theological understandings address suffering. The laws of nature, human decisions, and “I don’t know” appear to be the best answers that we have this side of glory as to why we suffer. Often people ask real questions while enduring suffering. Questions that hit the core of our understanding of God, prayer, and God’s presence. The above theological foundation of suffering gave insights from God and the Scriptures as to what suffering is. Everyone experiences suffering and trauma, especially our first responders.

## **Trauma and First Responders**

“Shit happens,” and it happens to all of us (Cori 1). Trauma is real. As a result of their vocation, first responders are exposed to more trauma than the average person in the population (Naser, et al. 11). This overexposure rate to trauma can have an unfortunate ramification on first responders’ psychological self (Cross and Ashley 24). For the sake of this study, a traumatizing situation for first responders, is a critical incident that involves loss of life (patient(s) or line of duty), mass loss events (natural disaster or a whole neighborhood fire for example), or a police-involved shooting incident. How first responders prepare for, respond to, and recover from traumatizing situations have an impact on the ramifications on their psychological self.

### **Everyone Experiences Trauma**

The concept of trauma can be difficult for us at times to fully understand. Notwithstanding our own ability to understand them, they still exist. Traumatic events typically involve a threat to human life or to our perception of our bodies or self. This threat is what sets traumatic events apart from other “bad aspects” of our daily living. Trauma can make people feel helpless. Trauma can be imposed upon us by nature or other human beings, they can also be hidden; in either case, traumatic events overwhelm our normal response mechanism (Cori 6; Herman 31).

The United Methodist Committee on Relief (UMCOR), within the 2010 Early Response Team Manual, defines what a disaster is and its various types. For the sake of illustration, one could apply UMCOR’s understanding of disaster to the topic of trauma. UMCOR defines a disaster as anything that results in physical, economic, and/or emotional damage. This damage results in significant harm and disrupts the normal

pattern of living. Disasters can come from a wide variety of sources: natural, technical, economic, civil, accidental, and other means (UMCOR and UMVIM).

Trauma is something that has caused significant harm and disrupts the normal pattern of living for someone. To define trauma beyond that can be difficult because everyone's level of normal living and their life experiences are different. As such, the definition of trauma is elusive until the person is going through it. There are events such as murder, plane crashes, and sexual assault that everyone would agree are traumatic. However, there are other events wherein a person's life experiences and their own personal definition of normal living define trauma for them. For example, coming upon a motor vehicle accident, cancer, and cardiac arrest. Some might categorize these as trauma, while others may not (Moffatt 1–8).

Trauma is a disaster for the individual that is going through the traumatic situation. Whether the trauma is caused by human beings or acts of nature does not matter, the trauma is still real and leaves the person feeling helpless. To impress an understanding of trauma is to embrace a human understanding of vulnerability. As a result of the feelings of helplessness and vulnerability, trauma causes damage to the individual psychologically and socially (Herman 51). Trauma can cause physical and emotional harm. The emotional harm can be more painful and take much longer to recover from (Beckner and Arden 3). Trauma also causes us as human beings to now experience the world through a different nervous system (Kolk 53). Traumatic events shatter any sense of connection that might exist between the individual and the community. This shattering can also create a crisis of faith (Herman 55).

Those within faith communities speak of the need for their faith community during times of trauma. Within the aftershocks of trauma, the survivor is in a strange dichotomy. They feel abandoned by their social structures and God, but also report of crying out to those social structure and God for help. People having gone through a traumatic event tend to be in that “crisis of faith.” Traumatized individuals lose their trust in themselves, in other people, and in God (Herman 52). This loss of trust leads the person to feeling completely alone. The feeling of complete aloneness can pull the trauma survivor into destructive behaviors climaxing with suicide. For example, thirty-three percent of raped woman experience Post-Traumatic Stress Disorder, thirty-three percent contemplate suicide, and thirteen percent attempt suicide (National Victim Center and Crimes Victims Research and Treatment Center 7).

Imam Khalid Latif is a University Chaplain for New York University (NYU), Executive Director of the Islamic Center at NYU, and an eleven-year veteran with the New York Police Department as Chaplain. He understands that trauma happens to everyone. Life can be exhausting and that some people are going through life drained. Then something happens to them and they quickly become overwhelmed, Imam Latif defines this as trauma. Trauma is experienced by everyone (Moffatt 5–6). While everyone experiences intense, upsetting, and stressful situations during their busy lives, those stressful, intense events are not traumatic events. Traumatic events are “when a person’s normal ability to cope has been completely overwhelmed by a terrible event” (Herbert and Wetmore 4).

Rev. James Davis, an ordained elder within the United Methodist Church, has been serving various communities as a first responder since 1977. Currently, he is a

Police Chaplain with Stafford Township (NJ), Manchester Township (NJ), NYNJ Port authority, Ocean County (NJ) Sheriff's office, and the United States Secret Service. Since 1977, he has responded to small town emergencies and national emergencies such as motor vehicle accidents, structure fires, plane crashes, and ground zero in New York City after 9/11. Chaplain Davis defines trauma as that which takes away normal equilibrium (emotional, spiritual, and physical) to a degree that we cannot control those areas (emotional, spiritual, and physical).

Rabbi Shira Stern is a disaster spiritual care provider, trainer with the American Red Cross, and a Chaplain with our first responders, including ground zero in New York City after 9/11. Stern defines trauma as an event or series of events that overwhelm individuals, whether it be physically, spiritually, or emotionally. Stern shared a story to explain this when she was serving with disaster evacuees in Dallas after the hurricane and explained about a woman "who had the most wonderful smile." She then engaged with the woman who was sitting on the side with all her children and found out that she was smiling so brightly because this woman in her own words was the richest woman alive. God had brought the survivor through the storm without harm to herself or her family. Stern shared this story to explain that, yes, this woman had lost all of her physical possessions but had not lost her family. As such, she could still smile. She had experienced trauma from the storm but it had not overwhelmed her.

Latif reminds all to treat individuals as individuals after a trauma. This means to him that each person is different, and should be respected and treated differently after a trauma. Everyone has had different life experiences before the trauma, which then influences their individual response to the trauma. Their background culture, race,

religion, ethnicity, sexuality, economic status, and education affects their own individual response to trauma. In a similar way, Davis spoke about how someone's personal background dramatically influences how they respond to trauma; he added to Chaplain Khalid's list of background exposures to include if the person has any military, combat, and previous exposure to death (Davis). Anyone attempting to assist someone after the trauma must acknowledge one's individuality and one's background.

As a result of the fact of individualism, each response to trauma needs to be individually based. How one renders help to someone else after trauma is not possible to replicate in the response to someone else. The source of the trauma must influence the way in which someone engages to help the responder. According to Latif, when helping someone after trauma, listening and allowing self-expression are important. Sometimes, he shared, through the very act of self-expression, healing can begin.

### **First Responders Have a Greater Exposure to Trauma**

First responders are human beings like everyone else in the community. However, by nature and exposure, they respond to the world around them differently than the other members of the community. Literature abounds with documentation of the psychological, physiological, behavioral, and spiritual effects of stress on first responders (Conn and Butterfield 272), including that one's physical proximity to the traumatizing event affects their own traumatic stress (Palm, Polusny, and Follette 73).

#### *Who Are Our First Responders?*

First responders are a unique group of people (Ngo 42). For the sake of this study, police, fire, and emergency medical technicians define first responders. Chaplain Charles Lorrain recognizes that first responders have a different personality type than the general



population which he characterized into the eight traits of first responders: risk takers, easily bored, action oriented, highly dedicated, need to be needed, rescuer personality, need to be in control, and a need for immediate gratification (338–39). Additional characteristics identify first responders as being grounded (Kenny 8), able to handle the extraordinary, and the able to suppress feelings (Cetuk 25-26). First responders have multiple unique personality types, which make them especially prepared to respond.

Ironically, the unique personality type and eight traits make a first responder very good at helping community members during a traumatizing situation. However, the combined vocation, personality type, and traits of first responders make these valuable members of our communities prone to being exposed to multiple types of trauma. First responders have continuous confrontation with and exposure to demoralizing scenes which then create emotional and spiritual crises for the first responders (De Revere, et al. 20).

#### *First Responder Stress*

By nature of the position, first responders are under more stress. For example, there is documentation that fire fighters physically respond to alarms for a fire call with increased heart rates and catecholamine excretion. The more alarms the fire fighter responds to, the more physical stress they are under (Corneil 186). Police officers are under high stress because they are caught between the increasing threat of violence, high public expectation, and a mounting focus on police efficiency and probity (Collins and Gibbs 256).

*First Responder Stress: Operational*

Widely acknowledged research addresses the sources of first responder stress. This study divides the stressors into operational and organizational stressors. This section focuses on operational stressors. A later section discusses organizational stressors. Traumatizing situations expose first responders to operational stressors. Shootings, motor vehicle accidents, and unaccompanied deaths are examples of operational stressors. An organization's structure can create organizational stressors. Shiftwork, promotion driven culture, personnel shortages, inadequate equipment, and paramilitary structure are examples of organizational stressors (Conn and Butterfield 272; Reese and Castellano 114). Operational stress that first responders are exposed to can be divided into primary and secondary traumas (Conn and Butterfield 273).

*First Responder Stress: Operational-Primary*

Primary trauma involves a threat to the first responder's life, for example shooting or entrapment in a fire scene. Primary trauma could be career and/or life altering experiences for the first responder. Primary trauma and its effect on a first responder's life has been well documented in research (Gilmartin 10; Mitchell and Everly 50–58). For example, in one study that surveyed 400 police officers, ten percent of them reported killing or significantly injuring someone within the first three years of their employment as a police officer (Komarovskaya, et al. 1332). Research also indicates that the impact of critical incident stress from police work may be long-term. In a study conducted with police officers, they reported having vivid visual, tactile, and olfactory memories of traumatic events more than twenty years after those events (Karlsson and Christianson 420).

Operational primary stress is that which the community expects to be stressors for our first responders. First responders literally put their lives on the line for the public. The death or injury of a fellow first responder is especially stressful for them. Additionally research shows that the increased volume of terrorist-related scenes adds to their operational primary stress (Gershon, et al. 276).

*First Responder Stress: Operational-Secondary*

The cost of caring can cause secondary trauma, the result of helping or studying those in harm's way (Figley and Ludick 574). Secondary trauma for first responders is defined as repeated exposure to the suffering of others (Conn and Butterfield 273). First responders, by their nature, want to help other people when they are suffering. Other peoples' suffering expose first responders to the trauma of others. As a result of prolonged exposure to other peoples' suffering from trauma, first responders then suffer from secondary trauma. This is similar to second hand smoke. The person smoking the cigarette will eventually suffer from the initial smoke, and those around the smoker will eventually suffer from the byproduct of their smoking, the second-hand smoke. Exposure to secondary trauma can affect the first responder in adverse ways.

Secondary trauma is the result of exposure to the primary trauma of others. Professionals, counselors, therapists, and first responders can experience negative side effects of trauma without ever having gone through the trauma themselves. They experience the trauma by being with the individual who actually endured the trauma. Secondary traumatic stress is the transference of trauma stress from the primary person to the caregiver (spouse, first responder, psychiatrist, etc.) (Figley and Ludick 574-76). This

trauma can manifest itself as vicarious traumatization (Conn and Butterfield 273), with compassion fatigue being an outcome (Figley and Ludick 575).

Vicarious traumatization is an adverse effect to any professional's views of themselves, others, and the world because of serving those dealing with trauma. This change in their view has come about as a direct result of exposure to the traumatic events of others. (McCann and Pearlman 132). Vicarious traumatization is an inner change to the worker (Beckner and Arden 54). This inner change affects their spiritual and emotional being. These changes unfortunately are cumulative and permanent (Figley and Ludick 578).

Compassion fatigue is stress and exhaustion because of being compassionate (Figley and Ludick 574). Mental tiredness from helping others with their emotional, physical and spiritual needs is normal. Compassion fatigue occurs when the helper is no longer able to be compassionate and no longer able to help. The caregiver, suffering from compassion fatigue, is suffering from the other person's trauma indirectly. Those suffering from compassion fatigue must seek help for themselves (Figley and Ludick 575).

Vicarious traumatization and compassion fatigue could appear as a healthy response. For example, a counselor may no longer walk alone at night after counseling an individual who suffered mistreatment while walking alone at night. Additionally, a fire fighter might be over vigilant in making sure their home and their friends' homes have smoke detectors and fire extinguishers because they have had to recover the remains of a family who died in a home fire that did not have either. The majority of vicarious

traumatization victims however suffer from negative side effects. First responders often become vicarious victims (Reese and Castellano 3).

Secondary traumatic stress, including vicarious traumatization and compassion fatigue, presents itself in a way that copies the symptoms of Post-Traumatic Stress Disorder, but occurs as a result of being exposed to other people's trauma (Baird and Kracen 182; Figley and Ludick 574-76). PTSD can spread through a family via vicarious traumatization, even with just one family member suffering from it and then exposing the others to their trauma (Figley and Ludick 576). Vicarious traumatization can cause decreased motivation, efficacy, empathy, and energy, and also include disconnection from others, questioning life, social withdrawal, loss of belief, and other negative side effects (Baird and Kracen 182; Herbert and Wetmore 54). Secondary traumatic stress is real and very dangerous for all people who help those dealing with traumatizing situations.

Cumulative exposure to secondary traumatic stress can have severe consequences for the psychological, emotional, behavioral, and spiritual well-being of first responders and their families (Conn and Butterfield 293). Research on secondary traumatic stress has only recently begun which has tended to focus more on therapists, counselors, and social workers, not first responders. Studies have indicated that police officers who repeatedly respond to trauma victims are at risk of developing secondary traumatic stress, if not Post-Traumatic Stress Disorder (Hafeez 8).

A study surveyed fifty-six emergency medical technicians and assessed their exposure to traumatic events and post-traumatic stress reactions. These fifty-six individuals did not directly experience the major traumatic event; still, twenty one

percent of them met the criteria for PTSD (Palm, Polusny, and Follette 75). These twenty one percent were victims of operational secondary stress.

*First Responder Stress: Organizational Stress*

First responders are affected by the dynamics of their organizational culture as well as how they relate to their occupation (Castellano and Plionis 326). First responders have reported stress from the organization and from being overworked (Collins and Gibbs 256). Organizational stress for first responders can include: ineffective workplace communication, rigid organizational structure, shift work, excessive overtime, heavy workload, variable and intermittent work pace, lack of opportunities for advancement, workplace discrimination and/or harassment, poor working conditions, and frequent interaction with the general public (Gershon, et al. 276). In general, research has demonstrated that organizational factors appear to be stronger predictors of post trauma outcomes than operational demands and are also amenable to intervention (Shochet, et al. 44).

Fire fighters report that while on a fire scene, they experience more stress from fire command and from potential public perception than from the operational stress of the fire. Importantly, fire fighters report that they are under more stress from the eyes of the command and the public than the actual fire. This is a result of a poor relationship between command and the fire fighters (Corneil 187). The department structure, that first responders must perform their duties in, “is the primary source of stress” (Conn and Butterfield 272; Corneil 187). Researchers surveyed fire fighters pertaining to their stressors in their work place. Consistently fire fighters name the stress of the organization as a constant stressor (Corneil 188).

First responders might have the built-in characteristics to deal with the operational stressors. The operational stressors are not constant. Those stressors are only upon them when on a scene. The organizational stressors however are constant. There is always the concern about promotion, about job performance reviews, personality disagreements from management, shift work, and lack of given resources (Corneil 188). Since the effects of organizational stress were first discovered, attempts have been made toward first responder cultural and organizational changes. In a study performed in 2003, those changes have had no effect on the organizational stress that is upon our first responders. The study found that forty-one percent of policer officers with measurable ill mental health have pointed to stress from the organization and not the operation as the cause of their stress. Unfortunately, this same study came to the conclusion that despite the increased operational stressors that are upon our first responders, the majority of measurable ill mental health is related to the structure and climate of the organizations (Collins and Gibbs 261).

In December 2014, President Barack Obama appointed a task force on policing charged with identifying best practices and offering recommendations on how policing practices should change to promote effective crime reduction while building public trust. The task force presented its findings to the President in May 2015. The task force's implementation guide gave evidence that organizational stress is clearly all-around police officers and other first responders (COPS Office 29, 30). Organizational stress surrounds first responders. The expectations from their departments and communities to be perfect is real. This pressure is an example of organizational stress, as earlier discussed.

First responders are constantly under stress. They must navigate stress throughout their professional career. Whether on duty or off duty, first responders deal with high levels of stress. Stress comes from the job, the department, the community, their family, and much more. Operational stress and organizational stress categorize the stress they experience (Latif). Organizational stress which is preventable can cause more stress on the first responders (Armstrong, Shakespeare-Finch, and Shochet, "Organizational Belongingness" 343).

### **The Preparation of First Responders for Traumatizing Situations**

In 1970, 100 police officers died in the line of duty. That number almost steadily declined over 29 years so that, in 1999, only 42 police officers died in the line of duty. Police officers are surviving the job, despite increasing crimes, especially gang activity. Through increased awareness and special emphasis on safety training, the number of fatalities has decreased (Gilmartin 8+9), the unfortunate reality is that for the most part, agencies, departments, and unions offer very little to help prepare a first responder emotionally and spiritually for the traumatizing situations that they will be exposed to and involved with through their vocation (Gilmartin 16). The officers are physically surviving but the question remains as to their emotionally and spiritually survival.

On a daily basis, first responders could stare death in the face, through traumatizing situations. In these circumstances, it can be difficult to know where to turn to find resources. Departments, agencies, and unions invest in their membership through trainings, drills, and equipment. The majority of this investment focuses on keeping the first responder physically safe leaving the first responders ill prepared for their own spiritual and psychological safety (Cetuk 1).



As a New York City Police Chaplain for over eleven years, Latif understands the role of the Chaplain, as one who prepares first responders for traumatizing situations. While a Chaplain, he would frequently meet with the officers for introductions and casual conversations with the intention of checking on the officers. This was one part of the “R u Ok?” program that the New York Police Department has for its officers. During these informal conversations, Chaplain Khalid would let the officer know of his availability, the other Chaplains’ availability, and other resources. Within the NYPD, the Chaplain is one aspect of the ‘R u Ok?’ initiative.

The “R u Ok?” program within the NYPD exists to help the police officers before they are involved in a traumatizing situation. The program seeks to educate the police that it is okay and good to check on their partner and fellow officers, that starting a conversation with them can lead to a great amount of good with the understanding that they do not have to be an expert to listen. This program encourages the officers to ask, listen, encourage, and follow up with each other. “R u Ok?” seeks to have the officers starting the conversations with each other (“R u Ok?”).

In addition to the encouragement of conversations with fellow officers, the NYPD ‘R u Ok?’ program has three different professional groups available to assist their officers. The “early intervention unit,” provides the officers 24/7 access to talk with a UMOS (uniformed member of the service) or civilian peer counselor confidentially. The POPPA (police organization providing peer assistance), provides a 24/7 separate and confidential conversation with either an active or retired UMOS. The chaplains’ unit provide confidential spiritual guidance to all faiths. It is through the chaplains unit that Latif was interacting with the police officers (“R u Ok?”).

The Chaplain can help prepare first responders for traumatizing situations. Chaplains do spend a large portion of their time providing post-incident pastoral crisis intervention. However, Chaplains should also spend a good portion of their time with preventive pastoral care. The Chaplain's role in building resilience-based and strength-based preventive pastoral care programs should not be overlooked (C. L. Brown 10).

One area not to overlook is with CISM. Chaplains typically coordinate the CISM efforts in their department. They can set goals to build resilience. This requires a proactive step toward being proactive and not just reactive with CISM. Pre-crisis training, education, and awareness is the first part of the CISM model (Everly and Mitchell 13). The decision to work toward preventive pastoral care helps mitigate anxiety. A successful education and resilience approach begins with pre-incident educational sessions (C. L. Brown 52).

Often the Chaplains are the ones who share with new members through teaching pre-incident CISM awareness to firefighters at the beginning of their careers. This is a wonderful opportunity to stress awareness and to convey information about what constitutes a critical incident, identification of normal, healthy reactions and coping skills, and destructive unhealthy reactions and coping skills (C. L. Brown 52).

First responders and their supervisors, most often only receive basic information about the trauma and stresses that they will undergo as first responders. Many times the information they do receive is given to them during their first few weeks of the academy (Cetuk 1). They do not receive the in-depth training nor the resources needed to understand and manage the additional stress they will experience from the traumatizing situations they must respond to. Recently within Australia, this has been proven in the

court system by the number of successful common-law psychiatric injury claims involving former police officers (e.g., “*Pennington v. New South Wales Commissioner of Police*, 2004; *State of New South Wales v. Seedsman*, 2000”) (Shochet, et al. 44). It becomes clear that as a society we must do better for our first responders. They need the life-giving skills of stress management.

In Australia, a study developed into a program. It proved that given the life skill of stress management, first responders can be more resilient. The study built on the successful implementation of similar programs in schools and the workplace that sought to develop a resilience-building intervention for first responders. Specifically, twenty new recruits of the Queensland Police Service participated (Shochet, et al. 49). The Queensland Police Service is the principal law enforcement agency responsible for policing the Australian state of Queensland (“Queensland Police Service”).

This program is the Promoting Resilient Officers program of the Queensland Police Service. The initial training, conducted through seven two-hour weekly sessions for those twenty new recruits, covered multiple topics and discussion points, including a weekly “resilience challenge” that the officers had to work on outside of class. While not in the classroom, the program followed up with the officers through electronic communication from the facilitator which worked as a reminder of the recent program material. Upon completion, the program deployed the twenty recruits throughout the state. This became problematic for face-to-face refreshers, and the study instead used two online refreshers. The Promoting Resilient Officer’s program was well received by the new recruits who participated (Shochet, et al. 44–51).

Of greatest interest is the impact on the twenty recruits after being involved in the Promoting Resilient Program, especially in the area of mental health. As of the publication of their findings (2011), the researchers in the study stated that the long-term outcome is still to be determined. The researcher of this paper could not find any additional publications pertaining to the Promoting Resilient Program in the Queensland Police Service. A program such as this has criteria wherein valuable tools for resilient mental health were provided to the police officers. The researchers did report that “early indications show that program is able to effectively deliver a promising and sustainable intervention to promote and maintain positive mental health that has been largely embraced by the organization and the participants” (Shochet, et al. 50).

The study sought to balance a concern for the officer and their surroundings, and yet be practical and sustainable for the officer and their department. The department was open to trying something because they acknowledged the negative long-term psychological effects on the law enforcement community and wanted to develop a resilience-building intervention for its officers. Other departments should examine this program to see if it can help their first responders be prepared.

In the area of preparing first responders for traumatizing situations, Chaplain Davis had many suggestions. He first mentioned how a first responder’s background helps them be prepared for trauma. For first responders with military and/or combat experience, these aspects of their background help prepare them for the future traumatizing situations that they will encounter as first responders. Davis also asked about the first responder’s exposure to death. He stressed that first responders should see

a dead body outside of a profession-related traumatizing situation before they are exposed to one on scene.

The majority of our first responders in the United States have not grown up in an agricultural society. Within that type of culture, death of farm animals and the cycle of life expose people to death early in life. Chaplain Davis shared that as a culture today, we protect people from death. This can be detrimental to first responders because the first dead body they see might be while performing their duties as a first responder. By nature of the fact that the first responders are present, the body of the deceased may not be a pleasant scene. While attending Clinical Pastoral Education (CPE), Davis had to attend three autopsies. While uncomfortable as they were, he points to those autopsies as properly preparing him for his role as a first responder. He encourages all first responders, especially Chaplains, to contact their local medical examiner's office and request to oversee an autopsy.

Davis shared about a fatal Motor Vehicle Accident that he responded to as a Chaplain. A woman who was eight months pregnant died in the accident. The baby that was still in her womb also died. The family came to Chaplain Davis asking if he could represent them with the medical examiner, to be present at the baby's birth, which would be during the autopsy. He was present for them and baptized the baby, per their request. Rev. Davis points to his time and preparation with CPE, which prepared him for that arduous moment.

According to Davis, in addition to all the previously mentioned items that help first responders prepare for a traumatizing situation, prayer, while often overlooked, should not be. Prayer can help prepare first responders for a traumatizing call. Chaplain

Davis, while reflecting back on his time within the fire service shared that, while in the back of the fire engine, he would ask his fellow fire fighters if they could pray together. Chaplain Davis points to this as a natural centering and reminder that first responders are not responding to the scene by themselves, but that God is with them. Today, while not frequently on the fire engines anymore, he continues this practice in patrol calls while doing ride-a-longs with his various departments. Prayers while responding should only be offered if every member of the crew agrees. A simple prayer, asking for God's help and safety, while the sirens are blaring, according to Chaplain Davis, reminds him and the first responders who is in control and protects them.

### **The Response of First Responders to Traumatizing Situations**

No matter what the call— hostage scene, fully involved structure fire with entrapment, CPR in progress for an infant— first responders rely on their training. First responders train and prepare so that they can diligently and efficiently answer the call for help from their communities. The Middletown Township Fire Academy (Middletown, NJ) has the following slogan which captures this thought process: “training the best for the worst” (*Fire Academy – Middletown Township*). First responders train until the subject matter becomes second nature to them. One could say that first responders practice until they get it wrong. By doing so, they can then correct their mistakes on the training ground so that those mistakes will not happen at the emergency scene.

As a result of all of their efficient training, first responders respond almost in a second nature mindset because they have done it so much. During the event, at the scene, first responders are on autopilot and suppress emotions to be able to do their job (Lorrain 34; Kolk 282; Davis; Stern). This autopilot suppressing mindset gives them the ability to

perform their role. This autopilot allows first responders to put themselves to the side (emotionally, physically, and spiritually) to complete the task. First responders can learn to actually turn off their emotional reactions while responding (Reese and Castellano 39–41).

First responders, when responding to a scene and while performing their specific tasks on the scene, suppress all their normal reactions so that they can respond and help. For example, any normal human being runs out of a building that is on fire. Fire fighters, first responders, are not normal. They suppress that initial reaction to run away and, in doing so, are able to run into the burning building and help (Kirschman, *I Love a Fire Fighter* xi–xiii). Through training and experience, first responders can learn to handle most situations with a needed detachment (Corneil 189; Davis). First responders, by the nature of their vocation, have to do this because it is their job. After the scene is the time when they need to process what they have gone through and what they had to do.

While performing their tasks on scene, first responders should look out for each other. Yes, they need to focus on the task at hand but they should keep an eye on their fellow first responder. Crewmembers should have an awareness of each other; especially, the individuals who are in command over a crew need to know each of their crewmembers so that they can identify atypical and irrational behaviors. All members of the crew should especially watch for fellow crew members who have developed the “1,000-yard stare?” If someone is reacting to the trauma on the scene in a manner that is not typical for them, this is a sign that they are not emotionally or psychologically handling the scene well. Chaplain Davis suggests that they should be relieved of their responsibilities immediately.

## **The Recovery of First Responders from Traumatizing Situations**

While many department and agencies have resources available for their membership, the majority of them are for after a scene and after problems start to become apparent (Gilmartin 16). The recovery phase for first responders starts as they begin cleaning up the traumatic scene. Chaplain Davis points out that, when it comes to recovering from traumatizing situations, first responders must be open to getting help, emotionally and spiritually.

An anonymous active police lieutenant detective from New Jersey shared that many years ago their department had a report of missing twins. They found the twins in the neighbor's pool. The responding officers dove into the pool and pulled the children out of the water, the police wanted to help the children but the children had already died (Anonymous). This is an example of a critical incident, an event which might overwhelm someone's normal coping mechanisms and cause psychological stress and coping dysfunction (Everly and Mitchell 11). In this case, the police department supervisors talked with the officers and arranged for a counselor (Anonymous). This is an example of a normal department's response to a critical incident.

Since at least 1989, CISM has been organized as a resource to help our first responders (Everly and Mitchell 9). "CISM, is an integrated and comprehensive multicomponent program for the provision of crisis and disaster mental health services" (12). There are seven components to the CISM model. CISM occurs through these seven parts: pre-crisis preparation, individual crisis intervention, large group, defusing, debriefing, system CISM (family and organization), and follow up and/or referral (71-72). The following chart helps to clarify the seven components of CISM.



**Table 2.1. CISM Seven Core Components**

| <b>CRITICAL INCIDENT STRESS MANAGEMENT (CISM): THE SEVEN CORE COMPONENTS</b>  |   |   |  |                                 |
|---|---|---|--|---------------------------------|
| <b>INTERVENTION</b>   | <b>TIMING</b>   | <b>ACTIVATION</b>                               | <b>GOALS</b>   | <b>FORMAT</b>                   |
| 1. Pre-crisis preparation   | Pre-crisis phase  | Anticipation of crisis                          | Set expectations.<br>Improve coping.   | Groups.<br>Organizations.       |
| 2. Individual crisis intervention (1:1)   | Anytime. Anywhere.  | Symptom driven.                                 | Symptom mitigation.<br>Return to function, if possible. Referral, if needed. Stress mgmt.        | Individuals.                    |
| Large Groups:<br>3a. Demobilizations & Staff Consult (rescuers);<br>3b. Group Info. Briefing for schools, businesses and large civilian groups. | Shift disengagement; or, Anytime post                               | Event driven.                                   | To inform, and consult.<br>To allow for psychological decompression.<br>Stress mgmt.             | Large groups.<br>Organizations. |
| 4. Critical Incident Stress Debriefing (CISD)   | Post-crisis.<br>1 to 10 days;<br>At 3 - 4 weeks for mass disasters. | Usually symptom driven.<br>Can be event driven. | Facilitate psychological closure. Symptom mitigation.<br>Triage.                                 | Small groups.                   |
| 5. Defusing   | Post-crisis.<br>(within 12 hrs)                                     | Usually symptom driven.                         | Symptom mitigation.<br>Possible closure. Triage.   | Small groups.                   |
| Systems:<br>6a. Family CISM;<br>6b. Organizational Consultation.  | Anytime.  | Either symptom driven or event driven.          | Foster support, communications.<br>Symptom mitigation. Closure if possible. Referral, if needed. | Families;<br>Organizations.     |
| 7. Follow-up, Referral.   | Anytime.  | Usually symptom driven.                         | Assess mental status. Access higher level of care.   | Individual.<br>Family.          |

(Everly and Mitchell 73)

The above-mentioned chart shows clearly the connection of the seven components to each other. Some of the components should occur within one's department before there is even a traumatizing event. Some of the components are event-driven and some are symptom-driven. Some flexibility is intentionally built into CISM, based on the understanding that not all people respond to a traumatizing event in the same way. This is evident in the chart through the timing, activation, and format sections on the chart.

Critical incident stress debriefing (CISD) is one of the components of the CISM model (Mitchell and Everly 7). Often people confuse CISD for the complete CISM process. CISD is a specific model of psychological debriefing. Jeffery Mitchell originally developed CISD to achieve the goal of psychological closure after a traumatic event. In addition, CISD can serve as a form of psychological triage. Ideally, it happens within small groups of eight to ten people and facilitated by a team of two people who have the

specific training (7). The resources used CISM to describe the last four components of CISM.

CISM, which is crisis response, has been referred to as emotional first aid (Everly and Mitchell 107). CISM has become a standard of care for first responders, health care systems, jurors, banks, airlines, military personnel, educational systems, and more (14–15). CISM is recommended by the Occupational Safety and Health Administration (OSHA) (Mitchell and Everly 5).

While many see the benefits of CISM, others feel that it is controversial and possibly may be more harmful than beneficial (Palm, Polusny, and Follette 77). CISM, both group and individual, helps many people recover from traumatizing situations, but it does not help everything or every situation (Davis). Compared to other models, this model (CISM) is fluid and offers a wide range of intervention options during each phase of a crisis (Castellano and Plionis 334).

Unfortunately, first responders do not always recover from traumatizing situations in a healthy way. The natural tendency of human beings, including first responders, is to take the path that appears to be easier or provide immediate gratification. As such, first responders frequently turn to alcohol, and extra marital affairs to relieve the pain. As a result of not dealing with the trauma that they have been exposed to, first responders suffer from depression, PTSD, and suicide (Cross and Ashley 24). The author will discuss all of these examples in detail in the next section.

### **Psychological Ramifications of Trauma for First Responders**

The culture of first responders makes it very difficult for them to reach out when they need help. First responders are the ones who are helping others. They are the ones

whom people go to when they need help. Among themselves, first responders put up a strong shell to protect themselves from the “street” and from seeming weak in their department. Multiple concerns inhibit first responders from seeking psychological help (Clark and White 16-17). The lack of reaching out for help leads to unfortunate psychological ramifications.

The culture of first responders also provides a misguided assumption. Due to the tougher-than-life mentality that first responders must have, they can develop the understanding that they will not be affected by the wide variety of traumatizing situations that they are exposed to. Cadets and seasoned responders alike could believe that nothing will affect them physiologically. They miss the reality that, although they might physically survive the call, the traumatizing situations could still ruin their lives (Kates 4).

A concern for confidentiality is real among first responders. In a job-performance-based, promotion-driven culture, a first responder is never going to reach out for help if they doubt confidentiality. They would only do so if they believe there will be one hundred percent confidentiality, forever. This is why, many times, the fear that their conversations with mental health professionals may not remain confidential will stop a first responder from seeking assistance. Often first responders will not talk with the mental health professionals provided by their department for fear of “information leaking out.” Even when they reach out to professionals not associated with their department, the fear is real that the public may now know about their problems. For a first responder to be willing to reach out for mental health assistance, they must have no doubt of confidentiality (Clark and White 17-18; Lorrain 344-345).

Negative stigmas run high within the first-responder world toward anyone that seeks mental health care, takes medication as treatment, and talks to mental health care professionals. Some of the thinking is that the first responder must not be tough enough if they cannot “keep their stuff together,” meaning they must be weak if they are dealing with psychological ramifications of the job. One source quoted over one hundred police officers saying, “Remember that officers feel more reluctant than other types of employees to seek help. They fear the stigma will hurt their image/career. We also need to find a way for peers to identify staff in need without repercussions”(State of New Jersey 26). This stigma needs to stop.

First responders know mental disorders and diseases are real. They have responded to help those members of the community with mental health disorders and diseases as a part of their job. First responders do not want others to identify them as part of that community. Accepting and taking medications, as treatments on a psychological level, can be difficult for first responders because they previously have responded to patients with psychological problems. By accepting and taking said medication, the first responders can then associate themselves with their previous patients (Kirschman, *I Love a Cop* 118-19, 208).

Further, a stigma is attached to mental health care. Mental health professionals are seen as hurdles that first responders must jump over in order to return to the job, or even be hired in the first place with the prescreen examinations. The entire mental health industry can have a negative stigma for first responders. The mental health industry must overcome this stigma before first responders seek out professional help. First responder suicide is an unfortunate reality. As long as this stigma of weakness exists, first

responders will seek answers in suicide and not from mental health professionals (Clark and White 17, 20-21).

New ways of providing therapy from the mental health professions are proving to be beneficial to first responders. Equine-facilitated therapy is a fast-growing therapeutic mental health treatment. Across the United States, it is used for helping people with trauma. First responders are “finding benefits of getting off the couch and into the stables” (Bridges 11). While this treatment method is unconventional perhaps for our first responders, the mental health community needs to start thinking of more alternative ways of assisting our first responders.

The people who become first responders have a certain personality trait that the public appreciate in their police, fire, and EMS personal. Being action-oriented, problem-solving, and larger-than-life individuals make them great first responders. Those same characteristics almost prohibit the first responders from seeking help because they start to think of themselves as invincible. This is so problematic because, many times when dealing with the unfortunate psychological ramifications of trauma, first responders need professional help (Clark and White 20).

Multiple studies have found evidence that the stress of police work increases mental health issues such as depression, post-traumatic stress, and anxiety (Conn and Butterfield 273). Within the police force, twenty-six percent of medical retirements are due to psychologically related illnesses (Collins and Gibbs 257). One study found that the proportion of police officers with measurable mental illness doubled from 1993 to 2003 (Conn and Butterfield 273; Kirkcaldy, et al. 700). Behavioral effects such as absenteeism,

domestic violence, excessive use of force, and substance abuse have also been found in studies of police stress (Cross and Ashley 26).

Allen Kates, a member of the American Academy of Experts in Traumatic Stress, within his book commits two chapters on the types of abuses that first responders can go through as psychological ramifications of trauma. Kates identifies these two chapters with the same title, *Issues and Support Sources*. Within these chapters, he lists over twenty different ramifications of trauma for first responders and various support agencies and systems (245–337). This review discusses the following effects from trauma in detail: alcohol and other substance abuse, depression, family dynamics, PTSD, stress, and suicide.

#### *Alcohol and Other Substance Abuse*

Alcohol is an unhealthy coping mechanism. First responders have been known to use alcohol to help deal with the stress and trauma that they are exposed to (Ngo 42). While the first responder culture still does not fully condone the use of alcohol as a means of coping with all the “stuff from the job,” in some places it is expected. Many times, fellow first responders may join together for “choir practice” after work for a few drinks to decompress and relax from the day (Castellano, “Health Matters” 72; Clarke and White 21). First responders are at a higher risk of abusing alcohol (Shochet, et al. 43; Reese and Castellano 6).

First responders, and others who deal with trauma and stress, may receive temporary relief from the symptoms of their stress and trauma from alcohol or other substances (Beckner and Arden 141). A study that surveyed the Oklahoma City bombing first responders, two years after the event, found that those responders who were

“coping” with increased alcohol also had increased post-traumatic stress (Palm, Polusny, and Follette 74).

The reality of alcohol is that people may consume more when feeling depressed and saddened, but it does not help because alcohol itself is a depressant. Alcohol, while temporarily relieving some of the symptoms of PTSD, will cause the symptoms to worsen and interfere with recovery (Beckner and Arden 40; Matsakis 31). Alcohol is present and involved in many police suicides. First responders may turn to alcohol to help them with existing problems from stress and trauma, but the alcohol will quickly create many more problems of its own (Clarke and White 21; Gershon, et al. 276).

### *Depression*

Depression is a “mood disorder that causes distressing symptoms that affect how you feel, think, and handle daily activities, such as sleeping, eating, or working. To be diagnosed with depression, symptoms must be present most of the day, nearly every day for at least 2 weeks” (*Depression Basics* 2). Depression is not a single symptom by itself, but represents many conditions. Symptoms of depression are: depressed mood, anhedonia, hopelessness, helplessness, suicidal ideation, loss of appetite, possible weight loss, possible reduced libido, insomnia, psychomotor retardation, and diminished energy (Everly and Mitchell 25–26). Trauma frequently causes depression (Kates 265).

Depression is one of the normal emotional reactions to a traumatizing situation (Kirschman, *I Love a Cop* 94). First responder stress is known to create depression (Gershon, et al. 276). Depression has been identified as one of the signs that a first responder may need to seek professional help in dealing with a traumatizing situation (Kirschman, *I Love a Cop* 214). Depression is often connected with drinking, drug use,

and suicide (Kates 265). Severe depression is a factor believed to increase the risk of suicide (Everly and Mitchell 36–37).

### *Family Dynamics*

Families of first responders are at risk. Families of first responders are in trouble (Reese and Castellano 2). The impact of trauma experienced in being a first responder is not confined to the time spent on the job or even to just the first responder. The trauma that first responders are exposed to through their vocation affects everyone in the family: the first responder, the spouse, and their children (Kirschman, *I Love a Fire Fighter* 192; Gilmartin 113).

A first responder's vocation, by its nature, can create an intrusion into family life. First responders do not receive training on how to deal with this invasion into their personal life and time (Gilmartin 113). Some communities can hold first responders and their families to a high standard when it comes to morals and behaviors. This expectation can be on the adults in the family and the children. The intrusion is real when a police department requires their officers to carry their side arms and be ready to respond appropriately as an police officer, even when not on duty (Reese and Castellano 35). This does not take into account stress from the required shift work (Kirschman, *I Love a Fire Fighter* 12); overtime shifts, and the additional shifts that the first responder is responsible for (Gilmartin 113); and a communication device going off in the middle of the night to wake up a first responder who is needed (Kirschman, *I Love a Fire Fighter* 9).

As a result of traumatizing situations from their vocation, first responders learn to turn off their emotions. This is a healthy protective reaction that first responders do to



keep themselves safe on the scene. Turning on and off one's emotions, while protecting the first responder, can produce the negative side effect of leaving emotions turned off all the time, including while they are with their family. Research tracks this isolation of emotion to starting when police officers are going through their academy days. As their vocation continues, emotions become a liability and first responders turn their emotions off even more. The isolation of their emotions allows them to perform their jobs as a first responder better. This same isolation of emotions can isolate them from their families. Emotions are needed with parents, spouses, children (Reese and Castellano 39–41).

A career as a first responder puts strain on the marriage covenant like nothing else (Reese and Castellano 52; Kates 284). Due to the paramilitary nature of the first responder community, words of affection from a first responder to their significant other can be replaced with words of commands, orders, and regulations with little room for disagreement (Reese and Castellano 54). A first responder's significant other and/or children could have this attitude of communication used on them.

The stress of the first responder's vocation could drive spouses apart (Kates 189). Lack of intimacy, from low amount of time together, miscommunication, a change in personality, and much more can lead the first responder or significant other to seek satisfaction outside of the family unit (Reese and Castellano 56). Due to the "hypervigilance" attendant to the first responders' work, their life can turn into one of extreme ups and downs. Unfortunately, they are normally in down moments when off duty and with their family. As such, infidelity with someone, who shows interest in them or shares a similar risk with them, is much more likely (Gilmartin 58–64).

Job-related stress for first responders, can lead to broken marriages (Ngo 42). The high level of stress that first responders experience lead to a high level of divorces (Reese and Castellano 8). Fire fighters and police state that they have one of the highest divorce rates (Kirschman, *I Love a Fire Fighter* 210; Kirschman, *I Love a Cop* 4). Many studies point to an unfortunate reality that first responders have a higher divorce rate than other people in society (Kates 284). Other studies question if the divorce rate among first responders is higher than the general population (Kirschman, *I Love a Fire Fighter* 210; Kirschman, *I Love a Cop* 4). For police officers involved in shootings, the stress levels and damages on the family are high. Twenty percent of officers involved in a shooting are divorced within 1 year (Bettinger 90).

To protect the moral fiber of our societies, first responders leave their homes and families on a regular basis to go to work, to protect other people's homes and families. First Responders pay a high price emotionally, physically, and spiritually to protect society. The family of a first responder should be the ultimate backup for their first responder. The home and family unit should be a place for healing, understanding, peace, love and compassion. All members of the first responder's family, including the first responder, must work hard to create the safe haven within their home (Reese and Castellano 5).

### *Stress and PTSD*

Stress is something that we cannot hold even though we all attempt to balance the stress in our lives. Stress is, in that manner, like happiness, love, joy, fear, and pain. Stress is the result of when we are no longer able to adapt to a situation. Change could lead to stress. When we allow increased demands and/or expectations from others or

ourselves that can also bring about stress. Stress comes from the feeling that these items are beyond our ability to fulfill (Kates 55).

Trauma, and stress from the trauma, can change people's lives. Said trauma could be a car accident, sexual assault, witnessing a murder, or surviving a natural disaster for example. These traumatic experiences change a person's life and perspective on life. Most people recover from traumatic experiences and shortly return to normal living for themselves. However, others continue to struggle because of the trauma with nightmares, depression, seeking isolation, painful memories, heightened avoidance, and emotional numbness. These are common and normal symptoms of Post-Traumatic Stress Disorder (PTSD) (Beckner and Arden 9).

According to the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*, to be diagnosed with PTSD, one must have the following nine criteria. One, an exposure to one or more traumatizing events that actually cause death or threaten death, serious injury, or sexual violence. Two, the presence of one or more intrusive reliving type symptoms since the event occurred. For example, reliving the trauma through memories, dreams, flashbacks, emotions, and thoughts. The trigger for reliving the trauma can happen through external or internal means. Three, attempting to avoid feelings and conversations about the trauma. Four, negative alterations to cognition and mood of the individual following the trauma. Five, tractable negative changes in previously normal reactions and arousals after the trauma. Six, the immediate previous three responses lasted longer than one month, since the trauma. Seven, previously mentioned symptoms significantly interfere with one's ability to live their normal life. Eight, the symptoms are not a result of medication or substance abuse, and are not caused

by another medical condition. In addition to the individual meeting the aforementioned eight criteria in response to the stressor, they experience: depersonalization (a sense of being an observer of self) and derealization (the reality around them does not seem to be real) (Matsakis 18; American Psychiatric Association 271–72).

When experiencing PTSD, often people do not know what is happening within themselves. Feelings of shame, loneliness, weakness, confusion, and despair can be normal. These are all normal and healthy emotional reactions to the traumatic exposure. As a result, many times, due to these additional emotional experiences, people attempt to relieve the emotions through substance abuse, and other destructive means (Beckner and Arden 47).

While first responders can develop, through training and experience, the necessary means to respond to most scenes with a needed detachment, sometimes those are not enough. A life threatening or a deeply terrifying scene can assault and shift a first responder's professional detachment. A shift in the professional detachment could render a first responder exposed. This shift could happen to a first responder while on scene or appear much later (Corneil 189). Although some sources state that cumulative effects, of exposure to traumatizing situations, do not occur (Corneil 188), the vast majority of research points to a very real cumulative effect for first responders being exposed to traumatizing situations (Conn and Butterfield 293). First responders as a result of this shift could experience PTSD. "People assaulted in the workplace, whether citizens or police officers, run a high risk of developing PTSD if they don't get help" (Kates 47). First responders are at a higher risk of developing PTSD (Shochet, et al. 43).

All studies, about PTSD and first responders, have found that there is a higher rate of PTSD among first responders than with the general population (Morgan 45). PTSD is four to six times more prevalent in police officers than the general public (Shochet, et al. 44). Another study found that 19.2 percent of all Emergency Medical Service workers in the study met the full criteria for PTSD (Hafeez 62). While all first responders have traumatic stress, it does not have to turn into PTSD; no one wants them to develop PTSD (Davis). The number of first responders that are impaired by PTSD could be as high as 1/3 (Kates 4). The numbers could be even higher because some first responders could have PTSD, but are not willing to get help or are not being diagnosed (Davis). When focusing on police officers who have been involved in shootings, the number of PTSD cases rises on a percentage basis even higher (Morgan 46).

First responders need to control their stress levels in their daily and vocational lives, if they are to control the symptoms of PTSD. This, of course, is easier said than done. First responders are recommended to try a variety of techniques and methods to reduce their stress, such as: rest, relaxation, exercise, nutrition, yoga, breathing techniques, hypnosis, massage, meditation, humor, Tai Chi, time management, spiritual practices, and networking (Kates 323).

### *Suicide*

Suicide is a major public health problem and a leading cause of death in the United States throughout the population. The effects of suicide go beyond the person who acts to take his or her life: it can have a lasting effect on family, friends, and communities (National Institute of Mental Health 1). The career choice of a first responder carries with it an enhanced risk of suicide (Violanti 14).

On the surface, different researchers seem to disagree pertaining to the topic of first responder suicide. Some authorities state that first responders unfortunately have a greater risk of suicide than other professions and the general population (Violanti 3). However, other authorities state that careful analysis and comparison with comparable demographic groups (white males 25 to 54 years old) indicate that this is a misconception (Gershon, et al. 276; Kirschman, *I Love a Cop* 196). Compared with the general population, police suicide might be slightly lower. In contrast however, “a survey of more than 4,000 first responders found that 6.6 percent had attempted suicide, which is more than 10 times the rate in the general population” (Venteicher). Nonetheless, other studies report the suicide rate for police officers is three times higher than that of the general population (Cetuk 1). In addition, The International Conference of Police Chaplains teach police chaplains that “police suicides are three times more than line of duty deaths.” However, one understands the numbers, the fact remains that first responders are more likely to die each year from suicide than in the line of duty (Heyman, Dill, and Douglas 36).

Regardless of the exact statically analysis, the rate at which first responders take their own life is at an epidemic proportion. More police officers died of suicide yearly from 2016 to 2019 than in the line of duty (Police1 Staff; Gerrish). In 2017, there were at least 103 firefighter suicides and 140 police officer suicides. That same year, ninety-three firefighters and 129 police officers died in the line of duty. A study found that fire fighters (including EMTs) are more likely to die from suicide than line of death (Heyman, Dill, and Douglas 36). The sad reality is that, while the number of fire-fighter reported suicides may only represent forty percent of deaths by suicide, the actual number

may be 250 (Hayes). Recent research shows that, in addition to the information reported above, in 2019, 236 law enforcement officers have died by suicide and 155 in 2020 as of December 2, 2020 (Blue H.E.L.P.).

Suicide is an epidemic among our first responders. The suicide rate among first responders is rarely discussed (Kates 327). Despite the lack of discussion, more first responders die each year from suicide than in the line of duty. This means that more firefighters take their own life each year than fires do. In addition, more police officers die by their own hand than the hand of the “bad guy.” This epidemic among our first responders is not limited to the United States. In other countries, among first responders, suicide levels are several times higher than similar age groups in the population (Collins and Gibbs 257).

Suicide among first responders has become all too real for the Tampa Bay region of Pasco County, Florida. On Sunday, February 24, 2019 Deputy April Rodriguez, 43, was found dead from self-inflicted wounds. She was the third first-responder in the Tampa Bay region to die by suicide in the past two months. A Pinellas County sheriff's deputy and a St. Petersburg Fire Rescue firefighter both killed themselves in December. Sheriff Chris Nocco stated that this is an epidemic of law enforcement suicides (Taylor).

Latif acknowledges the sad reality of suicide among first responders and points to their heightened stress and trauma as a cause. While many factors lead to suicide among our first responders, many in the field point to specific causes within the first responder culture. Latif points to cultural stress and job stress. Cultural stress is inherent in the paramilitary organization, the instilled drive for promotion, the low compensation rates, and the forbiddance of expressing emotion. Job stress he identified, as the officers many

times do not have people to talk to and the high stress nature of the job. These causes start first responders on the path toward suicide.

Suicide within the first responder community is preventable. However, whether departments are seeking to change the current trajectory is questionable. The New Jersey Police Training Commission, which certifies all New Jersey police officers, only requires one hour of formal training on stress management and no discussion on police suicide. This one hour pales in comparison to the 260 hours that are spent on physical fitness, first aid, and the use of force (Cetuk 1).

Multiple means have been proven to help. Research seems to indicate that that the most effective first-line defense against suicide among our first responders is with their peers and colleagues. First responders already have strong inner circles which are used informally for support and guidance (Ngo 42).

The questioning, persuading, and referring intervention is one method of preventing suicide. While primarily used by the police, the method could transfer to other first responders. Within this method, the department trained supervisors, colleagues, and friends in the three bold steps: Questioning the meaning of possible suicide communication; Persuading the person to accept help; Referring the person in need of help to the appropriate resource(s). Just talking about suicide, which this prevention method enables, has proven to reduce the risk factors of suicide (Quinnett and Watson 38-39, 49-51).

Cop2Cop is a confidential, peer-based, hotline support system for New Jersey police officers. Cop2Cop offers a 24-hour, seven days-a-week help center from peers “who have been there.” Cop2Cop utilizes a peer-based model. Peer counselors staff the



call-in hotline (1-866-COP-2-COP): retired officers, licensed clinicians, and specially trained mental health professionals. Cop2Cop is the first program of its kind in the country, enacted into law to focus on suicide prevention and mental health support for law enforcement officers. Community leaders and individuals concerned about increasing police suicide knew that action on the state level needed to take place. After much work and advocacy, in 1999, a bill was signed into law creating the Cop2Cop program (Castellano, “Hurricane Sandy, New Jersey’s Cop 2 Cop and the New Jersey State Association of Chiefs of Police” 107–08).

Cop2Cop has been identified as a national best practice in peer support by the Department of Defense's Centers of Excellence. Cop2Cop is a confidential, safe place for police to share their thoughts with peers in the field without judgement and while receiving direction. This program has become a model for over a dozen other programs: Vet 2 Vet, and Mom 2 Mom as examples (Castellano, “Hurricane Sandy, New Jersey’s Cop 2 Cop and the New Jersey State Association of Chiefs of Police” 107–08). The Cop 2 Cop hotline started accepting calls in November 2000 with 9/11 eleven months away. The Cop2Cop team was very involved in the post 9/11 response with helping the police officers and continues to do so. (107–08).

Over 30,000 officers have contacted Cop2Cop just within New Jersey. The Cop2Cop team was invited by the New Orleans Police Department after Hurricane Katrina and then again after Hurricane Sandy to engage with police officers (Castellano, “Hurricane Sandy, New Jersey’s Cop 2 Cop and the New Jersey State Association of Chiefs of Police” 107–08). The availability of an anonymous hotline number is a needed

resource that first responders do utilize (Amaranto, et al. 52). Cop2Cop is one example of a peer-based confidential support system that helps first responders at risk of suicide.

Suicide is the final extreme end of the first responder's emotional damage.

Homicide, motor vehicle accidents, and other types of accidents are also near the extreme end. As a culture, we should be able to better care of our first responders (Gilmartin 10).

### **Strategies from Faith Communities that Could Possibly Extend to First Responders**

#### **Dealing with Traumatizing Situations**

Trauma can challenge your deeply held beliefs (Beckner and Arden 201). Faith and spirituality can help during times of trauma (Castellano and Plionis 334).

The stress that first responders experience affects them mentally, emotionally, behaviorally, and spiritually (Conn and Butterfield 273). As a result of their job, police officers have reported experiencing "spiritual pain and distress from their work" (Patton 149). The field of trauma acknowledges that first responders need to keep a balance among their physical self, emotional self, and spiritual self (Conn and Butterfield 287). First responders, who through the course of their career completely lose faith and hope, have their careers usually end in disease and self-destruction (Charles 1). First responders have been found to be a group of people who are extremely dedicated to their vocation, fellow first responders, their families (work and home), and their faith (religious system or in humanity) (Woodall 55). First responders need to keep the faith.

First responders in New Orleans, during and after Hurricane Katrina, shared the importance of a faith life. They experienced three critical incidents: the natural disaster, the breakdown of local, state, and national agencies, the unprecedented personal and ethical crises that first responders had to respond to. With those doing critical

interventions, first responders found that “some members benefited from faith-based or spiritual discussions (Castellano and Plionis 334). Similar findings were found with the first responders of the September 11<sup>th</sup> attack in New York City (Castellano and Plionis 334). Faith helps first responders deal and cope with the stresses of being a first responder (McKoy 99).

### **Faith Communities**

“Faith is a complicated notion” that respectfully is defined differently by different people depending on their own personal life experiences (Dinham 529). When people in the United States of America were surveyed in June-September 2014, they reported the following religious or faith affiliations: 70.6 percent Christianity, 1.9 percent Judaism, 0.9 percent Islam, and 22.8 percent unaffiliated with any religious or faith group (*Religious Landscape Study*). With the three Abrahamic, monotheist, religious traditions representing 73.4 percent of the people in the United States and being the 3 largest religious affiliations in the United States, these three traditions are examined in this study for strategies which could possibly extend to first responders dealing with traumatic situations. For no other reason, except alphabetical, these three traditions are here defined, followed by an understanding of what a faith community is.

#### *Christianity*

Christianity “is founded on the worship of Jesus Christ (‘Jesus the Messiah’) as the Son of God, the unique self-revelation of God to the human race” (France 344). Jesus is the one that the Old Testament (Jewish Torah) foretold as the Savior and Lord. Jesus’ life, death, and resurrection in addition to the writings of the early Christian leaders are in the New Testament. These Old and New Testaments contain the basis for Christian

faith, and are contained in the Holy Bible (Joseph 3, 8). A foundational text for Christianity would be “For God so loved the world that he gave his one and only Son, that whoever believes in him shall not perish but have eternal life” (John 3.16).

### *Islam*

Islam traces itself back to the time of Ibrahim (same Abraham from Judaism). “Islam” in Arabic means peace, purity, obedience, and total submission to the one and only God. Muhammed, (peace be upon him), is the prophet through whom the religion of Islam was revealed by Allah, God ( Joseph 51). Muhammed, (peace be upon him), is believed to have received messages/revelations from Allah that were collected to form the Qur’an, the Islamic holy book (Watt 311). Out of respect for the prophet, whenever his name is mentioned or written, the phrase “peace be upon him” is used by Muslims (Joseph 51). A foundational text for Islam would be, “Praise be to Allah, the Cherisher and Sustainer of the worlds; most gracious, most merciful; master of the day of judgement. Thee do we worship, and thine aid we seek” (The Holy Qur’an 2.2-5).

### *Judaism*

Of the three religions that this review discusses, Judaism is the oldest and the parent religion for Christianity and Islam. Belief in the one and only G\_d, who made everything, is central to Judaism (Harley 272). Jewish people believe that G\_d chose Abraham and introduced to him the concept of monotheism, which was in contrast to the other religions around Abraham. Within Judaism, the name of G\_d is not spoken or written out of respect ( Joseph 29). G\_d is transcendent and eternal, knowing all things and seeing all things. The Torah is the sacred book within Judaism which includes the five books of Moses, the Prophets, and the Scriptures (33). A foundational text for

Judaism would be “Hear, O Israel! The Lord is our G\_d, the Lord is alone.” (Tanakh, Deuteronomy 6.4).

*What a faith community is*

Churches, Temples, and Mosques need to be more than organizations. They should be communities. Organizations focus on preserving the corporation. A community is a group of people bound together. They are about shaping faith and the most effective way to do that is through communal activities. As such, Churches, Temples, and Mosques need to be faith communities (Alban). A faith community is a group of people who share a common religious faith and turn to faith as an important aspect of their lives (Dinham 527). In contrast, an organization must be organized around location, shared history and values, common activities and community of solidarity (530). As such, then, a faith community must have a faith or religious component with a shared location, history, value, activity, and solidarity.

When asked how faith communities (Christianity, Islam, and Judaism) might be able to help first responders prepare for, respond to, and recover from traumatizing situations, the reply from one anonymous active police lieutenant detective from New Jersey was astonishing. “I have never thought of this as an option. I suppose a civic leader could come out and support the police if something controversial happens in the community, but this generally does not happen much. Most of the comments from the community are anti-police” (Anonymous).

Faith can benefit first responders when dealing with traumatizing events. For some first responders, faith plays a big part in the manner in which they handle the stress of their vocation (McKoy 100). In one study, Christian first responders stated that having

a religious background was beneficial to them (Patton 186). Spiritual practices, for first responders, have been shown to help reduce stress (Kates 323). Some of the benefits of a faith community for first responders could be categorized in: Sense of God's presence, meaning-making, prayer, and community.

### **Sense of God's Presence**

“The virgin will conceive and give birth to a son, and they will call him Immanuel which means God is with us” (The Holy Bible Matthew 1.23).

Allah is “closer than our jugular vein” (The Holy Qur'an 2.16).

“Where can I escape from your Spirit? Where can I flee from your presence? If I ascend to heaven, you are there; if I descend to Sheol, you are there too.”

(Tanakh, Psalms 139.7-8).

All people when they experience trauma seek their primary source of comfort, protection, and safety. “Wounded soldiers and raped women cry for their mothers or for God” (Herman 52). This is an acknowledgement that the trauma is too much for them, and that they need help from someone (mom or God). One's ability to rebound from the pressures of emergency work is often dependent upon an individual's connectedness to God and one's co-workers (C. L. Brown 2). The connectedness to God is an embracing of God's presence.

Davis spoke of the reality for himself, that he could see God at work in every emergency scene that he has responded to. For over forty years, Davis has responded with police, fire, and EMS when his local communities have called for help. He shared that one horrific scene he responded to was on one of the bridges that connect New Jersey and Pennsylvania. This was a fatal motor vehicle accident wherein a passenger vehicle,

with one occupant, went completely under a fuel transport tanker and caught fire. The driver of the passenger vehicle was dead, probably instantly. The first responders while serving on that bridge all spoke about a calmness, a presence that was on that bridge that day. The incident commander for the scene felt the presence too. When the fire was out and the scene was relatively safe, the incident commander and the first responders asked Davis to pray over the deceased driver, who was still entrapped in the charred remains of the vehicle. To Davis, praying on that bridge that day was an honor. He thanked God for being there. He acknowledged the presence of the Divine on that bridge in the midst of a horrific life-taking scene.

A belief in God could give first responders the understanding and feeling that they are not alone during a traumatizing situation (Davis). On that bridge, Davis acknowledged the presence. One first responder during a research study shared, “I understand that there's something bigger than me, and that there's a great ending to all our stories” (Kenny 98). The unfortunate reality is that the sense of being alone can be a result of trauma (Kates 23+31). Having an understanding of God’s presence, especially during the trauma, could help a first responder deal with a traumatizing situation. Faith communities, in addition to providing an understanding of God’s presence, also help facilitate meaning-making which is a benefit that first responders can receive from a faith community.

### **Meaning-Making**

“For in him we live and move and have our being.” (The Holy Bible Acts 17.27)

“I have only created Jinns and men, that they may serve Me. (The Holy Qur’an 50.56)

“To Him belongs every being, that is in the heavens and on earth:

all are devoutly obedient to Him” (The Holy Qur’an 30.26)

“I will put breath into you, and you shall live again.

And you shall know that I am the Lord!” (Tanakh, Ezekiel 37.6)

Religion is foundational to the meaning-making systems of many people. How religion influences the person’s meaning-making is subject to the person’s own understanding and practice of religion (Park 409). Meaning-making is how we make sense, or meaning, out of the world around us. The concept of meaning-making, has two levels of meaning: global and situational. The first level, which influences the second level, is a global perspective of the world and one’s self. The global perspective of one’s meaning systems encompasses: beliefs, goals, and feelings of purpose. Human beings perceive themselves and the world they are in through their own personal global meaning perspective (406). The global level influences the situational level.

Religion and faith influence our global perspective of everything. For many people, religion underlies their understanding of the world (Pargament 33), serving as a core schema that informs their beliefs about themselves and the world (Park 409). “For the many people for whom religion plays a central role in their meaning systems, religion can powerfully influence their daily experiences and their general well-being” (409). Their religious practices then are a major influence on their global meaning perspective.

Religious meaning-making systems could heavily influence someone’s daily living. In addition, meaning-making shapes our perception on a daily basis and during times of trauma. Our response to trauma and grief, a situational perspective, is influenced by our global perspective (Huguelet 570; Park 405). The foundation from this becomes even more important when the person faces trauma. Trauma can challenge your deeply



held beliefs (Beckner and Arden 201). During traumatic events, religious meaning-making can provide fairly coherent and comforting perspectives, a sense of certainty, and existential answers (Park 409). Religious meaning-making is very common and, as research has shown, helpful during highly stressful situations. Religious meaning-making has been shown to help with post traumatic growth (recovery) (409–10).

On Thursday, January 24, 2019, when leading worship for a clergy session of the Greater New Jersey Annual Conference of the United Methodist Church, Bishop John Schol, while preaching, referred to a personal story of needing to be deeply rooted. Bishop Schol shared about his sister's murder, a painfully profound moment. Anyone would consider the murder of one's sibling a traumatizing situation. The trauma was compounded for the Schol family when it was discovered that his sister's son had taken his mother's life. Bishop Schol spoke of the need for himself to go 'deep in his roots.' Schol was indicating how he needed to lean heavily upon 'how his parents had raised him.' They raised him within a local United Methodist Church in Philadelphia, PA. At this time of extreme trauma, he shared how he needed to 'draw deeply from those roots' (Schol).

Bishop Schol's language of 'drawing deeply from his roots' is a powerful example of meaning-making. He used his language to explain his meaning-making process. His religious upbringing influenced his global perspective, which in turn moved him during that profound time of family trauma. One's involvement in a faith community has an impact on their meaning-making, which then has an impact on how they respond to trauma.

In the area of meaning-making, Latif shared some insights. When walking with people through trauma, he typically listens and, when appropriate, asks two sets of questions: “What are your values? What are your outlets?” Listening before asking his two questions is critically important. Listening validates and allows the person to be heard. These questions are foundational to the person’s understanding of themselves, their meaning.

The first question (“What are your values?”) asks about the individual’s personal ethic system. This question gets to the person’s core, their innermost meaning. What gives them meaning drives the individual, provides purpose, and clarity for the healing process after a traumatic event. After trauma, all human beings need to lean back on their innermost self and that which gives them meaning. The first question, which points to meaning, then leads to the opportunity to ask the second question.

The second question (“What are your outlets?”) focuses on how they live their life. This question begs the individual to inquire why they do what they do. This question asks people to look at what enhances their lives, what they enjoy, where they spend their time. Latif’s two questions allow the person to search into their core and find their meaning, which will help them recover from the trauma.

Latif openly admits, respectfully, that all too often people have not previously thought about the answers to these questions. People live busy lives with many responsibilities and activities on a daily basis. People go through the motions of life and usually do not reflect on why they do them. His questions encourage people to reflect on the *why*. His questions ask what gives a person meaning, for what gives meaning makes and heals a person. Latif challenges people to reflect on their meaning-making.

Trauma challenges our beliefs about who we are, our ability to trust and relate, and how we view the world (Beckner and Arden 9). First responders experience the challenge on their beliefs too. Many first responders tend not to be very active in their faith, even if they once were. First responders explain that due to what they experience through their job, they begin to doubt if there is a Master Plan to life (Reese and Castellano 136). Faith and hope are both considered qualities that help someone find meaning. Spiritual practices can be catalysts for finding meaning (Martin 3). First responders need to lean back on the meaning-making that faith communities can provide which could help them through the traumatizing situations. The sense of God's presence and meaning-making are two of the benefits from a faith community for first responders. Prayer, a major component of faith communities, connects the believer to God's presence and helps with the meaning-making process.

### **Prayer**

“This, then, is how you should pray: “Our Father in heaven, hallowed be your name . . .”  
(The Holy Bible Matthew 6.8-9)

Verily, I am Allah: there is no god but I: So serve thou me (only), and establish regular  
prayer for celebrating my praise (The Holy Qur'an 20.14)

“When my people, who bear My name, humble themselves, pray, and seek My favor and  
turn from their evil ways, I will hear in My heavenly abode and forgive their sins and  
heal their land.” (Tanakh, 2<sup>nd</sup> Chronicles 7.14)

We do not know the exact origins of prayer (Spoto 3). Prayer is not one-size-fits-all. The foundation of prayer is a relationship with the Divine (P. D. Brown 20–21). Prayer is something that all faith communities say they value. Their personal practice, or lack thereof, identifies the importance of prayer for the individual (Teykl 23). Prayer is an

important part of all three of the Abrahamic faith traditions. The Holy Books of Christianity, Islam, and Judaism direct their people to pray.

Christianity promotes prayer. Jesus was a man of prayer. Within the Gospels, contained in the New Testament, one rarely reads of Jesus eating or sleeping but often it records that Jesus prayed (Spoto 29). Jesus points out that prayer is for the believer's benefit because "the Father knows what you need before you ask it" (Matt. 6. 8) (Spoto 30). Prayer is the rudder of the Christian community (Teykl 19).

Islam promotes prayer. One of the pillars of Islam is prayer. People of the Islamic faith have to pray at least five times during the day at predetermined times (Emerick 137). The five-times-a-day prayers benefit the Muslim because they then intentionally stop their busy day to focus on Allah. The five daily ritual pray times differ from personal requests or supplications before God (Emerick 124).

Judaism promotes prayer. "Judaism . . . is unimaginable without prayer" (Spoto 15). For people of the Jewish faith, prayer is a living response to a divine invitation. The Tanakh is full of G\_d's everlasting dialogue with G\_d's people. Contained within the Tanakh are prayers of wonder, petition, complaint, lament, and adoration (16). Prayer, within the Jewish understanding, can happen anywhere, in any location, with any topic. Prayer expresses a deep belief in G\_d (Zaklikowski).

Throughout human history, people have been praying to the Divine. From the start of their faith traditions, Christians, Muslims, and Jews have been praying and continue to pray (Spoto 9). Studies show that people learn how to pray in their faith communities (P. D. Brown 13). Prayer is connecting with the Divine in a personal way and is encouraged to happen daily within the three Abrahamic traditions (Charles 41).

Joyce Rupp speaks of the value of praying goodbye instead of saying goodbye. Rupp writes of the trauma of the death of a loved one. She has found personally, as have her students, the healthy reaction to praying goodbye. In one study, first responders discovered this fact that Rupp talks about. In that study, police officers shared that praying helps them make sense of the traumatic scenes that they encounter. They acknowledged 'God's will' or 'feeling protected and safe' from the dangers of the job (Charles 102). Rupp states that, by praying our goodbyes or praying through trauma, we can become wiser, deeper, and more compassionate (Rupp 13).

Prayer can help prepare first responders for a traumatizing call. Davis, while reflecting back on his time within the fire service, shared about asking his fellow fire fighters if they could pray together while in the back of the fire engine. Davis points to this as a natural centering and reminder that the first responders are not responding to the scene by themselves but that God is with them. Today, while not frequently on the fire engines anymore, he continues this practice in patrol calls while doing ride-a-longs with his various departments. Davis offers prayers, while responding, only if every member of the crew agrees. A simple prayer, asking for God's help and safety, while the sirens are blaring, according to Davis reminds him and the first responders who is in control and protects them (Davis).

In one study, most of the participants, who were police officers, mentioned how they often "prayed" for victims and the victims' families, knowing that their abilities extended only so far and then it "was up to God" (Charles 101). These first responders point to the reality that first responders need prayer. Just as prayer is a benefit of a faith community for first responders, so is a sense of God's presence and meaning-making,

both previously discussed. These three benefits combined with the community are the four benefits that a faith community offers to first responders.

### **Community**

“Where two or three gather in my name, there am I with them.”

(The Holy Bible Matthew 18.20)

“The Believers are but a single Brotherhood: so make peace and reconciliation between your two (contending) brothers; and fear Allah, that ye may receive mercy.”

(The Holy Qur’an 49.10)

“As iron sharpens iron so a man sharpens the wit of his friend”

(Tanakh, Proverbs 27.17)

First responders need support from fellow first responders, family, administration, their unions, counselors, community leaders, spiritual leaders, and the public. The need for all of this support is a byproduct of the responsibilities that they have as first responders. First responders need to rely on their support network to save them just as they rely on their training and equipment to save them (Kates 245). Social support helps achieve a better outcome when dealing with trauma (Armstrong, Shakespeare-Finch, and Shochet, " Predicting Post-Traumatic Growth" 40).

People who have gone through trauma find that trauma stains preexisting relationships. A feeling can develop that others do not understand what the traumatized one has gone through, thus leading to a tendency to withdraw from relationships. However everyone recovering from trauma needs strong healthy relationships (Beckner and Arden 41). Traumatizing situations can destroy the connections between people and their social community. First responders, because of trauma, can have their sense of

community destroyed with isolation coming in. “The solidarity of a group provides the strongest antidote to traumatic experiences. Trauma isolates; the group re-creates a sense of belonging” (Herman 214). The dichotomy is real, first responders need a community to heal in, but one of the side effects of trauma can be a tendency to withdraw.

Faith communities have the much-needed community that our first responders need. Within Christianity, for example, we consider people adopted children of God. The Church then is the gathering of all the believers, adopted children. The Church is the people of God. To be a Christian is to be one of God’s family, part of a new community where the old dividing lines (race, gender, social economic status, education, and more) are no more, for all are one in Jesus (Lane 352). Faith communities could be a part of the network of support.

Pertaining to the area of community, Chaplain Stern shared a personal experience. The Red Cross had deployed her and she was faithfully serving her G\_d and neighbors in a community that had just suffered a natural disaster. Deployed with the Red Cross, Stern was involved with providing basic human needs as well as spiritual and emotional care for the survivors and first responders. Her days were long and the task was great. One Sabbath day, she awoke and started that day like all the previous ones, with an overfull schedule of serving the needs of others. Shortly after her day started, she realized that she needed to go to Temple that evening. She pushed herself harder that day so that she could make the time and do the drive to get to the Temple in time for service. She did not know many of the people in that faith community that night. However, she knew that she had to go to Temple, to connect with G\_d and the community of faith that would be gathering. She does not remember the homily the Rabbi shared, the Scriptures that were read, or the

prayers that were said. She does not even remember the names of the people she worshiped with. She does remember the connectedness of the community of faith that she was a part of that evening.

One study found that, among surveyed police officers, eight out of the ten officers stated that, to them, having peer support was equally as valuable as having family support when dealing with trauma (Conn and Butterfield 280). First responders typically have two families. Their biological and/or married families, and their firehouse, police, and/or squad families. Many times the bonds within the first responder families are tighter than the bonds of their biological and married families (Reese and Castellano 2). People bond when they share risk, when they share trauma (Gilmartin 63). First responders share trauma together with the other responders in their crew.

Respectfully, research has found that getting involved in other activities can help first responders deal with trauma. Being involved in their faith communities' faith practices has been lifted up as one of the activities that help first responders recover from trauma (Kenny 110). First responders have reported on how they value being involved in worship and Bible studies, for example, which give them a sense of belonging to a community and connect them to other human beings and to God (Charles 104).

Some first responders have stated the need for support from their friends, family, and faith. These three support agencies help first responders feel safe, comfortable, and unthreatened (Kenny 119). People, first responders and citizens alike, want to belong to a community. Believing as the faith community is no longer as important as the fact that people want to belong (Myers 19). Faith communities should welcome their local first responders into what could be a lifesaving community for them.



Our first responders need community. Our faith communities are examples of that much-needed community. In addition to offering real community, our faith communities offer our first responders a sense of God's presence, meaning-making, and prayer. All four of these are benefits that faith communities offer our first responders dealing with traumatizing situations.

### **Research Design Literature**

This research project intended to explore impacts from faith communities that could have helped first responders prepare for, respond to, and recover from traumatizing situations. The literature review, revealed that first responders are exposed to trauma, but due to their backgrounds recover from it differently. The researcher chose three tools for completing the research: survey, focus groups, and interviews with experts.

**Survey.** First, the researcher conducted a qualitative survey, which also gathered demographic information about the participants. The data collection distributed the web-based survey through multiple departments, unions, and corporations with the intention of making the survey available to as many first responders as possible. Typically, surveys use a lengthy questionnaire with fixed choice responses (Sensing 115). However, this was not the case for this survey. This survey was of the fixed choice and category question type. The researcher divided the survey into two sections.

The first section of the survey gathered the demographics of the first responders: age, gender, paid vs. volunteer, length of service, active or retired, and setting (urban, suburban, or rural). This compiled the descriptive statistics of the first responders. Within this section, the survey also found the eligible participants.

The second section of the survey gathered qualitative responses from the eligible first responders through three open-ended research questions. The questions for the questionnaire were the research questions. The survey purposely had open-ended type responses so that the researcher would not influence the participants

**Focus groups.** After the above-mentioned survey wherein the participants self-selected to be involved in the focus groups, the researcher randomly chose eligible participants for the focus groups. Members of the focus groups were chosen so as to have group synergy and deeper group conversation (Sensing 120). The literature review discovered that first responders are comfortable and used to being in groups of fellow first responders; the focus group setting seemed the best means to gather the research data.

**Expert Interviews.** The researcher conducted expert interviews to gather a data set from the experts who are in the field different from that of first responders who have experienced trauma. The study used this data set to compare, contrast, and understand the data collected in the surveys and focus groups. The experts invited to participate represented the three Abrahamic faith traditions (Christian, Jewish, and Muslim) and have served as first responder chaplains and faith community leaders for over ten years. The researcher applied a qualitative descriptive analysis to all the collected data. This analysis provided the researcher with a means to examine the research questions, collected data, and then form summaries.

### **Summary of Literature**

Since the beginning of time, people have been experiencing trauma. The literature review started with a Christian scriptural and theological perspective. The author used the

book of Job, through a whole book analysis, to gain a deeper perspective on why bad things happen. In addition, the review discussed Psalms 23 and 121 for an understanding of God's presence with us in the 'valley' and that it is God who gives us the 'footholds.' The theological perspective focused on the question of why suffering and pain happen, and where God is when those bad things happen. They do not happen as a result of God's wrath. Sometimes bad things happen because of decisions made. Sometimes bad things just happen.

The author discovered a lack of previously written material about how faith can help first responders with traumatizing events. The review used previous written material as source material throughout. The author, however, found a vacuum in preexisting literature pertaining to how faith can help first responders prepare for, respond to, and recover from traumatizing situations. As a result, the writer purposefully identified three different, experienced, first-responder chaplains to help fill the gap that exists for this topic. All three chaplains have at least ten years of experience each, and approach their ministries from different faith perspectives (Christian, Muslim, Jewish). Peers in their respective fields consider these three chaplains to be experts. The author has organized this literature review into two parts: trauma and first responders, and strategies from faith communities that could possibly extend to first responders dealing with traumatizing situations. The rest of this paper will integrate the two areas of study into one.

Through the previous literature, the review showed that first responders are not fully prepared psychologically, spiritually, and emotionally for traumatizing situations. First responders experience trauma from the operations and the organizations that they are involved with. As a result of not being prepared, the unfortunate ramifications of

trauma are apparent in the aftermath of the lives of the first responders. Their families are destroyed, they are depressed, develop PTSD, and commit suicide, all at higher rates than the general population. Those who serve and protect our communities return home physically alive, but bear psychological, emotional, and spiritual scars. More first responders for the past three years have died from suicide than in the line of duty.

The review showed that, based on previous literature, some first responders found help when dealing with trauma from spiritual practices. The author built this fact within the ‘strategies from faith communities that could possibly extend to first responders dealing with traumatizing situations’ section. The review used the three Abrahamic faith traditions—Christianity, Islam, and Judaism—to define faith communities. The author made educated assumptions, on the spiritual practices, which may be of highest impact for first responders dealing with trauma. These educated assumptions derived from what first responders have said and from the reports of the three chaplains. The spiritual practices are: a sense of God’s presence, meaning-making, prayer, and sense of community. The Abrahamic faith traditions supports all four of these practices. Scriptures from all three faith traditions are listed to give a faith grounding to these practices. The author explained these practices and shared examples within the literature review.

## **CHAPTER 3**

### **RESEARCH METHODOLOGY FOR THE PROJECT**

#### **Overview of the Chapter**

This chapter describes the research methodology used in the project, and also defines the nature and purpose of the project while outlining the research questions. The chapter describes the context, participants, instrumentation, data collection, and data analysis for the research. The research was a pre-intervention study which utilized qualitative research tools. The chapter outlines the systematic procedure used to complete the research so that another researcher could duplicate it. The researcher used the project's purpose statement and subsequent research questions to focus the research project.

#### **Nature and Purpose of the Project**

Everyone experiences trauma. First responders experience their own personal trauma, at varying levels, and, by the nature of their vocation are also exposed to traumatic situations to which they respond. As a result of their cumulative exposure to trauma, they are more likely to experience family problems, abuse alcohol and other substances, suffer from depression, develop PTSD, and have a higher likelihood of committing suicide.

First responders are more likely to die from suicide than from line of duty death (Heyman, Dill, and Douglas 36). Consistently for each year from 2016 to 2019 and projected for 2020, more first responders have died from suicide than in the line of duty (Police1 Staff; Gerrish). This is a crisis. Faith communities should be able to help and have an impact on the first responders in their communities.

The fact that more first responders die from suicide than in the line of duty has motivated this research. The purpose of this study sought to identify how participation in a faith community impacts the ability of a first responder in the United States to prepare for, respond to, and recover from a traumatizing situation. The research sought to discover strategies that faith communities can offer first responders to help them prepare for, respond to, and recover from traumatizing situations.

### **Research Questions**

In order to identify how participation in a faith community impacts the ability of a first responder in the United States to prepare for, respond to, and recover from a traumatizing situation, three research questions helped focus the research. Each of the research questions addressed the timing of preparation, response, and recovery. These three terms are critical to understanding how a faith community might impact a first responder as they approach traumatizing situations.

#### **RQ #1. How does participation in a faith community impact the ability of a first responder to prepare for a traumatizing situation?**

The purpose of this question was to see how participation in a faith community impacts the ability of first responders to be prepared for a traumatizing situation. First responders always prepare for traumatizing situations. This question asks how a faith community might impact their preparation. In order to answer this question, three research tools were developed by the researcher: the First Responder Survey (Appendix D), the First Responder Focus Group (Appendix E), and Expert Interviews (Appendix F). The study used question fifteen on the First Responder Survey, questions four and six on

the First Responder Focus Group, and questions two, five, six, and seven from the Expert Interview to gather data to answer this research question.

**RQ #2. How does participation in a faith community impact the ability of a first responder to respond to a traumatizing situation?**

The purpose of this question was to see how participation in a faith community impacts the ability of first responders to respond to a traumatizing situation. First responders, by the nature of their vocation, respond to traumatizing situations. This question asks how a faith community might impact their response. In order to answer this question, three research tools were developed by the researcher: the First Responder Survey (Appendix D), the First Responder Focus Group (Appendix E), and Expert Interviews (Appendix F). The study used question sixteen on the First Responder Survey, questions six and eight on the First Responder Focus Groups, and questions three, five, six, and seven from the Expert Interviews to gather data to answer this research question.

**RQ #3. How does participation in a faith community impact the ability of a first responder to recover from a traumatizing situation?**

The purpose of this question was to see how participation in a faith community impacts the ability of first responders to recover from a traumatizing situation. First responders must recover from traumatizing situations. This question asks how a faith community might impact their recovery. In order to answer this question, three research tools were developed by the researcher: the First Responder Survey (Appendix D), the First Responder Focus Group (Appendix E), and Expert Interviews (Appendix F). The study used question seventeen on the First Responder Survey, questions five, six and

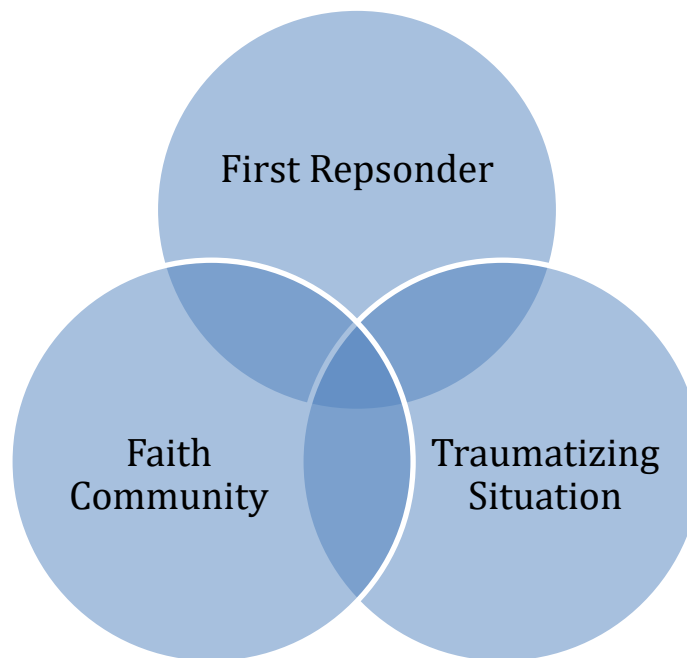
seven on the First Responder Focus Group, and questions four, five, six, and seven from the Expert Interviews to gather data to answer this research question.

### **Ministry Context**

The geographical context of this research was not the defining characteristic of the context of the research. The ministry context for this project was throughout the United States. Participants were invited from every state in the union via the survey, however there were not participants from each state. For research purposes, the study participants were limited to respondents from North Carolina and New Jersey. The interviews were offered to experts in this field of study. The context was in small towns and large cities. The researcher invited churches, synagogues, and mosques to participate. While the respondents identified their own personal faith community tradition, the researcher invited all faith traditions expressed through the Abrahamic traditions of Christianity, Judaism, and Islam to participate.

The ministry context of this research was more focused on the life experiences of the participants than their geographical locations. The research was limited to those who were first responders. A first responder, as defined by the research, is a member of the police, fire, or EMS community. The participants also had to be from one of the three Abrahamic faith traditions. These three faith traditions have widely differing worldviews and organize themselves differently. However, they hold to an understanding of 'God' being monotheistic. Each faith tradition also compels followers to serve their 'God' and others. In addition to being involved within those two distant cultures, the participants had to have been exposed to a traumatizing event while serving as a first responder. The following chart illustrates the required overlap of these three experiences.



**Figure 3.1. Participant Diagram.**

### **Participants**

This study intentionally used a purposive sample of select people with very specific criteria for involvement (Sensing 83). All of the participants in this study were first responders, involved in a faith community, and had previously responded to a traumatizing situation as first responders.

### **Criteria for Selection**

The research tools chosen to help answer the research questions required two different groups of participants. That being said, all of the participants met the following criteria for selection as participants:

1. Involved as a first responder.
2. Participated in a faith community.

### 3. Previously exposed to trauma.

The electronic survey invited anyone who met the initial three-tier requirements to participate in the First Responder Survey. The participants of the First Responder Survey self-selected their voluntary involvement in that survey. Question eighteen in the First Responder Survey allowed the participants to offer themselves to participate in the First Responder Focus Group. The researcher invited all the self-selected participants for the First Responder Focus Group based on similar geographical locations. This was the criteria used to facilitate the live web-based video conference (ZOOM) focus groups.

For the Expert Interview, the participant criteria included the above-mentioned required criteria for the First Responder Survey. In addition, the participants in the Expert Interview also have been both leaders of a faith community and first responders for at least ten years. They also had to have had experience with leadership during a traumatizing situation with first responders.

### **Description of Participants**

For this research, gender, age (besides being over 18 years of age), educational status, sexual orientation, and the like were not determining factors. The criteria mentioned above were the determining factors for participation. The following are descriptions of the participants: first responder, participation in a faith community, and traumatizing situation.

A First Responder is an individual who is trained, equipped, and given the responsibility to help and respond in a specific area. First Responders for this study are female and male, paid and volunteer, active and retired police officers (including FBI, secret service, border patrol, ICE, and port authorities), fire fighters, and emergency

medical technician (on all training levels) who possess state certifications for their specific area of service. Those faithful members of our community who are involved within various first response agencies but do not have state certifications are not included. For the sake of this study, public works employees, municipal water employees, mass transit employees, and utility personnel are not included. Within this study, first responders are understood to be 18 years of age or older. The scope of this study is limited to within the United States.

For the sake of this study, the author defines participation in a faith community as being present with the faith community for their corporate gatherings at least once a month on average through the year. This study does include people who at one time would have been considered participating in a faith community, but are currently not participating. A faith community is a group of people with similar religious beliefs and practices, including a belief in a higher/greater Being. Said group meets together on a regular schedule and encourages each other to deepen their religious practices. This study focused on the faith practices of three Abrahamic traditions (Christianity, Islam, and Judaism) but did not exclude participation from members of other faith communities.

Traumatizing Situation, for the sake of this study, are events that typically involve a threat on human life or a threat on our own perception of our bodies or self. The world of first responders use the term *critical incident* sometimes to refer to traumatizing events. A critical incident is “an event which has the potential to overwhelm one’s usual coping mechanisms resulting in psychological distress and an impairment of normal adaptive functioning” (Everly and Mitchel 11). For the sake of this study, a traumatizing situation is a critical incident that involves loss of life (patient[s] or line of duty), mass

loss events (for example, natural disaster or multiple home fire), police-involved shooting incident, or a cumulative compounding factor of lesser traumas on the physiological implications of such.

### **Ethical Considerations**

The researcher received documented Informed Consent from all the participants. The informed consent letter also included a brief abstract of the project. Informed consent was received from participants in the online First Responder Survey by way of asking participants to read the First Responder Survey Informed Consent and answering yes to the question, “Do you agree to the above terms? By clicking Yes, you consent that you are willing to answer the questions in this survey.” If someone did not click yes, they were not allowed to participate in the First Responder Survey. The First Responder Survey Informed Consent form is attached as Appendix A. The researcher emailed the First Responder Focus Group Informed Consent to participants of the First Responder Focus Group and obtained documented consent from them. The First Responder Focus Group Informed Consent form is in Appendix B. The participants in the Expert Interview received the Expert Interview Informed Consent form and replied to the researcher via email, providing the required documentation. The Expert Interview Informed Consent form is in Appendix C.

The researcher took confidentiality very seriously. In order to protect confidentiality, the study reported no names, individually identified faith communities or departments, specific job descriptions, or any other distinguishing characteristics of individual participants. For the First Responder Survey, the researcher followed the online privacy protocols of Survey Monkey. Participants of the First Responder Focus

Group agreed to a statement of confidentiality (Appendix B) with their electronic replies. The researcher was the only person who had access to the research data and video and/or audio recordings of the focus groups and interviews. Hard copies of agreements were immediately scanned for secure electronic storage. The researcher then destroyed the original copies. All data was secured via password protection. The researcher will be preserving all data that was collected for this project for at least two years after the completion of the degree program.

The researcher ensured anonymity for all the participants. Never were the participants' names used. Instead, the study used a numerical coding system. Within the First Responder Survey, the researcher randomly numbered the participants. For the First Responder Focus Group, the study gave each focus group a letter and then each individual participant in said focus groups a number: for example, focus group A participant 1. The researcher randomly numbered the expert participants in the Expert Interview.

### **Instrumentation**

Three researcher-designed instruments collected data in this study. The researcher decided to use three research tools for the sake of the data triangulation affect. Using three data points provides a deeper data collection for analysis (Sensing 73). The first one was the First Responder Survey, the second one was the First Responder Focus Groups, and the third one was the Expert Interviews.

The first research instrument was the First Responder Survey. A survey was chosen as a research tool because of its ability to understand a large group of people (Sensing 115). The survey is included as Appendix D. This survey was researcher

designed with eighteen questions. The first question pertained to informed consent. Questions two through eleven gathered demographic information about the first responder and their experience with trauma. Questions twelve through fourteen gathered information about the first responders' involvement in a faith community. Some of the questions from two to fourteen were created as open ended to allow the first responder to use their own words. Questions fifteen through seventeen were the research questions. These questions were intentionally given to the first responders to gather their opinions and thoughts. Question eighteen, the last question, allowed the participant to self-select themselves for involvement in a focus group. The First Responder Survey enabled the researcher to gather data from multiple first responders and allowed the first responders to opt in for the focus groups.

The second research instrument used was the First Responder Focus Groups. The fixed method focus groups were researcher designed to learn from the group dynamic that can happen in a focus group because a richer meaning and development can happen from the group's chemistry together (Sensing 120). The focus groups had seven questions starting with a basic introduction question. Questions two, three, five, and six are a rewording of the research questions. Question four alludes to the changes that happened to the first responders as they attempted to deal with trauma. Question seven leaves room for the first responders to share anything else that they think was necessary to share. The First Responder focus group questions are included as Appendix E. The data collected from the focus groups enabled the researcher to hear from the first responders pertaining to preparing, responding, and recovering from trauma and their experience within a faith community.

The third research instrument was the Expert Interviews. The researcher-designed fixed-method interviews were a purpose sampling of experts in the field of first responders, faith communities, and exposure to trauma by first responders (Sensing 83). By interviewing the experts, the researcher was able to directly connect with the leaders in this specific field and gather direct data from their experiences. Questions one through three are a restatement of the research questions that asked the experts to draw on their years of experience to answer. Questions four and five asked the experts for specific theologies and practices from their faith community or another that they have witnessed or participated in that help the first responder pertaining to trauma. Question six asked the experts to share specific cases of where they have seen first responders being prepared for, respond to, and recovery from traumatizing situations through their faith communities. Question seven is an opportunity for the expert to share anything else that they think might be relevant. The Expert Interview is included as Appendix F. The data gathered from the experts gave a framework to explain the theology and praxis of the faith communities' interactions with the first responders pertaining to trauma.

### **Expert Review**

The researcher engaged three expert reviewers on the design of the instruments employed in this project: Dr. Milton Lowe, Dr. Anthony Headley, and Chaplain Rev. James Davis. Each of these experts provided valuable feedback and helped craft the research tools into what they are. Dr. Lowe, the researcher's academic advisor, provided guidance on the process and necessity of clarity within the research tools and their need to connect back to the research questions. Dr. Headley, the researcher's dissertation coach, gave valuable feedback to how the questions written direct the analysis of the

gathered data. Additionally, Dr. Headley helped the researcher to understand the depth of data that will be gathered and the need to be specific and exact. Chaplain Davis, who has over forty years as a first responder and a faith community leader, shared insights from within the first responder community that were invaluable to finalizing the research tools. Specifically, Chaplain Davis helped to craft the language used in the expert interviews and the definition used for first responders so as not to unintentionally exclude some of our valuable first responders.

All three experts provided valuable insights that helped perfect the language and direction of the research tools. The researcher thankfully received feedback from the experts and implemented their suggestions toward finalization of the research tools. All three experts reviewed and approved the final version of the research tools.

### **Reliability and Validity of Project Design**

The research study was a pre-intervention approach, chosen to begin the research in this specific field, due to the lack of previous research on faith in the life of first responders and its impact pertaining to trauma. The reliability and validity of this project were very important to the researcher. As such, three research tools were used ‘to support the criteria of trustworthiness’ (Sensing 76). The researcher used a consistent procedure for each of the three research tools. A step-by-step approach was used in data collection. The research tools went through an expert review to assure their accuracy, conciseness, and connectedness to the research questions. The researcher considered the condition of the participants throughout the research. The survey being electronic allowed the participants to complete it on their own time. The focus groups were hosted via a web-based video conference platform (ZOOM) to provide comfortable, convenient settings for



the participants. The focus groups and interviews were limited to one hour. Only the predetermined and expert-approved questions and order of questions were used. Themes were determined out of the data collected. Themes and conclusions were not predetermined but instead were discovered from the responses and data gathered. Said themes were discovered after a careful overlaying of all the data from all three research tools.

The study measured the impact participation in a faith community had on first responders while preparing for, responding to, and recovering from a traumatizing situation. The questions asked on the survey, focus groups, and interviews were inspired by and answered the research questions. The purpose statement directed the research questions. The survey and focus group questions defined research-specific terms to ensure that all the participants were using the same definitions. The researcher, while possibly knowing some of the participants of the survey, focus groups, or interviews did not discuss the content of said research tools with prospective participants prior to their involvement. To illuminate the interactive affect, the researcher did not invite anyone who participated in an interview to participate in a focus group.

### **Data Collection**

The task of choosing a research methodology (Qualitative or Quantitative) and design has always been difficult for researchers (Sogunro 3). Qualitative research starts with human beings and their shared experiences (Creswell 37; Sensing 57). Strong balanced qualitative research includes comprehensive data collection, a single focus, an analysis of the collected data from multiple realms, persuasive writing, an understanding

of the history, culture, and experiences of the researcher and participants, and ethical grounding (Creswell 45-47).

This study was a pre-intervention using qualitative methods. The study identifies, measures, and describes a current reality. While it does suggest what could be some best practices or impacts, the study does not research the ramifications of the implementation of the best practices or impacts. The study does not measure the post intervention of the implications of the best practices or impacts.

The scope of this project started in 2008 when the researcher first learned of the deep effects trauma has on first responders while attending a Critical Incident Stress Management course. From that time on, the researcher has been intentionally learning more about trauma and first responders. The specific details of this project started to take shape while the researcher was on campus for the first residency in July 2018. While gathering information for the literature review (Chapter 2), the researcher discovered the lack of previous material pertaining to first responders, trauma, and faith. This lack of information motivated and directed the project. Multiple conversations with the three research tool experts allowed the researcher to continue to perfect the three research tools: the first responder survey, the first responder focus groups, and the expert interviews.

After obtaining the Institutional Review Board's approval, the researcher conducted the data collection for this project from January to March 2020. In October 2019, the First Responder Survey was created in Survey Monkey. The researcher, prior to the survey going live, tested the survey multiple times to make sure that the proper responses were generated. Starting in April 2020, the data analysis began.

The research project was born out of the purpose statement. The research questions, created to fulfill the purpose statement, were used to direct the creation of the research tools and their questions.

The researcher took the following steps to collect the data for this research.

1. Created the three research tools.
  - a. Decision was made to have three research tools: survey, focus groups, interviews.
  - b. The researcher shared all three tools, the research questions, and purpose statement with the three experts.
  - c. The three experts reviewed and provided feedback
  - d. The research tools and process were amended based on the revisions received from the experts.
  - e. The three experts reviewed and approved the final three research tools.
2. Transposed the First Responder Survey electronically into Survey Monkey.
  - a. Verified that participants who did not agree to the Informed Consent would not have access to the survey.
  - b. Verified that participants who were not first responders were eliminated from the survey (question eight on the survey).
  - c. Verified that participants who were not involved in a faith community were eliminated from the survey (question twelve in the survey).
  - d. Verified that participants who had not responded to a traumatizing situation were eliminated from the survey (question ten on the survey).
3. Applied for and obtained approval to work with human subjects.

- a. The researcher investigated the guidelines for working with human subjects for the states of New Jersey and North Carolina.
  - b. It was discovered that no additional approval was needed for said states than the researcher's school's Institutional Review Board (IRB).
  - c. Applied (October 21, 2019) and obtained IRB approval (November 11, 2019) from Asbury Theological Seminary.
  - d. As needed, the researcher applied for and obtained permission to work with human subjects in any additional state that was presupposed to be a state wherein focus groups or interviews might occur.
4. Shared the pre-release announcements.
- a. Because there is no specific geographically limited demographic for the research, the researcher chose to have pre-release announcements pertaining to the First Responder Survey. This was done so as to create interest and also to make people aware that the survey would be coming.
  - b. On January 6, 2020, the researcher emailed multiple different leaders in faith communities (Christian, Jewish, and Muslim) asking them to be aware of the January 12, 2020 launch date. The researcher asked said leaders to please forward the launch announcement email to their membership, constituents, and partners on January 12, 2020. Leaders were 'blind carbon copied' in the email. The leaders were given the opportunity to be removed from the launch announcement and other future emails.
  - c. On January 6, 2020, the researcher emailed multiple different leaders of first responders asking them to be aware of the launch date on January 12, 2020.

The researcher asked said leaders to please forward the launch announcement email to their membership on January 12, 2020. Leaders were ‘blind carbon copied’ in the email. The leaders were given the opportunity to be removed from the launch announcement and other future emails.

5. Released the First Responder Survey.
  - a. January 12, 2020, the researcher scheduled the First Responder Survey to be made public and open for respondents.
    - i. The survey was available for fifteen days.
    - ii. The survey closed on January 27, 2020.
  - b. The researcher shared the link for the survey on his personal social media pages and asked his ‘friends’ to share the link. The link was also shared on multiple first responders’ social media pages. A reminder was given that the survey will only be open for fifteen days.
  - c. The researcher emailed the faith leaders the link and asked them to please forward the email to their membership, constituents and partners.
  - d. The researcher emailed the leaders of first responders the link and asked them to please forward the email to their membership.
6. Sent survey reminder and thank you.
  - a. On January 22 and 26, 2020, the researcher reposted the link to the survey via the researchers’ social media accounts asking people to share the link with their friends.
  - b. This was done to build excitement for the research and to remind people to complete the survey and/or share the link.

7. Closed survey.
  - a. January 27, 2020, the survey closed.
  - b. The researcher analyzed the first 170 responses.
  - c. Additional responses above 170 were saved for future analysis.
8. Processed the First Responder Survey data.
  - a. The data from the first responder survey was divided into the 170 responses and the later responses.
  - b. All data was downloaded and saved electronically.
  - c. The first 170 responses were categorized for future qualitative cross-referencing with the focus group data and expert interview data.
9. Organized focus groups.
  - a. During the First Responder Survey, participants were able to self-select themselves for participation in a first responder focus group. Question eighteen accomplished this.
  - b. Those participants who self-selected were then sorted by their state and county. Questions four and five respectively provided this information.
  - c. The goal was to have six to eight participants in each focus group. As such, any county within North Carolina or New Jersey that had six or more potential participants was a contender for a focus group. Counties with five or less potential participants were not considered for a focus group.
  - d. All participants, who self-selected themselves, via the survey, from the potential focus group counties were invited to participate.
  - e. Diversity was a goal and as such all potential participants were invited.

f. Counties that had fifteen or more participants were given the option to host two focus groups.

g. Plans were made to host five different focus groups.

10. Invited focus groups.

a. For each county that would be hosting a focus group, all self-selected participants were invited by the researcher by email.

b. The invitation email included:

i. A thank you for participating in the first responder survey.

ii. The informed consent information for the focus groups.

iii. A request to reply back with an acceptance of the invitation or a denial.

c. After one week, the participants who had not replied to the email were emailed a second time asking the potential participants to reply with their intention.

d. The potential participants who had not replied after one week from the second email were emailed a third time. After no reply from the third email, it was assumed that the potential participants were no longer interested in being involved in a focus group.

11. Confirmed and scheduled focus groups.

a. Those who replied to the invitation emails and agreed to the consent form were the participants for each county.

b. No focus group was hosted within counties with less than three agreeing self-selected participants.

- c. Self-selected participants whose counties did not have enough participation were emailed and thanked for their willingness to participate.
- d. Self-selected participants whose counties had enough participants were emailed and invited to a web-based video conference for the focus group.
- e. All participants in the focus groups received list of terms as defined within this study (Appendix G).

12. Conducted First Responder Focus Groups.

- a. All focus groups were hosted via the researcher's secure ZOOM account.
- b. The researcher confirmed the focus group time and date one day before the focus group with each of the focus groups participants via email.
- c. Upon arrival at the ZOOM meeting, each participant
  - i. Was greeted by the researcher.
  - ii. Was thanked for participating
  - iii. Agreed verbally again to the consent form.
- d. The researcher convened the focus groups.
- e. The focus groups were audio and video recorded via the researcher's ZOOM account.
- f. At the scheduled start time, the researcher announced that they would be starting in five minutes.
- g. Exactly five minutes after the scheduled start time the researcher started the focus group.
- h. The informed consent documents were reviewed and verbal consent was obtained from all participants at the start of the focus group.



- i. The researcher followed the seven focus groups questions (Appendix E), without any spontaneous or unscripted questions asked.
- j. The process, while structured, permitted the use of prompts, if needed. Appendix H lists available prompts.
- k. Each focus group lasted less than 60 minutes.
- l. At the conclusion of the focus group, the researcher thanked each participant for their time and commitment to their community.
- m. An email thank-you note was sent to each of the focus group participants.

13. Processed the First Responder Focus Group Data.

- a. The researcher transferred the audio and video recordings of the focus group to a personal flash drive, laptop, and external hard drive.
- b. The researcher created a transcript of each audio recording of the focus groups.
- c. The process allowed for transcription of the data from the focus groups' recording into a document and the addition of the researcher's field notes for future analysis.

14. Selected Expert Interview participants.

- a. The researcher asked six individuals to participate in the expert interviews.
- b. Said asked experts were:
  - i. from different families.
  - ii. faith community leaders for at least ten years.
  - iii. representative of the Christian, Jewish, and Muslim faiths.
  - iv. first responders for ten years.

- v. representatives from police, fire, and EMS.
- vi. experienced with large-scale responses to traumatizing situations.
- vii. available for phone interviews.

15. Invited and scheduled Expert Interviews.

- a. The researcher via phone or email contacted each of the six experts personally. The phone was the first means of communication used.
- b. The research, process, and interviews were explained to the experts.
- c. If the experts agreed to participate:
  - i. The researcher asked for questions.
  - ii. The researcher scheduled the phone interview with the expert for a time that worked for both parties during March 2020.
  - iii. Discussed on the phone the statement of consent (Appendix C) which was then emailed to the expert for review and signature. The expert returned said document to the researcher via email.
  - iv. Discussed on the phone and then emailed the list of terms as defined within this study (Appendix G).
- d. If the expert declined to participate, they were thanked for their time and service to the community.
- e. The process attempted communication three times with each expert. After five days of no returned message from the first phone call, communication was again attempted via the phone. After the second phone attempt, an email was sent. After three attempts and over fifteen days, the researcher understood the lack of return communication from the expert as a not-interested reply.

16. Conducted Expert Interviews.

- a. The researcher confirmed the interview time and date two days before with the expert.
- b. The researcher called the expert for the expert interview during the agreed time.
- c. The expert was thanked for their participation in the study and their service to their community.
- d. The expert was asked if they have any questions about the Informed Consent (Appendix C) and was reminded that the phone call was being recorded.
- e. The researcher's personal cell phone recorded the phone interview only after the expert again verbally approved.
- f. The process, while being structured, permitted the use of prompts, if needed. Appendix H lists available prompts.
- g. Each expert interview lasted less than sixty minutes.
- h. At the conclusion, the research thanked each participant for their time and commitment to their community.
- i. An emailed thank-you note was sent to each of the Expert Interview participants.

17. Processed the Expert Interview data.

- a. The researcher transferred the audio recording of the interview from the cell phone to a flash drive, laptop, and external hard drive.
- b. The researcher created a transcript of each audio recording of the interviews.

- c. The process allowed for transcription of the data from the interviews' transcript into a Word document and the addition of the researcher's field notes for future analysis.

18. Destroyed all hard copies.

- a. All hard copies of Informed Consent forms were saved electronically.
- b. Any hard copies of the researcher's notes were scanned for electronic storage and then the hard copy was destroyed after the data analysis was complete.

19. Stored all electronic copies securely.

- a. All files pertaining to this research were stored electronically.
- b. Files were securely saved on the researcher's password protected laptop, external hard drive, and personal flash drive (which was stored in a private secure location) for at least two years after completion of the degree program.

### **Data Analysis**

This study collected qualitative data. Analyzing pre-intervention qualitative data is a challenging task (Creswell 147; Sensing 194). Data analysis brings “order, structure, and meaning” to all of the qualitative data that any researcher gathers (194). Creativity is required for finding the links between all the data points, as the task can be overwhelming (194). Data analysis examines qualitative data; while customized to each research, it typically follows the same steps: preparing and organizing the data, finding and processing the themes, and presenting the discovered data in an easy-to-view and -understand format (chart, table, narrative) (Creswell 147-50). Through the data collection phase of this project, the researcher collected a large amount of data, which is typical to any qualitative study. To properly analyze the data, the author chose to follow the typical

order of events for qualitative data analysis, naming them as: organize, scrutinize, and summarize.

### **Organize**

The researcher, after gathering all the data, had to find ways to organize everything. All the data from all three research tools were digitally inputted into the computer. The researcher merged the data from the first responder surveys into Excel for the ability to pull the descriptive statistics that would later help to scrutinize qualitative data. The process allowed the transcription of audio recordings and the typing of the researcher's notes from the focus groups and interviews. The notes taken by the researcher and the transcripts were then merged so that the captured notes were in the context of the focus group and interview conversations.

### **Scrutinize**

The survey provided qualitative data and gathered demographic information. For the sake of scrutinizing the survey data, the survey was split by the demographic information and qualitative questions. An analysis of the descriptive statistics was done first. The results of this analysis were set aside and later used in the final step of the scrutinizing process.

When conducting a qualitative study, the researcher needs to become very familiar with the raw data that was collected before making assumptions. The researcher therefore read all the collected data over three times. This included all of the surveys, focus groups, and interview transcripts. While reading, the researcher analyzed by theme, category, and patterns in order to best comprehend the data that was collected from the qualitative portion of the survey, interviews, and focus groups. The data that was

collected for each tool was first analyzed separately to find the themes, categories, and patterns that would emerge. After these three readings, all of the qualitative data was inserted into a computer program to search for common themes, categories, and patterns. The computer program analysis functioned as a second set of eyes reviewing all of the data points (Sensing 197). The final step of the scrutinizing process combined all of the gathered themes from the researcher's readings and the computer analysis, including the variations of the survey results from the descriptive statistics.

### **Summarize/Report**

After all the previous analysis was complete and all the themes, patterns, and categories were discovered, the researcher then summarized the findings into broader terms defined as major findings. The researcher cross-referenced these findings with the biblical and theological perspectives that had previously been completed. The findings in the literature review were used to better understand and interpret the major findings and their implications.

## **CHAPTER 4**

### **EVIDENCE FOR THE PROJECT**

#### **Overview of the Chapter**

Everyone experiences trauma. First responders, by the nature of doing their work of helping others, are exposed to numerous traumatic situations. The purpose of this study sought to identify how participation in a faith community impacts the ability of a first responder in the United States to prepare for, respond to, and recover from a traumatizing situation.

This chapter identifies the participants in the study and their demographic makeup. The chapter then presents the coded qualitative data gathered from the First Responder Survey, First Responder Focus Groups, and the Expert Interviews for each of the three research questions. Chapter 4 concludes with a list of major findings from the presented data.

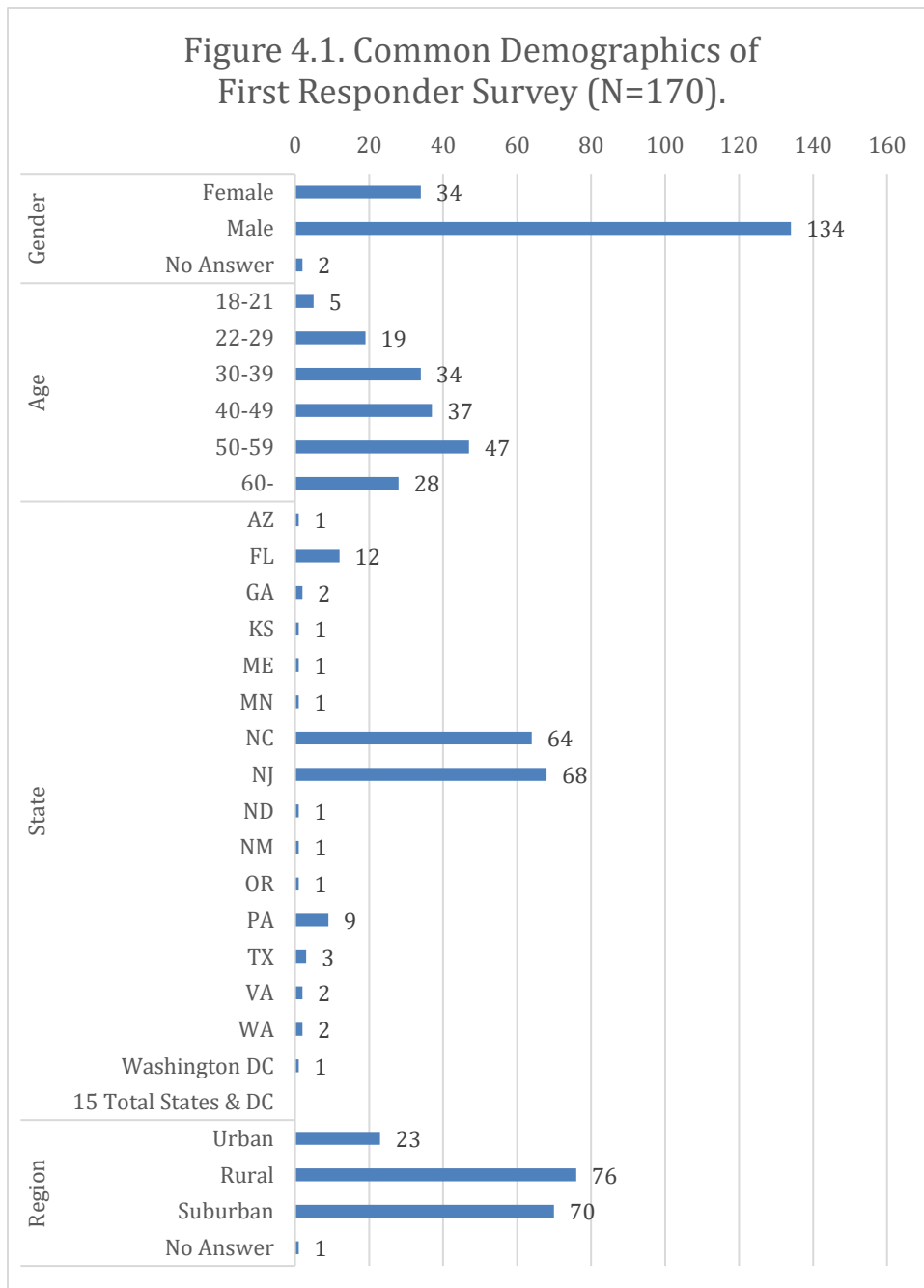
#### **Participants**

This study used three research tools. Each tool gathered qualitative data that was coded for analysis by the researcher.

##### **Participants: First Responder Survey**

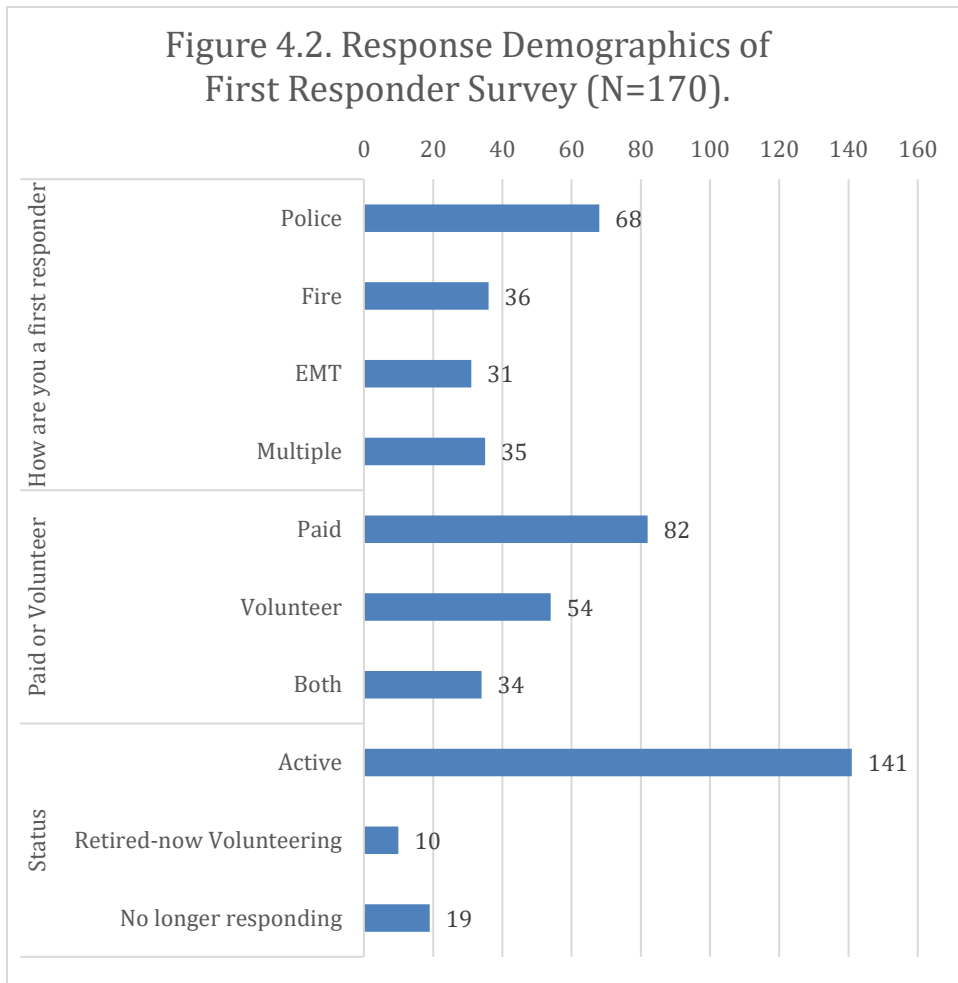
Three hundred fifty-eight different people chose to start the First Responder Survey. Due to not meeting the study qualifications and/or not completing the survey, over half of the survey responses were not used in this study. The first 170 complete survey responses were used for this study. The remaining 188 responses (complete and incomplete) were saved for future analysis. The respondents were male and female, young and old, from rural, urban, and suburban America, representing fifteen different

states and the District of Columbia. This demographic information is displayed in Figure 4.1.



The respondents for the survey represented a mixture of paid and volunteer police, fire fighters, and EMTs. The majority of the respondents were active, paid first responders. This demographic information is displayed in Figure 4.2, on page 123.





In addition to gathering demographic and response information on the participants, the First Responder Survey also collected information pertaining to their faith community involvement. While fourteen different faith community backgrounds were reported, only three participants were not adherents of Christianity. When the participants were asked if their participation in their faith community increased, decreased, or stayed the same since being a first responder, 46.47 percent stayed the same, 24.7 percent increased, and 28.82 percent decreased. While those whose participation changed represent over fifty percent, the reasons stated for the change pertinent to this study is an insignificant number, only thirteen.

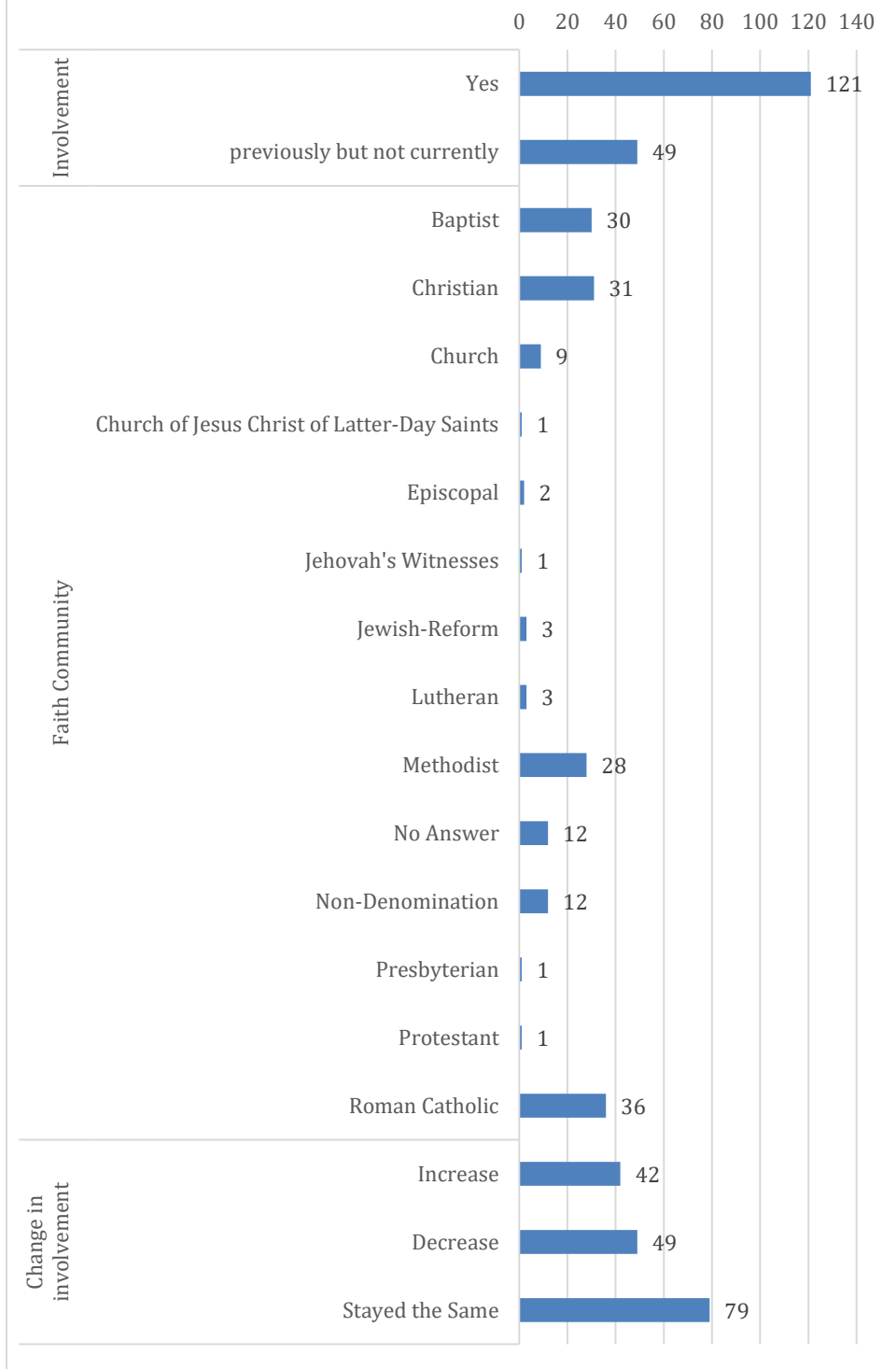
127 of the participants answered this open-ended question. Six mentioned a decrease in their involvement due to what they have experienced as a first responder. Seven reported an increase in their involvement because of what they have experienced as a first responder. Twenty-four participants mentioned their time/schedule had either a positive or negative impact on their involvement with their faith community. Seventeen participants listed a multiple of topics relating specifically to their faith community that impacted their involvement (increase or decrease), and 6 mentioned life events impacting their involvement in a faith community. The faith community demographics from the First Responders Survey are displayed in Figure 4.3, on page 125.

Throughout this document, participants of the First Responder Survey are identified as “S” followed by “#” and then a number. The number identifies each individual participant. For example, S#100 would be participant number 100 from the First Responder Survey.

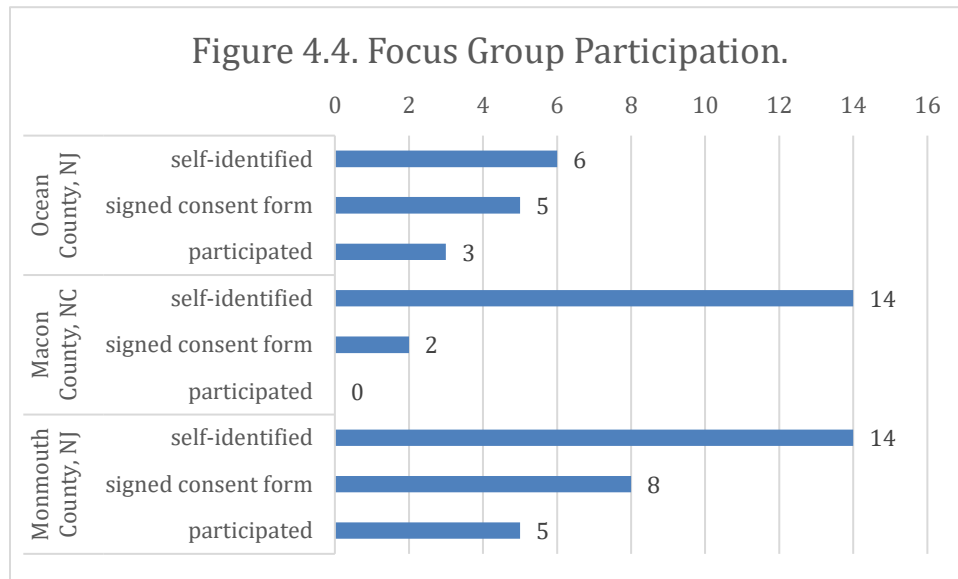
### **Participants: First Responder Focus Groups**

Of the 170 participants in the survey, sixty-seven self-identified as willing participants for the First Responder Focus Groups. The only counties that had enough participants to potentially host a focus group were these: Ocean County, NJ; Macon County, NC; and Monmouth County, NJ. As the participants moved through the process towards actual participation, some people self-chose to leave the study. Some did not return a signed consent form; of those who did return the consent form, not all attended the focus group. Macon County, NC, only had two participants who returned a consent form. As such, due to lack of willing participants, no focus groups were held in that

Figure 4.3. Faith Community Demographics of First Responder Survey (N=170).



county even though fourteen had originally self-identified. Figure 4.4 identifies this reduction in potential participants to actual participants.



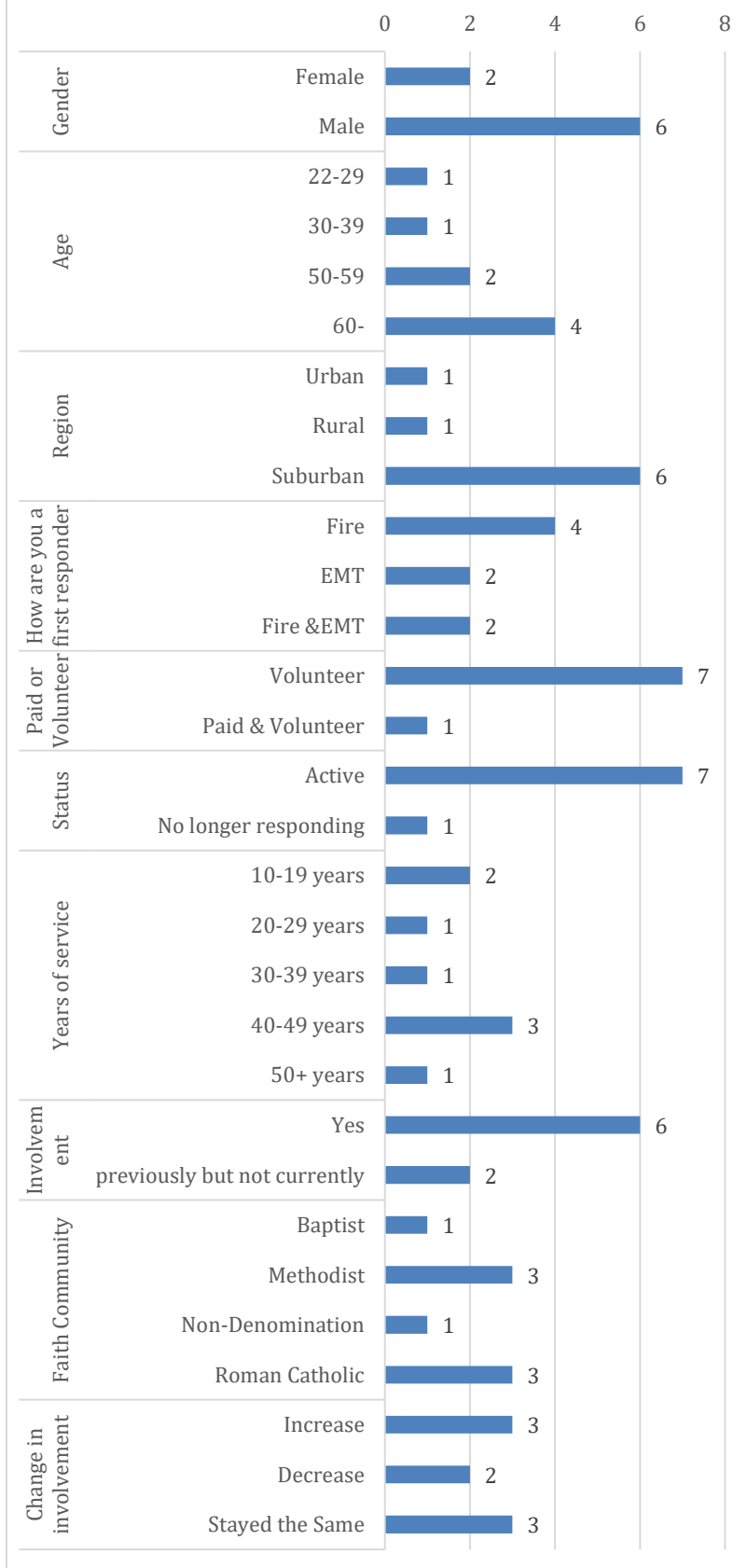
The participants in the First Responder Focus Groups were women and men. Fire Fighters and EMTs, from urban, rural, and suburban settings with the majority still active were the participants. A wide range of ages were represented by this group of Christian believers, six of whom were currently active in their faith community. Figure 4.5, on page 127, presents the demographic information for the eight participants in the two First Responder Focus Groups.

Throughout this document, participants of a Focus Group are identified as “FG” followed by an “A” or “B,” “#” and then a number. The “A” or “B” indicates which focus group the participant was a part of. The number identifies each individual participant. For example, FGA#1 would be the participant number 1 from Focus Group A.

### **Participants: Expert Interviews**

Six potential experts were contacted for interviews representing all three of the Abrahamic faith traditions. Participation in an expert interview used the following

Figure 4.5. Focus Group Participants (N=8).



criteria: the person had to have been a first responder for at least ten years, a faith community leader for at least ten years, and a first responder chaplain for at least ten years. Only three of the experts qualified and were willing to participate. The researcher tried to find additional experts who met the qualifications from the Jewish and Islamic traditions, but to no avail. The three participants were male and had served as Methodist pastors for at least ten years; each had a diverse history as a first responder for over ten years; and had also been a first responder chaplain for over ten years. The years of service provided to God, to their communities, and to first responders should be noted. All of this data is recorded on Figure 4.6, on page 129.

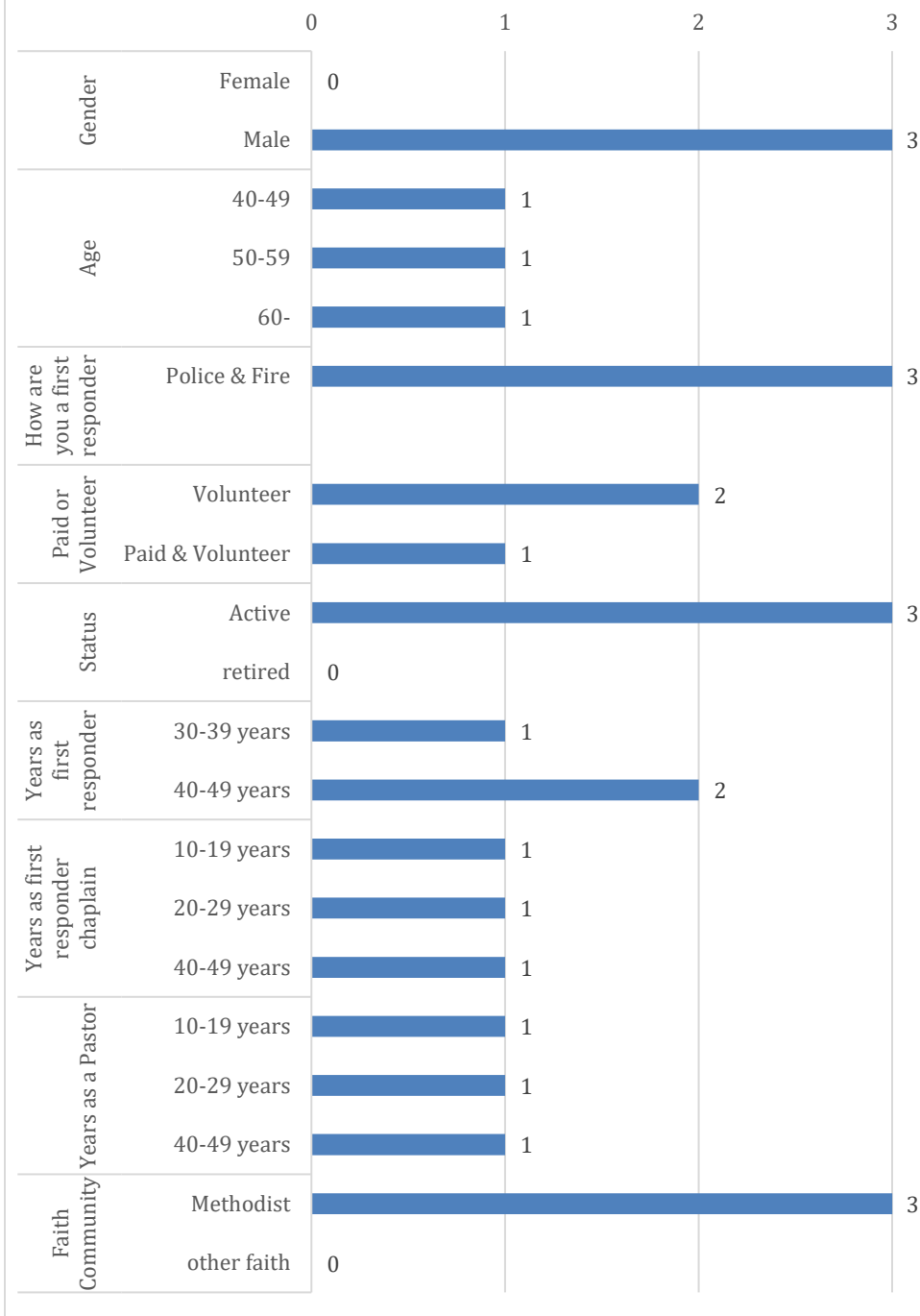
Throughout this document, participants of the Expert Interviews are identified as “EI” followed by “#” and then a number. The number identifies each individual participant. For example, EI#1 would be the participant number 1 from the Expert Interviews.

### **Research Question #1: Description of Evidence**

**How does participation in a faith community impact the ability of a first responder to prepare for a traumatizing situation?**

After carefully reading and analyzing the First Responder Survey results from question 15, the researcher then classified each response into one of the following classifications: skip, positive, neutral, or negative. According to the data from question 15 on the First Responder Survey, 72.35 percent of the participants reported that their faith community has had a positive impact on their ability to respond to a traumatizing situation.

Figure 4.6. Demographics of Expert Interviews (N=3).



S#118: “I was in a church long before being in law enforcement and my faith in God has allowed me to cope with the job.”

S#156: “I know that I have been blessed with talents to do all I can do for a patient.”

S#167: “A great coping mechanism”

While 72.35 percent of the participants reported a positive impact on their preparedness for trauma, that leaves 27.65 percent that did not report a positive experience with preparedness. Three participants skipped this question and twelve answers were neutral (five stating ‘n/a’). Nearly nineteen percent of the participants clearly stated that their faith community did not prepare them for trauma. Twenty-four of these thirty-two participants essentially reported that their faith communities had not prepared them for trauma and that the impact was negative.

S#36: “The church itself has not contributed in any way”

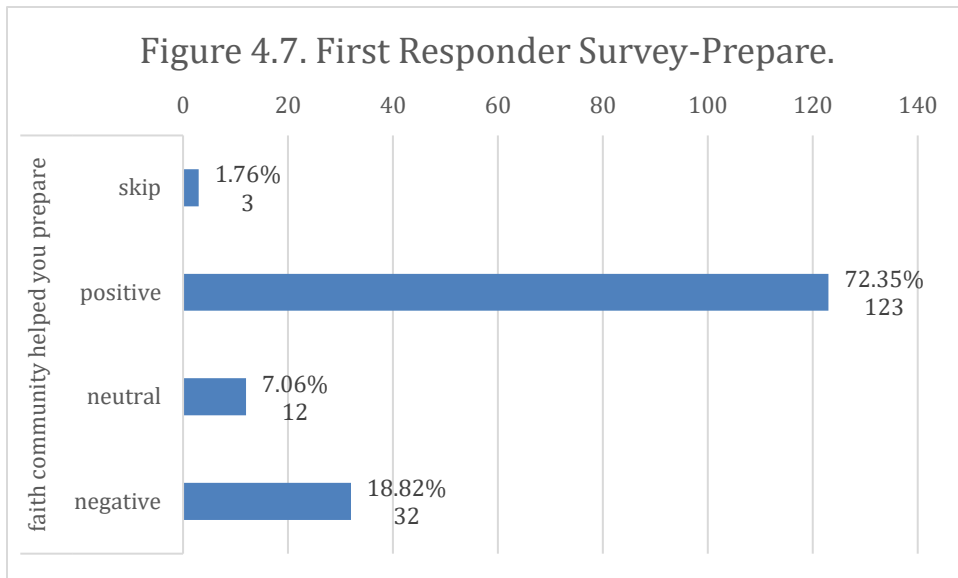
S#55: “Church and my family in church help with the day to day but not for major traumas seen and felt doing fire and EMS.”

S#109: “There hasn’t been any correlation between the two [church and work]. I kept the two separate.”

Figure 4.7, on page 131, reports the 170 responses regarding the impact that their faith community has had on them in terms of preparing for traumatic situations.

To answer Research Question #1, all three research tools gathered qualitative data which was coded and analyzed so that it could then be sorted into categories. Question fifteen from the First Responder Survey (S), questions two and four from the First Responder Focus Group (FG), and questions one, four, five, and six from the Expert Interviews (EI)





were used to answer this question. Examples of participants' responses to these questions have been compiled into the following categories: God's Presence, Meaning-Making, Prayer, and Community.

### God's Presence

First Responders need to be prepared for the traumatic events that they will be exposed to. According to the data collected through the S, FG, and EI, the understanding of God's presence has had a positive impact on a first responder's ability to answer the call.

S#87: "It has prepared me knowing that whatever I encounter I will be able to deal with because The Holy Spirit will be there with me."

S#137: "It has given me peace of mind knowing that God is with me no matter what I face."

S#162: "Faith makes me more responsive because I know I am not alone in my response."

EI#2: "An understanding that God through Jesus came to us exactly where we are to help us."

The advance knowledge of God's presence, identified by EI#1 as "the theology of God's Omni-Presence," seems to prepare the first responders for trauma in knowing that they are not alone. Their "Creator" (S#149) is with them. It could be this understanding, the Creator of all is always with them, that prepares first responders for trauma and all of life's journeys.

### **Meaning-Making**

First responders were asked how their faith community has prepared them for trauma. They replied that their faith community helped them build a grounding for their life. This is known as meaning-making.

Four participants stated that their faith community has instilled in them a "value system," and four other participants mentioned a sense of being grounded.

S#28: "Without my faith in Christ I would go insane doing this job."

S#72: "It has prepared me by giving me strength in my relationship with God and given me courage to do what I do on a daily basis. Joshua 1:9 says 'Have not I commanded thee? Be strong and of good courage; be not afraid, neither be thou dismayed; for the Lord thy God is with you wherever you go'."

EI#3: "The church provides mental preparations for fire responders and also provides best practices."

Within the theme of meaning-making, threads of God's plan, God control, and a sense of calling specifically emerged.

- *God has a plan*

S#54: "know it's going to be better"

S#153: "Everything happens for a reason."

EI#2: “This world is not the end. Death is not the end. There is more to come, something much better is to come.”

- *God is in control*

S#71: “Bigger picture of faith”

S#163 and 165: “God is in control”

EI#3: “Theologies shared and taught in some churches have directly prepared first responders for trauma. For example, a theology of the Sovereignty of God . . . A police officer needs the thinking that they are always right and that the ‘bad guy’ is always wrong. The police are the ones enforcing the law. The theology of God’s Sovereignty (predetermined election) grows out of this understanding. God is the one in control. Do not question, do not doubt.”

- *Sense of calling*

EI#2, 3: “I know who I am and whose I am.”

EI#3: “Faith is the springboard for all aspects of one’s life.”

The faith life taught and shared by a faith community provides meaning for the believer’s life. This grounding/meaning prepares first responders for traumatic events.

## **Prayer**

Ten participants from the First Responder Survey mentioned prayer as having a positive impact before a traumatic call. S#163 mentioned that “understanding prayer” has prepared them for traumatic events.

S#31: “I pray to God each morning for His guidance and protection while I’m at work.”

S#91: “I do ask for guidance and protection. I pray for my safety and others.”

The majority of the participants mentioned that the knowledge and habit of prayer, instilled by their faith community, has a positive impact on the first responders' ability to be prepared for trauma. While the responses from the FGs and the EIs spoke of prayer, when asked about what prepares first responders, the participants answers were more directed towards response to and recovery from trauma.

### **Community**

Six participants all mentioned that the “support” and “strength” they receive from their faith community prepared them for trauma.

S#83: “My Faith Community has prepared me in turning to the Bible, studies, prayer, and a support team during troubled times and prepared me to answer questions for others and myself pertaining to WHY or HOW could God allow this event or troubled experience to happen.”

S#102: “The reason that I volunteer is because of the community that I am in. I feel that the family community showed me that we are here to help each other when needed.”

EI#1: “There is a genuine concern for my well-being. I have received support from my congregation. . . . I cannot imagine not having my faith community to go to.”

The participants credited their faith community as a support system that helps prepare first responders for trauma. According to EI#1, through small groups, people learn that “people are present and there for each other,” a key factor in support in preparing first responders for trauma.

## **Research Question #2: Description of Evidence**

**How does participation in a faith community impact the ability of a first responder to respond to a traumatizing situation?**

After carefully reading and analyzing the First Responder Survey (S) results from question sixteen, the researcher then classified each response into one of the following categories: skip, positive, neutral, or negative. According to the data from question 16 on the First Responder Survey, 72.35 percent of the participants reported that their faith community had a positive impact on their ability to respond to a traumatizing situation.

S#49: "I know God is going to use me as He sees fit. Reduces my stress."

S#63: "Helps me to love people even when I am angry about their choices."

S#88: "I can respond knowing that God is in control."

S#142: "I don't become unglued when I encounter crises."

While 72.35 percent of the participants reported a positive impact on their preparedness for trauma, that leaves 27.65 percent that did not report a positive experience with preparedness. Six participants skipped this question and eighteen answers were neutral (seven stating 'n/a'). 13.53 percent of the participants clearly stated that their faith community did not help them respond to trauma. Nineteen of these twenty-three participants essentially reported that their faith communities 'did not' help them respond to trauma. Others reported:

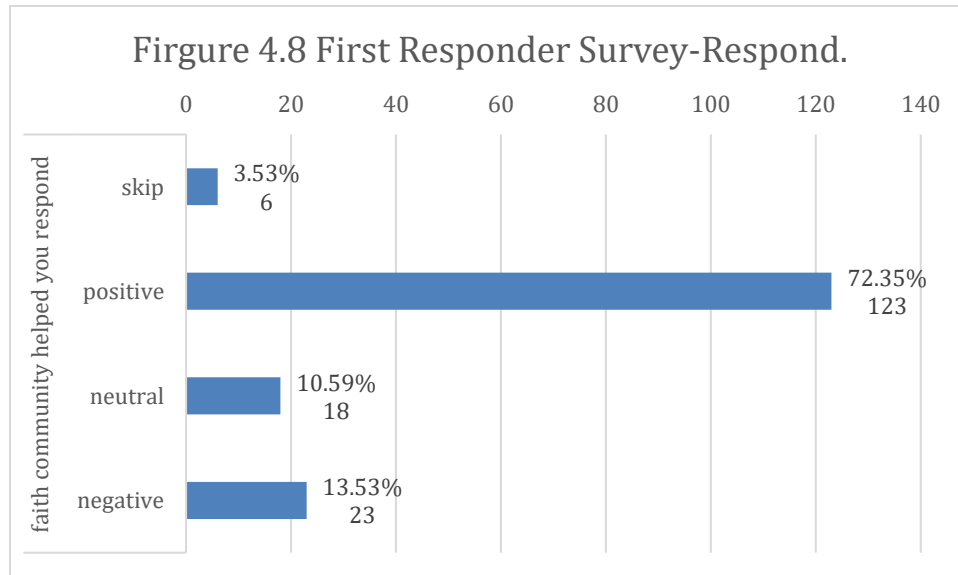
S#15: "Nothing can truly help you respond to a traumatic event"

S#36: "The church itself has not contributed in any way."

S#60: “No point in time did any church that I participate in do anything to equip me to be a first responder. In fact, most churches I’ve been part of unknowingly condemn first responders in ignorance.”

Figure 4.8 reports the 170 responses regarding the impact their faith community had on them in terms of responding to traumatic situations.

To answer Research Question #2, all three research tools gathered qualitative data which was coded and analyzed so that it could then be sorted into categories. Question sixteen from the First Responder Survey (S), questions four and six from the First Responder Focus Group (FG), and questions two, four, five, six from the Expert Interviews (EI) were used to answer this question. Examples of participant’s responses to these questions have been compiled into the following categories: God’s Presence, Meaning-Making, Prayer, and Community.



### God’s Presence

Three participants referenced the belief that they are not alone, that God is with them as they respond to a traumatizing situation.

S#44: “My God is always with me to handle the situations that I’ve seen firsthand.”

S#118: “Knowing that God is always watching over me and my partners gives me the courage to push through the hard and scary.”

EI#2: “I know that I am not alone, God is with me just as my other first responders are.”

For the participating first responders, knowing that their God is with them while responding to a traumatic scene has had a positive effect on them, giving them courage, assurance, and hope, all of which are valuable assets when responding to trauma.

### **Meaning-Making**

When responding to a scene that the participating first responders know will be traumatic, it appears that they fall back on what has given them meaning.

Four participants reported their faith community provides a foundation, with which to respond to traumatizing situations.

Three participants stated a “calmness” when responding to traumatizing situations.

S# 92: “I am able to hold myself together until the call is complete.”

S#99: “The most helpful thing is how much my faith has deepened and matured, which has helped me cope.”

FGB#1: “We didn’t cause the problem we just do the best we can. Whatever outcome happens, happens”

FGB#3: “God promises that God is going to make good from whatever the circumstances are. That understanding has helped and shifted my perception of trauma.”

FGB#3: “The back of the ambulance is sacred space. It is like a confessional booth. A lot goes on in the back of the ambulance, listening, praying, commiserating, a lot of very intimate spiritual things happen back there.”

Within the theme of meaning-making are emerging threads of God’s plan, God’s control, and a sense of calling.

- *God has a plan*

Nine participants mentioned that they trust and believe God’s plan.

S#5: “God’s plan is not always our plan.”

S#65: “God will do what I cannot do . . . so I try to leave the results in His [God’s] hands.”

- *God is in control*

Four participants referenced their belief that God is in control.

FGA#2 “There are no atheists in fox holes. When the stuff hits the fan we all look up [towards God].”

EI#2 “I have come to learn that I do not have all the answers. It is okay that I do not have them all because God does.”

EI#3 “God is not a monster. God is not out intentionally damaging things and people. God’s best intention for us is at the heart of God.”

- *Sense of calling*

S#164: “My faith is part of the basis for my desiring to serve my community. Therefore, as I trained to be a first responder, I was more acutely aware of the situations in which I would be involved and how to handle them.”



FGA#1: “I was called [by God] to be a first responder. When called we are given the tools if we use them.”

FGB#2: “Every first aid call is doing God’s work.”

EI#1: “Being a first responder helps me live out my faith”

According to the data collected, the participating first responders while in a traumatizing situation, or responding specifically to one, seem to rely heavily on their ‘understanding of life’ which is given meaning by their faith communities. The responses of the participants reveal that they acknowledge the sacredness of their role in responding to trauma. The respondents make deep references to God’s plan, God’s control, and even God’s calling on their lives being clear even during the traumatic scene. The majority of the respondents found meaning in their lives and the traumatic scenes because of the positive impact of their faith communities.

### **Prayer**

Even while responding and active during a traumatizing situation, the respondents pray and know that they are being prayed for. The data shows that this has a deep positive impact on them. All three Experts, all eight focus group participants, and ten survey participants all mentioned prayer when responding to a traumatic scene.

- *Prayer: The First Responder praying*

Ten participants mentioned that they pray while responding. Five participants reported that they pray for the patients and, when appropriate, with them. FGB#1 on this topic shared, “I once prayed over someone because the patient asked me to. The paramedic who was with us said, ‘Wow, I have never seen that before.’”

FGA#1: “I reach out and say ‘Oh, come on God, help me out here.’ Most of the time after those prayers when responding, I would have some sort of an answer.”

EI#2: “Pray for the scene, those being impacted. Pray for myself and the ability and knowledge to help.”

FGA#5: Shared that after being involved in a serious life or death scene that could have taken the responder’s life, this participant prayed, “Thank you God that I felt pain,” after the event even while this individual was still waiting to be found and rescued by fellow first responders. This participant prayed and thanked God for pain while they were still in a huge life-endangering and hazardous situation.

- *Prayer: Praying for First Responders*

S#90: “I have prayers going up all over the world for me. The sun never sits on the prayers and praises He [God] receives for the work He is doing through me and for me.”

EI#2: “Members of my faith community have prayed for me while on major scenes.”

The topic of prayer and its apparent positive impact for first responders responding to traumatic situations can be summarized by FGA#1: “Prayer has helped me.” Twenty-one participants reported praying somehow while responding to trauma.

## **Community**

Many of the first responders in this study shared that having a community of faith, people who support them, is invaluable to them as they respond. Within the concept of their faith community comes an understanding of their Scriptures. According to the

respondents, this understanding has a positive impact on first responders as they respond to traumatizing situations.

Eight participants stated that, through their faith community, they have a support system.

S#67: “Prior to becoming involved in a faith community, I had walled myself off in order to survive and these qualities were getting to be in short supply!”

FGB#3: “I want to know, how do first responders do it without a faith community? It is a huge part of how I respond and do it. People must burn out more without church and God.”

EI#2: “Many times my faith community has helped me to respond to a traumatic scene. The ministries of the church have helped me to respond including but not limited to prayer, small group, Scripture readings, meditation.”

S#88: “He [God] gives me guidance through His [God’s] word, when I study my Bible”

S#122: “I’ve probably heard Psalm 23:4 a thousand times in my life; and that is a powerful message.”

For a majority of the first responders in this study, their community of faith has a positive impact even while they are responding to a traumatic scene. These responders know and feel the support of their faith community ‘right behind’ them as they respond.

### **Research Question #3: Description of Evidence**

**How does participation in a faith community impact the ability of a first responder to recover from a traumatizing situation?**

After carefully reading and analyzing the First Responder Survey (S) results from question seventeen, the researcher then classified each response into one of the following categories: skip, positive, neutral, or negative. According to the data from question seventeen on the First Responder Survey, 76.34 percent of the participants reported that their faith community had a positive impact on their ability to recover from a traumatizing situation.

S#63: “Has kept me from ending my life.”

S#71: “I was shot in the line of duty and my faith helped me to forgive the individual and to move past the incident.”

S#85 “Jesus helps me rest and go to sleep at night.”

S#104 “I don’t understand how a person without faith can recover.”

While 76.74 percent of the participants reported a positive impact on their preparedness for trauma, that leaves 23.53 percent that did not report a positive experience with preparedness. One participant skipped this question and seventeen answers were neutral (seven stating ‘n/a’). A minority 12.94 percent of the participants clearly stated that their faith community did not help them recovery for trauma. Twelve of these thirty-two participants essentially reported that their faith communities did not help them recover. Others reported:

S#15: “It hasn’t . . .faith doesn’t really help me recover from a traumatic situation.”

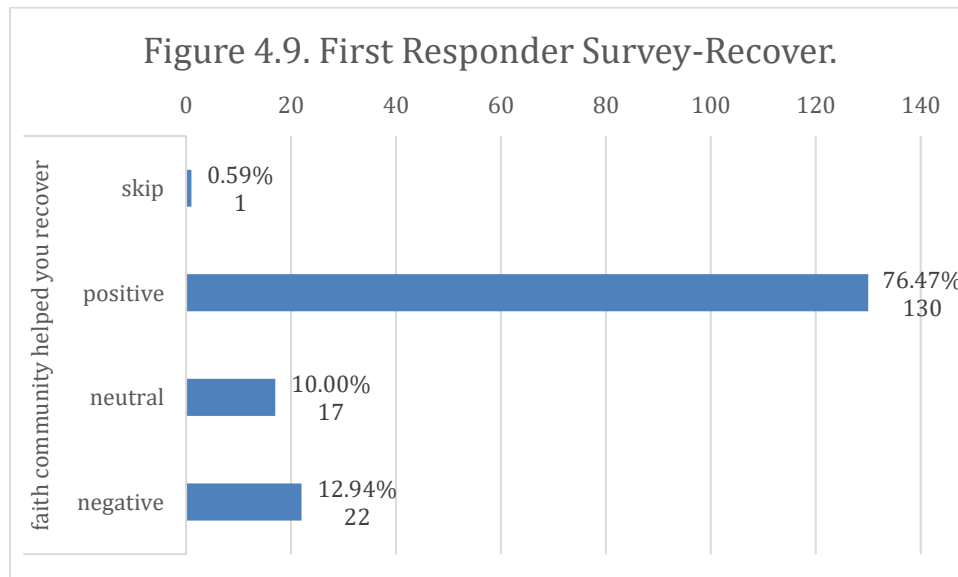
S#36: “Church itself has not contributed in any way.”

S#109: “It has not. It has only made it worse.”

S#117: “I turned to faith and faith family and was judged.”

Figure 4.9 reports the 170 responses regarding the impact that their faith community had on them in recovering from traumatic situations.

To answer Research Question #3, all three research tools gathered qualitative data which was coded and analyzed, and then sorted into categories. Question sixteen from the First Responder Survey (S), questions four and six from the First Responder Focus Group (FG), and questions two, four, five, and six from the Expert Interviews (EI) answered this question. Examples of participants’ responses to these questions have been compiled into the following categories: God’s Presence, Meaning Making, Prayer, and Community.



### God’s Presence

The majority of the participants reported that knowing God is with them had a positive impact on their ability to recover from traumatic situations.

S#52: “Hope, a determined trust in a God who experiences it with me.”

S#58: "I do not feel alone."

FGA#1: "There has to be something guiding, directing us. That something has to be God."

EI#1: "God is in the mess and is present after the mess."

While the participants had much more to say about God's presence with them while preparing and responding to trauma, the majority continued to refer to the positive impact of God's presence after the trauma during the time of recovery. According to the researcher's analysis of the collected data, God's presence was mentioned more when participants were asked about responding to traumatizing situations than when asked about recovering from them. After the scene, when recovering, while some participants mentioned God's presence, the majority did not.

### **Meaning-Making**

Throughout the research tools, the majority of the participants continued to illustrate the importance of the positive impact their faith community had on their ability to be a first responder. The large amount of data speaks to the deep positive impact meaning-making that their faith community had in the area of recovery.

Nine participants shared that faith in God has helped them to recover.

Specifically, S#104 asked, "How can someone without faith/God recover?"

Seven participants mentioned that God helps them sleep at night with a sense of peace.

Five participants stated that God and faith provide the answers to the Why questions.

S#13: “Belief in God has helped me to process through difficult circumstances and provide a framework to deal with emotions.”

S#35: “As a Violent Crimes Sergeant, I worked with many homicides, suicide, child death cases. While many were hard to deal with, The Lord helped me by releasing my mind of all the bad details. I also had to understand that ‘my way was not His way’ and trust in Him.”

S#146: “It gives you the strength to go out and do the job again. . .”

EI#3: “Faith provides a coping mechanism for dealing with trauma.”

Within the theme of meaning-making, threads emerge of God’s plan, God’s control, and a sense of calling.

- *God has a plan*

Eleven participants mentioned “God’s will, plan.”

Two participants shared that their involvement, in their faith community, has given them the ability to understand that not everything pertaining to trauma has to make sense.

S#38: “My faith lets me know that everything happens for a reason.”

*God is in control*

Five participants shared “God is in control.”

S#47 “God’s sovereignty helped me.”

- *Sense of calling*

S#73: “God has given me strength to be strong for others and equipped me to be a tool of His own hands. Knowing this, and knowing I did all I could possibly do for others, helps me recover.”

S#170: “I feel His [God’s] hands upon me. I know that God has chosen to send me as His servant. I try not to internalize a lot of it and keep the focus off the ‘woe is me’.”

EI#2: “First responders are representatives of self, their departments, the church, and God. First responders should not be afraid to share what truly gives them strength ... God.”

According to the majority of the participants, meaning-making provides the foundation on which first responders understand and process the trauma that they have been exposed to. Through this theme, the participants shared experiencing peace, ability to sleep, God’s plan, God’s control, and God’s calling upon them.

### **Prayer**

The majority of respondents shared that prayer is an important aspect of their recovering from traumatizing situations. The data revealed that the first responders value individual prayers, when they pray, and knowing that others are praying for them because they are first responders.

Seven participants shared that prayer makes recovery easier.

S#134: “Prayer provides the first and most important coping mechanism before any other efforts after trauma”

- *Prayer: The First Responder Praying*

Ten participants stated it helps when they pray.

Two respondents stated that they pray for patients after the call.

S#31: “When I have a flashback or think about the situation I pray. When I pray it tends to ease the flashbacks.”



S#165 “If a traumatic sight is engrained in my mind while trying to sleep, I will try to pray to ease my mind.”

- *Prayer: Praying for First Responders*

Seven participants shared that they find comfort knowing that their faith community prays for them.

Three first responders stated a value in recovery of people praying with them.

The majority of participants in the research tools reported the positive impact of their faith communities through the ministry of prayer. The respondents said prayer helps with recovery from trauma.

### **Community**

The majority of respondents in all the research tools spoke to the importance of real community and the support that they have as they recover from traumatizing situations. The respondents shared that being a part of the faith community has a positive impact on their ability to recover from trauma. In addition to the positive impact of the community as a whole, the faith community leader, Scripture, and activities/events also appear to play an important part in a first responder’s recovery.

Twenty-one participants indicated that they possessed a support system in their faith community.

Fourteen participants indicated that they have fellow believers in their faith community that they can talk with and have relationship with.

Three participating first responders shared that through their faith community, they have recovered from traumatic events they experienced as a first responder.

Two participants reported that conversations with fellow faith believers who are also first responders have helped with their own recovery.

S#6: “My faith community has given me resources for recovery.”

EI#1: “My faith community genuinely is concerned about my well-being. They are concerned about potential trauma to me.”

*Community: Faith Community leader*

Three participants shared that they seek out the pastor or chaplain after a traumatizing scene.

FGA#4: “My priest has allowed me to question internally and externally. Church leaders need to be able to accept the ‘why’ questions.”

FGA#1: “Perhaps a road map to help other clergy and church leaders to be able to reach out and help first responders in their church and communities.”

*Community: Scripture*

S#49: “Recovery from trauma keeps me in the word of God.”

EI#2: Spoke to the healing redemptive power of being born again (John Chapter 3) and the healing in the area of recovery.

*Community: Activities/Events*

Three participants shared the importance of small groups offered by faith communities for first responders to participate in.

Two participants mentioned healing services, dedication/recognition services, and communion as activities that first responders could be involved in.

EI#2 “I know of churches that have provided appreciation gifts to first responders. Churches need to recognize first responders more.”

As reported by the respondents through the research tools, faith communities have a positive impact on the recovery of first responders after being exposed to traumatizing situations. The community itself, the people who listen and support the first responders according to the majority of the study participants, is invaluable to the first responders' recovery. The majority of the participants shared that the faith communities provide resources to help with the recovery efforts of first responders after traumatizing situations.

### **Summary of Major Findings**

The data resulting from the First Responder Survey, First Responder Focus Group, and the Expert Interviews yielded significant findings regarding the impact that a faith community can have on a first responder in the area of preparing for, responding to, and recovering from a traumatic situation. The findings may have significant relevance for any Community leaders, Faith Communities, and First Responders. The following are the major findings which are further discussed in Chapter 5.

1. Faith communities have a positive effect on first responders by helping them prepare for, respond to, and recover from traumatizing situations.
2. Faith communities could do better in helping first responders prepare for, respond to, and recover from traumatizing situations.
3. First responders need the assurance of God's presence.
4. The faith life, instilled by faith communities, provides meaning (meaning-making) for first responders when preparing for, responding to, and recovering from traumatizing situations.
5. Prayer is a positive force in a first responder's life.

6. First responders need community to help them prepare for, respond to, and recover from traumatizing situations.

## CHAPTER 5

### LEARNING REPORT FOR THE PROJECT

#### Overview of the Chapter

First responders are more likely to die from suicide than from line of duty death (Heyman, Dill, and Douglas 36). Communities, leaders, and faith communities must be aware of this startling statistic. The purpose of this study sought to identify how participation in a faith community impacts the ability of a first responder in the United States to prepare for, respond to, and recover from a traumatizing situation.

This chapter identifies six major findings from this research project and demonstrates how the findings correspond to personal observations, the literature review, and biblical/theological framework of the project. Limitations, unexpected observations, and recommendations for further study are then shared. The chapter concludes with a personal postscript from the author. The results of the study suggest the following major findings.

#### Major Findings

**Faith communities have a positive effect on first responders by helping them to prepare for, respond to, and recover from traumatizing situations.**

I have been a member of a local church since 1992, a first responder since 1997, and a pastor since 2001. As a first responder, I have witnessed things I wish I could un-see. I have gone running towards situations I knew would be traumatic while many others were running out. My faith and the support of my faith community has had a deep impact on my ability to be a first responder. I have personally experienced the positive impact of my faith communities and the ability to be a first responder, and desired to investigate the

impact of a faith community on such individuals. The discussion below describes this impact.

A large majority of the research participants stated that being involved in a faith community had a positive effect on their ability to be prepared for, respond to, and recover from traumatizing situations. Seventy-two percent of respondents in the survey reported a positive impact by their faith community on how they prepare for and respond to a traumatizing situation. Seventy-six percent of the survey participants reported a positive impact on their ability to recover from a traumatizing situation. One hundred percent of the focus group and expert interview participants spoke of the positive impact.

As a fellow first responder, I found myself agreeing with many of the first responders' words. For example, S#28 stated, "Without my faith in Christ I would go insane doing this job." S#99 mentioned, "I believe I have been able to experience trauma and work through it because of my faith." The majority of the research participants clearly stated that their faith community had a positive impact on their ability to be a first responder.

Previous studies, with first responders in New York City, post September 11<sup>th</sup>, and New Orleans, post Hurricane Katrina, have shown that "some members benefited from faith-based or spiritual discussions" (Castellano and Plionis 334). This study found that over 72 percent self-identified as benefitting from their faith community. Elsewhere, McKoy noted that faith helps first responders deal and cope with the stresses of being a first responder (99).

Christian Scriptures speak volumes of the impact of being in relationship with God and a community of faith during traumatizing times. A Biblical foundation speaks to

the reality of suffering that even God's people will endure (Judg. 21.25; 2 Kings 21.3-7; 2 Tim. 3.12; Rom. 8.18; and Jas. 1.12). The Book of Job is a strong witness to the positive impact that having a personal relationship with God and the faith community can have throughout life and especially during times of trauma. In the prologue and the epilogue, God used the personal pronoun 'my,' indicating the personal relationship that God and Job had (Walton, Matthews, and Chavalas 497). If not for that deep personal relationship with God, Job would have cursed God and died before the story ended and the multiplication happened?

The participants in this study can seemingly relate to the one speaking in Psalm 121. The one who is crying out "I lift my eyes up to the hills" (121.1) does not receive help from the hills but instead "my help comes from the Lord" (121.2). The Psalmist looked so high that she or he ended up looking above the hills and mountains, and saw God (Spurgeon 39). The Psalmist and I would agree that the majority of the participants in this study know the calmness that comes from being in relationship with God. When troubles from the hills and mountains come, the one who made the hills and mountains provides the much needed help (Leslie 215).

This study has shown the deep positive affect that involvement in a faith community can have on a first responder when dealing with trauma. This impact is best illustrated by S#63's statement, it "has kept me from ending my life." Evidently, when more first responders die from self-inflicted wounds than from line-of-duty deaths each year (Heyman, Dill, and Douglas 36), S#63 thought that the faith community provided a shield against suicide.

**Faith communities could do better in helping first responders prepare for, respond to, and recover from traumatizing situations.**

While at least seventy-two percent of the participants claimed to have experienced a positive impact from their faith community in preparing for, responding to, and recovering from traumatizing situations, twenty-eight percent had a negative or neutral response to their faith community. EI#3 indicated that his home faith community as a whole did not help him be prepared as a first responder for traumatizing situations. Instead he indicated that it was the personal relationships with his faith sisters and brothers in Christ that prepared him as a first responder. I can resonate with many of the statements shared by the participants who had a non-positive experience from their faith community pertaining to trauma. I too share this experience with faith leaders who devalue the work of first responders, sisters and brothers in Christ who have pretended to listen to me, and who offered me shallow cliché statements that have done more hurt than good.

The survey participants spoke openly about how their faith communities negatively impacted them. S#117 stated, “I turned to faith and faith family and was judged.” S#114 noted, “I’m not sure it [faith community] has, not that I am consciously aware of anyway.” These statements should be alarming to faith community leaders and members.

Most first responders have seen the cynicism that exists in their organizations towards faith communities. For example, when police officers gather after a shift to decompress and have a few drinks together, it is called choir practice (Castellano, “Health Matters” 72). As a police, fire, and EMS chaplain, I have witnessed the invisible



wall that goes up from fellow first responders when they find out I am a committed Christian.

Trauma can challenge your deeply held beliefs (Beckner and Arden 201). First responders explain that due to what they experience through their job, they begin to doubt if there is a Master Plan to life (Reese and Castellano 136). Faith communities should have a positive impact and could be doing better. S#36, a self-identified once-practicing Catholic shared that, “The church itself has not contributed in any way.” It is important to note that first responders, who in the course of their careers completely lose faith and hope, have their careers usually end in disease and self-destruction (Charles 1). I hope that does not happen for S#36!

The Book of Revelation makes obvious that God is involved in the details of human lives (Drane, *Introducing the New Testament* 439). Revelation 21 makes this very clear in that God will “make everything new” (21.5). The people of God will experience suffering, death, and troubles, but should hold on to the promise that a day is coming soon where these ‘old things’ will be replaced with the very real presence of God. “Weeping may stay for the night, but rejoicing comes in the morning” (Ps. 30.5). This is the message of hope that our faith communities have to offer. This study revealed that some first responders in our faith communities have no connection between their ‘jobs’ and faith. S#109 mentioned, “There hasn’t been any correlation between the two. Work was work and church was church. I kept the two separate.”

When asked how faith communities (Christianity, Islam, and Judaism) might be able to help first responders prepare for, respond to, and recover from traumatizing situations, the reply from one anonymous active police lieutenant detective from New

Jersey was astonishing. “I have never thought of this as an option. I suppose a civic leader could come out and support the police if something controversial happens in the community, but this generally does not happen much. Most of the comments from the community are anti-police” (Anonymous). Perhaps, even if the ‘civic leaders’ or faith community leaders do not agree with the first responders’ actions or policies they could remember the person behind the badge and the weight of the traumatizing situations that they carry. Our faith communities could do much better.

**First responders need the assurance of God’s presence.**

Knowing that I am not alone, that God is with me, has given me the courage and strength to continue as a first responder. I know that God is with me in the fire engine, police car, and ambulance just as God is with me in my home, church building, and at the beach. Many of the respondents echoed my thoughts. EI#1 said, “God is in the mess and is present after the mess.” S#162 conveyed, “I know I am not alone in my response.” S#44 added, “My God is always with me to handle the situations that I’ve seen firsthand.”

The unfortunate reality is that the sense of being alone can be a result of trauma (Kates 23, 31). One’s ability to rebound from the pressures of emergency work is often dependent upon an individual’s connectedness to God and one’s co-workers (C. L. Brown 2). Connectedness to God is an embracing of God’s presence. A first responder in a previous research study shared, “I understand that there’s something bigger than me, and that there’s a great ending to all our stories” (Kenny 98). First responders need not think of themselves as being alone because God is with them. A belief in God could give

first responders the understanding and feeling that they are not alone during traumatizing situations (Davis).

During times of trauma, Psalm 23 answers the question of where God is during the dark times, “You [God] are with me” (23.4). God’s people can have a calm assurance that the one who provides all their basic needs will guide them and protect them, even in the valley (Keller 91). Dark valleys in our lives will surely come. Jesus has promised us that, “I have told you these things, so that in me you may have peace. In this world, you will have trouble. Nevertheless, take heart! I have overcome the world” (John 16.33). The question for followers of God does not pertain to whether a valley will come, but how they will survive the valley. The Shepherd-King was with them before the valley, through the valley, and after the valley (Ps. 23). The Lord is with first responders as they prepare for, respond to, and recover from traumatizing situations.

**The faith life, instilled by faith communities, provides meaning (meaning-making) for first responders when preparing for, responding to, and recovering from traumatizing situations.**

My personal faith foundation, first laid in my home of origin and my local faith community, has prepared me, been with me while responding, and helped me to recover from traumatizing situations. Through the years, while local churches have changed, and the buildings I respond from have changed, and the people I respond with have changed, my faith foundation is what has given me the ability to continue to respond to traumatizing situations. I have meaning in my life because of my faith foundation. FGB#3 identified the meaning through the trauma they have experienced when they stated, “the back of the ambulance is sacred space. It is like a confessional booth. A lot

goes on in the back of the ambulance, listening, praying, commiserating, a lot of very intimate spiritual things happen back there.” Without FGB#3’s foundation from their faith community, they never would have been able to identify the sacredness of the back of an ambulance.

FGB#3 is not alone. While not specifically using the same words in their responses, participants indicated the sense of meaning-making their faith communities developed in them. Multiple different survey participants used the following words to positively describe the impact of their faith communities: value system, grounded, foundation, God’s plan, God is in control, called to be a first responder, sleeping at night, and answers to the life’s ‘why’ questions. These are the words experts generally use to describe meaning-making (Park 109). S#71 lived out the meaning given to them through their faith community; “I was shot in the line of duty and my faith helped me to forgive the individual and move past the incident.”

A review of the literature showed that religion is foundational to the meaning-making systems of many people. For many people, religion underlies their understanding of the world (Pargament 33). Religious meaning-making is very common and, research has shown, helpful when preparing for, responding to, and recovering from trauma (Park 409–10).

Our faith in God and understanding from the Scriptures give us the glasses to see and understand the world. “For in him we live and move and have our being” (Acts 17.27). The Book of Job challenges the concept of retribution theology and replaces it with an understanding of God’s sovereignty and our place in the created order while also having the ability to have a personal relationship with the Creator. Wrestling with God’s

sovereignty, relational being, and good creation, in connection with present suffering all explained earlier in the theological reflection, provide the framework for a foundation.

This foundation gives someone meaning to their life and the events around them.

**Prayer is a positive force in a first responder's life.**

Prayer has given me the ability to continue to be a first responder. I know that when I pray, I connect directly with 'the Maker of Heaven and Earth' (Ps. 121.2). God is responsive and present when we pray (1 Pet. 3.12; 1 John 5.15). When preparing for, responding to, and recovering from a traumatizing situation, I pray. The research showed that I am not alone as a first responder who prays. Many other first responders pray. All three experts, all eight focus group participants, and 41 of the survey participants all mentioned the benefits of praying as a first responder. It seems that FGA#1 summarizes it well for myself and the majority of the participants, "Prayer has helped me."

I resonated with the participants who made a distinction between praying for themselves and their crew, and knowing that their faith community is praying for them. Personally, I have not always been a part of a faith community that has prayed for me as a first responder. However, I have sisters and brothers in the faith that I know are praying for me, which provides me with comfort, strength, and an assurance that I will get through the scene. S#90 has a powerful prayer network which allowed them to say, "I have prayers going up all over the world for me. The sun never sets on the prayers and praises He [God] receives for the work He [God] is doing through me and for me." Importantly, first responders need to know that their faith community is praying for them.

From the start of their faith traditions, Christians, Muslims, and Jews have been praying and continue to pray (Spoto 9). Prayer is connecting with the Divine in a personal

way and is encouraged to happen daily within the three Abrahamic traditions. (Charles 41). This study and a previous one have shown that prayer helps first responders make sense of the traumatic scenes they encounter (Charles 102). Thus, prayer appears to assist in meaning-making. Moreover, when praying through trauma, individuals can become wiser, deeper, and more compassionate (Rupp 13). A simple prayer, asking for God's help and safety while the sirens are blaring, reminds first responders who is in control and protects them (Davis).

In addition to praying for themselves, this study and the same previous one discovered that first responders also pray for the victims (Charles 101). FGB#1 on this topic shared, "I once prayed over someone because the patient asked me to. The paramedic who was with us said, 'Wow, I have never seen that before.'"

Multiple previous studies report that first responders are more likely to develop PTSD than the general public (Hafeez 62, Kates 4, Morgan 45, Shochet, et al. 44). One interesting finding relates to how the use of prayer might help first responders with symptoms of PTSD. Apparently, even after the scene is over, debriefings have ended, and time has passed, first responders still pray regarding certain scenes. Participants from the survey, focus groups, and expert interviews all reported this. The cumulative responses can be summarized by S#31, "when I have a flashback or think about the situation I pray. When I pray it tends to ease the flashbacks." Flashbacks can be a symptom of PTSD (Matsakis 18; American Psychiatric Association 271–72). Thus, by his statement, S#31 indicated symptom relief gained through prayer.

This study not only identified the practice of praying through flashbacks in the participants, but also in myself. While never consciously acknowledging it before, I have

taken flashbacks of previous scenes to the Lord in prayer. This is living out the words of Psalm 18.6, “in my distress I called to the LORD; I cried to my God for help. From His temple He heard my voice; my cry came before Him, into His ears.” When first responders are in distress due to flashbacks, they turn to God in prayer.

The Scriptures speak often of the importance of prayer. Specifically, God’s people are told to “pray without ceasing” (1 Thess. 5.17). The research seems to indicate that first responders pray all the time. As one of the respondents said, “I pray before, during, and after an event” (S#100).

**First responders need community to help them prepare for, respond to, and recover from traumatizing situations.**

As a first responder for over 20 years now, I know firsthand that my brothers and sisters in the faith and in the first responder worlds are the ones that have helped me continue to get on the emergency apparatus. The community of faith around me has prayed for me, prayed with me, encouraged me, cried with me, and picked me up while I am preparing for, responding to, and recovering from traumatizing situations. I consider myself blessed to have the community of faith around me.

Traumatizing situations can destroy connections between people and their social community. First responders, because of trauma, can have their sense of community destroyed with isolation. “The solidarity of a group provides the strongest antidote to traumatic experiences. Trauma isolates; the group re-creates a sense of belonging” (Herman 214). The dichotomy is real; first responders need a community to heal in, but one of the side effects of trauma could be to withdraw. Faith communities according to the research can provide the much-needed community that our first responders need.

Participants in this study provided evidence of the positive impact of the community of faith on themselves pertaining to trauma. Twenty-seven participants mentioned the support system that they have from their faith community. Fourteen participants mentioned that they know people in their faith community whom they can talk to pertaining to the trauma they experience. Three participants specifically stated that they have been able to recover from traumatic events because of their faith community. FGB#3 summarized the responses of multiple other participants by saying, “I want to know, how do first responders do it without a faith community? It is a huge part of how I respond and do it. People must burn out more without church and God.”

The Church understands that God, through Jesus, has adopted all believers into the family of God (Eph. 1.5). Our faith communities should be able to provide a safe community among the family of believers for our first responders. Peer support, the mutual sharpening of people in the faith that Proverbs 27.17 speaks in this and previous research, points to that first responders’ need to help them with the trauma that they are exposed to (Conn and Butterfield 280). First responders need community and our faith communities can offer community to them.

This and previous research indicate that getting involved in the regular activities of a faith community can be very beneficial to first responders dealing with trauma (Kenny 110). EI#2 gives insight to how faith communities can provide the much-needed community to first responders. “Many times, my faith community has helped me to respond to a traumatic scene. The ministries of the church that have helped me to respond include, but are not limited to, prayer, small group, Scripture readings, meditation.” Other respondents indicated the importance of prayer, the Scriptures, faith community leaders,



the sacraments, and relationships within the faith community—all as positive impacts on themselves pertaining to dealing with traumatizing situations.

### **Ministry Implications of the Findings**

Based on this research and a review of preexisting literature, the following recommendations for changes in the practice of ministry are made:

1. Faith Communities need to be intentional in connection with first responders. EI#2 recommended intentional ways which faith communities can utilize to connect with first responders. These included special memorial services, blessing of K9, and honoring first responders during worship. I recommend faith community leaders to share best practices of authentically connecting with and meeting the needs of their local first responders. The first responder participants in this study identified a sense of God's presence, meaning-making, prayers, and community as components of their faith community that had a positive impact on themselves. Perhaps faith communities should develop worship themes, small groups, discussion groups, support groups, and community outreach events surrounding these four topics.

2. Faith Communities need to be aware of unintentional negative implications upon first responders. S#60's statement should be an alarm for all faith communities, "Most churches I've been part of unknowingly condemn first responders in ignorance." This first responder acknowledges that the condemnation was in ignorance; however they still felt condemned. I assume that no faith community wants to intentionally or unintentionally condemn a first responder because of their vocation. As such, faith communities need to be intentionally aware of the first responder community and their needs. In the absence of intentional actions, this can happen unintentionally.

3. Faith Communities need to create safe places for first responders to connect.

The participating first responders and the literature review point to the fact that first responders need a safe place to be real and authentic. Faith communities, of all places in society, should be able to provide that for their first responders. All of the unfortunate ramifications of the added stress that is on our first responders, outlined in the literature review and discussed by the participants, point to the fact that the first responders need a safe place to be real and decompress.

4. Local faith community leaders need to develop relationships with local first responders and their leaders. The above-mentioned research and literature review should be considered by faith community leaders and first responder leaders. These two groups of leaders need to be intentionally in conversation and relationship with each other. The research shows that a faith community has a positive impact on first responders' ability to prepare for, respond to, and recover from traumatizing situations. Furthermore, the literature shows that more first responders are dying from suicide than from line-of-duty deaths. As such, the leaders of local faith communities and local first responders should be interested in partnering together for the sake of their first responders. Local faith community leaders must know the names of their police chief and fire chief. Faith community leaders need to intentionally reach out to the local chiefs, offer support, prayer, community, and listen to the needs of their local first responders.

5. Faith Communities need to pray for our first responders. The research shows knowing people are praying for them impact first responders pertaining to traumatizing situations. Faith communities should have first responders listed on their prayer lists, and let their first responders know that they are praying for them.

### **Limitations of the Study**

1. Limited number of non-male participants: Male participants accounted for seventy-eight percent of the total, while twenty-two percent were female. While ideally discrimination should not exist within the First Responder world based on gender, it does happen. This study made every effort to include women, men, and other gender identities. The survey gender question was intentionally an open-ended question allowing the participants to self-identify. Two of the participants chose to not answer this question. While gender identity was not considered a contributing factor to the impact of one's faith community, for the sake of inclusion, every effort was made.

2. Lack of Non-Christian participants: This study intentionally looked at the impact of a faith community on first responders pertaining to trauma. Due to the demographics of the United States, this study specifically looked at the Christian, Jewish, and Muslim traditions in the literature review, but did not limit the research to just those three faith traditions. Participants, when asked which faith community they were involved with were intentionally given an open-ended answer field in the survey. While the researcher diligently tried to obtain a diverse faith tradition representation within the participants, only three of the total 171 participants were from Non-Christian traditions. Specifically, the three were from the Jewish tradition, with no Muslim participants. For the Expert interviews, the research sought to find experts, as defined by the research guidelines outlined in the research methodology chapter, from the three faith traditions. However, no Jewish or Muslim leaders met the expert qualifications. This research is missing the voices of Jewish and Muslim first responders.

3. Focus Groups participation: While thirty-four participants self-selected to participate in a focus group, within the three highest counties, only eight total participated in a focus group. Although all thirty-four people were invited, many did not respond to any of the multiple invitations. Figure 4.4 shows this reduction in potential participants to actual participants.

4. Survey completion rate: While 359 participants started the survey, only about fifty percent completed it. About fifty percent of the people who started the survey did not finish it. Their voices were not included in the research due to incomplete results.

5. All research was Pre-COVID19: All the research data was collected before the COVID19 pandemic. COVID19 is changing our communities, societies, faith communities, and first responders. COVID19 is adding more stress and responsibilities to our first responders, all while our faith communities are having to reidentify themselves and find new ways to be in ministry. Since we are moving towards a new normal, the fact that all data was collected pre-COVID19 is a limitation.

However, the positive impacts that first responders have received from their faith communities should continue to hold true during the difficult times of the COVID19 pandemic just as they held during 9/11, Hurricane Katrina, and the like. A sense of God's presence, meaning-making, prayer, and community are all valuable positive impacts our first responders can rely on even during COVID19. Limitations from the COVID19 pandemic could include a dramatic shift in how faith communities are connecting. With 'social distancing' and many faith communities no longer able to meet face-to-face, faith communities may have to identify new or different ways of continuing to impact first responders. In addition, while simultaneously continuing their normal work load, many of

our first responders have had thrust upon them additional responsibilities, added concerns for their own health and their families' health, and limited capacity for face-to-face contact.

### **Unexpected Observations**

1. The participants did not report a huge difference between how their faith community impacted their abilities to be prepared for, respond to, and recover from a traumatizing situation. I expected clearly drawn lines in how a faith community impacts these three distinct areas of first responders vis-à-vis trauma. Seventy-two percent of respondents in the survey reported a positive impact by their faith community on how they prepare for and respond to a traumatizing situation. Seventy-six percent of the survey participants reported a positive impact on their ability to recover from a traumatizing situation. One hundred percent of the focus group and expert interview participants spoke of the positive impact. I was surprised that the percentages were so close to each other.

2. I was surprised by the participants' deep involvement. Typically, first responders hold back their emotions and are not one hundred percent open. Four of the focus group participants and one of the expert interview participants teared up during our conversations. Three of the survey responses surprised me with how open and vulnerable they were when referring to contemplating suicide (S#63), their spouse who died in the line of duty (S#67), and referring to being shot in the line of duty (S#71). I deeply appreciate all of the participants' commitment to this research.

3. First responders cry. As a fellow first responder, I teared up when reading the literature and the research manuscripts. Members of the focus groups also teared up when

discussing this topic. As reported earlier from the previous literature, first responders have specific traits which uniquely qualify them to be first responders (Cetuk 25-26; Lorrain 338–39; Kenny 8). However, these same specific traits make them susceptible to the lasting effects of traumatizing situations. Tears are not normally associated with first responders.

### **Recommendations**

This research and the preexisting literature point to the fact that more research on the impact of a faith community on a first responder needs to happen. Based on this research study, the following recommendations are made for future studies:

1. A follow up study could go deeper into the negative responses of the participants. Approximately twenty-two percent of the participants stated a negative impact or no impact by their faith community on how they prepared for, responded to, or recovered from traumatizing situations. Their perceived negative impact says a lot about their religious experiences within their faith communities. Future studies could examine their rationale for the negative or neutral impact.

2. A beneficial future study on the same subject could be done after the Covid19 pandemic, including a comparison of future findings with the findings of this study. That future study could identify what impact COVID19 has had on the relationship between faith communities, first responders, and trauma. As stated earlier, COVID19 is changing the first responder's responsibilities and community, while the faith community needs to reimagine how they can continue to practice community while social distancing.

3. An interesting study could track first responders' involvement in their faith community throughout their careers as first responders. A post-intervention study could

be developed to track the impact of a faith community on a specific group of first responders. That study could develop programs around God's presence, meaning-making, prayer, and community.

4. Study more of S#116's statement, "You almost have to suspend any beliefs to get your job done safely and effectively." What does it mean to suspend one's faith to get the job done? What lasting impacts might this have on a believer's faith walk and the impact on others? Do they always have to suspend their faith or only at certain times? A small number of participants, identified with S#116, in 'suspending' their faith system. This small sampling was split between those who found their faith community to have a positive impact and those who had a negative impact.

5. An unexpected observation, that deserves more research, is that prayer could help first responders with flashbacks, a possible symptom of PTSD. This needs more research. How many first responders are practicing this? How many first responders experience relief?

### **Postscript**

#### *The Year 2020*

The year 2020 has been difficult for the entire world, but especially for first responders. While communities shut down and sheltered in place during this health crisis, first responders have continued to faithfully respond to the needs of their communities. From their continued response during the COVID19 pandemic and the increased tension on race relations, I am concerned for my sister and brother first responders. As a result of additional responsibilities, defunding, and health concerns, the physical, spiritual, and

emotional health of our first responders must be on the forefront of all community leaders' priorities.

When the COVID19 pandemic first broke out, our first responders were trumpeted as heroes. Later with the increased race relations pandemic, many of our first responders are now referred to as a problem, an ill in our society. The whiplash of negative community sentiments is not healthy for the well-being of our first responders. Going from 'heroes' to 'zeros' so quickly, while still performing the same tasks with added responsibilities, will have a lasting impact on our first responders. Unfortunately, many of the paid first responders that I am close with are already examining their retirement options and counting the days till retirement. I am concerned about the physical, emotional, and spiritual health of our first responders.

Now more than ever our first responders need the support of our faith communities. Previous research and this research show that our faith communities can help our first responders even now, "for a time such as this" (Esth. 4.14). Specifically, through an understanding of God's presence, meaning-making, prayer, and community, our faith communities can make a significant difference in the lives of those who 'serve and protect.' Perhaps it is now time for our faith communities to 'serve and protect' our first responders!

### *My Personal Journey*

While being a husband, father, pastor of a church, captain of a firehouse, and a doctoral student was not easy to do all at once, I am glad that I have been on this journey toward my Doctorate of Ministry. I have of course been stretched and challenged by the course work, professors, and fellow students who have become close friends. I am



looking forward to sharing deeply with others what I have learned. I am thankful to God for the opportunity that I have had.

This dissertation journey started back in 2008 when I first trained in CISM work. I learned about the suffering of fellow first responders from critical incident stress. Clearly, Jesus could be an answer to the deep need. This research shows that faith communities can have a deep positive impact on first responders pertaining to traumatizing situations. I thank God that as a first responder, who has been exposed to critical incidents, I have been able to manage my own responses. My own self-management is a testimony to God, sisters and brothers in the faith, and the CISM resources.

This is a very real topic that many of our faith communities are oblivious to. First responders are dying from suicide in our communities; faith communities have the resources to help them. Faith communities must act now!

## **APPENDIXES**

- A. First Responder Survey Informed Consent
- B. First Responder Focus Group Informed Consent
- C. Expert Interview Informed Consent
- D. First Responder Survey Questions
- E. First Responder Focus Group Questions
- F. Expert Interview Questions
- G. List of Terms Defined by this Study
- H. Available Prompts for Focus Groups and Interviews

## Appendix A: First Responder Survey Informed Consent

### INFORMED CONSENT

#### *Faith in the Life of First Responders*

You are invited to be in a research study by Derrick L. Doherty from Asbury Theological Seminary. You are invited because of your involvement as a first responder, participation in a faith community, and your previous exposure to trauma.

If you agree to be in the study, you will be asked to complete the seventeen short answer electronic survey which immediately follows after this consent.

Information gathered for this survey will be used in the study. Your name or other identifiable characteristics of yourself will never be shared. A number or letter will be used instead of your name.

If something seems wrong or makes you feel uncomfortable while you are in the study, please tell Derrick L. Doherty. If you decide at any time that you do not want to finish the study, you may stop whenever you want. You can ask Derrick L. Doherty questions any time about anything in this study. He may be reached at: [DerrickLDoherty@gmail.com](mailto:DerrickLDoherty@gmail.com).

During this study, you will be asked to remember traumatic experiences. Please skip any questions that make you feel distressed. You may also stop the survey at any point in time by simply closing the electronic survey on your device. For additional resources pertaining to traumatizing situations for first responders, you are encouraged to reach out to your department Chaplain or Critical Incident Stress Management Team (CISM) of your municipality, county, and/or state.

By completing the electronic survey, you consent to participate in this research. If you do not want to be in the study, do not complete the online survey. Being in the study is up to you. No one is pressuring or coercing you to participate. You agree that you have been told about this study and why it is being done and what to do.

Do you agree to the above terms?    Yes                    No  
By clicking Yes, you consent to answer the questions in this survey.

If someone does not click yes they will not be able to participate.

(Completed via the electronic survey)

## **Appendix B: First Responder Focus Group Informed Consent**

Dear (name will be printed):

My name is Derrick L. Doherty, Pastor of the Middletown United Methodist Church and Chaplain of the Middletown Township Fire Department. I am a Doctor of Ministry participant at Asbury Theological Seminary. I am conducting research on the topic of faith in the life of first responders, specifically looking at how being involved in a faith community might impact first responders as they prepare for, respond to, and recover from traumatizing situations.

Thank you for participating in the First Responder Survey. The feedback received thus far on the survey has been very beneficial. You have been randomly selected to participate in a first responder focus group. This group will include other first responders from your geographical area. Participation is completely confidential and voluntary. The focus groups will be hosted via the Zoom meeting platform (zoom.us). The exact day, time, and location will be shared with you once I have confirmation of your involvement.

I believe our faith life impacts every aspect of our lives, including our role as first responders. The findings from this study will allow faith communities and the leaders of first responders to better help their first responders as they prepare for, respond to, and recover from traumatizing situations. It is my hope that first responders around our country will be helped because you and others like you have taken the time to participate. During the Focus Group, I will make an electronic audio recording. I will be the only person with access to the recording. Once the research is complete in approximately three months, I will destroy any identifying data from the focus group, and keep audio recording and personal notes for an indefinite period of time electronically, at least until my dissertation is written and approved.

During this study you will be asked to remember traumatic experiences. Please refrain from answering any questions that make you feel distressed. You have the right to exit the focus group at any point by simply walking out of the room. For additional resources pertaining to traumatizing situations for first responders, you are encouraged to reach out to your department Chaplain or the Critical Incident Stress Management Team (CISM) of your municipality, county, and/or state.

Please know that your participation is confidential and voluntary. You can choose not to participate. I thank you for your past involvement in the survey and appreciate your willingness to consider being involved in a focus group. If you have any questions, please feel free to call or write me any time for more information: 732-996-4947 or [DerrickLDoherty@gmail.com](mailto:DerrickLDoherty@gmail.com).

If you are willing to assist me in this study, please sign and date this letter below to indicate your voluntary participation. Thank you.

Sincerely,

Derrick L. Doherty

I volunteer to participate in the study described above and so indicate by my signature below:

Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

### **Appendix C. Expert Interview Informed Consent**

Dear (Name to be inserted):

My name is Derrick L. Doherty, Pastor of the Middletown United Methodist Church and Chaplain of the Middletown Township Fire Department. I am a Doctor of Ministry participant at Asbury Theological Seminary, and am conducting research on the topic of faith in the life of first responders, specifically looking at how being involved in a faith community might impact first responders as they prepare for, respond to, and recover from traumatizing situations.

As someone who has been a first responder and a faith community leader for many years, your insights and experience will be very beneficial for my research. If you agree, I would like to have a one-on-one phone interview with you and discuss faith in the life of first responders. Participation is completely confidential and voluntary.

You have been selected to participate in an expert interview phone interview because of your unique experiences and qualifications. The phone interview will be conducted within the next month. The exact day and time can be coordinated between us once I have confirmation of your involvement.

I believe our faith life influences every aspect of our lives, including our role as first responders. The findings from this study will allow faith communities and leaders of first responders to better help their first responders as they prepare for, respond to, and recover from traumatizing situations. First responders around our country will be helped because you and others like you have taken the time to participate. During the expert interview, I will make an electronic audio recording. I will be the only person with access to the recording. Once the research is complete in approximately three months, I will destroy any identifying data from the interview and keep audio recording and personal notes for an indefinite period of time electronically, at least until my dissertation is written and approved.

During this study, you will be asked to remember traumatic experiences. Please refrain from answering any questions that make you feel distressed. You have the right to end the interview at any point by simply stating your desire to do so. For additional resources pertaining to traumatizing situations for first responders, you are encouraged to reach out to your department Chaplain or the Critical Incident Stress Management Team (CISM) of your municipality, county, and/or state.

Please know that your participation is confidential and voluntary. You can choose not to participate. I thank you and appreciate your willingness to consider being involved in an expert interview. If you have any questions, please feel free to call or write me any time for more information: 732-996-4947 or [DerrickLDoherty@gmail.com](mailto:DerrickLDoherty@gmail.com).

If you are willing to assist me in this study, please sign and date this letter below to indicate your voluntary participation. Thank you.

Sincerely,

Derrick L. Doherty

I volunteer to participate in the study described above and so indicate by my signature below:

Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

### Appendix D. First Responder Survey Questions

1. Do you agree to participate in this program? (language containing informed consent document, audio recording, and confidentiality made available electronically)
    - a. Yes
    - b. No (if no, survey ends for them)
  
  2. What agency(ies) do you respond with?
    - a. Police (including FBI, secret service, border patrol, ICE, and port authorities)
    - b. Fire
    - c. EMS
    - d. I am not a first responder (survey ends at this time for anyone who checks this)  
(option to select as many as applicable)
  
  3. Have you responded to a traumatizing situation? (definition will be offered)
    - a. Yes
    - b. No
  
  4. Involvement in a faith community?
    - a. Yes
      - i. Which one (intentionally open ended) \_\_\_\_\_
    - b. No
      - i. Were you previously involved in a faith community at any time in your life?
        1. Yes
          - a. Which one (intentionally open ended)  
\_\_\_\_\_
        2. No (survey ends for them at this point)
- 
5. Change in faith community involvement since being a first responder?
  - a. Increased
  - b. Decreased
  - c. Same involvement level
- 
6. To what do you attribute the change?  
(Open ended)
- 
7. Age
  - a. 18-21
  - b. 22-29
  - c. 30-39



- d. 40-49
  - e. 50-59
  - f. 60-above
8. Gender  
(Open ended question)
9. State (open ended)
10. County (Open ended)
11. Region:
- a. Urban
  - b. Rural
  - c. Suburban
12. Paid or Volunteer first responder
- a. Paid
  - b. Volunteer
  - c. Both
13. Status
- a. Active (currently responding with an agency, paid or volunteer)
  - b. Retired from Paid, now Volunteering
  - c. Retired from Paid and/or Volunteering
14. As a first responder, how has participation in a faith community prepared you for a traumatizing situation? (Please be as specific as you can.) (RQ#1)
15. As a first responder, how has participation in a faith community equipped you to respond to a traumatizing situation? (Please be as specific as you can.) (RQ#2)
16. As a first responder, how has participation in a faith community helped you recover from a traumatizing situation? (Please be as specific as you can.) (RQ#3)
17. Would you be willing to participate in a focus group (focus group defined)?
- a. Yes
    - i. Name
    - ii. Email
    - iii. Phone
  - b. No
  - c. Would like more information
    - i. Name
    - ii. Email

### **Appendix E. First Responder Focus Group Questions**

1. Introductions
  - a. Name
  - b. How and where are you a first responder?
  - c. What faith community are you a part of?
2. When responding to a scene, that you know will be a traumatizing scene, what practices or beliefs from your faith community do you 'fall back on' to help get you ready?
3. What do you do after a traumatizing situation to help yourself recover?
4. What shifts in yourself (thoughts, attitude, and emotions, for example) have helped you to prepare, respond, and/or recover from traumatizing situations?
5. Specifically, through beliefs or practices, how has your faith community helped you recover from traumatizing situations?
6. Looking back over your career as a first responder, is there anything that you would have liked your faith community to have provided to you that would have helped you respond to traumatizing situations?
7. Is there anything else that you wish we would have discussed?

## **Appendix F. Expert Interview Questions**

1. With your years as a faith community leader, a first responder, and a first responder Chaplain, how has your faith community helped prepare you for multiple traumatizing situations?
2. With your years as a faith community leader, a first responder, and a first responder Chaplain, how has your faith community helped you respond to the multiple traumatizing situations?
3. With your years as a faith community leader, a first responder, and a first responder Chaplain, how has your faith community helped you recover from multiple traumatizing situations?
4. What theologies from your faith community, or other faith communities that you have been involved with, could best help first responders prepare for, respond to, and recover from traumatizing situations?
5. What practices from your faith community, or other faith communities that you have been involved with, could best help first responders prepare for, respond to, and recover from traumatizing situations?
6. How have you seen first responders preparing for, responding to, and recovering from traumatizing situations through their faith communities?
7. Is there anything else that you wish we would have discussed?

### **Appendix G. List of Terms Defined by this Study**

The following are definitions of 'Key Terms' that will be used during our discussion. These definitions are given for the sake of common language only.

**Traumatizing Situation:** Traumatic events typically involve a threat on human life or a threat on our own perception of our bodies or self. The world of first responders use the term *critical incident* sometimes to refer to traumatizing events. A critical incident is “an event which has the potential to overwhelm one’s usual coping mechanisms resulting in psychological distress and an impairment of normal adaptive functioning” (Everly and Mitchel 11). For the sake of this study, a traumatizing situation is a critical incident that involves loss of life (patient[s] or in line of duty), mass-loss events (a natural disaster or a multiple-home fire for example), police-involved-shooting incident, or a cumulative compounding factor of lesser traumas with the physiological implications of such.

**Faith Communities:** A group of people with similar religious beliefs and practices, including a belief in a higher/greater Being. Said group meets together on a regular schedule and encourages each other to deepen their religious practices. This study focused on faith practices of the three Abrahamic traditions (Christianity, Islam, and Judaism) but did not exclude participation from members of other faith communities.

**Participation in faith community:** For the sake of this study, the author defines participation in a faith community as being present with the faith community for their corporate gatherings at least once a month on average through the year.

**First Responders:** For the sake of this study a first responder must be at least 18 years of age. A First Responder is an individual who is trained, equipped, and given the responsibility to help and respond in a specific area. By the nature of the profession, first responders are exposed to traumatizing situations at an increased rate. First Responders for this study are female and male, paid and volunteer, active and retired police officers (including FBI, secret service, border patrol, ICE, and port authorities), fire fighters, and emergency medical technician (on all training levels).

## Appendix H. Available Prompts for Focus Groups and Interviews

The following prompts were originally published by Sensing (110-111). The following prompts are the only prompts that were available to the researcher during the focus groups and interviews.

1. **Silence** is a nonverbal acknowledgement of what the participant said but also a means of encouraging the person with the long pause to share more.

2. **Extension** is used when seeking additional information.

“Tell me more . . .”

3. **Encouragement** prompts the participant to keep sharing.

“Go on, yes . . .”

“I see”

4. **Clarification** asks the participant to help the researcher understand more of what they are saying. Clarification eliminates assuming.

“What did you mean when you said . . .”

“I don’t understand”

5. **Elaboration** asks the who, what, when, where, why, and how questions.

6. **Repetition** allows one to check a response by repeating a previously made statement.

“You were saying earlier that . . .”

“If I understood you correctly, you said . . .”

7. **Example** asks the participant to engage in something that they themselves have previously brought up during the conversation.

“Can you give me an example of . . .”

“Can you describe the time when . . .”

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