



THESIS - Vol. 11, No. 2, Autumn 2022

International Research Journal



ISSN: 1848-4298 (Print)

ISSN: 2623-8381(Online)

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How to cite this article:

Mullaj, K., & Zahaj, S. (2022). Cognitive processing of psychological trauma: the role of disclosure in post-traumatic stress disorder symptoms. *Thesis*, (11(2), 124-144.



Published online: March 16, 2023.



Article received December 21, 2022.

Article accepted February 18, 2023.



Conflict of Interest: Authors declare no conflict of interest.

Cognitive processing of psychological trauma: the role of disclosure in post-traumatic stress disorder symptoms

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Abstract

The mechanisms by which disclosure about stressful traumatic events relates to cognitive processing of psychological trauma have attracted a great deal of interest among researchers and therapists. The main question in this study involves the effects of disclosure, whether talking about the psychological trauma in nonclinical settings may affect the symptoms of posttraumatic stress disorder. Furthermore, it focuses on the relationship between this disorder and cognitive processing. Quantitative methodology was employed for the realization of this study, with a sample of 150 police officers. Police officers exposed to criminal events reported higher symptoms. The results showed that the higher the urge to talk about the trauma, the lower the posttraumatic stress disorder they have experienced, and adapted cognitive processing reduced the severity of this disorder. Women have a higher incentive to talk about trauma. The findings and conclusions of this scientific research can serve as a basis for understanding the role of disclosure about stressful or traumatic events in cognitive processing and the clinical work of psychologists for the psychological care of police employees.

Keywords: *disclosure of trauma, cognitive processing of trauma, post-traumatic stress disorder, police officers*

Introduction

The continuous and high emotional demands of the workplace can interfere with the execution of essential functional tasks. Those responsible for the security and service in the community face challenges that harm or may endanger their psychological or physical well-being. State Police is considered to be the environment that presents the most stimuli, many of which are considered as traumatic (Korre et al., 2014). The identification of the severity of post-traumatic disorder is a crucial step into understanding the well-being of the police officers in Albania. The identification of post-traumatic stress disorder and how traumatic events affect police officers, their performance and psychological well-being, leads to a deeper comprehension of mental health in this manner. The way traumatic experiences are interpreted is crucial to how post-traumatic develops (Lewis-Schroeder et al., 2018). The analysis of the relation between the disclosure of trauma and the cognitive processing of trauma is the main aim of the study. Evaluating the severity of post-traumatic stress disorder, exploring the relationship between the symptoms of this disorder, disclosure and cognitive processing of trauma, moreover, understanding the gender differences on trauma disclosure are the main objectives of this scientific paper. With the use of this panorama, steps are taken towards a deeper understanding of police welfare in the Albanian context. Benefits from research alone are a contribution to the field of science as a whole. This study would be more beneficial in terms of increasing the number of scientific studies related to this background, in the country, and furthermore crossing borders to contribute to this field, by better understanding the nature of police officers' challenges. This study is valuable even for expanding the interest in this field, bringing into action the findings of this scientific paper and establishing a bridge between mental health professionals and the Albanian State Police.

Psychological trauma

The subsequent refraction of psychological suffering, in the face of potentially traumatic events, in the use of trauma as a psychological concept, was a long and slow journey in the advancement of human history. Most of the earliest theories on trauma came from the experiences of those who lived through the horrors of war and child sex abuse in the late 19th and early 20th century in Europe and America (Gailiene, 2011, as cited in Black & Flynn, 2021). A traumatic event includes anything that poses a risk to one's life as well as to their mental, emotional, and physical health. Examples include war, natural disasters, terrorist attacks, potentially fatal accidents, and physical or sexual assaults on both adults and children. A sense of dread, powerlessness, substantial injury, or the possibility of serious damage are characteristics of traumatic occurrences. Survivors of traumatic incidents, police personnel, and friends and family of the victims involved are all impacted. After a specific amount of time, most people who are exposed to stimuli with trauma-leading intensity may not suffer symptoms. However, some people will experience physiological responses that might get worse with time. These people may develop post-traumatic stress disorder if their symptoms intensify or persist for longer than a month following the incident (William & Poijula, 2016).

Trauma as a concept remains in the attention of researchers to find the method of healing and advancement in its study. Trauma robs the feeling that the person is at the helm of its own self (Van der Kolk, 2015). Making sense of traumatic situations can be extremely difficult and requires a certain kind of emotional and cognitive processing. In other words, emotion is the ground of cognition (Maté & Maté, 2022). The intrusive state, defined by unwelcome thoughts, sensations, and sometimes obsessive behaviors, and the denial state, characterized by emotional numbness, are the two main phases in which the signs and symptoms of the response to a stressful life event are exhibited (Horowitz, 1976).

Cognitive processing can also be indicated by greater organization of thoughts, higher rates of assimilation or understanding, greater ability to see experience from alternative perspectives, and greater acceptance and resolution. According to Janoff-Bulman (1989), integrating information from a traumatic experience with existing schemas is a major cognitive activity that victims of trauma must complete to process their trauma. From the standpoint of assisting the victim's cognitive coping task, many maladaptive coping mechanisms are examined, such as self-blame, denial, intrusive or recurrent thoughts. Finding a meaningful connection to the trauma that is both emotionally and cognitively acceptable is the ideal outcome of an adaptive cognitive processing. Understanding those who have had traumatic experiences in their personal or professional life is a professional challenge that involves learning about the mind, emotions, and all the other components involved (Jeffreys et al., 2010).

Traditionally, men have been stereotyped as aggressive, dominant and women as less aggressive and emotional. Women are expected to be emotionally expressive and supportive (Mendelsohn & Sewell, 2004, as cited in Willcocks, 2021). Compared to women, men often react more adversely to the trauma disclosure. The ideals of masculinity are a major stumbling block to their need for mental health support (Yousaf et al., 2015).

Experiencing post-traumatic stress disorder in the workplace

Since its inception, the State Police has held as its goal to ensure public order and security, protecting the fundamental liberties and rights of individuals (Walker & Archbold, 2014). This vision relates to the adoption of the community policing philosophy and the subsequent transition to the most developed level, public safety. The State Police is a research environment for post-traumatic stress disorder due of the dangerous situations that police personnel must face regularly, risking their lives or perhaps their well-being in the service of the public, based on the

conducted research. Understanding the Albanian State Police's role, requires a comprehensive and compelling examination of the current circumstances in which police officers are present, while carrying out their functional duties in the workplace and acknowledging the Albanian State Police's importance for the welfare of the entire society and the social development of the nation and appreciating their role and sacrifice. Several community safety issues have been successfully handled, demonstrating a responsible and very capable management (Memaj, 2016).

The Albanian State Police is composed of a variety of functional, intelligent, and auxiliary structures that help the organization perform out its mission (Cami, 2016). The Department of Neutralization of Armed Elements (RENEA), the Eagles, The Rapid Intervention Force (FNSH), Counter-Terrorism Directorate, the Department of Criminal Police, the Scientific Police, the Traffic Police, the Order Police, the General Patrol in comparison to other Albanian State Police structures experience significantly higher levels of difficultness and life-threatening situations while carrying out their functional tasks. During an operation to apprehend the offender, release a hostage, dismantle a group, or put an end to terrorism, RENEA will always be under armed attack. Operational tasks often lead to sublime sacrifices of Police personnel (Ministria e Punëve të Brendshme, 2015).

Regular exposure to potentially stressful events can lead to a variety of mental health issues, including post-traumatic stress disorder (American Psychological Association, 2015). There is a higher probability that police may experience mental health issues (Syed et al., 2020). Research already connects police work to stress and mental health issues because of the regular exposure to potentially traumatic events (Barnett et al., 2022). A raw total of 18,185 police officers and staff were the subject of the research by the University of Cambridge on their well-being and coping with trauma. The research team found that 10,401 serving

police officers had been exposed to traumatic events. The prevalence of post-traumatic stress disorder was 8% (Brewin et al., 2020). Another study reporting the severity of post-traumatic stress disorder symptoms was focused on the Brazilian police officers. One of its key points of interest was related to the prevalence of post-traumatic stress disorder. 8.9% of the 157 Brazilian police officers met all the criteria for the disorder (Maia et al., 2007). The findings of the studies confirm several elements found in the literature on police officers' samples.

Hypothesis

In this study we want to test whether police officers exposed to criminal events will report higher post-traumatic stress symptoms. It is important to test if the police officers who disclosed their trauma will show less symptoms of post-traumatic stress disorder and if the police officers with adaptive cognitive processing of the traumatic event will report fewer symptoms of post-traumatic stress disorder. Furthermore, this study is focused on testing if adaptive cognitive processing moderates the effects of trauma disclosure on the intensity of post-traumatic stress symptoms. Moreover, we want to test if there are gender differences in the urge to talk about trauma.

Methods

Based on the aim of the study a quantitative correlational method was employed. The population of this study includes employees of the Albanian State Police and the number of police officers who are part of the sample is N=150. The selection is based on their functional duties as previously described. Instruments used in this study are The Police Traumatic Events Checklist (PTEC), which provides a meaningful list of the types of police work and incidents that officers and staff may consider potentially traumatic (Miller, 2021). The Cognitive Processing of Trauma Scale (CPTS) (Cronbach's Alpha = .797), which measures five aspects of cognitive processing: Denial, Positive Cognitive Restructuring, Acceptance, Regret, and Downward comparison

(Williams & Davis & Millsap, 2002). The Disclosure of Trauma Questionnaire (DTQ) (Cronbach's Alpha = .834) measures aspects of an individual's intention and openness to disclose traumatic events, including 3 subscales: reluctance to speak, the urge to talk, and the third subscale is emotional reactions during trauma disclosure (Mueller et al., 2008). The other questionnaire used in this study is the PTSD Checklist 5 (PCL-5) (Cronbach's Alpha = .938), assesses 20 symptoms of post-traumatic stress disorder according to DSM-5 criteria (Blevins et al., 2015). First, as an important and essential step, was obtaining permission and sending the letter for the approval of conducting the study to the General Directorate of the Albanian State Police. Secondly, the distribution of the questionnaires was carried out online, through means of communication with the assistance of the relevant leaders, who made it possible to obtain the data correctly and quickly. These instruments were completed by all participants that took part in this study. Respect for the individual in his psychological realm is a fundamental human right. In the scientific research, numerous crucial procedures were taken to ensure that ethical principles were taken into consideration and that each rule was observed in line with each of them. By emphasizing the value of voluntary involvement and upholding their total freedom to participate, this was achieved.

Limitations of the study

Scientific studies have their limitations, taking into consideration that there is always room for development and more extensive research to better comprehend the study's selected subject. Additionally, the instruments have not been validated for the Albanian context, whereas this limitation was reduced in the execution of this study by piloting, and reliability analysis. The lack of control of other influencing variables such as experiencing events in their personal life that have a traumatic character or a high level of intensity affecting their psychological well-being, may result in the generation of symptoms, similar to

the events at work because of functional tasks. This has been reduced by asking about concrete events at work as part of the measurements that are made for the realization of the purpose of this scientific study.

Demographic data

Data of the study sample related to the age group of Police employees is included in the study. The study included 16 (11%) people in the age group from 19 to 25 years, 62 (41%) people in the age group of 26-35 years, 37 (25%) people in the age group of 35-45 years, 27 (18%) people in the age group of 46-55 years and 8 (5%) people over the age of 56. Based on the gender of the participants, 43 (28.66%) women and 107 (71.34%) men were included in the study. The study includes data related to the position in the structure of the employees, where are included 12 people from RENEA, 25 people from the Eagles, 13 people from FNSH, 15 people from the Anti-Terror Directorate, 25 people from the Criminal Police, 10 people from the Scientific Police, 10 people from the Traffic Police, 20 people from the Order Police, and 20 people from the General Patrols.

Results of the study

Traumatic events that are more frequent among police officers in Albania are presented in the table 1. The list of traumatic events is in accordance with the possible traumatic events that can happen to police officers.

Table 16: Traumatic events reported by the sample

Traumatic Events	N	%
Children, including child fatalities, abuse and sexual exploitation.	39	26
Sudden or unnatural death including murder, suicide & hanging.	43	28.67
Road traffic collisions & rail incidents (e.g., suicides).	43	28.67
Dead bodies, seen or recovered.	44	29.33
Serious injury to public, self or colleagues.	15	10
Major incidents, including terrorism, transport disasters.	18	12
Vicarious trauma e.g., calls, images, case notes, cyber.	15	10
Incidents that include fire (explosions).	23	15.33
Toxic or Infectious exposure or hazard.	12	8

Table 2 presents the situations during the occurrence of traumatic events that the police officers faced while performing their functional duties.

Situational Context	N	%
Gruesome experiences e.g., disrupted bodies, gory injuries and horror.	93	62
Organization pressure e.g., lacking resources, support.	27	18
Cumulative exposure to trauma.	15	10
Personal resonance e.g., victim resembles someone or is known.	33	22
Being first on scene.	21	14
Victim vulnerability e.g., deprivation, elderly, animals.	15	10

Data analysis

Average scores of the groups are according to the position in the structure for post-traumatic stress disorder. In the Department of Criminal Police and in the Counter-Terrorism Directorate the average is higher, respectively in the Department of Criminal Police the average is 49.36, and in the Counter-Terrorism Directorate it is 46.73. RENEA has a high average, namely 40.83

and FNSH with an average of 35.07. Averages show a high level of post-traumatic stress disorder among police officers. In the Eagles the average is 30.08, in the General Patrols the average is 26.65 and in the Traffic Police is 19.8. In the Scientific Police 16.1, and as the lowest average, in the Order Police is 10.

Table 17: Correlation analysis between trauma disclosure and post-traumatic stress disorder.

	1	2	3	4
PTSD	-.499**	.515**	-.618**	-.166*
1. Trauma disclosure	1	-.430**	.721**	.546**
2. Reluctance to talk		1	-.927**	-.506**
3. Urge to talk			1	.507**
4. Emotional reactions				1

** *Correlation is significant at the 0.01 level (2-tailed).*

* *Correlation is significant at the 0.05 level (2-tailed).*

To see if there is a significant relationship between trauma disclosure and post-traumatic stress disorder, Pearson correlation was used. From the table above, we see that there is a statistically significant relationship between them ($p \leq .01$, $p \leq .05$). There is a significant negative correlation of post-traumatic stress disorder and trauma disclosure $r(n=150) = -.499$, $p \leq .01$, there is also a significant negative correlation with urge to talk $r(n=150) = -.618$, $p \leq .01$, and significant positive association with reluctance to talk $r(n=150) = .515$, $p \leq .01$. The result shows that the higher the trauma disclosure and the urge to talk, the lower the post-traumatic stress disorder is. There is a significant negative relationship of post-traumatic stress disorder and emotional reactions $r(n=150) = -.166$, $p \leq .05$.

Table 18: Regression analysis between urge to talk and post-traumatic stress disorder

Model	Unstandardized Coefficients		Standardized Coefficients	t	p
	B	Std. Error	Beta		
(Constant)	39.017	1.361		28.676	.000
Urge to talk	-.856	.090	-.618	-9.558	.000

$F=91.350, R^2=.382$

Model: We note that R Square as a coefficient of determination shows a value of .382. This indicates that 38.2% of the variance of post-traumatic stress disorder is explained by the urge to talk variable. Post-traumatic stress disorder has a significant negative relationship with the urge to talk ($\beta=-.856$), and the statistical significance, p value, is presented ($p=.000<.05$). Urge to talk reduces PTSD severity by 61.8% (Beta=-.618).

Correlations between cognitive processing of trauma with PTSD, for the questionnaire's dimensions, and the dimensions mentioned by Williams and colleagues (Williams et al., 2002, as cited in Currier et al., 2013, are included in the table below.

Table 19: Correlation between cognitive processing of trauma and post-traumatic stress disorder.

	1	2	3	4	5	6	7	8
PTSD	-.581**	.657**	-.617**	-.675**	.532**	-.723**	-.691**	.659**
1. Cognitive processing	1	-.631**	.846**	.836**	-.527**	.811**	.853**	-.636*
2. Denial		1	-.901**	-.909**	.746**	-.921**	-.934**	.987**
3. Positive cognitive restructuring			1	.938**	-.762**	.918**	.974**	-.911*
4. Acceptance				1	-.803**	.916**	.981**	-.927*
5. Regret					1	-.747**	-.793**	.844**
6. Downward comparison						1	.968**	-.924*
7. Adaptive cognitive processing							1	-.946*
8. Maladaptive cognitive processing								1

***. Correlation is significant at the 0.01 level (2-tailed).*

From the table above, we see that there is a statistically significant relationship between them ($p \leq .01$). There is a significant negative correlation of post-traumatic stress disorder and cognitive processing of trauma $r(n=150) = -.581, p \leq .01$, there is also a significant positive correlation with denial $r(n=150) = .657, p \leq .01$, a significant negative relationship with positive cognitive restructuring $r(n=150) = -.617, p \leq .01$, a significant negative relationship with acceptance $r(n=150) = -.675, p \leq .01$, a significant positive relationship with regret $r(n=150) = .532, p \leq .01$, a significant negative relationship with downward comparison $r(n=150) = -.723, p \leq .01$, a significant negative relationship with adapted cognitive processing $r(n=150) = -.691, p \leq .01$ and a significant positive relationship with maladaptive cognitive processing $r(n=150) = .659, p \leq .01$. The result shows that the higher the cognitive processing of trauma, positive cognitive restructuring, acceptance, downward comparison, and adaptive cognitive processing, the lower the post-traumatic stress disorder is.

Table 6: Regression analysis between adaptive cognitive processing and post-traumatic stress disorder.

<i>Model</i>	<i>Unstandardized Coefficients</i>		<i>Standardized Coefficients</i>	<i>t</i>	<i>p</i>
	<i>B</i>	<i>Std. Error</i>	<i>Beta</i>		
<i>(Constant)</i>	48.650	1.800		27.032	.000
<i>Adaptive cognitive processing</i>	-.751	.065	-.691	-11.635	.000

$F=135.378, R^2=.478$

Model: We note that R Square as a coefficient of determination shows a value of .478. This indicates that 47.8% of the variance of post-traumatic stress disorder is explained by the adaptive cognitive processing variable. Post-traumatic stress disorder has a significant negative relationship with well-adapted cognitive processing ($\beta=-.751$), and the statistical significance, p value is presented ($p=.000<.05$). Adaptive cognitive processing reduces PTSD severity by 69.1% ($Beta=-.691$).

The following table (Table7) presents the statistical results on the role of cognitive processing as a moderator in the statistical relationship between trauma disclosure and severity of post-traumatic stress disorder symptoms. The statistical results show that this model is statistically significant for $p < .001$, indicating that these factors explain 38.4% of the variance of the severity of symptoms of post-traumatic stress disorder. Further analysis of the data shows that the adaptive cognitive processing of the trauma does not moderate the effects of trauma disclosure on the intensity of post-traumatic symptoms for $p > .05$.

Table 7: Moderation analysis between cognitive processing as moderator and disclosure and post-traumatic stress disorder

Effect	R	R ²	MSE	F	p
	.6201	.3846	181.0033	30.4115	.0000
Model	B	S.E	t	p	
<i>Disclosure</i>	1.1434	1.6036	.7130	.4770	
<i>Cognitive processing</i>	.6239	1.4797	.4217	.6739	
<i>Interaction</i>	-.0370	.0309	-1.1962	.2335	

Independent samples t-test was used to look for gender differences in trauma disclosure. The mean score for urge to talk about trauma is 27.44 (SD=6.127) in women and 1.64 (SD=1.905) in men.

Table 8: Gender differences.

Variables	Women		Men		t	p
	M	SD	M	SD		
Urge to talk	27.44	6.127	1.64	1.905	27.181	.000

Table shows the gender differences in the urge to talk about trauma. Table presents the value of t, which is greater than the critical value for the degrees of freedom $df=47.130$ and the value of t critical value in this case is 2.0117, which shows that there is a statistically significant difference in the means of the two groups included in the study. Statistical significance, p value is presented ($p=.000<.05$), which indicates the statistical significance of the measurement. According to the data, women

have a higher urge to talk about trauma compared to men based on the sample taken in the study.

Discussions

The Police is the place where employees face various traumatic events and according to the responses given by the Police employees, some of the employees have experienced more traumatic events and these employees have shown a higher level of post-traumatic stress disorder. The results show that 95% of the participants have selected at least one traumatic event and provided details about the situation during the occurrence of the traumatic events. The presented situation shows a high level of confrontations with potential traumatic events during the performance of functional tasks. Based on the evaluation method of the questionnaire, there are employees who have reported their symptoms and the score is above the cut-point score, which is considered as indicator of further evaluation for post-traumatic stress disorder (Weathers et al., 2013).

The average is higher in the Department of Criminal Police and in the Counter-Terrorism Directorate. This result is due to the confrontation with the scenes of numerous events, the high risk of every event, facing events with potentially serious or fatal consequences and at the same time, the unknown part of the risk that every task presents to them. This sheds light on research into the obscure room of crime consequences. Further evaluations are needed in the clinical context and in the further evaluation of post-traumatic stress disorder of police officers. This panorama describes a routine, but a routine where the emotional load is too high in wearing the responsibility that the uniform gives to the police officers.

Disclosure is the sine qua non of most psychological interventions and sharing feelings about important events is a natural and frequent phenomenon and can help people make sense of their emotional experience. Brown and Heimberg (2001)

investigated the level of trauma processing as a predictive factor in the development of post-traumatic stress disorder symptoms. If people try hard to push thoughts of the trauma out of their minds, this will increase the frequency of unwanted memories as intrusions. This situation for people starts to become more difficult and in this case cognitive processing is seen as a connecting factor or predictor of the development of post-traumatic stress disorder (Ehlers & Clark, 2000). According to the study's findings, PTSD symptoms decrease when people disclose the trauma. This provides an opportunity to draw attention to the significance of trauma disclosure. It is crucial to emphasize that the urge to talk about trauma significantly improves the individual's well-being, and this should be put into use in practical ways to assist persons who are facing experiences being potentially traumatic. A step towards reduced symptoms of post-traumatic stress disorder is adapted cognitive processing and was shown in this research.

This study evaluated the moderating influence of adaptive cognitive processing in the statistical relationship between trauma disclosure and severity of post-traumatic stress disorder symptoms. The moderation analysis showed that the adaptive cognitive processing of the trauma does not moderate the effects of trauma disclosure on the intensity of post-traumatic symptoms. These results were interpreted based on the fact that the disclosure of trauma was not done to a mental health professional but to close friends and/or family member. The person who has experienced the trauma is not professionally helped to process the trauma in an adapted way nor with the focus of cognitive processing the traumatic experience. This results would have been different with a clinical sample, where the disclosure is done during the therapeutic process and the person learns how to evaluate and change the upsetting thoughts after experiencing the traumatic event.

Women experience fewer symptoms of post-traumatic stress disorder based on their high level of urge to talk about the trauma. Perhaps recounting the trauma doesn't come as

naturally to men, so they feel more comfortable staying out of the situation (Willcocks, 2021). The observed differences in lower levels of emotional report by men may reflect current role stereotypes and expectations set in the social context. In addition to broad gender differences in the emotional processing of trauma, there will undoubtedly be an impact due to individual differences and variations in the nature of trauma experiences (Foa & Rothbaum, 1998).

Conclusions

This study clearly assists the progress in the research of post-traumatic stress disorder among police officers. The findings suggest that disclosure of traumatic experiences, reduces the symptoms of post-traumatic stress disorder. The result shows that adaptive cognitive processing of trauma, is associated with less symptoms of post-traumatic stress disorder. Although, it does not moderate the effects of trauma disclosure on the intensity of post-traumatic symptoms based on the sample taken in the study. Increased knowledge of the role of cognitive processing and trauma disclosure provides critical insights into understanding what unhealed trauma can require in overcoming the convalescence. Ultimately, the present findings highlight a higher urge to talk about trauma in women, compared to men, paving the way for further exploration.

Further research

Police officers are often in situations where they experience events, perceived as traumatic, and their professional training, traditionally, has not given them adequate tools to manage their reactions and emotions during and after traumatic events (Blue et al., 2016). More in-depth assessments are necessary to confirm the severity of symptoms in police officers. The relation between

cognitive processing, disclosure and post-traumatic stress disorder needs further research, with similar samples, or with clinical samples. Taken together, the growth after the trauma has its power in the root of cognitive processing, and disclosure serves as a cornerstone to be considered in helping people connect after getting ensnared by the essence of trauma.

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