The Hidden Hurt of Life on the Police Beat

National soul-searching over officer shootings has obscured a routine reality for cops—the threat of violence is often just behind a door.

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The high-profile shootings of civilians at the hands of police, and police at the hands of civilians, have led to some fierce national soul-searching. That has obscured a routine reality of life on the beat, where the threat of violence is often just behind a door.

Officer Brian Leatherwood thought the elderly woman was alone and needed medical help when he responded to a routine call for assistance one 2012 night in Knoxville, Tenn.

He heard yelling in the kitchen and went to investigate when a man rushed out and began beating him. A minute later, blood was pouring from the policeman’s head and his assailant, whom he had shot twice, was dying on the living-room floor.

“I went to work that Friday in a clean, fresh uniform and nothing wrong,” Officer Leatherwood said. He got home the next morning looking like “Frankenstein,” with “100 sutures in my forehead and the top of my head.”

Four years have passed since the shooting of the mentally ill man, which an investigation concluded was justifiable. The 47-
year-old veteran officer is still prone to mood swings, intense headaches and short-term memory loss as a result of the encounter.

Much of the national debate has focused on videotaped police shootings of civilians, mostly minorities, prompting calls for more body cameras and changes in training and de-escalation techniques. The International Association of Chiefs of Police, one of the world’s largest organizations of police executives, recently offered an unprecedented apology for the profession’s role in “society’s historical mistreatment of communities of color.”

At the same time, public officials, including President Barack Obama, have voiced support for police, and some polls show Americans’ respect for officers rising. Much attention goes to police killed in the line of duty.

Less noticed are the thousands more officers assaulted each year. Those numbers increased 2.5% in 2015 to 50,212 from 48,988 in 2014, the Federal Bureau of Investigation says. Of those assaulted in 2015, there was a slight increase in the percentage of officers injured in the attacks. FBI statistics don’t show how many officers leave the profession, often driven away by stress and trauma, or officers who continue working with permanent physical or mental injuries.

Officers also often don’t speak about their concerns, especially what stresses or scares them, said David Thomas, a forensic psychologist who counsels law-enforcement employees and is a Florida Gulf Coast University justice-studies professor.

The stress, when held inside, can change how an officer interacts with the public, said Mr. Thomas, a retired officer and former hostage negotiator. That stress “has to come out
A deputy’s death

In Fort Bragg, Calif., 170 miles north of San Francisco, Chief Scott Mayberry was looking over his department’s electricity bill at the main station when Lt. John Naulty interrupted him: A high-speed chase was heading toward town.

Lt. Naulty grabbed an AR-15 rifle from the gun locker and took off in an unmarked Dodge Magnum.

Another officer, Ricky Del Fiorentino of Mendocino County, was already in pursuit in an SUV.

Lt. Naulty drove up behind the deputy’s SUV, lost sight of it at a bend, then heard gunshots. The suspect had ambushed Deputy Del Fiorentino. Coming on the scene, Lt. Naulty engaged the suspect in a pitched gunbattle.

Chief Mayberry pulled up, putting his car between the shooter and his lieutenant as a shield. The suspect ended the skirmish by shooting himself dead.

Deputy Del Fiorentino’s SUV was riddled with bullets. Chief Mayberry looked in the vehicle and knew the deputy was dead. “There was nothing we could do to save him.”

In the weeks to come, Chief Mayberry began having anxiety attacks and seizures, including one at a restaurant that led to an emergency-room trip. Within four months of the 2014 incident, he retired from the department and joined the county
district attorney’s office as a special investigator. Now 53, he said he won’t return to police work.

Lt. Naulty had flare-ups in weeks that followed. There was an altercation with a neighbor and a road-rage incident, he said. He worried he would die in some other way, once panicking and screaming as his wife drove when she pulled in front of a car that was two blocks away.

The world closed in at odd moments. At a restaurant, he thought people were talking about how he was the hero cop who killed the gunman. He left without incident, but “that was the last time I went out for a long time.”

The department forced him to retire on medical disability. He said he couldn’t talk about the circumstances, citing a settlement. The city manager confirmed he left on medical disability but said she couldn’t speak further about a personnel matter.

Today, he drives a gravel truck. “I’ve had opportunities to get back in law enforcement,” he said, “but I’m done with it.”

Studies estimate 15% of law-enforcement officers suffer from at least some of the symptoms of post-traumatic stress disorder, said University of Buffalo Professor John Violanti, who did research with the National Institute for Occupational Safety and Health on the health effects of stress on officers. A deadly incident can generate symptoms, he said, even when an officer isn’t directly involved.

In October, Sgt. Steve Owen, a popular 29-year-veteran of the Los Angeles County Sheriff’s Department, was wounded by a burglary suspect who then stood over the officer and fired four
times, killing him, according to the department. Coming after a bloody summer that saw five officers gunned down in Dallas at a protest, the death caught the national spotlight.

Deputies from the department streamed in for counseling afterward, said Steven Sultan, a psychologist who heads the Los Angeles County Sheriff’s Department’s Psychological Services Bureau. The trauma experienced by officers, he said, is “under-acknowledged.”

Most officers fare much better after trauma than civilians would, Dr. Sultan said, because they have “mechanisms for dealing with these things that the average person doesn’t,” such as training and peers with similar experiences. While an officer’s diagnosis with full-blown clinical PTSD from a shooting is very rare, he said, more common is acute stress disorder, which has the same symptoms, including nightmares, anxiety and avoiding the scene, but dissipates within a few months.

Dr. Sultan studied 172 shootings involving 449 Los Angeles County deputies and found the leading reactions were second-guessing and indecision, followed by a heightened sense of danger, legal concerns and flashbacks. He found “virtually all” deputies returned to the job within days of the incident without reporting “severe difficulties.” Without the mandatory post-shooting meetings with Dr. Sultan’s psychologists, deputies who were struggling after shootings probably wouldn’t have sought help on their own, the study found.

In some cases, such as after multiple traumas or mass-casualty events, Dr. Sultan said, there can be more-lasting effects that lead officers to leave the profession. And in some small departments, he said, it may be difficult for officers to get the
help they need because of a lack of specialized psychologists.

After high-profile events such as the killing of an officer, police departments are usually quick to provide support for officers, said Charles Ramsey, who was Philadelphia police commissioner for eight years, chief in Washington, D.C., for nearly a decade and co-chair of President Obama’s Task Force on 21st Century Policing.

“But what about the trauma that officers are exposed to a nearly daily basis?” said Mr. Ramsey. Traumas of everyday police work in big cities, full of violence and gruesome crime scenes, build up over time and aren't always addressed by departments, he said. “Some just go into depression, some deal with alcohol abuse, domestic violence. We have a higher rate of suicide than the majority of professions in this country.”

A career altered

When Officer Leatherwood in Knoxville headed out on his first call of the night of July 6, 2012, he knew how quickly a routine call can turn deadly. In 2001, he and a partner answered a domestic-violence call and were escorting a woman to her vehicle when her estranged husband appeared suddenly and drew a gun.

The man fired two shots at the officers before they shot him dead. Through the encounter, the suspect never spoke a word. The shooting was ruled justified.

The July 6 call came in as a possible domestic dispute. Officer Leatherwood arrived first and saw Shirley Capps, then 74, who asked him to come inside. He heard yelling from the kitchen and moved to see, finding her son, Paul Edward Capps, 47.
Mr. Capps came at him quickly. Officer Leatherwood tried to use his flashlight to fend him off, but the man grabbed it and bludgeoned the officer, according to a Knoxville Police report. Officer Leatherwood tried using a Taser, but that failed to subdue the attacker.

Finally, he got to his gun and fired two shots that killed Mr. Capps. The fight lasted 68 seconds, an audio recording later showed. It seemed like hours.

Officer Leatherwood was put on leave the next morning. Recriminations began quickly on the Web. Some said the police should have known about Mr. Capps’ mental-health issues. Others pointed out Officer Leatherwood had been involved in a previous fatal shooting and asked why he didn’t wait for backup.

The chief called and told him, “Don’t go reading anything” online. Officer Leatherwood responded: “Chief, it’s too late.” He took seven weeks off work and needed physical therapy, he said, suffering a traumatic brain injury and concussion. Today, he sees a neurologist regularly. Mood swings catch him off-guard, he said, as do blinding headaches. He can’t exert himself physically as much as he used to.

He works in property crimes. Superiors thought it best he get out of patrol, he said. He applied to join the organized-crime unit, but the chief said he didn’t feel comfortable putting him back where he could be in another gunfight. A department spokesman confirmed his account.

Officer Leatherwood said he replays that July night and wonders if, had he waited for backup, two officers would have been able to resolve the call calmly and taken Mr. Capps to a
hospital alive for an evaluation. “I think about that,” he said. “I can think about it until the end of time and never have an answer.”

Over the years, he has apologized to his own family for being grumpy. The response of his now-9-year old, he said: “It’s OK, Daddy. Mommy told me you had to shoot that man and kill him.”