Post Traumatic Stress Awareness for Public Safety Personnel

PTSD | PTSI | PSP | Risk Factors | Signs & Symptoms

10 - 15 min read

About PTSI and PTSD

Experiencing or witnessing a traumatic event can be overwhelming and it is normal for people to feel fear, have nightmares, or feel "on edge" afterward. These reactions are part of the body's natural response to threat and stress and often resolve naturally over time.

However, when these reactions last longer than a month and begin to interfere with daily life, relationships or work function, trauma-related stress injuries may develop.

The term post-traumatic stress injury (PTSI) is a newer term used to acknowledge that trauma responses are injuries - not weakness - and can occur as a result of operational exposure. Post-traumatic stress disorder (PTSD) is a clinical diagnosis that refers to a specific pattern of symptoms following exposure to traumatic events.

In this tip sheet, PTSD is the main focus, but it is understood to fall within the broader concept of trauma-related injury.

How to Use This Tip Sheet

This Tip Sheet is intended to help Public Safety Personnel (PSP) recognize possible indicators of PTSD in themselves or others. It provides general information about symptoms, workplace impacts, and common risk factors.
Use it to:

- Increase awareness of how direct or indirect trauma exposure can affect wellbeing
- Reflect on any symptoms you may be experiencing
- Support conversations with a healthcare provider, peer support member, supervisor, or wellness resource
- Encourage early help-seeking if symptoms are persistent or concerning

This is not a diagnostic tool

This tip sheet is meant for education, awareness and self-reflection only. It cannot diagnose or rule out PTSD.

If you or someone you know is in crisis, contact:

- 9-1-1 – Immediate emergencies
- 9-8-8 – Suicide Crisis Helpline (24/7)
- ConnexOntario – 1-866-531-2600 (mental health and addictions)
- Peer Support: Boots on the Ground – 1-833-677-2668
- Warrior Health Peer Support

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What is PTSD?

Posttraumatic Stress Disorder (PTSD) is a collection of feelings, behaviours, and experiences that can develop after a person is exposed to a **potentially psychologically traumatic event**. These events may involve actual, perceived, or threatened death, serious injury, or sexual violence, and can occur through direct experience, witnessing, or repeated occupational exposure.

PTSD and other stress injuries can also develop from chronic operational stress, repeated exposure, near-misses, moral injury, high-stress situations or prolonged fatigue– even in the absence of a single defining incident.

Strong emotional or physiological reactions after traumatic exposure are normal. When symptoms persist or interfere with daily functioning, assessment and support may be helpful.

PSP are at a greater risk of developing PTSD **(21% prevalence of PTSD symptoms among PSP)** and other mental health disorders than the general working population, due to repeated exposure to trauma and operational stress.

Importantly, evidence suggests that workplace and organizational conditions can have an even equal or greater impact on mental health outcomes than traumatic exposures itself and these factors are also the most changeable.



Contributing Risk Factors to PTSD

PTSD can develop due to a combination of individual, occupational and organizational factors, including exposure to traumatic events, early life adversity, brain and stress response patterns, and genetic vulnerabilities such as family history of anxiety or depression.

Seeking Help Early is a Sign of Strength

If symptoms last longer than one month or interfere with daily life, relationships, or work, consider seeking support from a qualified healthcare professional. Early support can improve recovery outcomes.

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Contributory and Protective Risk Factors for PTSD

Personal Risk Factors	Organizational & Operational Risk Factors	Protective Risk Factors
Significant life stress (injury, loss, or other major life challenges)	Chronic workplace stress	Feeling well supported
Previous trauma, including childhood adversity	Repeated exposure to traumatic events	Adaptive coping strategies
Felt mental health stigma and self-stigma	**Moral Injury**	Psychological flexibility and resilience
Existing mental health conditions and family history	Bullying and maltreatment at work	Mindfulness or grounding practices
Limited social supports	Mental health stigma in the workplace	Access to early and appropriate supports
Identifying as a woman	More years on the job	
Being single/separate/divorced	Lack of control over workload	
Maladaptive coping strategies	Poor work relationships and lack of support	

Moral injury can result from experiences that violate a person's deeply held beliefs about what is right and wrong. These experiences can leave lasting feelings such as guilt, shame, anger, or distress *(CIPSRT, 2024)*

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Signs and Symptoms of PTSD

Intrusive Memories

- Recurring, distressing memories of the traumatic event
- Flashbacks or reliving the event
- Nightmares related to the event
- Strong emotional or physical reactions to reminders

Hyperarousal

- Irritability or feeling constantly on edge
- Difficulty sleeping
- Angry outbursts
- Heightened alertness to alert to perceived danger
- Risk-taking and self-destructive behaviours
- Difficulty concentrating
- Being easily startled

Avoidance and Negative Mood Changes

- Avoiding reminders of the event
- Loss of interest in activities
- Withdrawal from relationships
- Trouble remembering aspects of the event
- Negative beliefs about self or others
- Feeling guilt or shame
- Feeling emotionally numb or hopeless

What PTSD May Look Like at Work

- Difficulty concentrating or completing tasks
- Increased fear or anxiety related to work duties
- Strong reactions to routine calls or situations
- Interpersonal conflict, irritability or anger
- Fatigue or disrupted sleep affecting performance
- Avoiding tasks previously performed comfortably
- Increased substance use
- Change in attendance or performance

When to Seek Help

Individuals should seek support from a healthcare provider if symptoms persist longer than one month and include intrusive memories, hyperarousal symptoms, and avoidance or mood changes. It's okay to ask for help. You're not alone. Support is available.

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