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Trauma and Mental Health: The Injuries You Cannot See

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The Situation

Physical injuries often heal themselves with or without medical treatment. That can be said when it comes to mental injuries, as they appear immediately or over time in the form of anger, sleep deficiencies, feelings of isolation, and anxiety. The mental byproduct of trauma can make some individuals feel physically numb, while others find their minds never shut down.

Unfortunately, during my time on the job, I, like many of you, witnessed and survived deadly force encounters, child abuse, natural disasters, and the death of colleagues. You see, I learned to put certain negative experiences into “mental boxes” in order to continue to move forward. It was just how we did things, and it was part of our culture.

For me, one of those boxes that I put away on the shelf was my experience at Ground Zero several days after 9/11. I was in my early 20s; the reserve unit I was assigned to was deployed there to assist with operations at and around the site. Like everyone else around the world, I was seeing the destruction; for me, it was firsthand. Some of the things I experienced were the smells I can only describe as smoke mixed with chemicals and burnt flesh. I remember a fence plastered with the faces of people who were missing in the debris and the visitors that came every day crying and in despair, hoping their loved ones survived. I saw the body bags piled up at an adjacent pier on a daily basis. Some were adult-sized, and some…well they were not. We all heard of the suicides that happened after the attack; unfortunately, we witnessed one of those.

While I could go on and on about my experience, what exactly I witnessed, and put it into that box, the point is that I never addressed any of it. I put it directly in a box and put it on a shelf. Many of my family and friends will tell you that, for a decade or more after, when anything came on TV regarding 9/11, I'd get up and walk away. I just didn't want to think about it; I wanted to move on, and move on is exactly what I did. My coping was drinking and hanging out with friends, and it worked! As a matter of fact, I learned to do that with every traumatic experience I had after that. From Use of Force and Deadly Force encounters, gruesome murder scenes, images of child exploitation, etc….

You see, compartmentalizing experiences like these and putting them away in a proverbial box allows us to perform during a crisis. This is actually a good thing when encountering on-the-job trauma and stressors, but when that trauma and stressor ends, a new problem begins if we don’t

properly address what's in that box we put away in our minds. The experiences do not disappear just because our shift or deployment ended, or when the uniform is removed.

This is something I never considered until I had my own health scare. It's easy to disregard what we can see, touch, or smell… until it's too late. The cumulative trauma builds over time gradually and silently. As we fill those boxes with traumas and stressors and put them on a shelf, that shelf starts to sag until it eventually collapses. The truth is, I don't care who you are; if you don't address what's in those boxes yourself, they will inevitably collapse by way of a physical impairment such as stroke or heart disease or a mental health emergency.

When it comes to mental health and trauma, even in 2026, we still see the fallout from blatant disregard and complacency. It seems as if the nervous system of those who serve forgot to install a dashboard indicator for mental health issues.

The Impact

The truth is, trauma simply does not affect everyone the same. Those affected might experience intrusive memories, irritability, avoidance, emotional numbness, guilt, sleep problems, difficulty concentrating, or constant alertness. These responses can appear shortly after an event, but even if they don’t they will develop over time.

It's no surprise that the Department of Veterans Affairs reports PTSD as being abnormally high among rescue and response workers. Exposure to death, severe injuries, danger, exhaustion, loss, and repeated life stress directly adds to the risk of lasting long-term symptoms (U.S. Department of Veterans Affairs, n.d.).

Over time, the repeated exposure changes what feels normal. Hypervigilance helps you on the job by scanning a room, assessing danger, or entering a burning building, but at home, the same response might look like restlessness, impatience, controlling behavior, or an inability to relax. It is very common for families to see the mental injury before the person carrying it even knows they are injured. Families and loved ones notice the withdrawal, short temper, drinking, missed events, emotional distance, or constant need to stay busy.

Now here is the good news: a systematic review of 15 controlled studies involving 928 first responders found that psychological interventions reduced symptoms of posttraumatic stress, depression, and anxiety. In other words, treatments based on cognitive behavioral methods and those delivered by clinicians produced stronger reductions in posttraumatic stress symptoms than comparison approaches (Alshahrani et al., 2022).

Lessons Learned

First, functioning on the job does not equate to healing from what we put away in that box. We often work, lead, exercise, joke, attend church, and care for your family while carrying significant pain. Performance often hides our distress, but it doesn’t work.

Second, avoiding what's in the box offers temporary relief while leaving the injury untreated. Staying busy, drinking, isolating, overworking, or refusing to discuss an experience might quiet the discomfort, but in reality it only intensifies it long-term.

Third, asking for help does not erase your strength, faith, clearance, rank, title, or credibility. What many of us have learned is that strength includes recognizing when your current approach has stopped working and avoiding the cycle. After all, you would never tell a coworker who just broke their leg to walk it off… okay, you probably would, its just how we interact, but I think you get my point that emotional injuries deserve honesty from those around you and to yourself.

Corrective Actions

Start honestly by naming what you feel by using direct words such as angry, afraid, ashamed, overwhelmed, lonely, or exhausted. You see, naming an emotion helps you understand and address what's going on and slows you from putting that trauma or stressor into that box.

Tactical Breathing: Practice this breathing and inhale for four seconds, hold for four, exhale for four, and hold for four. Repeat the cycle for two minutes. A slower breathing pattern signals safety to your nervous system and creates space between the feeling and your response.

Use grounding when your mind returns to a past event by identifying five things you see, four things you feel, three things you hear, two things you smell, and one thing you taste. This exercise directs attention toward your present surroundings.

Tell one trusted person the truth this week and skip the standard “I’m good.” Share one specific struggle with this person or group. You do not need to vomit your entire life on them right away, but instead start with one honest sentence about where you are mentally in that moment.

This is an important one, so listen up, schedule professional support if symptoms disrupt your sleep, relationships, work, health, faith, or daily functioning. Look for a mental health professional who understands the trauma and, equally important, your professional culture.

Faith Perspective

Scripture never requires us to pretend pain does not exist. Psalm 34:18 says, “The Lord is near to the brokenhearted.” God draws near to people who are hurt, and unlike coworkers, family, and friends, God will never criticize you for being wounded. Galatians 6:2 also instructs believers to “Bear one another’s burdens.” Sharing burdens requires two actions: someone must speak, and someone must listen. We must allow ourselves to be vulnerable.

You see, prayer, scripture, counseling, medical care, honest relationships, and peer support work together. Faith gives us hope and direction. Faith also gives us permission to stop hiding.

Resources

If you need help, speak with a licensed mental health professional familiar with trauma, military service, or first responder culture. Reach out to a trusted peer, department chaplain, pastor, priest, clergy member, employee assistance program, Vet Center, or local peer support team. Do not wait for a crisis before starting the conversation.

988 Suicide & Crisis Lifeline. (n.d.). 988 Suicide & Crisis Lifeline. https://988lifeline.org/

Veterans Crisis Line. (n.d.). Veterans Crisis Line. U.S. Department of Veterans Affairs. https://www.veteranscrisisline.net/

COPLINE. (n.d.). COPLINE. https://www.copline.org/

Safe Call Now. (n.d.). About us. https://safecallnow.us/about

For questions, education, or support resources, contact Tactical Reset at info@tacticalreset.org.

Sources

Alshahrani, K. M., Johnson, J., Prudenzi, A., & O'Connor, D. B. (2022). The effectiveness of psychological interventions for reducing PTSD and psychological distress in first responders: A systematic review and meta analysis. PLOS ONE, 17(8), e0272732. https://doi.org/10.1371/journal.pone.0272732

Crossway Bibles. (2016). Holy Bible, English Standard Version. Crossway. (Original work published 2001)

U.S. Department of Veterans Affairs, National Center for PTSD. (n.d.). Disaster rescue and response workers. https://www.ptsd.va.gov/disaster_events/for_providers/rescue_response_workers.asp