Among police registrants at Survey Wave 2, 5–6 years after 9/11/01, four unique trajectories of probable PTSD symptoms were identified: resilient (83%), recovered (25%), delayed onset (11.2%) and chronic (5.3%). The current study documents the longitudinal trajectories of PTSD in police officers exposed to the WTC attacks at Wave 3 (2011–2012), over 10 years since the WTC attack.

**Method** We examined the prevalence of probable PTSD at the Wave 3 survey using a cut-off score of 44 or greater on the event-specific Posttraumatic Stress Disorder Checklist (PCL) and at least one re-experiencing symptom (DSM-IV criterion B), three avoidance or numbing symptoms (DSM-IV criterion C), and two hyperarousal symptoms (DSM-IV criterion D).

**Results** Probable PTSD was 14.4% (95% CI 13.0–15.9%) at Wave 2 and 12.9% (95% CI, 11.6–14.3%) at Wave 3. Significant predictors of chronic probable PTSD 10 years post-disaster (n = 59/2241, 2.6%) include age 45–69 (aOR 3.16, 95% CI, 1.7–6.0), number of stressful events witnessed on 9/11/01 (aOR 5.42, 1.9–15.2), and unmet mental health care needs (aOR 6.86, 3.3–14.1). Protective factors include social support (aOR 0.34, 0.1–0.97) and number of close friends or relatives (aOR 0.92, 0.87–0.98).

**Conclusions** Chronic probable PTSD among police responders continues to be a significant problem, associated both with intervening stressful life events and unmet mental health care needs.