

2020

## Stress and Coping Methods in Law Enforcement Personnel

Brandon M. Sheard  
*Walden University*

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# Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral dissertation by

Brandon M. Sheard

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Review Committee

Dr. John Walker, Committee Chairperson,  
Criminal Justice Faculty

Dr. Melanye Smith, Committee Member,  
Criminal Justice Faculty

Dr. Howard Henderson, University Reviewer,  
Criminal Justice Faculty

Chief Academic Officer and Provost  
Sue Subocz, Ph.D.

Walden University  
2020

Abstract

Stress and Coping Methods in Law Enforcement Personnel

by

Brandon M. Sheard

MS, University of Phoenix, 2016

BS, ITT Technical Institute, 2012

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Criminal Justice

Walden University

August 2020

## Abstract

A notable problem exists within law enforcement due to the lack of mental health assistance offered for police officers, as well as little to no literature available pertaining to officers in law enforcement who may have mental health issues. Without proper coping methods, there is a higher possibility of suicide among police officers. Therefore, the purpose of this phenomenological qualitative study was to investigate why officers were choosing to not seek mental and behavioral health assistance, as well as determine factors that could both prevent as well as encourage officers to seek mental health assistance if needed. Grounded in the theoretical frameworks of rational choice, strain theory, interpersonal psychological theory of suicide, and socialization theory, data were collected from a convenience sample of 21 police officers from a local agency in Nebraska by way of electronic surveys using the Operational Police Stress Questionnaire, as well as a demographic survey. According to the findings, the police officers surveyed chose to not seek mental and behavioral health assistance due to a lack of trust in leadership. More specifically, the officers expressed concern about the stigma associated with seeking mental health assistance and fear of retribution from the administration. The potential for positive social change as a result of this study, is that the findings may be used to inform leaders of law enforcement agencies how to make adjustments to better serve the officers regarding their mental health, which in turn could possibly reduce the rise of suicides by officers in the future.

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## Dedication

I'd like to dedicate this dissertation to my parents Mike, Kelly, and Debra Sheard, who have supported my endeavors educationally throughout the last decade. Also, to my dogs who would forgo playtime and sit with me instead while I conducted research and during the countless hours writing. Finally, to all those who doubted me and said that I'd never join the elite class who holds a Ph.D.

To not only do this for myself and be the first of my family to attain a Ph.D. and hold the title Dr., but also to prove those wrong who attempted to discredit me, is the driving force behind which my degree fulfillment has been accomplished.

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I would also like to thank Lieutenant Andy Jashinske of the surveyed Police Department. Had it not been for his efforts to liaison my requests for survey participants between myself and the participants, the research may not have been conducted. Finally, to the officers who assisted by participating in this study, simply put, I could not have completed this research without them.

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## Chapter 1: Introduction to the Study

### **Introduction**

While there have been few studies conducted in relation to what departments and agencies can do in an attempt to stop the rising rate of suicide in law enforcement, in relation to society, this occurrence has been seen as lacking attention from the media with regards to speaking about law enforcement. Becoming stressed in any profession is not difficult to achieve. However, not many jobs hold high numbers of self-inflicted deaths, as is seen in the field of law enforcement. As of the latest grouping of statistics taken in 2018, 159 officers perished by their own doing (Lohr, 2019).

In this study, I explored available resources to law enforcement personnel located in a smaller department in Nebraska, of which 100 officers were surveyed composing of different races, genders, and age. The only stipulation is that the participants were of the rank of sergeant or below. The reasoning behind using the ranks of Sergeant and below was to attempt to alleviate any possible contamination from senior ranking personal who may have wanted to skew the results in favor of the department in question. These surveys were utilized to assess if there was mental health assistance available, as well as provide scholarly research aimed at reducing the suicide rate among law enforcement. The gap in the literature points to the need for better mental health management among law enforcement personnel. The social change that may result from the findings of this research could assist officers in the future from making the decision to end their lives without seeking help first, which in turn is suitable for both the officers as well as the community they serve. A secondary social change that could result from the findings

would address the cultural bias of officers serving who seek assistance and/or have mental health issues.

Before research could be conducted, there needed to be a pattern showing that there was an issue occurring. Although police deaths in the line of duty are at the lowest they had been in 50 years (Hayes, 2017), suicide among police officers was on the rise. According to O'Hara (2018), approximately 12 officers a month take their own lives. Primarily this is in part because of post-traumatic stress which can occur rather efficiently due to the vast array of issues an officer responds too daily. There are also issues about the lack of confidence within the departmental chain of command. Other outside factors that play a role in the problem's officers are facing vary greatly; they are observed in an officer's personal life in such things as marital problems, financial issues, and deaths in the families. Another aspect is shown in the social breakdown, which is seen as the lack of trust in law enforcement; this can put an emotional and mental strain on officers. It can even go so far as some officers will lose friends and even family over their choice of profession. The purpose of the questions asked in this study was to see if there are measures put in place for an officer to receive mental health assistance, and if so, why are officers opting out of obtaining said assistance?

As of May 2017, The Law Enforcement Mental Health and Wellness Act of 2017 – H.R. 2228, was passed unanimously by the Senate, demonstrating the recognition by leaders about the importance of providing mental health services for police officers. The bill directs the Department of Justice (DOJ) to report on any findings from the Department of Defense (DOD) or the Department of Veterans Affairs (VA) that may be

used to assist in mental health wellness and can be adopted by local agencies. Although this is a positive step in the right direction, a reason that this topic is paramount directly relates to and impacts society. If no resolution is reached, one can speculate that it may seem only a matter of time before an officer decides to take his or her own life by use of their service weapon. This had already been seen multiple times with murder/suicide cases involving an officer and a loved one; the most recent was in April 2018 in Maryland where an officer shot his wife, then turned the gun on himself. This occurred due to an argument and the officer used his service weapon (wjla.com, 2018).

### **Background of Problem**

According to research, stress can lead to severe physical issues such as ulcers as well as a lowered immune system, heightened blood pressure, and a disturbance with one's digestive system (McLeod, 2010). Other avenues of a person's everyday life can be affected due to stress that can lead to more severe outcomes. Stress also has a direct effect on the mind and how one copes with depression and anxiety (Stress, 2015).

Turning the attention to law enforcement, the effects of mental stress seem to be greater, yet said problems had not been characterized as an "issue" until recent with post-traumatic stress disorder (PTSD) symptoms observed in various officers coupled with fatigue which directly affected work productivity (Bond, 2014). The stereotype of an officer was always someone with a "strong person" or a "type A personality" (Wells, 2016), one whom others could go to for help. Showing weakness was looked down upon and as society has ingrained in most since youth, asking for help is a sign of weakness. Although there are current programs for law enforcement officers to attend, the stigma of

obtaining a “mental health assistance” mark in an officer’s professional record is still a major factor. The reason it is a major factor is that “many officers are haunted by the pervasive fear that undergoing treatment will have professional repercussions, such as being passed over for promotions or removed from patrol work” (Crosbie, 2018, para. 11). A direct quote taken from (Olsen & Wasilewski, 2016, para. 1) stated that “Cops are dying by their hand and many suffer in silence for fear of the stigma they may face from their department.”

Although suicide of any person is a tragic event, the way the media portrays it when an officer dies by their own hand seems to be made more of a spectacle than it should be. According to the World Healthcare Organization (WHO) “More than 800,000 people die by suicide every year – around one person every 40 seconds, according to WHO's a first global report on suicide prevention. Some 75% of suicides occur in low- and middle-income countries” (“First WHO Report on Suicide Prevention,” 2014, para. 1). This number stands out due to a vast amount of 800,000 people; yet about less than 1% of that number is an officer of the law. Those, however, are the ones we hear about more often. Some could speculate that it is because of the ties to a community that the police have, that makes these incidents so significant. Others may say that it is because of the profession. The belief could be that you should not have to worry about a person charged with ensuring community safety ending their own life. Yet when an officer’s suicide is investigated, stress is one of the top factors that drove the officer to make that decision, as demonstrated by the literature presented in Chapter 2.

A 5-year study of officers at the Buffalo Police Department conducted by the University of Buffalo concluded that stressors encountered by police officers daily “put them at significantly higher risk than the general population for a host of long-term physical and mental health effects” (Goldbaum, 2012, para. 1). Many agencies have mandated counseling occurring after an event has happened such as an officer-involved shooting. This type of counseling is not viewed in a negative aspect, as the event in question was something that occurred during work such as using one’s service firearm. If an officer chooses to seek out mental health assistance for a “personal reason,” this is where the stigma comes into frame. The stressors that may of lead to this reason for seeking assistance are nine times out of 10 occurring from something work-related (Redman, 2018).

### **Statement of Problem**

A notable problem exists within law enforcement due to the lack of mental health assistance offered to police officers. Law enforcement personnel deal with stress at higher levels than most other occupations across the nation (Goldbaum, 2012; Violanti, 2018). Without having proper coping methods, there is a higher possibility of officers’ mental health issues to lead to suicide (Violanti, 2018).

In a national study conducted in 2016, 140 police officers died in 2015 in the line of duty, in that same time 108 officers committed suicide (Kulbarsh, 2017). Although the number provided is a 12% decrease from 2012, it is still a valid issue not being addressed (Kulbarsh, 2017). Recent data has come out from Blue H.E.L.P in August of 2019 stating that “suicides are up 24% this year over last, so far there have been 114



officers nationwide who have taken their lives” (Barr, 2019, para. 2). Currently, suicide is not listed as a “line of duty death,” but instead as an “other than the line of duty death;” this can be seen when looking at any statistical analysis of law enforcement related deaths for any department, suicides are not listed.

In police culture, a major obstacle that impedes the maintenance of psychological health is the stigma attached to asking for help. Law enforcement culture values strength, self-reliance, controlled emotions, and competency in handling personal problems. These values discourage help-seeking behavior, and there is a sense of having lost control by asking someone else to help fix the problem (Olson & Wasilewski, 2016).

There are also other personal issues that an officer may be facing outside of work which could include divorce, the death of a loved one, financial matters, and/or substance abuse. A recent study conducted by Dr. John Violanti at the University of Buffalo consisting of over 300 police officers from the Buffalo Police Department, found that the officers face, in relation to stress, dysregulated cortisol patterns which can lead to cardiovascular disease. Violanti's research showed that heart disease, diabetes, and suicide, among other causes, are why the average age of death for male Buffalo Police Officers is 68, compared to 78 for the general population (University of Buffalo, 2017).

The officers who participated in this study were the same officers who were used in a study 10 years prior called the Buffalo Cardio-Metabolic Occupational Police Stress (BCOPS) Study. That study found that the levels that officers face in relation to stress were 33% to 46% higher than the average person (Hartley et al., 2011).

Studies have shown that over the course of a decade there are still very real problems associated with law enforcement and stress. The results of this study will contribute to the literature by providing policymakers with data as to why officers are not seeking the mental health they need, which may directly correlate with the rise in suicides in law enforcement.

### **Research Questions**

Research Question 1: What barriers and facilitators are there for officers seeking professional mental health assistance?

Research Question 2: If an officer explores outside mental health treatment/assistance, what is the real/perceived impact on the officer?

Research Question 3: What mental health diagnosis currently excludes a person from being hired as a law enforcement officer? Can/should this be changed?

### **Purpose of the Study**

The purpose of this qualitative study was to investigate why officers were choosing to not to seek mental and behavioral health assistance, as well as to determine factors that could encourage officers to seek mental health assistance. Through conducting this study, I also sought to elicit information that could be utilized to address the current rise of suicides among law enforcement officers. A qualitative approach was used to obtain an understanding of the opinions, motivations, and the reasons to the questions asked, which were taken from the officers' perspectives.

The goal of the investigation was to discover why police officers do not seek mental health assistance. The study involved surveys; the demographics of those surveyed worked for a local police department located in Nebraska.

### **Theoretical Framework**

Rational choice theory (RCT), which was originated in the late 18th century by Cesare Beccaria, is the framework that best aligned with this research because, RCT is the set of ideas that occur amongst a person's preferences and the choices they make. Though the definition has been expanded on multiple times by various authors and researchers, RCT fits into a multitude of different theories ranging from criminology and sociology to political science due to the fact that all the theories seem to have the same common foundation—which is that RCT is based on human behavior and social life in general (Grimsley, 2018).

“Offenders are not compelled to commit a crime,” is a statement used in criminology (Becker, 1968). RCT is “an economic principle that states an individual always makes prudent and logical decisions. These decisions provide people with the greatest benefit or satisfaction- given the available choices, and are also in their highest self-interest” (Amadae, 2018). This directly relates to law enforcement because the decision that is made by the officer is nine times out of 10 going to be in the highest self-interest, as the saying goes, everyone goes home at the end of the shift. The one time this may not happen is when an officer has to do something that could cost them their life, but it would only be in the preservation of helping someone or it would be in the “greatest

benefit.” Not always is the greatest benefit that of the officers, but sometimes it is those whom they are there to assist.

The reason RCT was chosen for this study over another framework directly relates to the subjects surveyed. An example of why is as follows: An officer reports for his or her shift as usual but today something is off, there is a call for assistance to a car accident where a victim is involved in a rollover accident. The officer is first on the scene, and the victim has passed away; there are both blood and brain matter on the cement due to the victim being ejected from the vehicle. What is unknown to the officer’s coworkers is that the officer also recently had a family loss of life similarly. The officer is also having marital issues outside of work, and everything is building on top of each other. It is incumbent for the officer to attempt to receive assistance without the fear of losing his or her job. This movement to ask for help would be in the “greatest benefit as well as the highest self-interest,” which is a core fundamental of the definition. The reason that it would be in the “greatest benefit” is because an officer’s daily job is interaction with the community, and if the officer is not in a state of mind to perform their duties as they should, it could lead to further issues.

### **Definition of Terms**

*Coping:* A system or activity that an officer would use to understand and or deal with an issue that may have occurred during the shift that day or over a duration of time.

*Cops:* A police officer, a person who upholds the rule of law.

*Law enforcement personnel:* A person who works in the capacity of one who has powers of arrest; an officer of the law.

*Sergeant:* The lowest of the supervisory roles in a police department, commonly the go-between person for officers and administrative staff.

*Officer:* A person under the rank of sergeant in a law enforcement capacity with powers to arrest.

*Stigmatization:* The assignment of negative perceptions to an individual because of perceived difference from the population at large; it may occur on the basis of physical appearance (including race or sex), of mental or physical illness, or of various other qualities.

*Stress:* Any activity that weighs on the officer be it mental or emotional angst, strain or tension formed from the various demanding circumstances daily.

### **Limitations**

Limitations regarding this study included time, completion of the survey forms, the availability of law enforcement personnel due to shift variation, as well as the honesty and truthfulness of the participants. Each shift surveyed was going to be different and because of this, certain considerations had been taken into advisement. An example is that the call volume for law enforcement assistance may be greater in different areas during different parts of the day, which would leave less time to complete the forms.

Another consideration was the possibility of non-willingness of the officers to participate and complete the forms honestly. There was also the possibility that the department chief may not allow the officer to complete the surveys while at work, which would require them have to complete the survey during off duty time.

### **Scope**

This qualitative study was used to identify a possible correlation between law enforcement personnel's lack of use of mental health assistance and the rise in suicide among law enforcement. There were numerous identifiers which showed a need for research of this topic, as the rise in suicide in law enforcement continues. The surveyed consisted of a combination of officers from a local police department in the state of Nebraska.

All genders and age ranges were utilized. Participation survey was voluntary. The minimum targeted participants were to be 50 with a max of 100. The data was collected by use of a Location Specific Survey and an Operational Police Stress Questionnaire (PSQ-Op; McCreary & Thompson, 2004).

### **Delimitations**

The primary basis for this study pertained to a smaller police department located in Nebraska. The participants were of the rank sergeant or below; all participants were to be full-time employees. The reasoning behind using the ranks of sergeant and below was to attempt and alleviate any possible contamination from senior ranking personal who may have look to skew the results in favor of the department in question. In many departments, officers feel like a cog in the wheel and to bring discredit to a department is seen as an attack on the department itself.

While stress and other factors affect all persons within law enforcement, the protection of the department was not a concern in this study. The reasoning behind this is because the department is not a person, it is an entity that simply flows accordingly,

powered by those within the department, i.e. the officers. If the officers are not of sound mental status, there may be bigger issues that arise that could have lasting effects on said department. The focus of this study was on the police officers, not the department.

One of the delimitations was the number of law enforcement personnel who were of the rank sergeant and below, luckily when I spoke with the liaison for BDP he did inform that there are at least 50 if not more officers of the rank sergeant and below who would be able to participate should they choose. Although 100 applicants would have been ideal, the lieutenant spoken to was not sure the exact number they had, he did assure however that there were over 50 so 50 would be the minimum amount desired for the surveys. Various theorist such as Glaser and Strauss (1967), Morse (1994), as well as Creswell (1998) all agree that the number needed to reach saturation is in a range of 5 up to 50. The common belief is 30-50 will suffice for saturation to occur (“Qualitative Sample Size,” 2018).

### **Significance of the Study**

The goal of this research was to fill a gap in understanding why officers did not seek out mental health assistance if it is available to them. By trying to understand why officers were not seeking out assistance, we as a society might be able to reduce to number of officers suffering from “burn-out” and or committing suicide which is a direct benefit to society itself since it is society that the officers provide assistance too. Also, being address was an attempt to decipher why there is such a stigma associated with an officer who receives support. While dealing with some of the most horrific occurrences seen daily may seem trivial to most police officers, for many it has a lasting effect on the

psyche that may not be noticeable until much later. These “issues” can range in such things as drop-in job performance, loss of a marriage, issues with money, substance abuse, to the most extreme of taking one’s life. While many speculate that there is help available for law enforcement, there is still the stigma that looms over an officer of getting a professional mark is his/ her service jacket which can possibly lead to forced retirement and or non-promotional stances within the department because the officer is not strong enough or has a “mental health issue” (Crosbie, 2018).

Because of this stigma, many officers choose not to seek assistance, or they may not know that they need support. The purpose of the research was to find out why officers did not seek available assistance and if said assistance was offered via their department. Currently, “The Defense and Veterans Affairs Departments have collaborated on efforts to reduce suicide in the ranks and among veterans, who die by suicide at an average rate of 20 a day” (Kime, 2016, para. 8 ), yet nothing is mentioned regarding law enforcement or other first responders. It is because of these reasons that this study is significant.

### **Social Change Implications**

People daily have interactions with law enforcement, known or unknown, positive or negative, society and law enforcement go hand in hand. Currently, there are 700,000 officers in the nation; this is a decrease of 23,000 from a 2013 statistic and numbers are continuing to decrease in job applicants (Kaste & Mack, 2018). For law enforcement to continue to have the ability to render services effectively, society must understand that officers need to be whole “in-house.”



For an officer to effectively assist the public, the officers in question need to be able to make sound judgement calls which rely on mental fortitude. By focusing on the mental health aspect of law enforcement, there is a direct correlation between this and the social implications that could occur.

The nature of the study used was that of a qualitative research model. Qualitative research is a means for exploring and understanding the meaning of individuals or groups associated with a social or human problem (Creswell, 2014). Being that this study focuses on actions taken or not taken by officers, a phenomenological research design aligned best with the research questions. The reasoning behind a phenomenological research design, as opposed to others, is because every officer's perception of stress and how it affects their own lives as well as seeking assistance is going to be different yet being that every officer surveyed is in the field of criminal justice, their answers will be almost the same.

### **Summary**

Law enforcement has been and will always be a job that is demanding on the officers both in mind, body, and spirit. As it currently stands, while there are programs for mental health assistance, most departments nationwide do not push as hard for them as they would train at the range or other forms of training for the use of everyday tools.

Although an officer's cognitive processing in daily situations is a regular occurrence, mental health assistance isn't deemed as a necessity due to not being a physical element that someone can place hands on such as a firearm or handcuffs. There has been the talk by researchers as of recent about more mental health training and

programs, but nothing is yet being put into motion. The purpose of this study was to determine if stress and coping methods are being offered within police departments, Chapter 2 contains a review of literature directly related to stress in law enforcement as well as coping methods both individual and department-wide and finally ending with discussions on suicide and reasons for its high level of prevalence in law enforcement. In Chapter 3, I describe the proposed research methodology.

## Chapter 2: Literature Review

Law enforcement has been commonly referred to as a daunting and challenging career path for anyone who chooses to peruse it. According to Anshel (2000), “experiencing acute stress is inherent in police work” (p. 27); from the mandate to maintain peak physical conditioning, to having to maintain sound mental judgment should a situation arises where an officer may have to take someone else’s life. It is stated that high level of stress among police officers are largely due to the dynamic nature of the job and the stressors that come from dealing with dangerous situations, environments, and organizational pressures (He, Zhao, & Ren, 2005). There are also the everyday occurrences that a “normal citizen” may not be able to handle; dead bodies, physically and sexually abused children and elders, drugs, etcetera. It seems though that society expects those working in law enforcement to handle any issue at hand and carry on to the next call as though nothing phases them; to stuff their feelings down so they can do their job (Friedman, 2018).

Aside from the military, who primarily fights overseas and in other countries, there is not another profession in the United States where an employee is, for all intents and purposes, given a license to kill someone if they need to. Police officers are the only nonmilitary professionals who are mandated to use, when necessary, coercive physical force against citizens (Miller, 2015). This power that is granted to ordinary everyday people who take on the role of law enforcement along with various other aspects of police work, has a more substantial effect on one’s psyche than many would believe (Goldbaum, 2012, Heibutzki, 2018). Not all but many on social media platforms make

the claims that law enforcement personnel are mindless drones with no emotion who just follow orders, this is not true at all. Those in the field of law enforcement have feelings and emotions just like every other citizen out there; some fail to realize that this profession is just that, a job. Although there are previous research studies on law enforcement, most of the studies pertain to what things law enforcement can do differently to serve the public better. Very little research has occurred on actual law enforcement personnel and what can be done to better themselves be it mentally, emotionally, or physically.

The following section contains the research strategy that was used to locate the required information about law enforcement, as well as stress and coping methods. The purpose of this study was to see if there is a way to correlate the two into one. The literature reviewed demonstrates how there is a sufficient problem in the law enforcement community pertaining to mental health and suicide. As there has not been a direct study in this regard, the ability to locate something similar was difficult; the review assisted in an aspect of influenced guidance directly about the topic at hand.

### **Literature Research Strategy**

Research to obtain literature was conducted by using various search engines and sources of information. The Walden University Library provided vast amounts of peer-reviewed journals and previously written dissertations, as well as other articles dealing with stress and different types of coping methods, though many of them focused on families and teens. Due to there being limited literature relating to stress and coping methods in law enforcement personnel, I had to identify by way of peer review journals

as well as previously constructed dissertations, portions of information that did pertain to law enforcement and mental health. Due to there not being an overabundance of literature available on this topic, the list of reviewed literature is limited, yet pertinent.

The forms of data collection that were used in conjunction with research are as follows: Location Specific Survey (created) as well as the Operational Police Stress Questionnaire (PSQ-Op). The use of ProQuest, as well as Google Scholar, and the Walden University Library were utilized for most of the research. The data analysis of these studies was used with the purpose of fulfillment to the research questions. While searching for literature items to use, the keywords researched included *law enforcement, stress and coping, alcoholism, drug addiction, cross addiction, as well as suicide and mental health in law enforcement*.

### **Theories**

When addressing theoretical concepts for this study, multiple variations were located from the past as well as more recent. The earlier theories were largely contributed to Sigmund Freud and his theory of self-destruction, which lead to the concept of the death instinct. Though many of Freud's work has been discredited, he is mentioned as he was viewed at the time, as the "front runner" in bringing these issues to light. Following Freud was the addition of Henry and Short (1954), Nelson and Smith (1970), Heiman (1975), Loo (1986) and Bonafacio (1991). Most of the theorists added social contrast to Freud's theory speculating that societal perspective played a major influence on the suicidal ideation for law enforcement personnel.

More relevant theories that were addressed about the research questions, law enforcement, and mental health/suicide are as follows: strain theory (Agnew, 1992), interpersonal psychological theory of suicide (Joiner, 2005), as well as socialization theory (Mead, 1931). However, the socialization theory is addressed from a viewpoint of roles of law enforcement by Violanti (2005).

### **General Strain**

Robert Agnew's (1992) general strain theory (GST) refers to the notion that various people react to different stressors that they encounter in life by ways of negative and unhealthy coping mechanisms. GST is a theory of criminology that is solid in its foundation and is backed with copious amounts of empirical evidence. Although Agnew talks primarily of people turning to crime for these coping methods, this too can be addressed to persons in law enforcement, as there are various other methods of unhealthy coping, such as alcoholism and drug usage. Additionally, suicidal ideations are another form of unhealthy coping that may be experienced.

Agnew (1992) goes on to explain that law enforcement officers deal with an undue amount of external stress or strain which is brought on primarily by dealing with those enacting in criminal activity. When an officer is called to a scene, if it is a violent altercation, that occurrence can mentally harm the officer in question. This negative impact most of the time has to be ignored so that the officer can do the job at hand. When the call that the officer happens to be on is complete, there is normally not time to decompress. Instead the officer responds to another call, and from there, the stressors start to pile onto each other.

Being that the job produces more stress than most other professions, law enforcement officers may cope in positive or negative aspects. The emotions felt by the officers may also be mixed which would, in turn, result in different emotions for different officers (Agnew, 2001).

It should be noted that GST is a newer version of the original strain theory presented by Robert Merton in 1938 that was geared at social classes and its differences. The new GST is used in relation to coping methods. Agnew (2001) was noted as saying that officers are known to deal with stress in dysfunctional and irresponsible manners. Agnew (2004) broadened the definition of GST to include events or conditions that are disliked by individuals.

Stack and Wasserman (2007) stated that *strain* may be found preceding almost every suicide and that the induction of noxious stimuli (experiencing violent events), and is in direct correlation with negative coping methods. It is easy to see how the generalized strain of a position within law enforcement directly correlates to the research questions in this study. A barrier either of body or mind (mental health), is going to create great amounts of strain on an officer; if the officer is attempting to seek assistance from outside sources and is chastised for their efforts, this could lead to negative coping methods.

### **Interpersonal Psychological Theory of Suicide**

Joiner (2005) described suicide behavior as being achievable only when there is a strong desire to die and the capability for lethal self-harm. This could be contributed to why a majority of law enforcement officer take their lives with their own duty weapon,

some also say that it is symbolic of why the officers commit suicide; it directly relates to their jobs.

Although there are many different reasons that one would choose to commit suicide, there is a large belief that to complete the action, the person in question must have the following two psychological states of mind combined over an undetermined period. The two different states of mind are perceived burdensomeness or believe that they are a burden on their loved ones, friends, and society. That state of mind coupled with a sense of low belongingness or social alienation together will culminate into the state of mind needed to complete the action. Currently, in law enforcement, these issues can be observed as societal issues of distrust and verbal abuse continue to occur daily.

It is also hypothesized by Joiner (2005) that the ability to commit suicide is acquired largely due to constant and repeated exposure to violent, painful and fearsome experiences. Other signs of possible suicidal ideations can correlate to mental disorders, previous attempts, physical illness, unemployment, and other risk factors not defined. In law enforcement, it is not hard to see how this could occur daily. Also, to reiterate, the more previous attempts that an individual has had regarding suicide, the more likely they are continue trying until they are successful.

### **Socialization Theory**

Socialization is defined as the act of behavior to the norms of a culture or society; there are five different types of socialization; primary, secondary, developmental, anticipatory and resocialization (Sincero, 2011). The framework behind the theory of socialization in a police officer role, however, was to be said to predispose officers to act



a certain way. As Violanti (1997) stated that officers tend to assimilate a mode of dichotomized decisions-making, this is seen as the letter of the law or black and white way of addressing problems. According to Shneidman (1985), this cognitive process of thinking is dangerous when it comes to thinking about suicide. Because of the socialization into police roles, it is said that sometimes police, even when off duty, may address a situation as an officer and not as a spouse, parent or friend. These actions have the possibility of leading to alienation of the officer from said friends and family.

Another issue with law enforcement personnel adapting to the socialization theory, could be the lack of other important coping methods and resources in a positive manner. These resources could be mental flexibility and other life roles, and be more susceptible to despair, hopelessness, and/or depressions (Turvey, 1996).

### **Stress in Law Enforcement Personnel**

Individuals in law enforcement face stressors daily, and if there is not a safe and productive way to cope with these stressors, the aggressors not only run of the risk of having negative influences on the officer's lifestyle both at work as well as home but also ones' physical health (Roufa, 2018). The following literature review provided insight into what stress can do to one's body and mind as well as issues that law enforcement face both internally and externally and how those issues, if not treated, are leading to the rise in mental health issues, predominately suicide rates, in law enforcement.

### **Stress**

Technically speaking, the word stress is not something that can be "defined" as it is not something that can be measured (What is Stress, 2017). However, the term was first

utilized by Canadian theorist Hans Selye (1936). In his usage of the term, it was done so in a medical lexicon to describe a “nonspecific response of the body to any demand” the definition as coined by Selye (1936) though, has lost its meaning over time. “While everyone can’t agree on a definition of stress, all of our experimental and clinical research confirms that the sense of having little or no control is always distressful – and that’s what stress is all about” (What is Stress, 2017, para. 9).

*The Stress of Life*, a book written by Dr. Selye, focuses on internal stressors of heart disease, high blood pressure, ulcers, digestive disorders, and headaches which have also been noted in other studies dating back over 50 years, various studies conducted by Violanti (2008) and Yaribeygi et al. (2017). However, Dr. Selye also categorized stress into four components regarding law enforcement. Stresses inherent in police, stresses arising internally from police department practices and policies, external stresses stemming from the criminal justice system and the society at large and internal stresses confronting individual officers.

### **Organizational Stressors**

Recently, reports were suggesting that law enforcement was no more inherently dangerous than any other profession, but instead, it was the organizational stressors that were the contributing factors regarding mental health issues up to and including suicide in law enforcement (Fleetwood, 2017; Roufa, 2019). An article penned in the Dallas Morning News (2018) stated that the centers for disease controlled and prevention listed protective services (law enforcement) at no. 6 on its list most likely at risk of suicide. There was standing to these notions as most persons, who were hired into a law

enforcement aspect, did so with sound mind and judgment as indicated via the mental health assessments taken, yet as was seen in current societal times, there was an uptake on officers having mental health issues as well as suicides in the mid to upper 100s in law enforcement alone.

There was evidence to support the notion that stressors associated with persons working in law enforcement were overbearing enough to have a lasting effect on both the physical and psychological makeup of an officer. A study conducted by Dr. John Violanti at the University of Buffalo (UB; 2008) as well as the previously mentioned Dr. Selye findings and researcher Avida. Avida noted that officers were prone to PTSD, high blood pressure, insomnia, heart problems, and suicide Violanti (2008), Avdija (2014). Dr. Violanti, again in 2015, was noted as saying that police work was part of the equations that provide a fertile field for suicide.

Along with the known internal effects on the body due to stress, Dr. Marla Friedman, article writer for *Badge of Life*, 2018, stated that the releasing of stressed hormones coupled with mental remembrance of issues past could lead to imagine future assaults which could cause anticipatory anxiety, panicked attacks, clinical depression, psychological numbness, withdrawal, distracted cognition, avoidance, and rage. Feelings of depersonalization, as well as derealization, were also common. Additionally, the officer will become hyper-vigilant and suspicious which if not treated could have lasting effects on the psych.

There was a magnitude of different activities that could contribute to stressors found in police work, some of the more notable were things such as shifted work (8, 10

and 12-hour shifts), shifted rotation from days to nights as well as conflicts that arise while in the role of a police officer such as enforcing the law vs. upholding ethics. While most of these issues occur in their on-duty work hours, the repercussions could be felt at home. When an officer must switch from days to overnights every other month, this could hurt the officer's home life with his/her spouse and children. The added stressed now from home coupled with the stressed brought on from work could become unbearable at times

Dr. Selye stated that the following issues may also be listed as stressors delineated from police work; Threats to officers' health and safety, boredom, alternating with the need for sudden alertness and mobilized energy, responsibility for protecting the lives of others both on and off duty. Every day, police officers encounter tremendous physical and psychological stressed ranging from argumentative traffic violators and aggressive suspects to scenes of death and tragedy. A decade of researched tells us that these pressures put officers at risk for many illnesses, including high blood pressure, insomnia, heart problems, post-traumatic stressed disorder and suicide (Hoffman, 2017).

A very real occurrence for many officers happens when they were out in public, officers were almost always in a state of hyper-vigilance ("Hypervigilance Will Save Your Life," 2017), and it was seen often that an officer will placed him/herself in the best possible advantage pointed when they were in crowded locations such as restaurants, bars, and other outings. Though this seemed like a normal action to someone in law enforcement, the constant state of hyper-awareness could have negative effects on the psyche.

Another major element about stressed associated with police, was a lack of confidence in the commanded staff. Police officers were under a microscope in the eyed of the public. Relations between citizens and the police had been in turmoil since the shooting in Ferguson MO in 2014 ("What Happened in Ferguson?" 2018). Since that incident police had been attacked, murdered and chastised for every move they've made, and as it would appear, given the rate of officer leaving as well as being prosecuted for doing their jobs, the commanded staff was not backing its officers any longer. That action speaks volumes throughout the ranks of a police department and could had serious effects on morale.

### **Mental Health in Law Enforcement**

With suicide being an issue not only in law enforcement but in society as well, the action and or talking of the action was not normally viewed as a mental health issue. This could be due to the normalization of the action, however, information gathered from various resources such as the National Alliance on Mental illness (NAMI) as well as the Mayo Clinic and Valley Behavioral Health System, had all collectively listed suicidal ideation as a mental health issue. Like this it shows that if officers were having suicidal ideations, therein lies a mental issue that should be addressed

There was combating evidence however to show that "there was no indications that self-reported mental health disturbances were more prevalent among police officers than among groups of employees that were not considered high-risk groups, such as employees of banks, supermarkets, psychiatric hospital and soldiers before deployment," Van der Velden, Rademaker, and Vermetten (2012). Studies had shown that the longer

that an officer remains in the field of law enforcement the higher the risk becomes for the action of self-harm. An officer was 62% more likely than the public to commit suicide whereas a detective was 82%, this, according to Dr. Friedman, could be due to the mental issues brought on by the remembrance of previous cases.

A studied conducted by the UB also showed that officers over the age of 40 were at risk for a coronary issue more than 10 times that of the national standard. Also noted was 72% of females and 43 % of males suffered from higher cholesterol as well as other health risks. A similar studied, this time in relation to shifted work, again conducted by UB, showed results that 23 % of males and 25 % of female officers surveyed had suicidal thoughts due to the stressed associated with work, this was higher than the 13.5 % of the population (Goldbaum, 2012).

Research from the Badge of Life studies (2017) showed evidence that police suicides range among 125 to 150 a year which could be broken down to 17% per 100,000 officers. In the year 2018, there were over 159 confirmed suicides in law enforcement, this was the third year in a row that the increase had continued (Lohr, 2019). While this may not have seemed like an astounding number, compare it to the number of persons in non-law enforcement positions and the results speak for themselves. This number was triple that of officers killed by criminals yearly (Nanavaty, 2015), it is such an epidemic that the action was labeled as “other than line of duty death.”

Ron Clark, chairman of badge of life, compared being in law enforcement to that of being in a war zone stating that “it is the most toxic, caustic career field in the world”. He made mention that the difference was while soldiers were subjected to these war-torn

issues over periodic time frames, law enforcement deals with it daily nonstop until they leave the profession.

There was evidence to support that testing before hiring was being conducted at various departments in checking for mental health issues in officers. Many locations had pre-employment screenings though only 30% of the time the tests were utilized, when they were used, they were done incorrectly. A study conducted by a non-profit organization called Blue H. E. L. P found that the average age for a police suicide was 42 with an on-job average of at least 16 years.

Of the officers who had committed suicide, over 95% of them were male, O'Hare (2018). By the end of the year during which the study was conducted, 19 of the 140 law enforcement personnel who took their own lives were those of higher supervisory staff (i.e., sergeant, lieutenant, captain, and chief) while the rest were of the rank officer and deputy.

The top three most common types of disorders, according to the American Addiction Center (2018b), were PTSD, which had also been noted by Violanti (2008) and Selye (1956), trauma-related disorders such as anxiety, depression, and sleep disorders which were noted again by Violanti (2008), Selye (1956) as well as Dr. Friedman, and finally substance use and abuse disorder which was also another method commonly used to cope.

### **Stigmatization**

According to Erving Goffman (1963) stigma was first defined "an attribute that was deeply discrediting" that reduces someone "from a whole and usual person to a

tainted, discounted one.” The stigmatized, thus, were perceived as having a “spoiled identity” and that six-letter word stops people from seeing mental health treatment (Ahmedani, 2011; Friedman, 2018). To stigmatize someone could have had lasting effects and hinder the possibility of employment. There was a broad generalization among experts that someone with a mental health issue should not be in law enforcement. Most of the researched located about law enforcement and mental illness was how to deal with someone who had mental illness as a police officer, yet nothing of being a police officer with a mental illness.

As previously mentioned, there were tests administered before employment to prevent those with mental illnesses from gaining employment. As it was attempted before employment to weed out those with mental health issues, it only serves to stand why officers would fear seeking mental health assistance for possible fear of losing their jobs. As stated in an article by Crosbie (2018):

several current and former law enforcement officers nationwide told Menshealth.com that reaching out for help could be a loaded process. Many were haunted by the pervasive fear that undergoing treatment will have professional repercussions, such as them being passed over for promotions or removed from patrol work on the street.

The Diagnostic and Statistical Manual of Mental Disorders (DSM) recently came out with the fifth installment which now lists three sections with over 280 listed disorders. Of those listed only a handful of them were listed as substance abuse issues. According to the American Disability Act (ADA), a person with a mental illness cannot



be denied a job based on mental illness alone, yet again, in law enforcement, it happens almost routinely.

While more resources were becoming available, “the biggest hurdles could be convincing officers to use them” (Donato, 2017, para. 10). Studies had shown that there was a severe distrust between police officer and persons in a medical profession in the aspect of psychiatric assistance due largely again to the possibility of loss of their job. Such an incident happened to former police commander Chris Prochut, who had such an issue of suicidal ideation that he sought assistance. Even though Prochut was treated and released from the hospital, he was removed from his job and the department withheld his firearms. Prochut ended up moving to another state all together where he was currently active in law enforcement.

Asking for help was seen as a weakness and many police officers, regardless of sex, cloak themselves with the machismo role to extreme lengths, to put on the domineering “alpha” persona. An excerpt taken from Olson and Wasilewski (2016) stated that “sometimes the justification for this fear was entrenched in official policy. Some agencies require officers seeking or receiving mental health treatment, or who took psychotropic drugs, to inform the department and even faced duty restrictions while under such care. It was this type of stigma or misunderstanding that perpetuates false information and traps cops in a prison of depression or anxiety.” It was because of policies like these that officers were opting out of getting mental health assistance they need.

Studies suggested that other early intervention system (EIS) avenues for assistance should start being used at more departments nationwide. While currently there were self-help programs, some of the other options would be more family interaction assistance from the department in times of crisis. Utilization of the open-door policy to build a rapport between officers and supervisory staff was ideal as well. The most important implementation that should be used was the training of supervisory staff to be able to recognize if there was a problem. Multiple different agencies across the nation agreed that the use of EIS, which had been around for over 25 years, was a key role was assisting officers in times of need. The evidence supports that if a supervisor of an officer could spot an irregularity before it becomes an issue, there was a higher chance of resolving or mitigating the stressor at that time which would prevent a possible issue later.

Though the evidence does support that EIS is important, the Police Executive Research Forum (PERF), has shown that supervisors, though in agreement of usage as front line assistance, do not feel the support from their upper chains of command (Robins, 2017). This, in turn, has a negative effect on the officers who needed the help. As it currently is being done, many departments already implement the following: suicide prevention training, peer support programs, chaplaincies, the hiring of departmental mental health workers, employee assistance programs and mandatory screenings of police personnel every six months or year.

### **Coping Methods**

Coping strategies (methods) refer to the specific efforts, both behavioral and psychological, that people employ to master, tolerate, reduce, or minimize stressful events (Taylor, 1998). However, according to Lazarus & Folkman (1985), “coping is defined as the sum of cognitive and behavioral efforts, which are constantly changing, that aim to handle particular demands, whether internal or external, that are viewed as taxing or demanding.” People deal or cope with things in all different fashions; some seek help, some self-medicate, some people prefer to workout, the end goal is the same, to deal with the stressor that is presented to them. Coping methods are compulsions that have been formed over time that is used to manage situations, and they vary person to person (American Addiction Centers, 2018a, section 2, para. 1).

There was evidence to suggest that while there is a rather large amount of different coping methods that can be utilized, according to Sincero (2012), there is a general classification which offers the following eight categories: defense, adaptive, avoidance, attack, behavioral, cognitive, self-harm, and conversion.

### **Addiction**

Addiction is a complex condition, a brain disease that is manifested by compulsive substance use despite harmful consequence (Parekh, 2017, para. 1). This directly correlates to stress, and coping is the usage of mind-altering substances as a coping method to alleviate the pain and other problems felt from stress, even for a small amount of time. However, a coping method is a habit that has been throughout an undisclosed amount of time which was used to deal with certain stressful situations.

Although a coping method may not be maladaptive and or destructive, they are an addiction, nevertheless.

Dr. Peg O'Connor (2014) stated that "positive addiction is a contradiction in terms; it is an oxymoron." However, philosopher William Glasser circa 1985 said that positive addictions both strengthen us and make our lives more satisfying. "Although we don't often think about our "hobbies" in terms of addictions, it makes sense to me that if we have some positive activity in our lives that transports us to a more pleasant state of mind without having to ingest drugs or alcohol, our lives will be enhanced" (Westfall, 2018, para. 7).

Again, using anything to distract from the issues brought on by the stressful occurrence is the purpose of coping methods. However, there are just as many if not more negative addictions that are seen, some negative coping methods may include shopping, gambling, sex, drugs, alcohol, even playing too many video games can have a negative impact on the brain.

### **Substance Abuse**

First and foremost, it should be noted that substance abuse differs from substance addiction. Substance abuse is "the use of a substance in a way that is not intended or recommended, or because you are using more than prescribed (Buddy, 2018, para. 2). Substance abuse, however, differs from addiction; many people with substance abuse problems can quit or change their unhealthy behavior. Addiction, on the other hand, is "a neuropsychiatric disorder characterized by a recurring desire to continue taking the drug despite harmful consequences" (Zou, Wang, Wang, Ding, & Chen, 2017).

In contrast, Dr. Marc Lewis argued that addiction is not a disease but a learned behavior that can just as well be unlearned. “Most addicts do eventually recover. And most addicts recover without any form of treatment, which is something that most people don’t realize” (McGraw, 2017, section 6, para. 15). A statistic was taken from Recovery First, 2018, showed that in 2014 there were over 21.5 million persons in America who had one form or another of substance use and abuse. These persons were aged 12 and up, most of the effected used alcohol though some were polysubstance abuse. According to Dr. Indra Cidambi (2018):

One out of four police officers on the street has an alcohol or drug abuse issue, and substance use disorders among police officers are estimated to range between 20% and 30% (1,2) as compared to under 10% in the general population.

### **Alcohol**

It is not uncommon to associate law enforcement personnel with alcohol; in a study from 2010 it was reported that 11% of the male participants and 16% of the female participants used alcohol at levels that would be deemed as “at-risk” by the National Institute on Alcohol Abuse and Alcoholism (NISS; "Alcohol Abuse Among Police Officers," 2015). A study in 2007 from the same institute surveyed 980 police officers of which 37.6% stated they had a drinking problem. From the same institute in 2001 a study as to why officer drink was done where 31% said they feel like an outcast to their peers if they didn’t drink with them.

Being that alcohol is a legal mind-altering substance, speculation would say that police officers may use alcohol to cope. “Alcohol is a depressant and will dull thoughts

and feelings, while also causing some to feel even more invincible or simply block out all the emotions they cannot process” (Becker, 2016, para. 6). According to the American Addiction Center (2018a), many police officers and other first responders drink more than just on the occasional holiday, using alcohol as a coping mechanism to handle highly stressful jobs and trauma exposure that is unavoidable.

Evidence from some experts suggest that as many as 20% of officers are living with alcohol dependency issues (Eiserer, 2012, para. 6), Violanti stated in reference to officers surveyed, “they drink a lot, and they drink together”, also from Glenn White, who was the president of the Dallas Police Association he was noted as saying that “we run together like wolves in a pack” implying that what one does, they all do as a form of fitting in and or coping with stress from the job.

Overuse of alcohol as a coping method have effects that can be both seen on the physical body as well as not seen in the psyche. The usage of alcohol to the extent of abuse also could lead to negative cognitive thought processing up to an including suicidal ideation. Some other effects as noted by Healthline.com are dependence, heart damage, liver damage, pancreatitis, fatigue, shrinking brain, malnutrition, and stomach distress to name a few (Pietrangelo & Holland, 2017).

### **Drug Usage**

Drug usage isn’t thought of by social as common in law enforcement, largely due to the profession. However, “statistics show that 20% to 25% of working police officers are chemically dependent on either alcohol or drugs” (Clark, 2013, section 2, para. 2), “up until a few years ago alcoholism was by far the most common chemical dependency

problem faced by officers. Today, the most common monkey on the back of officers is the painkiller” (Clark, 2013, section 3, para. 1).

The reason that it appears to be observed as a more serious issue in law enforcement, as opposed to another profession, is largely due to the credibility of an officer as well as the entrusted decision-making capabilities placed upon them. According to Substance Abuse Among Police (2018) as well as Gonzales (2018), the most common legal drugs used are alcohol as well as the abuse of prescription painkillers. Also reported is the usage of illegal drugs such as heroin, benzodiazepines and marijuana, “as the opioid crisis deepens, police are falling prey” (Prudente, 2018, para. 8).

When law enforcement personal are found to have an addiction, the addiction is derived when the prescription pills run out and as stated “Officers become hooked on narcotic painkillers after illness or injury. Prescriptions run out, but stockpiles of substitutes — heroin, cocaine, fentanyl — wait one locked door away, and they have the keys” (Prudent, 2018, para. 10).

### **Cross Addictions**

Cross addiction occurs when there are two or more addictions taking place in the same persons, though it is not always the same for every person (Recovery First, 2018). Normally, someone who is addicted to one, will become addicted to another. However, it is not necessarily a negative thing to have an addiction. A cross addiction to the gym and healthy eating may be a positive whereas a cross addiction to shopping and binge eating could be negative.

Cross addiction is not the same as dual addiction or “dual diagnosis”, which is an addiction that has an underlying or co-occurring mental illness (Ashley, Everything for Recovery, 2018). Stacking, as the term is used in many different variations, would best apply about a dual addiction. The primary addiction is being stacked on top of a preexisting mental disorder. A Columbia University report stated that “unmarried males are at the greatest risk when it comes to new addictions after sobriety. Young males age 18 to 25 remain the highest at risk for a substance use problem, too. They experience the most peer pressure and environmental cues pointing them to substance abuse” (Ashley, Everything for Recovery. 2018).

One major way that cross addiction occurs when is when a patient, who has a notable addiction, is then prescribed legitimate prescription medication. When the two are combined, without intent, many times, the addiction of the pain medication now co-exists with the previous addiction, and soon, both are needed to achieve the same sense of euphoria.

If you have the disease of addiction, however, these medications stimulate the part of the brain that regulates addiction and addictive behavior. The dopamine dysregulation in the limbic system of the brain seen in addiction is not able to tell the difference between addictive drugs. Therefore, if someone who has addiction is given another addictive drug for whatever reason, the individual with addiction is being set up for relapse into their drug of choice (Troncale, 2014).



### **Maladaptive Behavior**

Only when an addiction becomes maladaptive does it become a problem.

“Maladaptive behaviors are things that you do that may keep you from adjusting to situations. Often seen in those with a social anxiety disorder (SAD), maladaptive behaviors are used to try and reduce anxiety and fear in the moment” (Cuncic, 2009, para. 1). As previously stated, things that may start with the best of intentions may soon turn to negative addictions due to the neediness to fill a “void.”

There are many different hobbies that can turn into addiction which like this become maladaptive because they interfere with daily activities. Some of the addictions in question may be gambling, sex, shopping, binge eating, internet and video games (O’Connor, 2014).

In law enforcement, of the maladaptive behaviors listed above, there are two that stand out. The first is sexual activities; this is something that is instilled into officers almost from day one at the academy, as told by Dr. Scott Silverii (2018), “Your badge will get you sex, and sex will get your badge”. Though binge drinking, prescription drug usage and sex outside of the marriage are common in the law enforcement culture, a majority of officers’ scoff at the idea (Silverii, 2018). The allure of physical sex, however, is mainly used as a momentary fix to a deeper issue. It is used to release endorphins to get a sense of euphoria or a “high.”

When the dopamine wears off; however, the feeling of loneliness sets back in, and the pursuit of more sexual gratification occurs. “We will be using sex primarily to seek out that feel-good sensation of dopamine for a few moments of unadulterated heightened

bliss, only to come crashing down once again to a subsequent low. This is when it becomes an exhaustive cycle of trying to make you feel better emotionally while neglecting the true underlying need for connection” (Samadi, 2017, para. 4).

### **Peer Support**

Though the question is asked of law enforcement frequently as to why they won’t talk to someone about their problems, the answer is much the same as asking a veteran who is dealing with PTSD why they won’t talk to someone. The feeling of a said person, not understanding is more frustrating than keeping the issue bottled up. Police deal with situations daily that many would run the other way from, and I can speak from firsthand that many times, spouses and friends just don’t understand when officers try and talk about issues that are plaguing them.

This can be contributed to the cynical way of which officer talk about issues, again much like the military, law enforcement officers over time, develop a cynical and dark sense of humor. Many speculate this is done to deal with the macabre occurrences of the professions and to someone who is not in the same profession, understanding this defense mechanism is not likely to occur without explanation. Because of this misunderstanding, it is not uncommon for officers to confide in other officers who have dealt with the same issue and have an understanding.

Peer to peer support has always been a strong tool in law enforcement dating back to the 1970s’ when a program called Cop-2-Cop was created (Ussery & Waters, 2006). The intent was as described above where an officer can all and speak to a fellow and or retired officer who understands what they are going through. While there is not a

database of records or empirical evidence to show, it is believed that more officers have been prevented from actions of self-harm than having committed the action merely due to peer support.

### **Summary**

The literature review has revealed that there is a severe mental health issue in law enforcement. The stress associated with personnel in law enforcements can directly relate to the suicides being seen. Police work is inherently dangerous and because of such, is a stressful job. These stressors, over time, can be associated as a contributing factor in suicide. The research has shown that there is evidence that there is an issue with police suicides nationwide, and while it would seem some departments are trying to curb this issue, enough is still not being done.

Chapter 3 discusses the research method that was used as well as talks about the participants who took part in the survey and how they were selected. Also discussed was how the survey was to be administered, how the evidence was collected and analyzed as well as the findings and verification of the findings.

## Chapter 3: Research Method

### **Introduction**

The purpose of this study was to examine whether there was a significant correlation between the amount of stress that an officer deals with daily and the coping methods they choose to use or not use. Also, the summation of the lack of coping methods used was explored and whether or not it directly relates to the rise in suicide among law enforcement. In this chapter, I describe the study and methodology used concerning the research questions. The population analyzed is discussed, as well as any exclusions. How the data for this research was collected is reviewed, as well as how analysis was completed while keeping a participants' identities anonymous. A primary focus of this study was to explore barriers as well as facilitators to law enforcement personnel seeking and/or obtaining mental health assistance, should it be needed.

### **Research Methodology**

The methodology that best aligned with this research was qualitative. Qualitative research is a means for exploring and understanding the meaning of individuals or groups associated with a social or human problem (Creswell, 2014). Although police have been a focal point of the media as well as some research as of the last decade, the department in question has not had any investigatory research conducted on the department about the satisfaction of the officers or other issues experienced by more traditional departments.

The results of this study may have effects on local and other state departments, as well as other departments, should they see that they are dealing with the same issue. The

goal of the research was to compare different geographical location or zones worked within the same department.

### **Research Design**

Because this study focused on the actions taken or not taken by officers about acquiring mental health assistance, as well as stress and coping methods, the appropriate methodology for this research was a phenomenological research design because it best aligned with the research questions. Phenomenological research is defined as "a qualitative strategy in which the researcher identifies the essence of human experiences about a phenomenon as described by participants in a study" (Creswell & Creswell, 2017, p. 249). The choosing of a phenomenological design is due to every officer's perception of stress and how it affects their personal life, as well as the decision of seeking assistance or choosing not to seek assistance. This is something that is going to be almost the same, since all persons are in the same field of work, yet at the same time the answers will also be different. The summarized definition of a qualitative phenomenological research design is a "lived experience."

The use of a phenomenological design was decided after careful consideration of the various types of qualitative research methods. There were multiple options to choose from, ranging from a case study or possibly an ethnographical study to the usage of grounded theory. After carefully reviewing the different definitions of these suggested options, it was apparent that to obtain the best possible answers, a phenomenological research design was most appropriate. Because the survey directly related to each

officer's observations as well as experiences, to obtain the best possible data for this research, there was no other choice.

### **Participants of the Study**

Participants included 85 police officers surveyed from a local police department in the state of Nebraska although only 21 responded. The reason for the vast array of participants was to determine if there were issues that correlated with the research questions and if they were in a specific region or if it was departmental—meaning a nationwide issue. The participants must have been of the rank of sergeant or below to remove the possibility of contamination or false representation by way of incorrect answers from the upper chain of command to sway the results in favor of the department. The participants must have been employed for at least 6 months.

It should be noted that to remove any possibilities of biases in the selection of participants for this study, the use of an outside agency was chosen. Also, I had no contact with the participants before or during the surveys being administered. The process involved the locations the chief of police asked to disseminate down among the ranks the studies; in no way was I directly involved.

The way that the recruitment for participants worked was the dissemination of the information to the officers via the police chief of the chosen location. As it was a local survey along with varying shifts of officers, it would be too difficult to conduct phone and or face to face interviews with every participate. Therefore, I removed that option altogether; email surveys were the best method to use.

## **Measures**

The purpose of this study was to understand why officers chose not to seek mental and behavioral health assistance when they knew it was needed. I also sought to elicit information that could be utilized to address the current rise of suicides among law enforcement officers, which could be directly correlated to the stress aspect of the job. Also assessed was what methods were used to combat stress, as well as what programs were offered via their employer. Stressors were anything identified as an external occurrence and could be problems related to work or home (i.e., complaints, missed promotions, workloads, money, and marital issues) which had a direct impact on the participant's day to day activities. The stressor did not have to be visibly noticeable to others, but as long as it was noticeable to the participant, it qualified.

## **Research Questions**

Research Question 1: What barriers and facilitators are there for officers seeking professional mental health assistance?

Research Question 2: If an officer seeks outside mental health treatment/assistance, what is the real / perceived impact on the officer?

Research Question 3: What mental health diagnosis currently excludes a person from being hired as a law enforcement officer? Can / should this be changed?

## **Ethical Protection of Participants**

The participants in this study were adult male and female full-time police officers employed by the department who were free to choose whether or not to participate. There was no known harm associated with participating in this study; however, if a participant

experienced mental or psychological harm or difficulty associated with participating in this study due to speaking about personal issues or felt that they would benefit from professional assistance, information on how to obtain assistance was provided. Each participant completed a consent form and confidentiality was protected.

Files and transcripts will be stored in a locked cabinet in my home office. Only I and those selected to assist in validating results, who were an unaffiliated third party, will have access to the transcripts. Identifying information was removed from transcripts before data validation.

### **Procedures**

1. The following is a detailed list of how I located and informed participants of the survey, as well as the dissemination of information, collection, analyzation, and validation of the findings.
2. I contacted the selected police department to acquire permission to conduct the research within the department.
3. I constructed and compiled all required waivers and sent them out via email to the location. This included a detailed letter of what the survey/ study was about, the confidentiality agreement, as well as voluntary participation agreement.
4. Before emailing the surveys, I reached out to the police chief or designee of the police department being surveyed to inform said chief of what was being done.
5. The police chief or designee was asked to disseminate the informed consent forms to the officers at his / her location.



6. The police chief or designee sent the surveys to the personnel described in the collection pool of candidates, i.e., Sergeants and below.
7. Upon completion by the officers, the surveys were emailed to a third-party data collection company; the information was enclosed in the packet emailed to the police chief or designee. The data was transcribed and analyzed by said company.
8. Once the data has all been compiled, I compiled the results for verification of findings and conclusion.

### **Data Collection**

Although one would believe that a researcher would want to separate themselves from their study as to deter the claims of interference or contamination based on their own beliefs and values, "phenomenologists, in contrast to positivists, believe that the researcher cannot be detached from his/ her presuppositions and that the researcher should not pretend otherwise" (Hammersley, 2000). Electric surveys will be disseminated via email and collected by a third-party affiliate. Third-party affiliate usage is best to protect the integrity of the research by preventing any identifying features of the participants as well as the collection of the data promptly.

### **Data Analysis**

Due to the data coming from sources on different shifts, much to the same as the collection of the data, the analysis was done via the third party. This was done not only due to the amount of time it would take to analysis each set of data, but it assisted in presenting unbiased findings as the third-party analyzer has nothing to lose and or gain from the outcome.

Once notified via email that the collection of the data had been completed and the analysis is done, i.e., how many of what answers were recorded, and so forth. The key to the surveys in relation to achieving desired results is the saturation of the findings, to accomplish that task, I compiled data from 1/3 or 33 out of 100 of the returned surveys. If saturation was achieved within those 33, the analysis will stop there, and the findings would be recorded. However, if saturation was not met within those 33 surveys, the researcher shall continue in five-count increments until saturation is met.

### **Verification of Findings**

The process of verification is to ensure congruence (alignment) among the research questions, published literature, participants, data collection and analysis (Martin, Rogers, Shelton, Pittman, & Evans, 2018). It is attributed to the previous mentioned, that the findings arrived upon for this research will be verified and not validated. Once the data has compiled, I utilized peer review as a form of verification as well as persistent observation.

The use of peer review was done by fellow scholarly students from Walden University and or two scholarly professionals that I work with directly. The choice to use persistent observation came from the reading of the definition. According to Lincoln and Guba, (1985), persistent observation is defined as:

the purpose of prolonged engagement is to render the inquirer open to the multiple influences - the mutual shapers and contextual factors - that impinge upon the phenomenon being studied. The purpose of persistent observation is to identify those characteristics and elements in the situation that are most relevant

to the problem or issue being pursued and focusing on them in detail. If prolonged engagement provides the scope, persistent observation provides depth.

Another way to word that is if a change is mandatory then focusing on that issue in detail is the best way to come about it. By utilizing these two methods along with the third-party affiliate, I should be able to obtain enough information to verify the answers to the research questions at hand.

### **Summary**

The purpose of this study was to examine the correlation between mental health assistance in the form of coping skills as well as department provided aid and the rise in suicide among law enforcement personnel. The participants utilized in this study were currently employed law enforcement officers with a police department located in Nebraska with the rank sergeant and below whom are all over the age of 18. Both male and female officers were surveyed, in relation to ethical principles all concerns regarding data collection, confidentiality, minimizing risk of those participating as well as rights of those surveyed were addressed and followed the American Psychological Association (APA), as well as the Walden University Institutional Review Board for Ethical Standards in Research approval number for this study is 10-04-19-0661827.

The surveys collected, and data analyzed though Survey Monkey addressed the following research questions of:

(Research Question 1) What barriers and facilitators are there for officers seeking professional mental health assistance?

(Research Question 2) If an officer seeks outside mental health treatment/assistance, what is the real / perceived impact on the officer?

(Research Question 3) What mental health diagnosis currently excludes a person from being hired as a law enforcement officer? Can / should this be changed?

## Chapter 4: Study Findings

### **Introduction**

The purpose of this qualitative study was to investigate why officers were choosing not to seek mental and behavioral health assistance, as well as to determine factors that could encourage officers to seek mental health assistance. The research questions were as follows:

Research Question 1: What barriers and facilitators are there for officers seeking professional mental health assistance?

Research Question 2: If an officer explores outside mental health treatment/assistance, what is the real/perceived impact on the officer?

Research Question 3: What mental health diagnosis currently excludes a person from being hired as a law enforcement officer? Can/should this be changed?

This chapter contains a description of the findings using the data compiled from the participants of the surveys sent to a local police department. The chapter encompasses three sections: (a) data collection, (b) study findings, and (c) a summary. Data collection includes the details of the original collection methods. Study findings include specific values derived from the analyses of the surveys, accompanied by tables and figures, where appropriate. Lastly, the summary section is an answer to the research questions and a transition into Chapter 5. Per the requirements set forth to conduct research, to maintain the anonymity of the research participants, all identifiers have been removed from this point on and are replaced with XXX.

## Research Questions

Research Question 1: What barriers and facilitators are there for officers seeking professional mental health assistance?

Based on the information provided via the two surveys, officers at the location in question made it known that there is a the main barrier that would prevent an officer from seeking professional mental health, which is lack of trust in leadership. All ( $N=14$ ) of the replies answered affirmatively when asked if they knew how to access help should they need it. There was still 14.29% of the respondents (2 of the 14) who insisted they would not receive “in-house” treatment.

While 50% of  $N$  (7 of 14) surveyed said they believe they may have a need for mental health assistance, 57.14% (10 of the 14) indicated they would not go to their chain of command if they felt like they were going to inflict self-harm. The responses may be indicative of an underlying issue of lack of trust within the chain of command and highlight an area that may need addressing to improve officers actively seeking mental health assistance.

Research Question 2: If an officer explores outside mental health treatment/assistance, what is the real or perceived impact on the officer?

There was no definitive evidence that concluded from the surveys concerning this question. Although the perceived notion based on first-hand encounters as well as discussions with others in law enforcement would be that an officer may receive criticism for seeking assistance, the assertion of such is not listed as a fact due to lack of evidence.

Research Question 3: What mental health diagnosis currently excludes a person from being hired as a law enforcement officer? Can/should this be changed?

Although this question cannot be asked and answered due to possible violations of the Health Insurance Portability and Accountability Act (HIPPA) regulations, based on different conversations with medical professionals, it has been stated that any form of mental health illness where one must be medicated will generally disqualify an applicant from the possibility of law enforcement work.

When applying for a law enforcement position, it is asked if there is a history of mental health issues within the immediate family. The question is a blanket question that, if answered, could yield a higher probability of disqualification than if not.

Those surveyed, 78.57% (11 of 14), did, however, answer that there is a stigma associated with those in law enforcement having a mental health issue. As this information is coming from individuals within the field of law enforcement, this likely provides evidence for the hypothesis that within the surveyed population, mental health issues are perceived negatively.

### **Study Population**

As discussed in Chapter 3, the population surveyed is that of a municipal police department in the state of Nebraska. The department is comprised of a variation of officers of all races, sexes, ages, and educational backgrounds, with the only major limitation being that they are of the rank of sergeant and below. To avoid any possible incidents of interference or potential bias on my part as the researcher, an agency with which I have no association was used to administer the surveys.

The focus of this study was on stress and how officers deal with the mental health aspect of their jobs. The mental health of officers is an important topic that does not receive the proper attention that it deserves. The problem of the need for effective mental health services is evidenced in the recent spike in suicides among law enforcement officers nationwide. For the best research results, the suggested sample size was to be between 50 and 100 officers. However, this number was not achieved because of the lack of participation by the officers solicited to participate in this study. The underlying reasons for the low participation rate are unknown at this point. The implications of the low participation rate is discussed further in Chapter 5.

### **Data Collection**

Surveys were used to obtain the data. The first survey used for this study was developed specifically to address the issue of perception of seeking mental health-related services by members of law enforcement for themselves and others. Those surveyed, 78.57% (11 of 14) responded that there is a stigma associated with those in law enforcement having a mental health issue. As this information is coming from individuals within the field of law enforcement, it is likely that this provides evidence for the hypothesis that within the surveyed population, mental health issues are perceived negatively.

The second survey, the Operation Police Stress Questionnaire, is a well-known example of an evaluation given to police officers to determine their job-related stress. The sample size was projected to be between 50 and 100 officers of the rank sergeant and below within the department. The sample size of surveys that was sent out was that of 85



officers within the department. Two different surveys were sent. One survey only had 14 respondents, while the other had 21 officers who completed it.

The small sample size of this study may introduce bias in previously unanticipated ways, as those individuals who completed the surveys may have over-represented characteristics as compared to the target study population. Although the number is below that which was requested, there were enough who responded to reach saturation, which according to Bowen (2008, page 150) who states that “saturation is essential to knowing when enough data have been collected and therefore has far-reaching implications for research designed to produce a theory grounded in the data.” Although the common belief to reach saturation is between 30 and 50 (“Qualitative Sample Size,” 2018), according to various researchers such as Glaser, and Strauss (1967), Morse (1994), and Creswell (1998) a minimum of five is enough to attain this goal. Because there were two surveys sent out, there were two sets of results that came back; the following is a breakdown of each survey.

Survey 1 – Stress and Coping Methods in Law Enforcement Personnel, 17 questions ( $N= 14$  replies). These surveys were done anonymously via email with no direct interaction with the participants. The first three questions of Survey 1 requested demographic information about participants, including age, gender, length of tenure with the department, and highest educational level obtained. Tables 1 through 4 summarize the characteristics of the study group.

Table 1

*Tenure with Department*

Years	1-5		6-10		11-15		16-20		Other	
	n	%	n	%	n	%	n	%	n	%
	4	28.6	4	28.6	1	7.1	2	14.3	3	21.4

*Note.* N=14

Table 2

*Age of Participants*

Years	18-24		25-34		35-44		45-54	
	n	%	n	%	n	%	n	%
	2	15.4	3	23.1	5	38.5	3	23.1

*Note.* N=14

Table 3

*Gender of Participants*

Gender	Female		Male		Other	
	n	%	n	%	n	%
	1	7.1	12	85.7	1	7.1

*Note.* N=14

Table 4

*Educational Achievements of Participants*

Highest Level of Education	High School		Associate Degree		Bachelors' Degree		Masters' Degree	
	n	%	n	%	n	%	n	%
	3	21.4	3	21.4	7	50.0	1	7.1

*Note.* N=14

The remaining 14 questions from Survey 1 asked participants about their stress level, their perception of their mental health, and job-related intersections of stress and mental health. Additionally, these survey questions attempt to ascertain how the participant perceives issues of mental health that are treated within law enforcement

concerning associated stigmas and the availability of mental health resources. Some of the questions used a Likert-type scale for responses, while some of them were dichotomous yes/no answer. The results of those survey questions are summarized in the following tables, with questions grouped that have similar responses or target-related parameters.

Table 5

*Stress “On-the-Job*

Amount of Stress	A Great Deal		A lot		A Moderate Amount		A Little		None	
	n	%	n	%	n	%	n	%	n	%
	1	7.1	3	21.4	9	64.3	1	7.1	0	0

*Note.* N=14

All law enforcement participants in this study (n=14) stated that “yes” they do believe they have a stressful job. Most of these respondents indicated that their stress level was at least moderate, with 28.57% (4 out of 14) classifying their amount of stress as either “a lot” or “a great deal.” Other survey questions asked participants to self-report their reactions to their stress and their willingness to seek mental health services within their department and the response of their department to the presence of mental health issues in the workplace.

Table 6

*Mental Health and Self-Harm Questionnaire Responses*

Responses	Yes		Maybe		No	
	n	%	n	%	n	%
Does stress from your job transfer to your personal life?	10	71.4	2	14.3	2	14.3
Have you ever had thoughts of harming yourself?	2	14.3	0	0	12	85.7
Do you feel that you're experiencing or in the past have experienced stress?	7	50.0	0	0	7	50.0
If determined it was needed, would you use in-house mental health assistance	12	85.7	0	0	2	14.3
Does your department do enough regarding mental health assistance?	6	42.9	0	0	8	57.1

*Note.* N=14

While all study participants felt some stress from their jobs as a law enforcement officer, most also indicated that the occupational stress carried over into their personal lives (10 out of 14). Few participants reported having thoughts of self-harming (2 out of 14), and most said they would use in-house mental health assistance if it were determined that they needed it (12 out of 14). However, less than half (6 out of 14) of survey participants believed that their department did enough to address mental health issues in the field of law enforcement. Although most study participants indicated a willingness to receive in-house mental health assistance, most of them did not show desire or intention to report mental health issues to their chain of command.

Although most participants the vast majority of participants (13 out of 14) ranked their department's responsiveness to the mental health of at least average, almost as many (11 out of 14) believed that there was a stigma associated with individuals in their line of

work seeking mental health services, contributing to the hesitancy to report such issues to the chain of command.

Table 7

*Communications with Chain of Command Regarding Stress and Self-Harm*

Likeliness to Report to Chain of Command	Very Likely		Likely		Neither Likely or Unlikely		Unlikely		Very Unlikely	
	n	%	n	%	n	%	n	%	n	%
Experiencing stress in the workplace	0	0	2	14.3	5	35.7	2	14.3	5	35.7
Thoughts of self-harm	1	7.1	3	21.4	2	14.3	4	28.6	4	28.6

*Note.* N=14

Table 8

*Departmental Treatment of Mental Health*

Responsiveness	Far Above Average		Above Average		Average		Below Average		Far Below Average	
	n	%	n	%	n	%	n	%	n	%
	0	0	1	7.1	7	50	4	28.6	2	14.3

*Note.* N=14

Table 9

*Negative View of Police Officers Who Report Mental Health Issues*

Is there a stigma associated with reporting mental health issues as a law enforcement officer?	Definitely		Probably		Unsure		Probably Not		Definitely Not	
	n	%	n	%	n	%	n	%	n	%
	4	28.6	7	50.0	3	21.4	0	0	0	0

*Note.* N=14

Survey 2- Operational Police Stress Questionnaire (PSQ-Op), 21 questions (n= 21 replies). The PSQ-Op is a predesigned survey that utilizes a Likert scale but does not collect information on demographic data like age, gender, or tenure. However, the data provided, as shown in the results, does speak to the questions at hand concerning stress associated with law enforcement personnel and how they cope or do not choose to deal with it.

Of the answers to the questions asked, a selection of 1 would equate to the least stressful, while 7 would be the most stressful. Most respondents rated the stress during shift work and the stress of working alone at night as moderate or lower (12 out of 21 and 17 out of 21, respectively). Moreover, participants also indicated moderate or lower levels of stress associated with overtime demands (12 out of 21). The risk of a work injury, surprisingly, was reported as contributing to stress in a minority of officers who responded (5 out of 21).

However, on-the-job traumatic events that held lasting stressors on the officers, while it was varied, 52.38% (11 out of 21) did score right in the 5 through the 7-point range on the scale mentioning that this is a significant stress item.

Table 10

*Psq-Op Result Summary*

Perceived stress	No stress at all						Mode rate stress						Very stressful	
	1		2		3		4		5		6		7	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Shift work	4	19.1	3	14.2	5	23.8	4	19.0	2	9.1	1	4.8	1	4.8
Working alone at night	6	28.6	8	38.1	3	14.3	2	9.5	1	4.8	0	0	1	4.8
Overtime demands	5	23.8	4	19.0	3	14.3	2	9.5	4	19.1	1	4.76	2	9.5
Risk of injury on the job	3	14.2	6	28.6	6	28.6	0	0	5	23.8	0	0	0	0
Work related activities on day off	1	4.8	5	23.8	2	9.5	2	9.5	2	9.5	8	38.1	1	4.8
Traumatic events	2	9.5	3	14.3	1	4.8	4	19.1	5	23.8	2	9.5	4	19.1
Managing social life outside of work	3	14.3	3	14.3	4	19.1	4	19.1	3	14.3	3	14.3	1	4.8
Not enough time to spend with family and friends	2	9.5	4	19.1	4	19.1	2	9.5	1	4.8	5	23.8	3	14.3
Paperwork	2	9.5	7	33.3	0	0	3	14.3	6	28.6	1	4.8	2	9.5
Eating health at work	3	14.3	0	0	6	28.6	7	33.3	3	14.3	2	9.5	0	0
Time to stay in good physical condition	1	4.8	5	24.8	3	14.3	7	33.3	2	9.5	2	9.5	1	4.8
Fatigue	1	4.8	2	9.5	3	14.3	7	33.3	3	14.3	1	4.8	4	19.1
Occupational related health issues	2	9.5	2	9.5	6	28.6	1	4.8	5	23.8	1	4.8	4	19.1
Lack of understanding from family and friends about work	4	19.1	3	14.3	6	28.6	1	4.5	3	14.3	2	9.5	2	9.5
Making friends on outside the job	5	23.8	5	23.8	4	19.1	3	14.3	2	9.5	29.5	0	0	
Upholding a “higher image” in public	7	33.3	7	33.3	2	9.5	2	9.5	0	0	29.5	1	4.8	
Negative comments from the public	4	19.1	3	14.3	2	9.5	5	23.8	2	9.5	29.5	3	14.3	
Social life limitations	4	19.1	5	23.5	5	23.5	2	9.5	2	9.5	14.8	2	9.5	

*(table continues)*

Perceived stress	No stress at all				Moderate stress				Very stressful					
	1		2		3		4		5		6		7	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Feeling like your always on the job	4	19.1	5	23.8	2	9.5	5	23.8	1	4.8	3	14.3	1	4.8
Friends / family feel effects of stigma associated with job	6	28.6	4	19.1	4	19.1	0	0	4	19.1	1	4.8	2	9.5

*Note.* *N*=21

One of the most stressful factors reported by respondents was having to engage in work-related activities on off days (13 out of 21 reporting higher than moderate levels of stress). Other response prompts related to the impact of a job as a law enforcement officer on personal life also rated high on the perception of stress, including factors such as managing a social life, spending time with friends and family, exercising, and making friends outside of work.

Based on the findings shown in the table 10, of the 20-question survey, three issues stand out that were said to stress officers the most. First was the observation of or dealing with a traumatic event, more than half (11 out of 21) participants ranked this stressor at least 5 or higher on the scale (more than moderate).

Next was a topic that plagues employees of all occupational settings though it seems to be rather prevalent in law enforcement, fatigue. Police have been observed multiple times by civilians sleeping in their vehicles. The problem is not located in one region either; there have been allegations of officers sleeping in their vehicles while on duty in Chicago, Baltimore, Oklahoma, Colorado, Oregon, and even Florida. The most recent occurrence of this was January 16, 2020, in Kansas City, KS, where an officer was videotaped sleeping behind the wheel of his vehicle (Nozicka, 2020). In this survey, a



majority of respondents (15 out of 21) ranked fatigue as at least a moderate occupational stressor.

The third top concern the officers listed when completing the survey were occupationally related health issues. This question, however, did not break specify what the health issue there may be. However, as previously mentioned in a study labeled the BCOPS study by Dr. John Violanti and colleagues, some of the health issues associated with law enforcement are decreased mental faculties, decreased immune system, depression, strained relationships, heart disease, cancer and mood swing (University of Buffalo, 2017).

It should be noted that in recent findings as well, more agencies are implementing load-bearing vests as these assists to alleviate back and hip pains onset due to the job. The findings of this choice listed as one of the “most stressful” ones, correlates with a previously published work of art which like this confirms that the issue is still relevant and there has been little to no change over the past decade in law enforcement agencies nationwide (Hartley et al. (2011)).

Coming in a close second with identical scores of 14.29% (3 of 21) concerning stress were the negative comments from the public as well as the lack of time to spend with friends and family. The negative comments from the public are one that is rather large in society currently as the unrest between officers, and the general public continues to tiptoe the fine line of civil discourse as seen recently with red flag gun laws, and the possibility of law enforcement enacting said laws.

The issues presented have also had a direct reflection on the dramatic drop in the applicants of recruits for law enforcement positions. Since 2013, the number of applications for police nationwide has dropped over 23,000 (Kaste, 2018), and it has only gotten worse with the social unrest, it is easy to see how the negative outlook on law enforcement would produce a stressful situation.

### **Summary of Findings**

While society seemingly continues to be overly critical of law enforcement personnel, it would not be difficult to imagine the stress associated with those within the profession. The continued rise in suicide among law enforcement is not a focal point of the media, yet instead, the focus is on how the officers are in the wrong, how the suspect was a victim, how all police are corrupt and immoral people. These external stressors, as well as personal internal stressors that an officer may deal with, can ultimately have dire outcomes.

Throughout this study, the focus has been on the mental health of officers and what can be done to understand the choices to opt-out as well as to possibly “persuade” them to seek help if it is needed. Also, being addressed was the possibility that there is a stigma associated with officers and mental health within law enforcement.

As suggested by the findings, though the requested number of participants did not complete the surveys, there were enough who did in order to confirm that while most feel at least moderate levels of job-associated stress, the number of officers who had suicidal ideations were not as high as expected. As stated by Joyner (2005), suicidal ideation is an

unhealthy coping mechanism when confronting stress, while police officers do seem to experience stress, unexpectedly, this parameter is not high.

Due to the small sample size in this study, it would be wrong to say with certainty that it is an accurate reflection of the suicidal ideation among law enforcement officers. While the number of respondents was low, of the 21 that replied, over half said they would not trust their chain of command/administration should they need help and or consider self-harm, showing that, though not as high as expected and is yet a minuscule number, the ideation of committing self-harm may be prevalent. It should also be reiterated that this is just one department in a nation of departments.

The study findings, however, did show, that the officers in question do not have trust in their current chain of command about feeling confident enough to reach out for assistance should they need it, as well as they do not believe that enough is being done on the part of the department to prevent mental health issues. As mentioned, over 78.57% (11 out of 14) of the respondents also stated that they believe there is a stigma associated with mental health and law enforcement personnel. Based on the number of police officers who answered that they cannot trust their chain of command and do not have adequate resources for mental health issues. Any ordinary reasonable person (as used in the court systems) would surmise that training and change in the way administration is performing its duties may be the answer to alleviate the issues faced, or at a bare minimum would be a starting point.

In Chapter 5, I discuss an interpretation of the findings and the limitations of the study. I end the chapter by providing recommendations on how to strengthen or extended future studies in this area, as well as discuss implications of social change.

## Chapter 5: Discussion, Conclusions, and Recommendations

### **Introduction**

The purpose of this study was to determine the reason that officers are electing to opt-out of receiving mental health assistance, provided they knew that it was available to them via their department. Also, I attempted to determine if there is a stigma associated with law enforcement personnel having mental health issues. This study was qualitative, comprised of primary data by way of two surveys, which had been administered via email to the officers of a local department in Nebraska.

The survey findings pointed to the affirmation that there is a stigma associated with officers in law enforcement, as seen by those who have first-hand knowledge of the situation and elected to complete Survey 1 to the participation of 78.57% (11 of 14). The surveys also gave a better understanding as to why officers may choose not to seek out mental health assistance, even if they feel that it is warranted. Though a minimal number of officers completed both surveys, 100% ( $N=21$ ), the numbers provided pointed to possible answers to the questions presented.

In this chapter, I present information pertaining to the findings of the study as well as the interpretation of data, limitations, recommendations, and the potential social implication that the study could have on society.

### **Discussion**

Through conducting this study, I set out to answer the following three research questions:

Research Question 1: What barriers and facilitators are there for officers seeking professional mental health assistance?

Research Question 2: If an officer explores outside mental health treatment/assistance, what is the real/perceived impact on the officer?

Research Question 3: What mental health diagnosis currently excludes a person from being hired as a law enforcement officer? Can/should this be changed?

Overall, the findings were as expected, though the number of officers who completed the surveys was not the number that would have been more powerful; it was, however, enough to give an affirmation to the research questions. Research Question 1 and Research Question 2 are connected, as discussed in the following sections.

The focal point of this study was stress and how it relates to law enforcement; in that regard, overwhelmingly, of the participants who responded to Survey 1, all stated they do believe they have a stressful job. Of this, 64.29% (9 out of 14) stated that a moderate amount of the stress they experienced was acquired while at work. The factors participants in this study found as most stressful were fatigue, traumatic events, and occupationally related health issues. The findings presented confirm previous findings that “experiencing acute stress is inherent in police work” (Anshul, 2000 p. 27.)

When asked if they believe that the stressors that are encountered at work transfer to their lifestyle, 71.43% (10 of 14) stated that they did; however, when the same officers were then asked if they would talk to their chain of command should they be experiencing stressful issues within the workplace, a combined 85.71% (12 of 14) said that they would not. The results were broken down to 50% (7 of 14), which said they

were either “unlikely” or “very unlikely” to report the issues while 35.71% (5 of 14) said they were “neither likely nor likely.”

Officers surveyed were then asked the likelihood that they would inform their chain of command should they be having thoughts of self-harm, to that question 57.14% (8 out of 14) said they were “unlikely” or “very unlikely” to inform their chain. Lastly, when asked if they believed the department was doing enough regarding mental health assistance that is offered to the officers, of this, 57.14% (8 out of 14) stated that they do not believe their department is doing enough.

The numbers indicate that the answer to Research Question 1 is that yes, there is a barrier, though it is an unseen barrier; 85.71% (12 out of 14), or well over half of the officers surveyed, said they are not likely to go to their chain of command should there be a pressing issue affecting them at work. Furthermore, 71.43% (10 out of 14) of the officers surveyed stated that they would not say something to their chain of command should they be thinking of self-harm; the summation of the data that was received concerning Research Question 1 and Research Question 2 is that a potential barrier being is a lack of trust within the departmental administration or chain of command. The answers also align with the stigma of seeking mental health assistance for fear of retribution from the administration.

Taking data from Research Question 1 and Research Question 2 together, officers may not seek mental health treatment be for fear of retribution or loss of credentials because instead of getting assistance. As stated in previous literature on the topic, “Cops are dying by their hand, and many suffer in silence for fear of the stigma they may face

from their department” (Olsen & Wasilewski, 2016, para. 1). Although all officers surveyed knew that their department offered mental health treatment, only 14.29% (2 out of 14) stated they would not receive in-house assistance. Although no one explicitly explained why they would not seek in-house assistance, the high frequency of both responses may indicate an association.

When presented with the question if there is a stigma associated with law enforcement personnel having a mental illness, 78.57% (11 out of 14) stated that there is, or they are pretty sure there is a stigma associated. Research Question 3 was posed as, “What mental health diagnosis currently excludes a person from being hired as a law enforcement officer?” Again, due to HIPPA regulations, further detail concerning what mental health illness would disqualify someone could not be divulged, though, as stated previously, a blanket question on many application forms by law enforcement agencies is to ask if there are any mental illness within the applicant’s family.

An affirmative answer to this question may result in the applicant’s disqualification. It is apparent that the main reason, at least at the surveyed department, that officers would elect not to receive mental health assistance and or inform their chain of command should they be having issues or thoughts of self-harm, is due to a lack of trust in the leadership. Though it may seem farfetched that an officer would have fears of speaking to their chain if they needed assistance, the reality is “many officers are haunted by the pervasive fear that undergoing treatment will have professional repercussions, such as being passed over for promotions or removed from patrol work” (Crosbie 2018, para. 11).



According to a law passed in Chicago in August 2018, if an officer seeks mental health treatment, “the law prohibits police departments from firing officers whose firearm owner’s identification cards (FOID) have been revoked after an inpatient stay at a mental health facility.” Many departments, including the Chicago Police Department, require officers to have FOID cards. After the law was passed, Chicago and some other departments said they would still require FOID cards for officers who work the streets. Those who lost their cards would be placed on desk duty.

If policies such as this are universal, seeking mental health treatment may result in a reduction or redirection of duties, which police officers want to avoid. Advocates say this leaves in place a significant hurdle as officers contemplate whether to seek treatment for post-traumatic stress and other job-related problems (Buckley, 2018).

Another example of officers regretting coming forward can be seen in former NYPD Officer Jonathan Oliveras who said that he was “made an outcast and publicly stripped of his gun” after he admitted that he obtained mental-health treatment. Mr. Oliveras said in an interview with the NY Post that “I would have just been better if I kept my mouth shut,” also stating that the response offered by his previous department of “Please reach out” concerning seeking help is nothing more than “smoke and mirrors” (McCarthy, 2019, para. 3).

By not having trust in one’s chain of command, this further adds to the stressors associated with not only the job, but with attempting to seek help for issues brought on by the job when needed. Something to possibly address in another study would be to address the issue that, while officers can be disqualified for having a mental health disorder

before service, it is not uncommon for an officer to leave the department with a newly acquired disorder brought on by actions and observations during working for the department.

### **Limitations of the Study**

There were limitations to this study; however, the main one that had a direct effect on the outcome of data was the reluctance of the officers to complete the surveys. The emailed surveys were sent to 85 participants, of which 21 responded, although only 66% (14 out of 21) answered both surveys. However, the number received was able to be used to reach saturation; it is plausible that had more responded, the results may have been different. The lack of participation leads to a limitation that seems to plague not only myself but others as well when it comes to dealing with and talking to law enforcement personnel.

As previously mentioned by Crosbie (2018), if officers have a fear of undergoing treatment and not be willing to talk to professionals relating to their job, then why would it be expected that they would participate in a survey related to their job or the betterment of their department.

When attempting to survey those in law enforcement, there is always the possibility of encountering officers with the “WIIFM” mentality, and this stands for “what is in it for me,” I state this not on assumptions but on first-hand knowledge and personal encounters with others in law enforcement who have shown this mindset in different ways. Now it should be noted that while an officer is there to protect the public and this thought process is not apparent when running towards the gunfire, when it comes

to doing something that can directly impact the officer's way of working or something at work such as schedule changes, shift bids, participating in a study to assist future officers the "WIFM" mentality shines through.

Another limitation was that the participants surveyed were from one local police department in one city in one state, whereas the issues addressed are of national importance, and like this, a larger pool of candidates may serve to bolster a better understanding of the research questions. The responses from officers had they of been surveyed in another location may again have offered different results.

In order to more directly address the question of barriers to police officers seeking mental health treatment should they feel they are not able to cope alone adequately; additional survey questions could be added that target specific barriers. For example, "How likely are you to face repercussions from your chain of command if you seek mental health treatment?"

Lastly, there was the limitation on what was asked relating to mental health illnesses' when it comes to hiring for law enforcement due to mental illness being a protected classification under the Americans with Disabilities Act of 1990 or ADA which states:

Title I of the Americans with Disabilities Act of 1990 prohibits private employers, State and local governments, employment agencies and labor unions from discriminating against qualified individuals with disabilities in job application procedures, hiring, firing, advancement, compensation, job training, and other terms, conditions, and privileges of employment. The ADA covers employers

with 15 or more employees, including State and local governments. It also applies to employment agencies and labor organizations.

Due to this limitation, research question number three was virtually null and void since an agency will not outright ask an applicant what, if any, mental illness they may have, as well as they will not list on paper which mental illnesses they will and will not allow. Also, to ask the participants of the survey if they had any form of mental illness and or if they knew of anyone who might, would have violated HIPPA regulations as well. Due to this, the information was limited to merely asking officers if they believed there was a stigma associated, not “to which do you think there is a stigma,” of the available question asked 78.57% (11 out of 14) of the respondents stated yes.

It should be noted, however, that according to Roufa (2012, para. 1), the following are some key points relating to how law enforcements use “psychological screenings” in the hiring of law enforcement personnel.

The police psychological exam is perhaps the most important but least understood aspects of pre-employment screening for law enforcement; it is estimated that more than 90% of law enforcement agencies in the U.S. require psychological screening of their applicants, either before or after receiving a conditional offer of employment.

What this conveys to me is that almost all law enforcement positions conduct psychological screenings, combine that with the collected data from the surveyed department that said 78.57% (11 out of 14) do believe that there is a stigma associated with officers being hired or not due to mental health issues. It is not hard to see that there

is a direct correlation between the two. So, relating to Research Question 3, while the question was curved as not to violate HIPPA, the provided data affirms that yes, there is a stigma associated with mental health in law enforcement.

### **Recommendations**

While this study did show that there is an unseen barrier to accessing mental health assistance, the population surveyed was smaller in demographics than the researcher would have liked. A recommendation for future research would be to include the surveying of larger departments in various geographic locations and states and then comparing the similarities as well as the differences.

A second recommendation could be the reconstruction of the research questions to pinpoint further what can be done by a department to attempt to remove the fear of an officer seeking assistance if needed. While shown here that there is a lack of trust between the officers and the chain of command, further detail is needed to ascertain what can be done to minimize this issue.

Also, I think it would be of importance, from a data standpoint, to dissect further the population of officers who are surveyed to see if there is a large percentage of military veterans. By identifying the pool of participating persons, it could serve of value as a large percentage of military personal are often recruited for and join law enforcement careers. As recently expressed, the suicide rate among the active and retired military is on the rise and is currently the highest seen since September 11th, 2001 (Kime, 2019).

I also thinks that it would be of great use in future research to attempt to use the Meyers-Briggs Type Indicator (MBTI) test and try and see if officers are considered

“Type A” anymore. Being that there are 16 personality types on the MBTI and pending how the officers surveyed respond, this could have a direct relation to the willingness of someone in a law enforcement position to participate in surveys or not?

Lastly, and on a larger scale, the stigma of mental health and officers in law enforcement needs to be addressed head-on. Officers are exiting their careers with PTSD, anxiety, various forms of substance abuse as well as other forms of mental illness that occurred due to working on the job. This is stated because, as previously mentioned, before entrance into law enforcement, there are psychological evaluations that take place. However, upon leaving service, these same officers who did not have mental illness issues prior, now have developed various illnesses due to the job. What they have seen as the cure is to “call depression, anxiety, and PTSD “occupational diseases” for public safety officials” (Rappleye & Siegel, 2019, para. 18).

Although the mental illnesses mentioned are not the only ones that I’m speaking about, concerning working in law enforcement with a mental illness, they are some of the more “commonly seen” illnesses that occur.

### **Implications for Positive Social Change**

The potential social change that can come from this study can literally be lifesaving. First and foremost, it should be noted that the findings of this dissertation will be presented to the department which was surveyed to attempt and enact immediate localized social change. Although there is mounting evidence from several police departments nationwide that there is a disconnect between the administrative powers and the officers concerning mental health issues, potentially presentation of department-

specific results such as these will motivate action where generalized national statements may not.

Accepting that there is a lack of trust in the administration may be difficult for some to acknowledge. There is also the possibility that some administrators may continue to ignore what internal to department stressor there may be, even when presented with the research, showing that is a reason why officers are electing to opt-out. From a societal standpoint, normalizing mental health treatment for police officers may help to normalize seeking mental health assistance for all people.

Long gone are the days where a type A personality was looked at as the primary identifier for those in law enforcement. The conglomeration of various types of personalities, specialties, and other distinctive features are now a more desired trait for many law enforcement applicants.

Though the study did not ascertain which mental health stigmas directly disqualify someone from a career in law enforcement, as to state such would be an illegal hiring practice blatantly, it did shed light on the topic and raise awareness. By getting officers to open up and admit that they do believe there is a stigma associated with officers having mental health issues and or needing assistance.

This action could lead to further discussion panels and possible advances in the areas of mental health awareness in law enforcement personnel, the social change that would like to be observed is that officers start to address and treat their mental health issues as opposed to being required to treat the mental health issues of others.

By presenting the findings of this study along with future studies to those in law enforcement, who are in the administration positions or chain of command i.e., the chief, deputy chief, captain, and other administration personnel, the goal is to assist them in understanding why their officers may be choosing to not get the help needed. As well as what they as the administration staff can do to get the officers to feel confident enough to open up and talk to the administration should there be a pressing issue. Only through communication will the dilemma experienced be addressed head-on.

The goal of the findings provided is to ultimately assist in the prevention of suicide in law enforcement personal by way of helping the chain of command bolster new lines of communication and understanding that would serve to better the morale within the department.

### **Conclusion**

As there have not been many in-depth studies to this magnitude as to why officers are electing not to seek mental health assistance as well as addressing the mental health crisis within law enforcement personnel, because of this, it would be challenging to expand said body of knowledge. However, there were correlations between this study and the previous BCOPS study showing that officers are stressed about both fatigues as well as suffering from illness related to work such as decreased mental faculties, decreased immune system, depression, strained relationships, heart disease, cancer, and mood swing as well as other physical ailments.

To conduct a study 14 years after the initial BCOPS study yet yield similar results while also showing that suicide is on the rise in law enforcement shows that there little



has changed in the field of law enforcement to address stress and suicide. The consistent rise in suicide within law enforcement has resulted in twice as many police officers taking their own lives than those dying in the line of duty. Very few people outside of law enforcement, and potentially many in this field, are unaware of this staggering statistic. While the current United States population in 2020 has reached 330,135,666 (“United States Population 2020 [Demographics, Maps, Graphs],”2020). Police, however, only account for 0.20% (686,655 out of 330,135,666) of that populous (Duffin, 2019).

By comparison, the 0.20% nationwide equates to the sum of 480 people to every 1 officer, yet it is that same small proportion is directly responsible for maintaining the laws and regulations set forth and protecting the lives of the other 99.8%. Because of the weight of this responsibility, society does need to pay closer attention to what is occurring with the rise in suicides in law enforcement.

A statistic taken from *Suicide Statistics*, 2019, states that 48,344 people committed suicide the same year that 228 officers committed suicide, this alone would seem that the problem is not as significant when focusing solely on officers. However, proportionately, 0.014% of Americans commit suicide, while 0.033% of police officers take their own lives, indicating that police are suffering from suicide overall at double the rate of the general public.

To put into comparison the significance of the number of officers who have committed suicide versus that of the public, if the percentages were the same in the civilian population, the amount of those who would have had to of taken their lives would equate to 109,618 of 330,135,666. If numbers of that magnitude were observed, it would

stand to makes sense that suicide would be the number one focus of many in various medical fields, and though it is the focus for some, the attention is not shown to law enforcement in the same regard since “only” 228 have died this way. The better we as a society can assist officers in dealing with the issues they face without fear of reprisal or being chastised for asking for help, the better they can assist in keeping the community safe.

Though the research provided did not shed an exact reason as to why officers are electing to opt-out of receiving the assistance needed, it did show that at least for this department in question, a significant contributing factor is a lack of trust in leadership. Also, there is the perceived in differential treatment of individuals who are seeking mental health assistance, which, if not fixed, can directly lead to further issues of officers not wanting to ask for help. With further research on this topic, the goal is to get to a place where law enforcement personnel are not ashamed or scared to ask for help and open up better lines of communication within departments.

If this research serves to assist departments and society in understanding that officers need mental health assistance just like every other job out there, including the military and this way normalizes mental health within law enforcement. Then possibly, the suicide rate being seen will decline, which ultimately is the goal for all parties involved, be it the officer, the department, or to the community in which the officer serves.

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### Appendix A: Operational Police Stress Questionnaire (PSQ-Op)

Below is a list of items that describe different aspects of being a police officer. After each item, please circle how much stress it has caused you over the past 6 months, using a 7-point scale (see below) that ranges from “No Stress at All” to “A Lot of Stress”.

<b>No Stress At All</b>			<b>Moderate Stress</b>			<b>A Lot Of Stress</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>

1. Shift work 1 2 3 4 5 6 7
2. Working alone at night 1 2 3 4 5 6 7
3. Over-time demands 1 2 3 4 5 6 7
4. Risk of being injured on the job 1 2 3 4 5 6 7
5. Work related activities on days off (e.g. court, community events) 1 2 3 4 5 6 7
6. Traumatic events (e.g. MVA, domestics, death, injury) 1 2 3 4 5 6 7
7. Managing your social life outside of work 1 2 3 4 5 6 7
8. Not enough time available to spend with friends and family 1 2 3 4 5 6 7
9. Paperwork 1 2 3 4 5 6 7
10. Eating healthy at work 1 2 3 4 5 6 7
11. Finding time to stay in good physical condition 1 2 3 4 5 6 7
12. Fatigue (e.g. shift work, over-time) 1 2 3 4 5 6 7
13. Occupation-related health issues (e.g. back pain) 1 2 3 4 5 6 7
14. Lack of understanding from family and friends about your work 1 2 3 4 5 6 7
15. Making friends outside the job 1 2 3 4 5 6 7
16. Upholding a "higher image" in public 1 2 3 4 5 6 7
17. Negative comments from the public 1 2 3 4 5 6 7
18. Social life limitations (e.g. who your friends are, where you socialize) 1 2 3 4 5 6 7
19. Feeling like you are always on the job 1 2 3 4 5 6 7
20. Friends / family feel the effects of the stigma associated with your job 1 2 3 4 5 6 7

## Appendix B: Location Specific Survey

**Please make appropriately**

**1. How long have you been with the XXX Police Department?**

- 1 - 5 years
- 6 - 10 years
- 11 - 15 years
- 16 - 20 years
- Other

**2. What is your age?**

- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54

**3. What is your gender?**

- Female
- Male
- Other

**4. How much stress do you acquire while at work?**

- A great deal
- A lot
- A moderate amount
- A little
- None at all

**5. Do you believe that the stressors encountered while at your job, influence your home life?**

- Yes
- No

Maybe

**6. Have you ever had thoughts of doing self-harm?**

Yes

No

**7. Do you have knowledge of Mental Health assistance provided to you by the Department of XXX Police Services?**

Yes

No

**8. Do you feel that you're currently experiencing, or have in the past experienced any issues that may require Mental Health assistance?**

Yes

No

Unsure

**9. If it was determined that Mental Health assistance was needed, would you utilize the provided programs such as "In-house and or VA Choice" or would you choose to "opt out" all together?**

Utilize

Opt Out

**10. What is the likelihood that you would inform / involve your chain of command if you're experiencing stress in the workplace?**

Very likely

Likely

Neither likely nor unlikely

Unlikely

Very unlikely

**11. What is the likelihood that you would inform / involve your chain of command if you're having thoughts of self-harm?**

Very likely

Likely

- Neither likely nor unlikely
- Unlikely
- Very unlikely

**12. In relation to the officers at hand, what interest do you believe the XXX Police have in regard to mental health assistance?**

- Far above average
- Above average
- Average
- Below average
- Far below average

**13. Would you say there is a stigma associated with officers whom may have mental health needs in law enforcement?**

- Definitely
- Probably
- Probably not
- Definitely not

**14. What more, if any, do you believe the XXX Police should do in relation to mental health assistance for officers?**

**15. What is your highest level of education completed?**

- High school
- Associate degree
- Bachelor's degree
- Master's degree
- Doctoral degree