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The Longevity of a Law Enforcement Career Post Critical Incident

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Walden University
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Abstract

The Longevity of a Law Enforcement Career Post Critical Incident

by

Alyce E. Clark

MPhil, Walden University, 2020

MS, Saint Leo University, 2014

BA, Saint Leo University, 2013

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Criminal Justice

Walden University

November 2022

Abstract

Law enforcement officers experience traumatic events that can have an impact on their health and their career. Regardless of the continued research on police and mental health, challenges persist. The stigma is that law enforcement officers are tough and keep their emotions to themselves; however, they are human, like the community they serve. Due to possible consequences related to officers discussing having mental health problems after critical incidents, police officers may be reluctant to seek help due to backlash. Interviews were completed in a two-tier format that led to follow-up questions with surveys specifically related to alcohol and burnout found in the public domain to assist in the results of this study. The purpose of this study was to better understand female police officers' perceptions about how responding to a critical incident impacts mental health in policing. The conceptual framework research in this study was the strain theory. The 10 participants were interviewed about incidents they responded to and how they felt emotionally post incident; they were asked about the culture of their police agency and if they were offered any wellness assistance. Data were collected and analyzed, and the themes and codes provided an adequate understanding of the participants' responses and how they related to the research questions of this study. The identified codes provided awareness of how the participants viewed their agency's culture and career. Their experience and personal knowledge can help promote positive social change by helping policymakers and police leaders implement new policies and wellness programs, making it a safer and more eventful career in law enforcement.

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Dedication

      It is with sincere gratitude that I dedicate this research to Natalie and my sisters and brothers in blue, where you walk the thin blue line every day. Natalie, without your support and motivation, I would have never been able to make the leaps and bounds or make the spontaneous decisions to finish this journey. I also dedicate this to all the women and men in law enforcement, especially the Norfolk Police Department, where I spent my career. Day in and day out, we had each other's six, and I will never forget the women and men I worked with. We all put our lives on the line to protect and serve the community and never thought twice. To Officers Stanley C. Reaves and Brian Jones, you will always be remembered and Never Forgotten; thank you for your service! We have the line from here.

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Chapter 1: Introduction to the Study

Law enforcement officers have the probability of working an entirely different day than the previous one because their career is never routine (Roufa, 2019). A police officer's career can offer camaraderie with fellow officers, which is common in most police agencies (Roufa, 2019). However, Roufa (2019) explained that officers "might be in a life-and-death situation that involves pulling a victim out of a crashed car or providing first aid and basic life support to a shooting victim before paramedics arrive" (para. 3). This may not occur every day on the job; however, the opportunities to save a life or respond to a critical incident can likely happen.

The question, "What if?" is an expression people continue to use when something traumatic occurs. Some may ask, "What if I had taken the day off?" or "What if I had been just five seconds later or even earlier?" The term *critical incident* has been used repeatedly, and on these occasions, seconds can seem like minutes. The turmoil of critical incidents has left police officers dead or on the way to death because of the embedded vision they see after the incident. Davis (2013) explained, "Unusually, strong emotions attached to the event can interfere with that person's ability to function either at the crisis workplace scene or away from it at home" (para. 5). Davis (2013) called this a "dosage exposure" (para. 5). Therefore, it may be possible that for every subsequent call thereinafter, the officer will now respond with what is the embedded memory of the critical incident they responded to earlier in their career.

A successful day in law enforcement is surviving the day; however, what constitutes surviving a day may differ between individuals. Learning how to cope with

the many experiences a police officer endures daily is how an officer survives.

Realistically, police officers are in a stressful profession that can later lead to an

occupation full of emotional decisions constituted by stress. Police officers are

continually in situations that cause mental exhaustion, triggering a worst-case scenario

situation: suicide. Throughout a law enforcement career, a single tragic event can cause

an officer to change their whole outlook on life or to change mentally, leading to a

dangerous path in their career. With knowledge, this path can curve into a more mentally

stable road allowing the officer to know their limits. With knowledge gained through

research, police leaders and supervisors can understand that every officer is human and

should complete mandatory counseling throughout their career.

Background of the Study

I selected several articles that relate to critical incidents. Kureczka (2002) claimed

that an estimated 87% of all first responders, including police officers, will end up

experiencing a critical incident in their career. These incidents described by Kureczka

(2002) included line-of-duty deaths or serious bodily injury, officer involved shootings or

deaths, and multiple victim or mass casualty incidents. Kureczka (2002) described his

own struggles with critical incidents and how it affected his life. From this study, it is

clear that the number of police officers who will eventually respond to a critical incident

or be involved in the actual incident is high.

Mettler (2017) described the remembrance of the Pulse night-club in Orlando,

Florida on June 12, 2016, when a gunman killed 49 people and injured 58. The police

officers had not expected to see the turmoil and aftermath of the scene. Mettler (2017)

explained that what used to be a parking lot had turned into a blood-filled lot and later a memorial, yet even after a year, the police officers involved were still seeing and feeling the effects of this single gunman's actions. This was a tragic event that took the lives of 49 people and injured 58; however, the stress of the police officers who responded were not counted in the total injured (Mettler, 2017).

Coping strategies help with stress, and Pickens (2010) described critical incidents as extremely dangerous and traumatic events that law enforcement officers are exposed to and which lead to stress. Pickens investigated 15 police officers and their coping strategies involving stress and trauma following a critical incident. Psychosocial interventions have been extensively used for the prevention of psychological disorders in law enforcement officers, which was reported by Penalba et al. (2008). Penalba et al. (2008) agreed that law enforcement officers subject themselves to many on-the-job stressors, per the five out of ten studies they conducted.

Law enforcement fatalities that occurred in the United States between 2010 and 2016 were discussed by Breul and Luongo (2017). The authors focused on the certain circumstances and scenarios with the intention of being able to provide more of a broader view of crucial fundamentals within critical events and the types of actions that lead to their occurrence.

Job stressors can be overwhelming, and Grossi (2017) discussed police suicide, particularly the suicides that occurred because of the stressors from Hurricane Katrina in New Orleans. Grossi explained that police officers are also three times more likely to take their own life. The author explained that law enforcement officers have easy access

to firearms and are three times more likely than others to commit suicide than lose their lives from a deadly assault.

Miller (2013) focused on training and stated that the most productive people who described their jobs as stressful had some type of coping strategy. The author stated that not all officers go through a critical incident experience. One aspect to pay attention to is the posttraumatic stress disorder because of the risk factors from previous studies. As more research is completed, more training in coping with stress and mental health needs to be done.

<div align="center">**Problem Statement**</div>

Law enforcement officers are frequently involved in critical incidents throughout their career (Moad, 2011). After an officer responds to a critical incident, most departments have their officers conduct a debrief (Michaels, 2019). However, the law enforcement officers who responded to the critical incident may end up returning to the streets to patrol or to their desk to investigate rather than be involved in a debrief (Policy Team, 2010). One issue that may arise is that police leaders fail to recognize that by returning to patrol or desk-work immediately after a critical incident, there is little to no time for the officer involved to recover from that dangerous day. (Policy Team, 2010). When this occurs, police officers lose their mental readiness and may decide to resign from law enforcement or end up getting terminated due to the overuse of force, which may have stemmed from the original critical incident from which they could have been debriefed.

Critical incidents occur frequently, yet the severity of the mental toll each incident takes is not being efficiently addressed. The officers who responded to the Pulse nightclub shooting on June 12, 2016, in Orlando, Florida, encountered 49 people dead and 58 who were wounded (Mettler, 2017). When officers arrived, it was a bloody and chaotic scene where police personnel had to carry victims across the street to a nearby triage (Ray, 2019). Pulse victims carried or dragged severely wounded peers outside while others were left for dead or trapped inside the club (Ray, 2019). Other examples of similar scenes include the 2017 mass shooting in Las Vegas, Nevada, the 2018 mass shooting in Parkland, Florida, and the 2019 mass shooting in Virginia Beach, Virginia. As more violent acts occur, it is important that law enforcement can address the lasting effects. It is time to make a change.

Traumatic events can have an impact on officers and many of these immediate impacts may be predictable. However, if an officer has been exposed or involved in a critical incident, the exposure could possibly have a considerable effect on their comprehensive functioning (Davis, 2013). This can mean that law enforcement officers who become involved in critical incidents may be more likely to be exposed to traumatic stress, leading to a negative adjustment in their risk assessment and reactions (Davis, 2013).

Purpose of the Study

The purpose of this qualitative study was to better understand female law enforcement officers' perceptions about how responding to a critical incident, like a mass shooting, impacts mental health in policing within the United States. One example would

be the incident that occurred at the Pulse nightclub on June 12, 2016, in Orlando, Florida. It is important to understand the mental well-being of those officers because this can reveal the longevity of a law enforcement career postcritical incident. Discovering the effects of such an event on an officer's mental health may directly affect the officers who responded to Pulse or those who responded to other similarly critical incidents. The purpose for this study is to advocate that those officers who respond to a critical incident should not report back to work until they have seen a counselor or someone equivalent to in expertise and position.

Like posttraumatic stress, law enforcement officers can also develop secondary traumatic stress. Secondary traumatic stress puts police officers at risk due to the repetitive response to trauma victims and traumatic scenes (Conn, 2018). The purpose of studying law enforcement officers, some who responded to the Pulse nightclub, is to show that there is a lack in policy regarding mental rehabilitation from responding to a critical incident. Conn (2018) explained that "PTSD and operational stress injuries are typically associated with what is referred to as a 'primary' trauma, where the event involves a threat to the safety of the police member" (p. 69). This study may also show that if there is a good after-care program postcritical incident, then the officer may not be involved in other incidents, such as use-of-force, and ultimately stay in their career for a longer period rather than resigning because of mental instability.

Research Questions

RQ1: What is the longevity of a female law enforcement officer's career post critical incident?

RQ2: How soon should a female law enforcement officer return to the street after responding?

Conceptual Framework

The approach for this qualitative research design was phenomenological. I studied female police officers' culture and the phenomena within the police subculture that surrounds them. In this qualitative study, I conducted 10 interviews, and I documented sources until saturation was reached. The phenomenological approach was the best option because I conducted interviews with officers who were involved in a critical incident to understand their point of view from their personal experiences.

The general strain theory plays a role in police stress. This theory allowed me to examine and focus on the individual, or officer, in this case. One of the most important parts of this theory is having the desire to avoid negative situations, which is a primary motivator (Arter, 2013). Officers are trained to react to certain situations; however, officers may react differently in situations when they feel a situation is unjust or as a fight or flight response. This brings a possibility of increased retaliation or aggressive behavior.

Nature of the Study

This was a qualitative study with a phenomenological approach. It involved 10 interviews of female police officers who were involved in a critical incident, specifically the Pulse nightclub shooting, and the aftercare postcritical incident in concurrence with existing data on the dissertation completion. Within the research, snowball or chain sampling was one of the strategies used to collect data. The goal of this qualitative study

was to try to better understand female police officers and the longevity of their police careers after their involvement in a critical incident.

Definitions

Anxiety: "A natural human response and is a natural phenomenon in life. Anxiety varies from individual to individual and from event to event. It is experienced as a physiologic response triggered by a stressful event or circumstance that is perceived as threatening to one's wellbeing" (Pickens, 2010, p. 20).

Burnout: "Prolonged exposure to chronic emotional and interpersonal stressors on the job, and is defined by three dimensions of exhaustion, cynicism, and inefficacy" (Conn, 2018, p. 114).

Critical incident: "Any situation faced by personnel that causes them to experience unusually strong emotional reactions which have the potential to interfere with their ability to function either at the scene or later. All that is necessary is that the incident, regardless of the type, generates unusually strong feelings in the personnel" (City of Virginia Beach, 2018, p. 1).

*Depersonalization: "*When you treat people as if they were not people, but objects" (Conn, 2018, p. 115).

Peer support officer: "A member of the Department who is trained to identify the normal stress reactions associated with critical incidents and in the techniques that are helpful to resolve these situations. Support personnel are also trained in department, city, state, and federal benefits available to surviving spouses and/or family" (City of Virginia Beach, 2018, p. 1).

Posttraumatic stress disorder: "Also known as PTSD, is a specific type of severe stress brought about by exposure to an event during which the individual experiences life endangerment, death, or serious injury or threat to self or others; and responds to the experience with feelings of intense fear, horror, or helplessness" (Violanti, 2012, p. 407).

Secondary traumatic stress: "Secondary traumatic stress refers to a set of psychological symptoms that mimic PTSD but, unlike the singular critical incident that tends to accompany PTSD, STS occurs when a police officer is continuously exposed to the suffering and traumatization of others. Also referred to as "Small T's" or Small Traumas" (Conn, 2018, p. 70).

Assumptions

There is a stigma within the law enforcement community that mental instability does not affect police officers. Confidentiality is a problem, or appears to be a problem, when something actionable happens to an officer. There is a code of silence where mental health is involved. One of the assumptions that emerged is that police officers stay silent and may not want to talk; however, the officers should know how their organizational climate is and have the knowledge of law enforcement that will provide an honest and realistic response to the questions asked. Recently, some police agencies have implemented peer support groups and suicide prevention training; however, some feel that their attendance in the programs are not necessary since they will be outed or judged by their fellow officers.

To counter this stigma, it is assumed that officers often attempt to appear numb or emotionless when addressing the effects of their occupation. For example, imagine

pulling over an individual for running a stop sign and the driver gets out of the vehicle with a gun to their head. There are three scenarios that might come to pass. First, the driver commits suicide while the officer watches. Second, the driver submits and goes to jail. Third, the officer shoots the driver, forever implanting the memory of ending another human life into their mind. After the incident, in most cases, the officer says they are alright and they return to the street to work; however, professional attention is needed for that officer. This attention involves an experienced licensed professional who has expertise in mental health after an individual experiences a traumatic event.

The guilt of surviving a traumatic event can lead to alcoholism or depression and can later cause problems in the officer's family. Traumatic events can cause lasting mental images; a normal and expected reaction in humans (Davis, 2013). The guilt can cause excess strain to an officer's family that can soon lead to divorce. Sometimes, these family problems can bleed into the community and can cause unintentional turmoil. The assumptions that were mentioned are essential because the participants will validate the police climate and the stressful environment, they work in.

Scope and Delimitations

There is a specific set of characteristics that will focus on the participants' perceptions and real-life experiences, which will assist in this study. The participants will be working or recently retired from law enforcement. One specific characteristic will be that all the participants will be female law enforcement officers that have been involved in a critical incident. The targeted participants will have been involved in a critical incident and either active or recently retired within the last eight years. These participants

are chosen because of their daily interaction of police work and the response to a critical

incident.

By concentrating on these characteristics, the impact of the study could be

widespread through other populations in law enforcement. One example would be law

enforcement officers that have responded to a mass shooting may experience the stress

differently than those that responded to a critical incident other than a mass shooting. In

addition, the location of the police agency, the size of the police agency, and the type of

critical incident may influence the findings to the possibility of differences that may exist

in police agencies. Another distinction is the culture among police agencies and how the

leadership reacts to responding to a critical incident.

Limitations

From my own experience as a law enforcement officer who has been involved in

a critical incident, it is important to understand the balance of all sides. Currently, police

leaders look at their department in its entirety. As rank decreases, so does that leader's

responsibility. However, this does not have to be the case. For individuals of lower rank,

speaking with their superior leaders may be challenging. The police code of silence also

extends to protecting their own. The law enforcement community knows there is a

problem that can lead to posttraumatic stress following a critical incident, but discussing

it openly is considered unfavorable. For this research, it was important to read the

literature thoroughly; however, it was even more important to fact check the up-to-date

information available while keeping an unbiased mindset throughout the process.

Officers who have been involved in a critical incident may still be working for the same police agency which could limit their desire to openly speak on their mental health and experiences. Others may be retired, which leads to further limitations. Officers named as participants could have become emotional because discussing a critical or traumatic incident after suppressing their reactions and emotions in the aftermath could reopen an unhealed wound. Some officers may have been reluctant to answer because of possible repercussions from the department, so it was important they knew that they would not be named in the research. Officers were also asked about coping strategies and if their department offered anything similar after the response to a critical incident. No participant was forced to answer questions they did not feel comfortable answering. Some of the resources and literature found are over 5 years old, and not every police agency has a policy concerning peer support or aftercare postcritical incident. The validity of this research may affirm that the findings are true experiences from the officers who responded to the critical incident.

<div align="center">**Significance of the Study**</div>

In the Army, soldiers learn how to back plan. This concept is working in reverse to plan a day out from the end to the beginning. By using this concept, the data collected reveal where the problem starts. This process shows where the incident ends and the path that officers follow becomes clearer. Officers then have a choice between learning their coping mechanisms and strategies or not seeking any help by going back to work without treatment. Some may think that this back planning process is meaningless; however, police officers often have the mentality that if they are being treated by a counselor or

psychologist, they are weaker than their coworkers. Feeling weak but returning to duty without seeking aftercare is a significant problem that must be addressed if we are to preserve the longevity of an officer's career and wellbeing.

Considering a policy that requires all officers who have been directly involved in a critical incident to see a counselor or psychiatrist, we must account for the likelihood of officers following this rule. There may be a more affable response to such a policy if the officer is able to choose who they would prefer to see rather than if this was a choice the police agency makes for them. A policy for mandatory postcritical counseling services could further enact positive change in an officer's community because, as officers learn their coping strategies, they may also become better officers for it. Officers who receive mental health services postcritical incident may use less force in response to future incidents which may lead to fewer complaints against officers in the field. Taking a phenomenological approach helps relate the research to a phenomenon within the police subculture involving female police officers' real-life experiences and allows the readership to walk along their same path. The interviews conducted will align the two research questions with real officer experiences.

Significance to Theory and Practice

There have been few studies on the significance of aftercare given to police officers postcritical incident. There are also few policies or mandatory practices that exist to ensure police officers seek medical help after being involved in a critical incident. Police leaders are now identifying that their officers may experience problems in the days, weeks, or months after their initial response to a critical incident. Police officers

have been known to disassociate from traumatic events and can later develop

posttraumatic stress disorder (PTSD; Rivard et al., 2002). The officer may feel the need

to be void of emotion to get through the incident; however, by not addressing the

experience and their emotions at the time of the event, that same officer may develop

acute traumatic disassociation and PTSD as a direct result of the critical incident.

Studies show that the civilian population involved as victims of critical and

traumatic events also show signs of trauma and PTSD. According to Rivard et al. (2002),

30 to 79% of victims who have experienced trauma have the indication of acute traumatic

disassociation. This research has shown that there is a solid connection between acute

traumatic disassociation and PTSD. This led the Diagnostic and Statistical Manual of

Mental Disorders to introduce the diagnosis to acute stress disorder (Rivard et al., 2002).

Just as technology changes, medical knowledge advances as people become more

cognizant of the ongoing research in the field. This type of research can be used to

implement more advanced policies to aid officer's and their agencies in the aftermath of a

critical event.

Significance to Social Change

Police officers are some of the first individuals to respond to a scene. Officers are

also some of the most visible individuals working in the community. When an officer

responds to a scene, undoubtedly their community is affected or involved. Responding to

a critical incident can be stressful for an officer because, while en route to the scene, the

officer may not have full details on what is currently happening on that scene. Although

officers are trained to react and respond, critical incidents often change by the second.

When an officer receives the call for service, they must mentally prepare for a variety of possible scenarios. The officer may brainstorm different possibilities of what might happen while heading to the call. Once there, whether directly or indirectly, the officer will become involved.

Once the officer lives through a critical incident, they may experience PTSD or similar issues. The officer may already be back on the street and, weeks later, still feel the effects of the incident they were involved in. The officer may not respond to calls in the same manner as they would have before the incident. They may become involved in more incidents that lead to increased use of force, or they might ultimately receive more citizen complaints. Because of these possibilities, the focus of this research is on the aftercare of the officer and how aftercare can affect the future of an officer's career. With an effective policy change, police leaders can use the knowledge gained from this study to create positive social change in their community. Although the community may never see the potential of this study and how it can change an officer, my findings may lead to fewer citizen complaints, fewer incidents using excessive force, and an increase in officer motivation to working. Despite being unaware of how such social change was implemented, the community may still feel the positive effects meaning the new policy or program has worked.

Summary and Transition

Policies are born from research or in the aftermath as a direct result of a specific incident. Critical incidents are reported in the thousands each year; however, there are also many more that have gone unreported (Moad, 2011). Society has been judgmental

towards critical incidents, but the knowledge of what happens afterwards has been overlooked often. It is important to admonish what can occur after a critical incident, allowing officers the chance to understand the risks they face.

With every incident that occurs, many individuals are involved or affected in the aftermath. The impact of even a minor incident can be great. There will always be a stigma involving mental instability within the police subculture and this is the reason why police officers are eight times more like to commit suicide than by a felonious assault (Grossi, 2017). The law enforcement occupation is already at risk with excessive stress, shift work, and everyday unpredictability. With such stress, some officers may turn to substances such as alcohol as an escape. It is vital that we implement policy change to avoid these repercussions.

Fortunately, there are warning signs to look for. As officers learn to recognize these signs, they can develop coping strategies to help balance their everyday lives. Building these strategies comes from confidentiality and trust between the officer and a medical professional, but police officers may find it hard to trust anyone in the medical field when their department or agency is also involved.

Police leaders not only have an obligation to the community; they also have an obligation to their subordinates. When taking the oath to protect and serve, there is an obligation to uphold that oath. In the case of a critical incident, there is an obligation for police leaders to ensure the mental and physical stability of every subordinate officer who responds. With policies in place to provide medical help without bias, the stigma surrounding the law enforcement community can disappear. When officers can trust their

leadership as their superiors advocate for mental health programs and teach by example, officers will become less stigmatized when they seek their own mental health support. If leadership shows competency and consistency, they can influence the way their officers perceive them. (Wheatcroft et al., 2012). Policies produce consistency. If there are policies in place to see a medical professional after a critical incident, then trust will build between officers and their leaders, reducing the stigma that seeking help is a sign of weakness in the police community.

Chapter 2: Literature Review

Introduction

The purpose of this qualitative study was to recognize and focus on the importance of the existence of possible mental illness that can arise from responding to a critical incident in the United States. Scholarly literature related to various studies of officers responding to critical incidents and the after-effects were reviewed in-depth to determine the need and support needed after a critical event has occurred. Critical incidents, like the Pulse nightclub in Orlando, Florida, have broken the boundary of silence. It is important to understand the longevity of a law enforcement career post significant incident regarding those officers who responded to Pulse and other similar critical events. The research developed in this study revealed that officers who respond to a critical event should not report back to work until they have seen a counselor or someone equivalent.

Posttraumatic stress can occur directly after the incident occurs, and this may affect the responding officer, even if the officer does not realize it. The study and research of the officers, some of whom responded to the Pulse nightclub, showed that there needs to be a policy change concerning the aftercare from responding to a critical incident. This holistic approach also illustrates that if there is an after-care program postcritical incident, officers may not be involved in other incidents, such as use-of-force. Officers, ultimately, can stay in their law enforcement career for a more extended period rather than resigning because of mental instability or taking their own life.

Literature Search Strategy

In this research study, I used the EBSCO database from the Walden University Library. In the library search engine, the following keywords were used: *police suicides, suicides among police officers, exposure to violence during Ferguson protests, critical incidents within policing, strain theory,* and *general strain theory in policing*. Some of these searches were older and out of date; however, the material was still accurate and applicable. I was able to find current information in police journals, magazines, and books.

Conceptual Framework

This qualitative research design was a phenomenological approach. Within this research design, I sought to understand female police officers' culture and the phenomena within the police subculture. In this qualitative study, I sought between 10 to 15 participants and documented sources until saturation was reached. This phenomenological approach supported the research because I conducted interviews with female police officers who were involved in a critical incident event to understand their point of view from the impact of the critical incident where they had responded.

Policing may cause stress in the life of a police officer. General strain theory plays a role in police stress. This theory may be used to examine and focus on the individual or female officer in this study. An essential part of this theory is the desire to avoid detrimental situations, which may be one of the primary motivators (Arter, 2013). Trained officers react to certain situations; however, with fight or flight, realistically

officers will respond to certain conditions when they feel there is an unjust situation, bringing the feeling of retaliation or aggressive behavior.

Critical Incidents

Kureczka (2002) explained that an estimated 87% of all first responders, including police officers, will end up experiencing a critical incident in their career. These incidents include line-of-duty deaths or serious bodily injury, officer-involved shootings or deaths, and multiple-victim or mass casualty events. The author described his struggles with critical incidents and how it affected his life personally and psychologically. Most officers will have the same struggles he had during his career.

Officers who have survived a critical incident often still struggle with the aftermath years after the event. Kureczka (2002) stated that after his critical incident, he realized his department did not have a written policy or procedure on police shootings, causing him to learn as he tried to continue life. He became fearful of retaliation and became angry at the media telling untrue accounts of what happened. It got worse as the investigation into his shooting increased, which made Kureczka believe his department had never dealt with a police officer-involved shooting, and they did not understand how he felt physically or mentally.

During the struggle after the shooting, Kureczka (2002) said that his department offered him mental health services; however, he was still in denial. He thought he did not need help and that seeing a medical professional would make him weak or crazy. Instead, Kureczka decided to search for a peer who he was able to relate to and able to understand what he went through; however, there was no one. Finally, Kureczka said after his 6-year

experience of what he had gone through, 70% of officers who were involved in a deadly force incident did not receive professional medical help and soon left their law enforcement career within 5 years due to personal and job-related stress. Kureczka stated, "Through counseling, I learned that the emotional feelings that I experienced were 'common' for someone involved in the use of deadly force" (p. 19). If officers stay silent about their experiences, then they may believe that they are the only ones going through emotional feelings from an incident.

According to the Palm Beach County Sheriff's Office, "The first priority when there is active gunfire is to prevent additional people from being killed," (as cited in Kleinburg, 2018, para. 2). In some cases, this is just the beginning effect that may change the officer's life and mental state for the rest of their career. The scene involving an active shooter may be very sporadic, leaving the unknown to the officer who responded. Whether the officer responded to the scene or heard the incident over a radio, it is a situation that cannot be unseen or unheard.

Critical incidents are not just mass shootings or bombings. According to Moad (2011), critical events can be police-involved shootings, police-involved vehicle crashes, police-involved assaults, death of an officer or a partner, child trauma, or terrorist threat. When these situations occur, that memory is long-lasting in the mind of a police officer. A handful of similar incidents occur more frequently; however, part of these incidents stays with the officer for the rest of their lives.

For example, Moad (2011) stated that police officers respond to calls for service repeatedly in their careers involving vehicle fatalities, child deaths, homicides, and

suicides. Moad discussed that there were two groups relating to critical incidents; these groups described were extremely violent and incredibly depressing events. Extremely violent incidents, according to Moad, are when the officer involved had been in an active role like a shooting. The incidents were when an officer was not present for the event but arrived on the scene to experience the aftermath, including suicides, homicides, and child trauma or death.

Breul and Luongo (2017) discussed the fatalities that the law enforcement community experienced in the United States between 2010 and 2016. The authors focused on particular circumstances and scenarios to provide a broader view of crucial fundamentals within critical events and the types of actions that led to their occurrence. From 2010 to 2016, there were 133 line-of-duty deaths, according to Breul and Luongo; however, 29% of these police deaths were from domestic disputes, which allocates 38 police officers killed in the line of duty responding to a domestic dispute. In most cases, the police officer responding has a backup officer with them, or one arrives shortly after. The officers involved reexperience that moment for the rest of their life.

Breul and Luongo (2017) reported that in 2017, 129 law enforcement officers had been killed in the line of duty; however, Breul and Luongo also said that in 2016, there were 143 officers killed in the line of duty. There was a 10% decrease in slain officers from 2016 to 2017. Officers who have responded to similar situations, such as domestic disputes, have learned how to approach these situations from the officers' experience; therefore, it has allowed for a safer response to events resulting in fewer line-of-duty deaths.

Police culture is unique. Moad (2011) referred to emotions as being callused, or thick-skinned, so that the officer can function correctly. Because police officers respond to numerous calls throughout their career, they are in the community dealing with citizens daily. Well-trained police officers continuously hide their emotions; however, Moad described that when police officers are killed or assaulted, it makes other police officers feel vulnerable. Being emotionless helps the officer remain vigilant while on a horrific scene. Frequently, police officers hold their emotions until they leave the scene because emotions show vulnerability.

Police officers protect the community, but they also need to protect themselves. A mentally unstable police officer can be dangerous to the community. Moad (2011) wrote that it is vital for new officers to protect themselves from emotional responses on a scene; however, it is crucial to protect themselves from harm. All humans experience emotion, but police officers may personally train themselves to hold that emotion. Moad explained that critical incidents and the suppression of normal emotions could lead to the onset of PTSD.

Traumatic events can linger; therefore, it is important to know how to cope. Moad (2011) reflected that when a majority of people experience a traumatic event, they experience PTSD symptoms in the beginning. Only some will have developed PTSD. According to Moad, there are different reasons why a person develops PTSD. One of the main reasons could be from veering from coping strategies. Coping strategies are an outlet for those suffering from symptoms of PTSD. For example, if a person holds

something in for an extended period and then finally talks to someone, the officer should feel some sense of relief.

The stigma of PTSD and police have increased animosity in many communities. Moad (2011) thought there were discrepancies in the symptoms of PTSD and critical incident stress. Coping strategies become essential after a critical incident like a police shooting because those officers that do not have an out will start to feel strain. Moad (2011) described how those officers who do not allow emotional reactions could end up reexperiencing their incident or trauma. This can affect the law enforcement agency and the community because if an officer is starting to feel numb, their reactions and responses to future incidents have the potential to become either ineffective or exaggerated. Fellow officers should remain vigilant and pay close attention to any officer who has experienced or responded to a critical incident. Those close to the officer can more easily notice signs that the officer may be experiencing negative effects from a critical incident such as underreacting or overreacting to any variety of situations.

Contrary to popular belief, problems can arise when a police officer becomes hypervigilant. Police leaders should be conscious of this and pay close attention to those involved in critical incidents (Moad, 2011). If an officer begins to feel the effects of a critical incident, it will behoove the agency and police leaders to have a policy in place as soon as these symptoms are recognized. Moad (2011) discussed that having preincident stress education can help officers understand stress within themselves and their fellow officers. Educated officers recognize their stress symptoms and can recover quicker and more efficiently from acute stress because of this.

Departmental policy is the key (Moad, 2011). Policies give officers direction by ensuring officers know what to expect should a critical incident occurs. Moad (2011) explained that by reducing the unknown stress, the officer has more time available to concentrate on the actual incident that is occurring. It is important to keep reminding officers that seeing a mental health professional is not a sign of weakness, but a sign of strength. According to Moad (2011), 40% or more police officers who were involved in a shooting have experienced the following symptoms: "heightened sense of danger, anger/blaming, nightmares, isolation/withdrawal, fear/anxiety, sleep difficulties, flashbacks/intrusive thoughts, emotional numbing, depression, alienation" (p. 10).

According to Moad (2011), the following is a list of actions that should be taken into consideration if there is an affected officer:

- Remove the officer from the scene as soon as possible.

- Help them notify their family that they are safe.

- Reassure the officer that their symptoms are normal.

- Allow and encourage the officer to talk. It is important to let them tell and retell the story.

- Reassure the officer that they will be supported.

- Encourage friends to contact the officer and listen to them.

- Encourage the family to listen to the officer.

- The officer should be given plenty of fluids (no alcohol/coffee).

- The officer should eat a healthy meal when able – avoiding junk foods.

- The officer should do physical exercise as soon as they are able.

- Keep the officer informed about on-going investigation and case facts.

- Encourage the officer to attend a Critical Incident Stress Debriefing with a qualified police mental health professional within 72 hours of the incident. (p. 14)

Every police officer has the potential of being involved in a critical incident. Although not every police officer involved in a critical incident will have the same effects, there should always be a policy regarding what happens when symptoms arise. Police officers respond to difficulty and dangerous situations daily; therefore, they may not ever notice signs of stress. The police supervisors need to know their officers are working together to help one another with the onset of PTSD or critical incident stress. Some examples that can help are educating officers, creating polices, and allowing access to mental health professionals specializing in police PTSD and critical incident stress. Law enforcement officers are the face of their agency because of their wellbeing affects the agency and the community.

According to Moad (2011), the Federal Bureau of Investigation (FBI) reported in a 1990 bulletin that as many as 90% of law enforcement officers are affected by a critical incident in their career. Moad (2011) said, according to the FBI Law Enforcement Officer Killed and Assaulted website, that there were 53,469 law enforcement officers assaulted in 2010. Moad stated that approximately 35% of law enforcement officers that had left their agency within the first year after being involved in a shooting.

Many officers leave the field due to the lasting, life-changing effects of a critical incident. Mettler (2017) described the remembrance of the Pulse night-club in Orlando,

Florida, on June 12, 2016, when a gunman killed 49 people and injured 58. The police

officers had not expected to see the turmoil and aftermath of the scene. What used to be a

parking lot turned into a blood-filled lot and later a memorial, yet even after a year, the

police officers were still seeing and feeling the effects of this single gunman's actions.

Psychological and Sociological Impacts

Burnout is one of the more severe consequences of a law-enforcement career. It is

one of the nonoperational stressors police officers will have within their law enforcement

career. Unlike male police officers, female officers are more prone to burnout (Conn,

2018). According to Conn (2018), "This may be due to additional demands still placed on

women" (p. 114). Some women work their law enforcement career with daily stressors

and later go home and continue with household tasks typically expected of women and

mothers.

Conn (2018) stated that burnout in women "is likely due to hesitancy that women

have to ask for support from others" (p. 114). Conn (2018) described female officers

telling her that they felt like "double failures" and had "mother's guilt" if they could not

handle work and home life. It was one or the other, be a good mom, or be a respectable

officer. The same also goes for the male officers, like being less dedicated to work if they

chose to have a family life (Conn, 2018). Police officers need to have full mental

readiness, especially while working. During burnout, some officers may mentally leave

while others resign and leave completely.

It is noticeable when an officer begins to not care about their job anymore. Their

performance may reduce their actions on the street; for example, when an officer is

always proactive and then later becomes reactive. The officer may feel some type of emotional exhaustion, which leads to burnout and depersonalization. However, it is common for officers to removed themselves from their work on the street to avoid traumatization.

When a police officer is involved in a critical incident, the officer's family and the community are also involved. Law enforcement officers intend to protect their families by limiting the work they bring home, but their experiences are hard to conceal from their loved ones. Communities view police officers as protectors and role models, but law enforcement officers also need protection. This should come from the agencies' police leaders. Posttraumatic stress disorder is real and can increase the ideation of suicide (Violanti, 2012). Police officers are allowed to carry weapons, which grants them easier access to tools they could use to end their own lives. According to O'Hara (2018), there were 140 police suicides in 2017. Of that number, the average age of the officers was 42, with approximately 16 years of service, and 96% of these suicides were males (O'Hara, 2018). If some of the officers who took their life had been provided a coping strategy or help from their agency, maybe their suicides would have been prevented.

Police agencies that use therapists or psychologists are already at an advantage over those who do not, even if the therapist or a psychologist is utilized outside of the agency (O'Hara, 2018). This not only helps with determining the officer's "fit for duty" status, but it assists in their familial and social lives as well. If the agencies themselves provide such services, the stigma surrounding mental health in the police community will die out. Removing this stigma would make it easier for officers to seek help before it is

too late. Training has been a great asset in law enforcement, but it is now time for action with actual care for the officer. Providing mandatory mental health services for officers after critical and traumatic incidents will not only benefit the health of the officer, but the strength of the police agency as well by creating a better environment for the community for which they work and live.

Pickens (2010) described critical incidents as hazardous and traumatic events that law enforcement officers are exposed to daily. Being presented with or experiencing these stresses can take a toll on an officer's mental and physical self, making an impact on the officer's life. Officers sometimes go from call to call, sometimes getting few moments to themselves. Policing strategies such as hotspot policing, community policing, or answering service calls in high crime areas bring an increased risk of an officer's exposure to violence, according to Bishopp & Boots (2014). Pickens (2010) observed that officers experiencing critical incidents have had experiences with high divorce rates, heart disease, gastrointestinal distress, and suicide.

Working in law enforcement can create occupational stressors led on by specific characteristics. Among law enforcement, it has been established that police officers subject themselves to many on-the-job stressors. According to Penalba et al. (2008), law enforcement officers have a higher sick-leave absence compared to other occupations, and 26 percent of officers retired medically due to psychological disorders affecting their health. Michaels (2019) found that between nine and nineteen percent of police officers are at risk for post-traumatic stress disorder nationally. Some other causes for absences

are musculoskeletal conditions, depression, and disorders related to stress, as observed by

Penalba et al. (2008).

Law enforcement officers have a unique occupation structure that revolves around

shiftwork. The long eight to twelve-hour days and restless sleep are part of a regular

routine for police officers. Unfortunately, with that culture come stress-related behaviors,

so it is essential to try and alleviate the stress before it occurs. Penalba et al. (2008)

reported that psychosocial interventions had been used extensively for the prevention of

psychological disorders in law enforcement officers. Physical activity has also been

identified as an essential practice to help with depression, anxiety, and panic disorders,

according to Penalba et al. (2008).

Anxiety and depression are prevalent in policing. The question is whether police

officers can self-identify or wish to acknowledge they have one or both conditions. Police

officers are also human and go through the same emotions as individuals outside of the

law enforcement profession. Being psychologically healthy is just as important as being

physically fit. Conn (2018) explained that the physical experiences caused by trauma

could affect an individual's thoughts and feelings because trauma affects a person's

memories. The brain is complex and sophisticated, and when a traumatic event happens,

it is hard to block it from the mind. Police officers may end up isolating themselves

which can prevent them from moving forward.

Kates (2015) explored how posttraumatic stress disorder (PTSD) from a traumatic

event can be delayed. This is called, "delayed onset PTSD," and the onset of PTSD can

start with night sweats, night terrors, and anxiety (Kates, 2015). Unprocessed emotions

from past incidents could compile creating panic attacks or flashbacks. According to

Michaels (2019), PTSD can occur from a single incident; however, it can often develop

from cumulative events from years of exposure. Medically, PTSD is understood to appear

within the first six months after an incident, according to the Diagnostic and Statistical

Manual of Mental Disorders, Fourth Edition (DSM-IV-TR).

According to Kates (2015), law enforcement officers who had no previous signs

of PTSD developed symptoms months or years after the critical incident; however,

mental health professionals argued that the law enforcement officers that developed

symptoms might not have recognized they were having initial PTSD symptoms or did not

want to admit they had symptoms at an earlier stage. PTSD happens when it wants to;

therefore, it is imperative that police officers receive medical assistance directly after a

critical incident.

An essential aspect that Kates (2015) described was how police officers block or

suppress certain feelings emotionally; however, difficulty sleeping can also affect the

police officer's job performance and mental state, causing safety concerns. The

unfortunate aspect of suppressing emotions is that police officers do not realize what they

are doing to themselves emotionally by taking this path. Police officers are supposed to

be strong, not weak, which is the stigma of law enforcement officers nationwide. The

longer emotions are suppressed, the greater frustration builds, and the final release of

these restrained emotions could be catastrophic. The most significant part learned was

that officers need to communicate to survive. Peer support programs, such as Police

Organization Providing Peer Assistance (POPPA) and Peer Support Officers (PSO), can

genuinely help when an officer needs help, according to Kates (2015). The police officers

that are PSOs assist other officers in their battle with PTSD and reassure them that

everything will be alright. The program supports the officer in seeking professional

medical and psychological help.

Michaels (2019) stated that an award was granted in 2017 from the Justice

Department for researchers at the State University of New York-Buffalo to investigate

"How exposure to trauma affects officers' ability to make good choices in stressful

situations" (para.11). According to Michaels (2019), this new research was based on

previous research where "Cops took a computer test with instructions to push a button as

quickly as possible whenever a particular sequence of two letters flashed. In instances

when the wrong sequence flashed, those with PTSD had a harder time refraining from the

button" (para. 11). Michaels (2019) stated that the knowledge gained by previous

research would help researcher Janet L. Shucard and her team to "hypothesize that PTSD

impairs the attention and response control processes that are necessary for rapid and

accurate decision making" (para. 11).

With the recent mass shooting in Virginia Beach, Virginia at a municipal

building, Virginia Beach Police Chief, Jim Cervera, recalled his officers' body camera

footage and stated, "It's the death by 1,000 cuts. It's the water torture, drip by drip. It

eventually has a toll on who you are as a person" (Hayes, 2019, p. para. 4). Chief

Cervera, although proud of his officers, knew the horrific scene would take a toll on them

and stated, "They're going to be forever changed, and to walk into a scene like this, it has

an instantaneous effect on you" (Hayes, 2019, p. para. 6). According to Hayes (2019), Chief Cervera compared the situation to a war scene.

The number of mass shootings is increasing in the United States. Chief Cervera said, "We're beginning to really research and ramp up what we call officer resiliency, and that is the psycho-emotional part of the job. We never thought about this in policing. As a matter of fact, it was looked down upon" (Hayes, 2019, p. para. 10). In the event of a critical incident such as a mass shooting, the responding officer is not the only person to be affected. The community and the officer's coworkers also experience changes. Jeff McGill, a co-founder of Blue H.E.L.P., stated, "To suggest that you're the same officer the next day at work is foolish, shootings change the tactics officers use, raise awareness and put them more on edge" (Hayes, 2019, p. para. 18). McGill said, "It builds up over time, and while it might not affect you right now, these psychological injuries that come along with a law enforcement career are likely to cause problems within your personal or professional life. We have to be more proactive. We have to" (Hayes, 2019, p. para. 20).

Sometimes an image cannot be erased or forgotten from memory. There are constant reminders like other mass shootings or other critical incidents. Omar Delgado, a former Eatonville police officer diagnosed with post-traumatic stress disorder, responded to the Pulse nightclub in Orlando, FL (Hayes, 2019). Delgado stated, "You get tired of fighting, and I get it, I really do. That's why you get a lot of first responders who commit suicide. They can't control their brain from traveling 100 mph. It's scary. There needs to more programs out there" (Hayes, 2019, p. para. 25).

Police Suicides

Law enforcement professionals may be at a greater risk of suicide. According to Bishopp & Boots (2014), an estimated 10 to 15 percent of officers exposed to life-threatening or severe traumatic events have a greater risk of suicide compared to officers who have not been exposed to those situations. Although it may be recognized that depression can settle in before suicide ideation, the police subculture is hesitant to address mental illness in law enforcement. Bishopp & Boots (2014) reported that in 2010 705,009 law enforcement officers had responded to violent offenses totaling 1,246,248; however, there were also 56 police officers who were killed in the line of duty whereas 53,469 on-duty police officers were assaulted. The number of suicides has continued to rise. Unfortunately, Bishopp & Boots (2014) reported that in 2008 there were 141 police suicides, and 143 police suicides the following year.

With regard to suicide by police officers, Grossi (2007) discussed suicides that occurred because of the stressors received from Hurricane Katrina in New Orleans, Louisiana. Grossi (2007) uncovered that law enforcement officers are eight times more likely to complete suicide than die from a deadly assault. He also reported that officers are three times more likely to take their own life. Unfortunately, law enforcement officers have easy access to firearms since they carry handguns and could use their service weapons to end their own lives.

Grossi (2007) reported that in a law enforcement agency of 30,000 or more, the suicide rate was about 30 officers per 100,000 civilian population. In contrast, there were only be about 12 per 100,000 in a civilian population. There can be several different

warning signs to look for in the moments before a police officer takes their own life.

Grossi (2007) discussed that the police officer could slip emotionally and begin to drink

compulsively or become dependent on prescription medication. Grossi (2007) also stated

that these officers tend to distance themselves from their family and friends and avoid

social events leading up to a suicide. Being able to monitor an officer after an incident is

crucial to keeping them alive. Monitoring an officer can be done in an effortless manner

by the police officer's supervisor and peers.

Suicide is an occupational hazard in law enforcement, according to Grossi (2007).

The police community is like a family, so these possible suicidal situations within the

community test an officer's moral code. The suicidal officer in need of help, according to

Grossi (2007), may believe they would get transferred or removed from working the

street. If the suicidal officer were to be removed from their position, then the removing

officer that helped or removed the officer would more than likely be blamed, and

eventually, the suicidal officer would take their own life completing suicide. Suicide

would not only destroy other officers involved, but it would create a highly emotional

environment for those that knew the officer that had completed their suicidal plan.

Suicide, according to Bishopp & Boots (2014), is described as a maladaptive

response to stress. Empirical research has shown that police suicides have variables to

include race, gender, age, and marital status, where the officers have responses to

depression, alcohol, aggression, and eventually burnout. Bishopp & Boots (2014)

examined two themes relating to police stress and suicide ideation. The first was the use

of alcohol as a coping strategy since this strategy is deemed reasonable in police

subculture, and the second theme was depression. The knowledge gained from the literature shows that alcohol is a significant factor that gives suicide ideation in law enforcement officers and shows there is a phenomenon of depression in policing which leads to suicidal ideation.

O'Hara (2018) described how the newer and younger generation of law enforcement officers had changed the path of how mental illness is perceived today. The fears and stigma of mental illness have transformed with the new generation of police leaders. More peer-support programs help the individual officer and officers as a group. Unlike a therapist or psychiatrist, peer support groups are not always confidential; however, these groups have assisted officers in many ways. For example, the officer needing peer-support can see other people have been through the same situations and have felt similar emotions after an incident.

As the newer generation takes leadership roles, O'Hara (2018) stated that more police personnel might seek help before it is needed, rather than when an incident has occurred. Unfortunately, in 2017 there were a high number of police suicides, according to O'Hara (2018). O'Hara (2018) found that the raw number of police deaths totaled around 102; however, he stated it was a raw number because some police agencies hid suicides due to bad publicity or misreported the suicide. After further review, O'Hara (2018) used a formula and determined that there were 140 police suicides in 2017, which can be interpreted to mean each month about twelve officers had taken their own lives.

O'Hara (2018) stated that in 2017 there were three overdoses, two hangings, and one poisoning reported that involved police chiefs and sheriffs. Based on police suicide

reports, O'Hara (2018) stated that the average age of the affected officer was 42, and the longevity of a police career was 16 years. O'Hara (2018) said that 96 percent of the completed suicides were male officers.

Unfortunately, police officers have easier access to firearms, most likely their duty firearm or personal handgun. O'Hara (2018) specified that more police officers had killed themselves rather than being killed in the line of duty. According to O'Hara (2018), the rate for police deaths from suicide were 16 every 100,000, whereas the public suicide rate was every 13.5 every 100,000. O'Hara (2018) explained that some police leaders have decided to revert to suicide prevention training, and created peer support programs, while others have implemented hiring mental health workers within their agencies or created employee assistance programs. Those leaders who have established policies within their agency have created a system performing mandatory screenings of police personnel at least once a year.

Most importantly, O'Hara (2018) stated that confidentiality still posed an issue and seeking professional help for police officers is a constant battle. Police officers fear to use a departmental mental health specialist due to fear of repercussions. Many police officers enjoy their job and fear termination over anxiety or depression. Departments highly encourage the officer to seek help outside of the agency; however, the agency may not cover the bill. O'Hara (2018) suggested that the best place for police officers to feel safe and resolve personal issues was in a private place where officers can visit and revisit and explore their problems to establish coping mechanisms and to see what works best for them in their lives.

Suicide has been the leading cause of police officer deaths recently as opposed to auto accidents and shootings. According to Michaels (2019), 27 officers had already completed suicide in 2019, and there are an estimated 150,000 law enforcement officers that have gone to work with the symptoms of PTSD, causing officers to be more vigilant and on high alert. An officer that is more vigilant with these symptoms can be dangerous since it can affect the officer's judgment and critical thinking when they encounter a stressful situation.

According to Hayes (2019) and a study from Blue H.E.L.P., there were at least 159 police officers that completed suicide in 2018; whereas 145 police officers killed in the line of duty. Hayes (2019) and a study from the Ruderman Family Foundation also stated that in 2017, there were an approximate 140 officers that had completed suicide and only 129 officers that were killed in the line of duty. The numbers keep growing and may continue to do so if police culture is not changed.

Some researchers reported that there might be strain found after nearly every suicide, and the strain theory is used to explain those suicidal ideations, according to the research conducted by Bishopp & Boots (2014). Female officers may react differently to similar situations as their male counterparts. According to Bishopp & Boots (2014), there are gender differences in how people react to stress; however, there have been few studies on how women in law enforcement may respond to strain in their careers.

Bishopp & Boots (2014) examined how exposure to violence caused strain and how suicidal ideation may be associated with it. However, general strain theory does not cause the behavior, but does cause the reaction like anger, frustration, and depression.

These behaviors can lead to other responses like depression, alcohol abuse, and burnout. Bishopp & Boots (2014) provided empirical data on suicidal ideation among police officers who stated that out of 1,410 officers, 189 had admitted to some serious thoughts of suicide.

If an officer contemplated taking their own life, the individual that noticed it should be direct and confront them, according to Grossi (2007), and should ask them if they are planning on committing suicide. It is essential to pay attention to their response. Grossi (2007) expressed that if they are not contemplating suicide, then the officer may refute it entirely; however, if the officer is, then there may be physical responses like a shrug or eye contact. Grossi (2007) stated that if someone on the department is contemplating suicide, then report it to the local suicide hotline, the National Police Suicide Foundation (866-276-4615), or another resource that would be available for the officer for professional advice. The most challenging part is the next step for an officer: to seek help or allow the officer to complete their plan. Regardless of the difficulty, officers must take action to help their coworkers.

Being a police officer is a 24/7- and 365-day job; however, it is important to have a balance between work and life. Officers need to also become mothers, fathers, students, gymnasts, or dog walkers. No matter what an officer does outside of the profession, it is important that they do more than just police work. Having such a balance helps prevent mental health issues.

Police Suicide 2019 Conclusion: Blue H.E.L.P.

Blue H.E.L.P., which stands for Honor, Educate, Lead, Prevent, has helped educate law enforcement agencies, law enforcement leaders, and civilians daily. The Blue H.E.L.P. organization honors those law enforcement officers who have died by suicide and wants people to understand how those officers' lives mattered, even if they died by suicide. Blue H.E.L.P recognizes officers who suffered emotional injuries from being on the job and still honors those officers after their deaths. The mission of Blue H.E.L.P. is:

> To reduce mental health stigma through education, advocate for benefits for those suffering from post-traumatic stress, acknowledge the service and sacrifice of law enforcement officers we lost to suicide, assist officers in their search for healing, and to bring awareness to suicide and mental health issues. (Blue H.E.L.P., 2018)

The shocking 2019 year-end total of police suicides, including retirees, was 228 (Blue H.E.L.P., 2018), which was a massive jump from the number reported in 2018. In 2018, there were 172 police suicides, according to Blue H.E.L.P. (2018). There were 56 more police suicides from 2018 to 2019. According to Blue H.E.L.P., the month of February had the highest number of police suicides, which totaled 25; September followed with 20 suicides (2018). Unfortunately, there were at least six police suicides each month in 2019. Since 2017, Blue H.E.L.P. has been the only organization in the United States that collects and shares police suicide data, as well as helps the families who lost a loved one to suicide.

Peer Support and Wellness Interventions

Miller (2013) focused on training and said the most productive people that described their jobs as stressful have some sort of coping strategy they can use. Through research, Miller (2013) stated that not all officers experienced a critical incident in their career. One aspect to keep into consideration is PTSD. The variables contributing to PTSD are both known and unknown, but because of the risk factors from previous studies, doctors, psychiatrists, and counselors have been educated and have continued to learn about it through new experiences. The more research completed proves that there needs to be more training on PTSD and how to cope with the stressors that accompany it.

Digliani (2018) discussed how there have always been peer support teams in law enforcement; however, there was never any research completed on this specific subject. Counseling sessions are essential, but if the officer cannot trust the counselor, the officer will not go to counseling. There is a difference in peer support versus medical counselors because officers were more likely to trust and confide in a co-worker involved in a peer support team rather than an unfamiliar individual working on a medical team.

Police agencies that used the peer support system after a critical incident saw results. Digliani (2018) was amazed by how powerful peer support could be, primarily if it had a strong structure to assist in the wellness of the officers. The most important thing learned from this study is that peer support works and talking about mental health and emotions with others lifts the stigma police officers have concerning peer support, making it a necessity for law enforcement personnel.

Digliani (2018) sent out 644 surveys having 631 returned, giving a 76.3 percent population eligible for the study. Digliani stated that 305 people, which was 48 percent, said they had participated in a peer-support program. In this survey, 77 percent used the excuse that they did not need peer support; whereas 14 percent stated that they were not the type of person that asks for peer support.

Digliani (2018) proposed that there were two factors as to why the individual did not participate in peer-support. First, there were personal and personality factors. The second finding suggested was that the individual's years of service were less of a factor for the utilization of peer-support. In Digliani's (2018) survey findings, he proposed that about nine out of ten individuals found that peer-support was helpful when they were able to discuss stress and how to manage it, and eight out of the ten would seek peer-support again. Positive findings in this study showed that nine out of the ten said they would recommend peer-support to co-workers, and over half of those surveyed had reported that it had "directly or indirectly" helped them in their job performance or helped them improve their personal lives at home.

Line of duty deaths completely differ from police suicides. Since 2016, there have been more than 400 police officers that have succumbed to suicide, according to Spewak (2019). Since officers respond to gruesome scenes repeatedly, officers have difficulty erasing those scenes from their minds and critical incidents remain part of an officer's long term memory. The officer can drive down a specific road and immediately remember a vehicle fatality or a homicide that occurred on that street. Officers do not

avoid those same situations when people are in need of their services; however, some situations will never be forgotten.

Day to day police work can be stressful and could be a contributing factor to the rise of suicide rates among officers, according to Spewak (2019). Unfortunately, suicide is a significant problem within the law enforcement community. The stigma of speaking with others after a traumatic event leads officers to refuse asking for help and it is important that this ceases to continue. According to Spewak (2019), there has been positive feedback from officers concerning mandatory mental health check-ins; however, even though the officers appreciate the service offered to them there is still some skepticism toward this practice.

A few years ago, Plymouth, Minnesota Police Department implemented a different policy to offer mental health services to their law enforcement officers. The Plymouth Police Department noticed a trend and decided to create a plan requiring their police officers to meet with a mental health professional at a minimum of once a year, according to Spewak (2019). However, if the officer wanted to seek additional help after their one mandatory session, they were permitted to schedule more than one appointment at no extra charge. The mental health professional that Plymouth used, according to Spewak (2019), was a retired law enforcement officer trained to help officers who had experienced trauma from vehicular fatalities, homicides, and assaults.

Officers who attend the annual mental health check-ups were able to build a relationship with the mental health professional, allowing each officer to become more proactive about seeking future help according to Spewak (2019). It is essential to gain a

relationship of trust because it is important to the officer and their career. Police officers chose their profession, and within that profession, certain obligations need to be met, like mental stability. It is vital to understand police officers are human, and traumatic events can accumulate, so taking an appropriate strategy to that event will help officers long term.

The 2014 police-involved killings of Eric Garner in Staten Island, New York, and Michael Brown in Ferguson, Missouri were terrible and traumatic events; however, both cases have opened the door for increased mental wellness for police officers, which is an integral part of being in law enforcement. Michaels (2019) stated that more police departments are paying close attention to the officer's mental well-being since these incidents. According to Michaels (2019), police agencies are exploring new ways to help officers by meditation, napping protocols, counseling, and chaplain programs. Agencies that have wellness programs have applied for awards in recognizing police officer wellness, according to Michaels (2019), and that number went from 105 in 2018 to 115 in 2019. This number, although small, shows a great deal. Some police agencies can have around ten officers, while others have over 800; therefore, ten police agencies added to the list is an extraordinary accomplishment.

Stockton, California Police Department started a wellness network, and it stands out as the national model, according to Michaels (2019). Michaels (2019) stated that the Stockton wellness network is an orientation program that is approximately eight hours and is held during a training session that discusses wellness and spirituality. This network is important because the officer will be going through and seeing things they never

thought they would experience. This program discusses the significance in the curriculum about alcoholism and divorce, and officers also learn that there are benefits to seeing a staff psychologist, according to Michaels (2019).

When police agencies create policies, there is almost always research involved. Michaels (2019) explored the reasoning behind the wellness program and stated:

In July 2014, a trio of bank robbers pulled three hostages into a getaway car. It led dozens of Stockton officers, including Burrell, on an hourlong chase—shooting up more than a dozen police cars along the way with an AK-47 thrust out the back window. When the officers responded with 600 bullets, a level of force that independent investigators later described as "excessive and unnecessary," They killed one of the hostages, a mother of two whose family would then sue the agency for its handling of the incident (para. 5).

In response to the incident, Michaels (2019) interviewed Chief Eric Jones of the Stockton Police Department about the event, and Chief Jones stated it was "the most intense thing our department has gone through" (para. 5).

Police departments can go through tough situations when a critical incident has occurred. If the police officer is justified in their actions during the incident, sometimes the department still takes a hit with lawsuits, and everyone is affected. Since the event in Stockton, Chief Jones decided to boost morale and trained more peer-support personnel to lend a hand in these rough situations allowing the officers to do a debrief with peer-support officers (Michaels, 2019).

Sometimes police officers enter the profession with an understanding of trauma since some officers have military backgrounds. Being taught to understand coping strategies in a wellness class can ultimately help an officer for past, present, and future situations. Michaels (2019) had observed a wellness training class in February 2018, where Jesse Kenyon, Stockton's chief chaplain, mentored the class. Michaels (2019) stated that Chaplain Kenyon, "tutored the cadets about the body's chemical responses to stress and ways to calm down from a state of prolonged high alertness" (para. 8). Michaels (2019) also stated that the chaplain, "Suggested exercising for at least 22 minutes after work, or they could practice mindfulness techniques to fall asleep: For instance, closing one's eyes and attempting to recall all the objects in a bedroom" (para.8).

The results of this wellness program have shed some light on progress. According to Michaels (2019), by paying close attention to the officers' wellbeing, the Stockton Police Department was able to handle less workman's compensation claims than before. There were fewer complaints on use of force, even though there was also deescalation training, body-worn cameras, and a grant from the Justice Department to improve trust between citizens and officers. Although wellness programs may take time to see any effects, in this case, it stretched out to the community making a difference with the public and for the officers. Wellness training can have a considerable impact, which is why other agencies are starting their own programs.

It is crucial to maintain a healthy work-life balance. For some police departments, having resilience training allows officers to learn emotional training to manage their

emotions from service calls they have responded to during their shift. Resiliency training also gives cognitive training to improve the memory; however, solving puzzles or using games also helps to strengthen cognitive skills (Conn, 2018). Conn (2018) stated that "Following eight weeks of mindfulness-based resilience training, which met once a week for 2.5 hours, police employees showed improvements in perceptions of administrative stress, operational stress, sleep, pain management, anger, reactivity, burnout, resilience, and acting with awareness" (p. 163).

Summary and Conclusions

A comprehensive examination of the literature was completed that related to concerns to the aftercare postcritical incident for this review. The research concluded has shown a correlation between strain and suicidal ideation amongst police officers. This research has also revealed that there is less research completed on female police officers and how they handled themselves post critical incident, even when their depression rates are higher than male officers. There is a broader understanding of the importance of training police officers on the effects of the involvement of critical incidents, and the possible stress they may encounter while working in the field. The extensive effects of stress, the symptoms of PTSD, and the number of officers diagnosed with PTSD suggest the training and wellness programs help with coping strategies and mental awareness in the law enforcement community.

Through this qualitative study, the importance of the implementation of programs and policies became apparent. The significance of these research findings and the literature gap in the evidence-based research for stress and mental illness in police

officers support the importance and need for this study, particularly in female officers.

Through the critical analysis, integration, and synthesis of the knowledge achieved in this

literature review, I have identified some common themes which will contribute to the

future of the criminal justice field.

Chapter 3: Research Method

Introduction

Law enforcement involves stressful and more frequent exposure to the dangers of traumatic and critical events (Pickens, 2010). In this chapter, I explain the research design, the researcher's role, the methodology and instrumentation used, the data analysis, and the ethical considerations of this phenomenological research study. The purpose of this study is to better understand female law enforcement officers' perceptions about how responding to a critical incident, like a mass shooting, impacts mental health in policing within the United States.

The participants of this study were female law enforcement officers involved in a critical incident. This study was vital because showed that female officers who responded to a critical event should not report back to work until they have seen a counselor or someone equivalent to a counselor. With frequent exposure to critical incidents, male officers were more likely to complete suicide; in contrast, female officers were more likely to be depressed (Nierenburg, 2016).

Research Design and Rationale

The conceptual framework research design for this study included strain theory within the law enforcement subculture. This study's research tradition was a phenomenological inquiry to study the female police officers' cultural phenomena within the police subculture. The population included female law enforcement officers because I could not find literature involving work-related stress in female law enforcement officers. I gathered documented data, observed emotions, and completed interviews with

participants to construct lived experiences in the police subculture. I collected self-reported data in interviews and statistical data. I explored the relationship between female police officers and work-related stress, which may have come from the involvement of a critical incident event to the aftercare postcritical incident, dictating an early career change or retirement for the officer involved.

This phenomenological study's research question was as follows: What is the longevity of a female law enforcement officers' career postcritical incident? This question aligned with the qualitative research design inquiry as I explored this population's personal experience through the lens of all participants to better recognize the influence of this phenomenon. A secondary research question for this study was as follows: How soon should a female law enforcement officer return to the street after responding to a critical incident? I also explored why the female population's experience affects the longevity of the participants' career in law enforcement.

Role of the Researcher

I was the instrument and an observer in this phenomenological study. The participants' criteria included female police officers involved in at least one critical incident event. I have the same gender, profession, and involvement in a critical incident event as the participants. I have been a law enforcement officer for 15 years in Virginia and have been in law enforcement for almost 22 years; however, I have responded to police-involved shootings as a forensic investigator. I am currently a homicide detective and am not in any supervisory role in the police department. I have not responded to any mass shootings.

I am currently a Department of Criminal Justice System certified instructor and am routinely training recruits in the police academy; however, this may constitute a power relationship or possibly a supervisory role depending on the police agency. In this study, to alleviate any bias, I went outside my police agency and sought female police officer volunteers from other jurisdictions located in the southeast part of the United States. Speaking with the participants one-on-one before the interview also helped alleviate any potential power relationship situation. Police subculture is unique, and because I am also a police officer, I may have better understood the emotions and perceptions the participant officers showed or tried to explain. With police subculture, it may have been easier to speak with a fellow officer because of that culture.

During the interviews, I was observant of the emotions of the participants. I advised the participants that the interview was voluntary, and the data collected would be anonymous. The data collected are explained and analyzed for the research study. I was adherent to the participant and explained the interview process before the interview proceeded. I was familiar with interviews and speaking to people one-on-one; therefore, I understood that emotions may develop, causing a moment to be patient in the interview.

Methodology

I safeguarded the police officer participants' identity within this research study and the results of the data collected for this dissertation. I contacted a gatekeeper who knew a female law enforcement officer who had been involved in a critical incident and asked if they would like to participate in a qualitative study involving law enforcement officers involved in a critical incident. I set up a time and place to interview the first

participant, which was over the telephone. The participant was in Florida, and I was in Virginia. Before the interview concluded, I asked for any similar female officers that they recommended and if they would be willing to participate in this qualitative research study, using the snowball method.

I interviewed a total of 10 participants. The participants were from the female law enforcement population involved in any critical incident to understand their point of view from their personal experiences and had been sworn law enforcement within the last 10 years. The female officers were involved in any critical incident in the previous 10 years because this allowed the interview to effectively address a period of the officer's personal experiences before, during, and after the incident.

I used the interview questions and other published data collection instruments that fit into the research study. The published data collection instruments used were letters or emails of permission from each of the interviewees. The female officer participants involved in this study were strictly voluntary and remained as nameless participants. Also, the police officer participants were not forced to complete the study, and they were advised that there were no incentives to participate in this research. Research data collected will be kept for a minimum of 5 years after the publication of this research study.

Participant Selection Logic

The participants selected in this research met the minimum criterion. I studied female police officers' culture and the phenomena within the police subculture surrounding women in policing. The primary criterion for participants is that they must

have been female law enforcement officers who were active law enforcement or recently retired from law enforcement within the last 10 years. A secondary criterion is that they had to be involved in a critical incident within the United States; however, the interviews began in Florida with those female officers who responded to the Pulse nightclub on June 12, 2016.

> A critical incident is
>
> any situation faced by personnel that causes them to experience unusually strong emotional reactions which have the potential to interfere with their ability to function either at the scene or later. All that is necessary is that the incident, regardless of the type, generates unusually strong feelings in the personnel. (City of Virginia Beach, 2018, p. 1)

Some examples of critical incidents are police-involved shootings, mass shootings, or police-involved vehicle fatalities.

There were 10 interviews completed with female police officers who had been involved in a critical incident to understand their point of view from their personal experience. The researcher interviewed the first participant and asked for an officer's name with a similar situation. I contacted that person via phone or letter and asked the officer if she wanted to participate and be a part of this research. The participant officers were interviewed until there was saturation. Snowball or chain sampling was used to remain un-biased and to achieve the number of participants for saturation. After each interview, I asked the participant if anyone else would be willing to do an interview who matched the criteria given.

The sampling strategy involved the following population: (a) female police officers, active or retired, who participated in a critical incident within the last 10 years and (b) worked in a sworn capacity in the United States.

Instrumentation

I was the main instrument in this study. First, I sent out a participation invite located in Appendix A and a social media invite, located in Appendix B. I conducted interviews with the participants and observed their responses, both during demographic questions and critical incident questions. These questions are located in Appendix C.

For Published Data Collection Instruments

During the interview, the following instruments were used: Johns Hopkins University Project Shields Questionnaire developed by Dr. Robert Seliger in the 1930s for alcohol use (Appendix D), and the Burnout Self-Test: Maslach Burnout Inventory (MBI) developed by Christina Maslach, Susan E. Jackson, and M.P. Leiter in 1996 (Appendix E). All published data instruments are in the public domain.

Procedures for Recruitment, Participation, and Data Collection

The interview process began by contacting my friend who knew first responders in Florida and asked who would be willing to be interviewed and participate in this research study. I did not know any participant or any participants thereon. The first female police officer interviewed lived and worked in Florida. I live in Virginia and did not know the individual. The only commonality for the first participant is that she had worked with my friend. The same process occurred for the female police officers in Virginia, and I did not know who they were. The only commonality for the participants

from Virginia is that they had worked with my friend. I did not know the participants.

Because interviewing may trigger PTSD or cause some emotions to be triggered, I had

allowed the participants to have a close friend or relative with them if they wished. If the

participant was currently seeing a medical professional for their mental health, I asked the

participants to ensure it was ok to be interviewed by their medical health professional.

During the interview, if a participant experienced any triggered emotion, I paused the

interview and waited until the participant was ready to continue, rescheduled the

interview, or stopped the interview entirely.

After the interview was complete, I asked for other names involved in a critical

incident to see if they were willing to be interviewed. The participants were recruited by

the person being interviewed, not by me—in other words, snowball sampling was used

for the interviews. Participant interviews were approximately 30 minutes to an hour and

completed in full when the saturation for the research was reached, which occurred after

10 participants. Once the interview was complete with each participant, I thanked them

for their service and asked permission to contact them on a later date if needed for

follow-up questions. Once the research is approved, I will advise the participants and ask

them if they would like a copy of the study.

I collected data from the interviews conducted with the participants. Because

trust was needed between me and the participant, a responsive interview style was used. I

used a friendly and supportive tone with the participant and allowed flexible questioning

if a new topic arose. It is essential to understand that using a responsive interview

technique allowed for a participant's real-life experience.

I used a hand recorder and took notes using pen and paper. The recorded interview was typed using a stenographer. I took the typed interviews and coded the transcripts from the interviews. In the interviews, the published data collection instruments were used, not to medically assess the participants, but to understand the mindset of the participants. The follow-up plan for recruiting female participants if the results were too few entailed contacting other jurisdictions through social media. I asked for volunteer participants with the same criteria.

Data Analysis Plan

The first research question was "What is the longevity of a law enforcement career postcritical incident?" The data revealed how soon an officer may leave their law enforcement career after a critical incident and connects to the second research question: "How soon should a police officer return to the street after a critical incident?" I looked for key moments in each participant's response that helped answer this question.

I recorded the interviews, and they were typed later by a trusted stenographer. I looked for similarities involving emotions, burnout, and mental wellness and coded them accordingly. I read and highlighted the similarities for each transcript completed. The coding completed was with NVivo and Ethnography software. SPSS was also used to help for statistical analysis, modeling, and predictive research. I also had follow-up questions during the interview to further the study where necessary to clarify any themes or concepts developed. Discrepant cases were placed in their group and analyzed accordingly but treated the same.

Issues of Trustworthiness

The American Psychological Association (2020) provided an ethical compliance checklist for researchers. This checklist has provided many researchers with the stability of planning their research journey and where to begin. I ensured all permissions were obtained and took the checklist seriously, especially with the confidentiality of the participants are protected. I ensured that the police officer participants cannot be identified within the study or the results of the data in the dissertation.

Ethical Procedures

The participants were voluntarily and remained nameless participants. The police officers involved in this study were not ordered to participate in the research and were advised that there are no incentives to participate in this study. A choice to participate in the research study was given to the participants after being informed of the study's nature. If the police officer participant was still active, a request was presented to the participant's Chief of Police to use the study's officer. There was not any physical or psychological harm to the participants. If a police officer did not wish to participate in the study, there were no penalties for not participating in the study.

No participants were forced to make any comments or statements if they did not desire to do so, especially if they were uncomfortable answering the question asked during the interviews. The participants of the study had a right to discontinue the interview for any reason. The identifying information used in this study included general demographics like race, gender, and age. Any information given to me from the participants was solely for the research study, which was kept confidential and secure.

The interviews and instruments in this study were used only for this study. I will preserve the data collected from the police officer participants in a secured file cabinet and the electronic data stored on an encrypted file within a password-protected computer. Upon completing this dissertation, each participant will be given a copy of the study results and a summary of the dissertation if requested. I will destroy the data collected after five years after the completion of this dissertation. Furthermore, this study may assist in future research in the wellness of police officers.

Summary

Chapter 3 discussed the qualitative methods used to research the longevity of a law enforcement career post-critical incident. In chapter 3, the research questions for the study were presented. For this qualitative analysis, the population and sampling methods were discussed. Also discussed were the instruments and the collection of data. I took into consideration the confidentiality of the participants in this chapter. Chapter 4 will summarize and present the data analysis used to evaluate the research questions for the study.

Chapter 4: Results

The purpose of this qualitative study was to better understand female law

enforcement officers' perceptions about how responding to a critical incident impacted

mental health in policing within the United States. The purpose of studying female law

enforcement officers was to show that there is a lack in policy regarding mental

rehabilitation from responding to a critical incident. Additionally, this study was able to

show that if there is a good after-care program postcritical incident, then the officer may

not be involved in other incidents, such as use-of-force, and ultimately stay in their career

for a longer period rather than resigning because of mental instability or stress.

Furthermore, this research provides informative and correlational information that can be

useful in improving and implementing new policy and procedures, which can assist in

helping officers who respond to a critical incident discharge the stigma of getting

assistance with stress management involving mental health and substance abuse.

This chapter includes the results of the qualitative study that was conducted to

answer the following questions:

1. What is the longevity of a female law enforcement officers' career postcritical?

2. How soon should a female law enforcement officer return to the street after

responding?

This chapter also addresses the conditions of the study and if there were any

effects in the analysis of the study's results. Moreover, it provides the demographics of

the participants and the method of data collection. This information includes the number

of participants, the location of the data collection, and how the data were recorded. The

method used to code the data is located further in this chapter. Finally, the evidence of trustworthiness is also provided, and both research questions are addressed.

Setting

For this study, the setting of the interviews conducted were via telephone. The participants scheduled a time that would work best for their schedule. All the participants were alone during the interview, and the interviews occurred at different times throughout the study. All participants stated that they were comfortable to interview for the time allotted. Some participants were still active officers working on limited timeframes; therefore, the interviews were focused on interviewing efficiently, which allowed for a more focused and thorough response from the participant.

Demographics

The participants of this study were female law enforcement officers who were active or recently retired from law enforcement within the last 10 years and had been involved in a critical incident. The identifying information used in this study was general demographics like gender, age, occupation, and marital status. The participants in this study met all the requirements needed for the study. Participants had been in law enforcement from 2 to 29 years. The participants interviewed worked in Florida, Texas, Tennessee, Pennsylvania, Illinois, New Jersey, and New York. Based on the time in law enforcement, all the participants had enough experience in law enforcement to adapt to the culture of being in law enforcement and to be involved in a critical incident.

The participants were asked to choose their age range. As seen in Table 1 below, there were no participants who fell into the category of ages 26 to 30. Participants who

fell into the age category of 51 to 55 represented 30% of the population, whereas

participants who fell into the age category of 46 to 50 represented 20% of the population.

All other age categories represented 10% of the population. All participants were female.

As shown in Table 1, most of the participants were in the age category from 51 to 55

(30%).

Table 1

Participant Age Range

Age range	Number	Percentage
20-25	1	10%
26-30	0	0
31-35	1	10%
36-40	1	10%
41-45	1	10%
46-50	2	20%
51-55	3	30%

Note. N = 10.

The participants were asked their current marital status. As shown in Table 2,

most participants are married, which made up 60% of the contributing participants,

followed by one participant who was married twice and currently separated, which made

up of 10% of the participants. Two of the participants were divorced twice, which made

up 20% of the participants. One participant was single, which made up 10% of the

participants. The participants were also asked if they were married before or after joining

law enforcement. One participant was single, never married. One participant stated she

was married before, while most of the participants stated they were married after joining

law enforcement (80%), as shown in Table 3.

Table 2

Current Marital Status

Current marital status	Number	Percentage
Single	1	10%
Married	6	60%
Divorced	2	20%
Separated	1	10%

Note. N = 10.

Table 3

Marital Status Before and After Joining Law Enforcement

Marital status before and after joining law enforcement	Number	Percentage
Before	1	10%
After	8	80%
Never married	1	10%

Note. N = 10.

The participants were asked the number of years they had served in law

enforcement, which is shown in Table 4.

Table 4

Years in Law Enforcement

Years in law enforcement	Number	Percentage
1-5	2	20%
6-10	0	0
11-15	1	10%
16-20	3	30%
21-25	2	20%
26-30	2	20%
Over 31	0	0

Note. N = 10.

Most of the participants were still active law enforcement that made up of 60% of

the participants. Three of the participants stated they were recently retired; one had

medically retired. One of the participants stated she had resigned. The occupation status is displayed in Table 5.

Table 5

Occupation Status

Occupation Status	Number	Percentage
Active	6	60%
Retired	3	30%
Resigned	1	10%

Note. N = 10.

The participants' law enforcement occupation was one of the questions asked in the study. Most of the participants worked in patrol, which accounted for 70% of the participants, shown in Table 6. However, one participant stated she worked in corrections, another stated she worked as a school resource officer. One participant stated she was in patrol and later worked in investigations.

Table 6

Law Enforcement Occupation

Law Enforcement Occupation	Number	Percentage
Patrol	7	70%
Investigations	1	10%
School Resource Officer	1	10%
Corrections	1	10%

Note. N = 10.

Data Collection

Once approval from the IRB was received, the interview process began by contacting my friend who knew first responders in Florida and asked who would be willing to be interviewed and participate in this research study. The participants were not known to me. Three participants contacted me by text/phone and stated they would be interested in the study. I emailed the invitation and consent form to the potential participants where the participants consented.

A social media invite was sent out on Facebook where potential participants were informed to contact me. Seven potential participants contacted me by email and stated they would be interested in the study. I emailed the potential participants the invitation and consent form, and the participants consented. After each participant gave their consent, I scheduled a time and date that the participant was comfortable with. There was a total of 10 participants who were identified and showed interest in the study. All the participants were verified to meet all the criteria needed for the study.

The interviews with the participants were conducted over the phone. All the participants felt more comfortable talking over the phone than over a Zoom or Facetime on the phone. Due to COVID-19, all participants chose to conduct the interview over the phone rather than in person for their welfare because most were still active law enforcement. Some participants were out of state (Florida) and could not do an in-person interview.

Over an 8-month period, I conducted 10 interviews with interview questions that I created and chose specific for this study. The participants were notified prior to the

interviews that the interview could take up to an hour; however, most of the interviews ranged between 30 to 50 minutes. Each interview was recorded on a digital voice recorder with verbal consent from the participant. All recordings from the interview were transferred from the digital voice recorder to a flash drive to be saved and deleted from the recorder. The flash drive was then secured in a locked location. The participants contributed their experiences, knowledge, and emotions regarding the law enforcement culture surrounding stress and mental wellness throughout their careers in law enforcement.

Data Analysis

When the interviews for the study were completed, the recorded interviews were transcribed by a stenographer. Once the stenographer finished, I saved the typed interviews onto the flash drive for review. The transcribed interviews were printed and placed into a binder. Prior to coding, the interview questions were highlighted for reference on printed paper. While conducting the interviews, notes were taken on key words that the participants stated throughout the interviews. This made it easier to develop similarities leading to themes while coding the data collected.

Each interview was read individually and later uploaded to NVivo for coding. After reading each interview in NVivo, the participant responses were compared from the interview questions asked during the interview. Each interview was analyzed and coded individually. Once each transcript had codes identified, the transcripts were compared with the other participant transcripts to identify themes.

The first section of interviews were demographics and the types of critical incidents the participants were involved in. One of the questions asked was if the participant ever thought that they would be involved in a critical incident, which most responded yes, but not to the effect of the ones they responded to. Another section of interview questions involved the different types of emotions they had experienced postcritical incident. After comparing the transcripts with codes, obvious themes started to surface. Some of the codes described from the participants were emotions, like anger, stress, heightened awareness, and restless sleep. This led to themes emerging, and the first theme considered was emotions after a critical incident. When reading the transcripts, the participants were constantly recalling emotions, and it became a consistent theme with the participants. Nine participants said they had some sort of insomnia after responding to a critical incident. One participant stated, "I had really bad mood swings, uncontrollable angry outbursts, and I think those were the main things that were affecting me." Many participants also experienced similar outcomes, which led some participants to counseling.

During some parts of the interview, participants brought up how their leadership reacted to the incident they were involved in, some positive, some negative. This in turn led to two more themes emerging from codes: coping strategies postcritical incident and leadership and policies. These themes revealed that leadership and polices played an important role between their personal and professional experiences. The participants believed that the experiences at work affected their career and their home life. Nine out of 10 participants were married after they became a law enforcement officers and some later

divorced. Some participants were proponents of not bringing their work at home, while others were married to other law enforcement officers and talked about their day.

Leadership and polices became a crucial theme in this study, which also led to the officers' perceptions of what a critical incident was. Not all the participants had a mandatory debrief after the incident, but this may be from the leadership defining what a critical incident is in their policies. One participant, for example, said that they did not get time off to recover from an incident, whereas other fellow officers were able to have weeks off. With the perceptions of the participants, it was evident that the term "critical incident" was made out to only be a mass shooting or similar incident. Several of the participants identified not understanding what a critical incident was and the lack of consistency became more apparent as a concern for their department. One participant asked for a transfer and stated, "I think in my head, once my transfer didn't happen right away, it was kind of like I just shut it down." Overall, some departments handled situations differently based on the perception of a critical incident.

The most common theme identified was how responding to a critical incident affected their career. The participants went through emotions and other strenuous physical activities that affected them at work, sometimes shutting them down. There was small percentage who praised their departments on how they handled the incident and the officers postcritical incident. For example, one participant said, "My department is very, very, very supportive of peer support."

None of the participants knew each other, but they were all collectively involved in similar situations in their career. Another section of questioning involved police

culture and how they handled stress before and after the incidents. Ninety percent of the participants started or developed depersonalization while in their career. One section of questioning involved alcohol; however, only two participants needed the questionnaire. This brought the theme of critical incident memories to emerge because the participants all described their experience during the incidents they were involved in.

The last section of questioning was about their career journey and what they have learned about themselves and their career post-critical incident. The participants had some career developments and desired critical incident and stress management classes in their career. Most participants felt they were supported by their administration in addressing post-critical incident procedures like debriefing, peer support, and counseling; however, all were in agreeance to making it a mandatory policy to help reduce the police culture of stigma. One participant stated, "I think you have to go by the incident. How critical was it? Do we need to sort people out individually? And my answer is always gonna be yes, you should do that."

Throughout the data analysis phase, there was one main discrepancy that was identified. The discrepancy was the perception of what a critical incident was. It took about seven months to get participants because the perception of a critical incident amongst the participants was being involved in a mass shooting or an incident similar to that of a mass shooting. This was an important factor in this study because it goes back to policy writing. Before some of the interviews, some participants commented on the fact that didn't realize they were involved in a critical incident and looked at it more like an

isolated situation that they were involved in. Therefore, this was why the theme emerged for the perceptions of a critical incident and debrief.

Evidence of Trustworthiness

Throughout this qualitative study, it was important to consider the concerns for dependability and most certainly, credibility. The years of experience from the participants ranged from two years to twenty-nine years with a total of ten participants. Each participant had their own personal experiences and achievements in the law enforcement profession. The approach used was consistent in maintaining dependability and credibility through the perspectives of the participants by using triangulation. The quality of the information and the participants sharing information allowed for a better understanding of the law enforcement culture involving mental health amongst officers.

The participants in this study worked in patrols, in schools, or in investigations. This allowed for a more informational look into the participants' experiences involving critical incidents. Participants were interviewed who had been involved in one or more critical incidents and all had an emotional tie to their experiences which allowed for a more credible study. There were also different types of law enforcement used in the study to include state police, highway patrol, sheriff's deputy, corrections officer, school resource officer, and local police.

The participants' perspectives played an important role in triangulation. It was particularly important to listen to each participant during the interview and hear about their whole situation from their own perspective. After the interview was typed, I compared the verbal information to the written transcripts to ensure I understood the

emotional part of the interviews that could be lost in transcription alone. The interviews were detailed, and I ensured that any bias was removed from the research. This was also done by specifically quoting the participants from their own perspectives.

There were specific responses from the participants that I focused on. This allowed for the opportunity to delve into the interviews to find the information needed for this research. The emotions and perspectives played an important role in this study; therefore, it was important to keep the participants' words intact by quoting some of their responses to the interview questions which allowed for themes to surface throughout the study. The ten participants were anonymous volunteers for the study and their names were not known until the interview had been scheduled.

<h1 style="text-align:center">Results</h1>

The purpose of this qualitative study was to better understand female law enforcement officers' perceptions about how responding to a critical incident impacted mental health in policing within the United States and the longevity of their career after responding to critical incidents. The purpose of studying female law enforcement officers was to show there is a lack in policy regarding mental rehabilitation from responding to critical incidents in an individual's career.

Ten interviews were conducted on female law enforcement officers who were active or recently retired from law enforcement within the last ten years and who had been involved in a critical incident and later analyzed. These interviews helped in gaining a better understanding of the authenticity of police culture and the influences that leadership and co-workers have involving stress in the aftermath of responding to a

critical incident. The interviews were analyzed, and they addressed the two research questions that were stated in the beginning of this qualitative study. The research questions were as follows:

1.   What is the longevity of a female law enforcement officer's career post critical incident?

2.   How soon should a female law enforcement officer return to the street after responding to a critical incident?

The ten interviews were transcribed, and data collected and meticulously analyzed to discover themes. The themes that arose were able to help answer the research questions for this study.

Theme 1: Perceptions of a Critical Incident and Debrief

Some of the participants' individual perceptions on the definition of a critical incident was allowed due to the degree of how important it was for this study and how developing and implementing policies in law enforcement agencies can help identify mental health prior to burnout. It was important to focus on the definition because many of the participants thought that a critical incident was something serious like a mass shooting; however, a critical incident is defined as "Any situation faced by personnel that causes them to experience unusually strong emotional reactions which have the potential to interfere with their ability to function either at the scene or later. All that is necessary is that the incident, regardless of the type, generates unusually strong feelings in the personnel" (City of Virginia Beach, 2018, p. 1).

During the interviews, some participants questioned whether they were involved in a critical incident. The definition or perception of a critical incident varied with each participant. Some participants stated that their leadership did not have a set plan for responding to a critical incident unless an officer was injured, or if a mass shooting occurred. After an officer responds to a critical incident, most departments have their officers conduct a debrief (Michaels, 2019). When reviewing the interview transcripts, I discovered that only 30% of the participants received a debrief after the critical incident they were involved in; furthermore, the same 30% that received a debrief were all involved in mass shootings, shown on Tables 7 and 8. Two out of the three participants completed a debrief the same day the incident occurred, whereas one of the participants received her debrief two to three days after the incident occurred.

Table 7

Debrief After Critical Incident

Debrief	Number	Percentage
Yes	3	30%
No	7	70%

Note. N = 10.

Table 8

Responded to a Mass Shooting

Responded to a Mass Shooting	Number	Percentage
Yes	4	40%
No	6	60%

Note. N = 10.

One of the participants that attended a debrief stated that they sat 40 officers in a circle and asked them to tell the other officers what their role was in the incident. The participant stated, "I'm sitting there like, 'No, I hate that guy. I hate that guy. I don't want him to know,' you know, and I think I'm sure I was not the only one that was thinking that." The same participant continued and said,

> So, we all went around the circle, and I said, "Well, I was there. I helped a few people, and I went home around 10:00 that night, and I was really tired." That's all you're gonna get out of me. You put me in a big circle with a bunch of people, most of whom I love, some of whom I despised, so…

When the participant was asked what could be done better, she explained,

> I think they should have broken people into groups. I know there's burdens and finances and budgets, and whatever, but every single officer should sit with a therapist twice a year, even if you just stare at each other for an hour, just to have that. Everybody's doing it, so nobody's singled out.

Another participant who received a debrief the same day of the incident had a different approach on how her department acted concerning debriefs for her first incident, which was an attempted traffic stop where the driver fled and later crashed resulting in death. The participant stated,

> In the beginning, I was so angry that I didn't even want to talk to anybody. And then, all of a sudden, it switched in an hour, and I was all sad and crying, and then I wanted to talk to somebody, so they immediately sent my peer support coworker to me, one that I specially chose to have come.

Several years after this incident, the same participant was involved in the aftermath of a mass shooting. Her department had another approach to conducting debriefs where these were mandated for the officers involved. She stated that the mass shooting took several days to process forensically; however, every day the officers involved had to meet with someone and have a group discussion. The participant spoke highly of her department and stated, "My department is very, very, very supportive of the peer support."

The third participant was involved in a mandatory debrief about two to three days after the mass shooting incident took place. This participant was frustrated when talking about her department and how the debrief was handled. This participant stated,

I remember getting home that morning, but I don't remember -- I remember getting home and taking a shower, and then I didn't sleep because I was kind of waiting for somebody from the department to call and say, hey, don't come to work or we're going to have a debrief. That never happened.

Another participant was involved in the aftermath of a mass shooting and several other incidents but did not have a mandatory debriefing afterwards. This participant stated that she went home and started "to drink away my feelings." In response to her comment, she was asked what her department could do better, and she responded with, "I think there should be a mandatory debrief after every incident." Considering the situation, the participants also stated, "That we mandate debriefings, critical incident stress management programs and, there needs to be acknowledgment of how each individual person will deal with each individual circumstance that they find themselves in in their own way, and that's okay."

The other participants that were involved in critical incidents did not receive or were not offered any type of debrief. One participant that was involved in a very grotesque scene stated, "There was no debriefing of any sort on my department's side. There was no critical incident debriefing. It was offered to me through the fire department, but I'm not a firefighter." One other participant felt she needed to talk after being involved in an incident but did not have any luck with her department. She stated, "They weren't too happy about the fact that I would talk about my mental health after my incident. My peers thought that it made me weak for trying to discuss my feelings with them on an individual basis." Furthermore, another participant had the same feelings about her department. She stated, "My job didn't care, they talked a good talk, but they really didn't care about officers' mental illness." This was a repeated thought amongst the rest of the participants.

The concerns here are leadership and policies. All officers interviewed who had responded to a mass shooting had a debriefing except one; however, officers who were involved in a critical incident other than a mass shooting did not receive a debrief or get offered to go to one from their home department. All the participants involved in this study were aware of debriefings after a critical incident; but not all of the participants knew that they were involved in a critical incident until they read the definition. Law enforcement officers respond to abnormal events, something a regular citizen may never see in person. Despite this, there are no set polices for a mandatory debrief after responding to a critical incident other than a mass shooting incident. Since there is no set standard for identifying what a critical incident is and how to address each incident as it

occurs, it may behoove a department to introduce this into policy or make debriefings mandatory versus voluntary.

Theme 2: Leadership and Policies

One issue that exists is that law enforcement leaders may fail to recognize that without mandatory policy, officers are often required to return to work immediately after an incident. This means there is less time or no time for involved individuals to recover from a critical event. The law enforcement officers who responded to the critical incident may end up returning to the streets to patrol or to their desks to investigate rather than be involved in a debrief (Policy Team, 2010). Instead, the officers who were involved in the incident returned to work the day of or after the incident (Policy Team, 2010). One participant who was involved in a mass shooting incident mentioned that she and fellow officers went back to work the next day, not just to patrol, but to "guard" the area where the mass shooting occurred and to be security at the hospital where victims were being treated. This participant did not feel comfortable going back to patrol after the incident and was finally released of this stressful task when her cycled day off occurred. She was not offered any days off for being involved in the incident. She requested a transfer; however, that fell through causing her to shut down emotionally.

During another participant interview involving a child-death scene, the participant felt her leadership did not support her emotions or feelings that resulted from responding to the child's death. She stated, "I knew that I would emotionally not be able to maintain my composure," and he goes, 'Well, you've been doing this job a long time. There's no excuse for that.'" Another participant was assaulted by a patient in a mental hospital

while working extra security. The participant stated the patient strangled her almost to the point of losing consciousness and had her shoulder torn out of socket. After returning to work eight months later from medical leave, she felt ready to work; however, she stated, "When I returned, I felt like I was ready, but I was not as sure of myself. I lost the confidence in myself, I guess maybe hesitant." Once that set in, the participant stated, "I ended up having to step back for another few weeks so that I could seek counseling, because I hadn't fully accepted what happened to me, so I had to go get professional counseling because of it." Since the participant wanted to seek counseling and felt it was best for her, she inquired within her department of what to do to seek this help. She was advised about the Employee Assistance Program (EAP) that her city pays for; however, she had to seek help on her own with no assistance. This participant also stated, "I tried to talk to my peers, and I didn't have anybody really there for me. I was kind of blamed for my incident and what happened to me." The participant felt if she really needed help, she would have received the help she needed.

Other participants involved found that talking to their co-workers helped with dealing with trauma faced on the job. Some participants felt that talking helped them through the trauma they experienced. Another participant who decided to retire spoke with her leadership and stated, "You know, Boss, if things had been differently, I wouldn't be retiring right now. I wouldn't be leaving today." She then said her boss said, "I wish I had talked to you sooner." The participant then stated, "Everybody in the precinct knew it, but, you know, the bosses didn't want to hear it." The participant followed up on talking about responding to critical incidents by stating,

Maybe not even so much a critical incident, just once a year, you've gotta check in with somebody. Maybe if they had a one-on-one appointment with somebody once a year, maybe the first year wouldn't make a difference, the second year wouldn't make a difference, but maybe by year five.

Table 9 shows that all of the participants needed to talk to someone after the critical incident. Table 10 indicates the time it took the participants to realize they needed to talk to someone after their incident. All the participants needed to speak to someone afterwards, whether it was a spouse, a close friend, or a counselor. 40 percent of the participants reached out to talk to someone the same day of the incident, whereas 20 percent reached out the second and third week after the incident. 10 percent of the participants reached out within a year, and 10 percent reached out after a year or more. There was a consensus amongst the participants on reaching out to talk to someone directly after the incident occurred.

Table 9

Needing to Talk to Someone After the Critical Incident

Needed to Talk to Someone After the Critical Incident	Number	Percentage
Yes	10	100%
No	0	0%

Note. N = 10.

Table 10

Time it Took to Reach Out and Talk

Time it Took to Reach Out and Talk	Number	Percentage
Same Day	4	40%
Within the First Week	2	20%
Within the Second Week	2	20%
Within the First Month	0	0%
Within the First Year	1	10%
After a Year or More Post Incident	1	10%

Note. $N = 10$.

Theme 3: Responding to a Critical Incident Affecting Career

All participants involved in this study responded to a critical incident. Table 11 describes how far into their career they were involved in a critical incident. The study shows that 30 percent of the participants were involved in a critical incident within their first 12 months of working in law enforcement. 20 percent of the participants stated that they were involved in a critical incident between their first and third year in law enforcement. 10 percent of the participants stated they were involved in a critical incident between four to six years. 20 percent of the participants that were involved in a critical incident stated it occurred between their thirteenth and sixteenth years, whereas only 10 percent stated that they were involved between their seventeenth to nineteenth years and twenty-fourth to twenty-seventh years.

Table 11

How Far Into Career Critical Incident Occurred

Length of Time	Number	Percentage
Within the First 12 months	3	30%
1-3 years	2	20%
4-6 years	1	10%
7-9 years	0	0%
10-12 years	0	0%
13-16 years	2	20%
17-19 years	1	10%
20-23 years	0	0%
24-27 years	1	10%
28 or more years	0	0%

Note. N = 10.

The definition of a critical incident also appeared to play a role in this study. All participants acknowledged that they knew they would be involved in some sort of critical incident in their career. Some participants did not think the critical incident would have been as severe as the ones they were involved in. Not every critical incident the participants were involved in may have been severe every time; however, the incident affected the officers' behaviors and emotions which was later seen within their departments. Although some did not view the situations they were involved in as critical incidents at the time of occurrence, they later realized these events affected them and their careers.

Theme 4: Emotions Play a Critical Role After Responding to a Critical Incident

During the participant interviews, they were asked several questions in relation to their emotions and physical activity after they were involved in a critical incident. As noted in Table 12, one important factor that involved 90 percent of the participants was insomnia. An essential aspect that Kates (2015) described was how police officers block or suppress certain feelings. Difficulty sleeping can also affect the police officer's job performance and mental state, causing officer safety concerns. The participants agreed that they were supposed to be perceived as strong, not weak, while they were on the job.

Another interesting fact that arose in the interviews was that 70 percent of the participants experienced a change in their sex-life with their partners. 50 percent of the participants also had headaches, felt isolated, and lost friends throughout their experience postcritical incident. 40 percent of the participants felt stomach problems, had a temper or got angry, felt guilt or remorse, or began to experience trust issues.

Table 12

Emotions and Physical Activities Post Critical Incident

Emotions and Physical Activities	Yes	No	Unknown/ Doesn't Recall
			Percentage
Headaches	50%	40%	10%
Insomnia	90%	10%	
Stomach Problems	40%	50%	10%
Sex-Life Changed	70%	30%	
Flashbacks or Dreams	40%	60%	
Temper / Anger	40%	60%	
Felt Isolated	50%	50%	
Felt Guilt or Remorse	40%	60%	

Experienced Trust Issues	40%	60%
Lost Friends	50%	50%

Note. N = 10.

Most of the participants' trust issues not only stemmed from their peers or friends, but also stemmed from their leadership. An officer's perception of their leadership can be influenced if their leadership shows competence and consistency (Wheatcroft et al, 2012). Several participants lost the ability to trust their leadership because of how they were treated or ostracized in their department. Every participant had unique but similar situations happen; however, each department handled the officers' situations differently. Some departments had mandatory counseling or days off, where other officers were required to report to work the day after the incident occurred.

The emotions and physical activities listed in Table 11 affected the officers while they were at work. Some officers stated they got flashbacks when they saw the incident replaying again in the media, which brought them back to specific images they saw during their incident. Other officers responded to future scenes that brought back emotional memories of their initial critical incident. Even so, all participants stated that through their experience, going through a critical incident has made them a better officer.

Theme 5: Memories Formed From Critical Incidents

Having psychologically healthy officers is just as important as officers being physically fit. Conn (2018) explained that the physical experiences caused by trauma could affect an individual's thoughts and feelings because trauma affects a person's memories. One participant who responded to a mass shooting stated she had memories of

the incident and the memory that stuck with her the most was, "Just walking into the

building, and the bodies on the floor, then walking back outside to start doing interviews

of the other people in the room. I can picture every single one of their faces to this day."

This participant also stated it was, "such an ingrained memory, but I can picture every

single aspect of that scene with perfect clarity, even today." Another participant who

responded to a mass shooting stated, "I just heard random cell phones ring in the

classroom. Everything is just dead quiet, but you see absolutely everything that happened

in the school." Just these two memories from these participants show how the mind

works when dealing with trauma.

A participant who responded to a mental illness call stated,

I got hit in the head, lying on the ground, and having blood everywhere, and

looking up and seeing a guy pick up the shovel, that he was gonna finish me off,

and me pulling my gun, and I was about to shoot him, and they ran in the house.

This same participant was emotional during this part of the interview. She also mentioned

that she was having a hard time trying to get her brain to function because she had gotten

hit so badly in the head. Officers are taught to keep going until the threat is stopped and

to fight through the pain. She continued to say that what felt like minutes was only really

seconds.

Another memory that one of the participants reported was that she could see the

limp legs of her fellow officer who was shot and killed in the line of duty. As the officer

laid there, the participant stated, "Just seeing how her legs were displayed. You know,

she was on her back, and her legs were just displayed out and not moving because I am

like that's the legs of somebody that's not going to live." Another incident that this participant was involved in manifests in her mind as not a memory but a feeling of chaos.

One participant mentioned that she could recall the day of the incident and the day prior. Another participant stated she remembered shoes. She said, "I don't know what it is, how people run out of their shoes, but people run out of their shoes. All the random shoes laying there, the backpacks laying there." A participant that was involved in an isolated incident stated, "Hearing him breathe, because even though I was thinking about a million things and trying to get out of the position I was in, I remember just focusing on him breathing so calmly." She also stated it affects her because, "now I can't hear anybody breathe without getting irritated."

Another participant who was involved in an isolated incident stated, "A lack of a tourniquet," was ingrained in her memory, which make her carry one on her duty belt at all times since the incident. One participant's memory was not of the victim, but towards her fellow officers' response to a scene. She stated, "It was the officers' heartless response to it. Like, they were, like, taking pictures, selfies. That never left my mind because it was just like so heartless to me." The final participant's memory was a sensory memory. She stated, "Everybody says that you'll pick up things like smells and sounds, and things like that, and I don't have those. I don't have any smells. I don't have any sounds." Some memories became learned lessons while others became haunting explorations of their brain. The severity of the critical incident the participants were involved in played a role in the way they remembered the incident.

Theme 6: Coping Strategies Post-Critical Incident

Coping strategies are an important priority in law enforcement officers' lives and help balance the everyday life of being in that line of work. By using coping strategies there may be confidentiality between an officer and a medical professional; however, there are coping strategies that officers can do on their own. All participants had some sort of coping strategy. Some participants learned how to cope by going to a counselor or therapist while others learned on their own what works for them. One participant stated, "My coping is just talking and the gym. I think those two things keep you mentally sane." When she was asked if her coping strategies had changed before any incidents, she stated, "I didn't have anything highly stressful that I encountered, or highly critical, anything mentally affecting me, so I think I'm way more active in the gym than I've been before those incidents." Another participant stated she exercises and sleeps but believes having a routine at home is important.

One participant stated she loves going to the gym, but not a regular gym. She prefers attending a fighting gym. She stated, "If I feel like the weight of the world is on my shoulders, if I get into my fighting gym, not just the regular gym, I usually feel better afterwards." She also believes that getting out of the house or spending quality time with her friends has also helped to relieve stress. One other participant enjoyed playing golf and just hitting golf balls. She said it became more frequent the further she got into her career before she retired.

While some participants valued the gym or exercising, only a couple of participants stated that talking to a loved one helped them recover mentally; however,

after the incidents, they were more in-tuned to their mental health and more open to talking about what was going on mentally. Keeping busy was another coping strategy another participant practiced, she said, "I'm always doing stuff, so I definitely have great balance with work and my personal life."

Only one participant severely turned to alcohol as a coping mechanism. The participant stated, "I'm not really sure if I felt the need to, but I most definitely, 100 percent, used alcohol as my coping mechanism for many—for several years, and I used alcohol in excess." Bishopp & Boots (2014) examined two themes relating to police stress and suicide ideation: the first was alcohol used as a coping strategy since it is deemed reasonable in police subculture, and the second was depression. This study revealed that no participants interviewed had even contemplated suicide. This participant later learned that she could write an emotional report on herself in a journal which has helped her manage her mental wellness. She also revisits her journal to make sure she is making progress in her life.

Summary

While conducting this research study, the confidence put into these ten participants chosen to conduct the interviews assured them that their responses would help understand their professional point of view within their career and departments' policies involving the officer's welfare post-critical incident. Although there were various years of service and various jurisdictions, their experience has helped to provide the information and the data needed to sufficiently answer the research questions developed

for this qualitative study. All participants provided their own emotional experiences

without hesitation, which led to the data collected for the research needed for this topic.

Chapter 5: Discussion, Conclusions, and Recommendations

Realistically, police officers are in a stressful profession that can later lead to an occupation full of emotional decisions constituted by stress that continually puts them in situations that cause mental exhaustion. The purpose of this qualitative study was to better understand female law enforcement officers' perceptions about how responding to a critical incident impacted their mental health in policing within the United States. The purpose of studying female law enforcement officers was to show that there is a lack in policy regarding mental rehabilitation from responding to a critical incident.

This qualitative study was conducted to help fill the gap in literature by showing the community the understanding of how important it is to provide mental health services to law enforcement officers after they have been involved in a critical incident. The results of this study are important to further the research related to the police subculture and how it relates to the implementation of postcritical incident policies and programs within law enforcement agencies. The results of this study can lead to conversations related to the perceptions of critical incidents and the lack of policies in the postcritical incident stages when it involves the officer's mental readiness.

During the analysis of data for this study, the results provided a better and more clear understanding of police culture and subculture and how it correlates to the implementation of policies for mental health in officers and policies for responding to postcritical incidents. The results led to discussions about policing and responding to critical incidents daily and how it related to the officers' mental health. The study also revealed the inconsistency relating to the actual perception of a critical incident. These

discussions make it more important to implement new policies and procedures

postcritical incident and to add new training for officers to learn stress management.

Miller (2013) focused on training and made a point stating that the most productive

people that described their jobs as stressful had some type of coping strategy. Having a

clearer definition of a critical incident, more leadership support and consistency, and with

better communication between the officer and leadership are key elements of a successful

wellness program policy.

Interpretation of Findings

There were 10 female participants from police agencies located in the Northern

and Southern parts of the East coast and some from the central part of the United States.

Some of the participants had the perception that a critical incident involved a mass

shooting or something similar with violence towards the community. The City of

Virginia Beach (2018) asserted that a critical incident is

> any situation faced by personnel that causes them to experience unusually strong
>
> emotional reactions which have the potential to interfere with their ability to
>
> function either at the scene or later. All that is necessary is that the incident,
>
> regardless of the type, generates unusually strong feelings in the personnel. (p. 1)

Some participants stated that there was a lack of definition of what a critical incident was

or how it was described in their department's policy on critical incidents. They also

acknowledged that there should be a policy change with a more clear and concise

definition of what a critical incident is.

The lack of empathy from leadership was also mentioned and became evident while conducting and analyzing data from the interviews. Participants had both a positive and negative interaction with their leadership postcritical incident. Some participants described a lack of support from their leadership after they responded to a critical incident. It was also mentioned that the leadership did not inquire about their mental well-being or offer any mental health help after their involvement in a critical incident. Some participants that responded to a mass shooting did receive a debrief; however, one participant said it was 2 to 3 days postcritical incident. This led some officers to have a lack of trust in their leadership. One of the participants stated, "You know, people should have been taking care of me a long time prior to this." The participant felt like her leadership turned their back on her and stated her leadership, "turned their back on me, once they realized I was applying for my medical pension." Another participant who was involved in a critical incident is now a leader. She has learned to value her experience and stated,

> I'm definitely a better investigator now, better person, better colleague, better supervisor, and I make sure that I'm taking care of my guys, making sure my guys are taking care of themselves, so they don't have to go through what I went through.

One participant felt that her leadership thought of her as a hinderance and stated, "They weren't too happy about the fact that I would talk about my mental health after my incident." Empathy goes a long way as a leader. Law enforcement officers are human beings, and a leader should be humble and empathize with the officer. Some

participants that felt their leaders pushed them away and were emotional in explaining their incidents and how they were treated.

Other participants were satisfied with how their leadership handled their situation by sending them to a mandatory debriefing followed by a mental health professional to check on them. One participant stated her leadership looked out for her after her incident and said, "Everyone can know about it, or, you know, they can keep it, you know, private, and it was very much kept private." The participants who had a positive interaction with their leadership postcritical incident stated they had policies that required a mandatory debrief postcritical incident and offered them a medical professional. The medical professionals who were offered were paid for by the city or county the officer worked for. Some were even offered a few days off so they could rest mentally. These participants were also avid supporters of their leadership providing peer-support postcritical incident.

One other important factor that became evident while conducting and analyzing data from the interviews was how the officers' brain functioned postcritical incident. Most of the participants stated they had anxiety after their involvement in a critical incident; however, some did not realize the affect it had on their careers and personal lives. The participants shared their personal experiences with a clear and concise memory of the incident. Their memories played an important role in their emotions, leading them to learn to cope by seeking help and talking to someone, whether it was a friend or a medical professional. Some did not recognize they needed help until months later,

causing their personalities to change; however, none of the participants contemplated suicide.

The realization of policies and wellness programs within a police organization are greatly influenced by the stigma and subculture that exists within that police agency. If the police agency is lacking a supportive leadership and culture towards their officers, realizing wellness programs may be more difficult. If the agency's subculture is more prone to accepting change for mental health and wellness, it can be a valued change in that agency. Throughout the interviews, I discovered that there was a lack of trust in the leadership, which was a grave concern for some participants. This discussion was brought up several times during interviews, which provided an understanding and an awareness that can help police leadership create better policies or guide the officers in a better direction postcritical incident. More officers can be prepared to handle personal situations postcritical incident and know the signs and symptoms before it is too late.

All participants in this study felt it was important and wanted this research to be completed. Most participants wanted to talk to someone after the incident, whether it was a coworker, a spouse, a close friend, or a counselor. Preparation is the key, especially if a counselor is already set in place, it makes it easier for the officer to seek help after responding to an incident. The participants agreed that a wellness program is important to have in a police agency, especially because almost half of the participants in this study were already at a moderate level of burnout. To conclude, four officers responded to a mass shooting; however, only three received a debrief after the incident. With the average years of service of those four officers, their longevity of a law enforcement career post

critical incident was 17.1 years. The other officers involved in a critical incident other than a mass shooting had 17 years as their average. Therefore, if a police agency were to have a wellness program in place, the officer will have a fulfilled career in law enforcement.

Limitations of the Study

This study was conducted with 10 female participants who were currently active or recently retired or resigned; however, the outcome of the study is beneficial, and the information received can provide a better understanding of the perceptions about how responding to a critical incident can impact mental health in policing and the longevity of a law enforcement postcritical incident. None of the participants were reluctant to answer questions because of possible repercussions from their police agency. The participants voluntarily answered questions relating to their coping strategies and if their department offered anything similar after the response to a critical incident. To better understand the information and data received, it would be beneficial to conduct this research on a national level with more police agencies. The number of participants in this study did not impede the results, and they were able to clearly identify that there is a stigma in police culture. The participants were able to provide their real-life experiences and an understanding on how their mental wellness was postcritical incident.

Recommendations

Some recommendations to further research would be to conduct this study on a national level with more police agencies that are already implementing mandatory mental wellness and those that have wellness programs that are not mandatory. By researching

and exploring the perceptions of law enforcement officers across the nation, police

leaders would be able to explore the perceptions of their officers in their own climate. A

climate survey may also be beneficial. If a police agency is going to be successful in

having a wellness program, there should also be a clear definition of what a critical

incident is in their policy because a critical incident is not just a mass shooting or mass

bombing. The definition should be taught to officers while in their yearly training to

understand the signs and symptoms of stress and anxiety. Enhanced training on the

stressors and coping strategies can also be beneficial to the police agencies. If mandatory

training and wellness checks are completed, then an officer's career may be more

eventful instead of stressful.

It would be beneficial for all local, state, and federal police agencies to be

involved in the development of their wellness programs and postcritical incident policies.

As a police leader, it is important to communicate with their subordinate officers. Police

administrations have a duty to remain consistent, regardless of the type of critical incident

the officer was involved in. The lack of consistency across the nation not only affects the

officers but the community as well. Police leaders should use the research provided to

them to secure health and wellness programs and policy change. These policies could

help guide law enforcement officers to a healthier and more productive career in law

enforcement.

Implications

The study conducted included various female law enforcement officers from

various agencies in the United States. The participants in this study were from local,

county, state, and correctional agencies. The law enforcement officers who were a part of this study had similar but different critical incidents they were involved in. This means that the personal experiences in one police agency are comparable to those in another police agency. Thus, this study can assist police leaders on concerns that relate to implementing policies involving mental health and wellness programs within their agencies.

This study provides police administrations the information needed to address those policy changes so all law enforcement officers in their departments are provided with the same care and concern for their careers postcritical incident. The community could also benefit from this policy change as it can change the officer's perception due to stress control education. This also encourages a safer work environment for the officers and the community. Police leaders in charge of an organization should portray a positive and supportive role that empathizes with the officers after they have gone through trauma. The data collected revealed the need for empathy from leadership and remained consistent throughout the study. Police leaders should become more aware of mental health regarding their officers and take the actions necessary to improve their agency by implementing mandatory wellness programs and policies in postcritical incident protocols; however, these new programs and policies need to remain consistent, regardless of the involvement of the critical incident.

Conclusion

The results in this study help to understand the stressors and trauma police officers face in responding to critical incidents and how they are affected postcritical

incident. Law enforcement officers who become involved in critical incidents may be more likely to be exposed to traumatic stress, which can have an impact on the officer's comprehensive functioning (Davis, 2013). Learning how to cope with the leadership's support was one of the most important discussions the participants had during this study. It was clear that the stigma of silence still lingered in most police agencies. It was those agencies involved in a mass critical incident that eventually changed their policies; however, some were still not mandatory. Law enforcement officers play a critical role in a community; without them, criminals would thrive. Law enforcement officers should be provided with amble information on health wellness and mental awareness of the stressors they may inherit. This should be the norm for police agencies across the country. Police administrators should provide information from the date if hire and hold annual training on the signs and symptoms related to a police career. Today, most officers experience some type of trauma during their career. Police policy makers should acknowledge this and the need for addressing health and wellness information and training and implement this training and awareness in programs and policies. Law enforcement agencies need to abandon outdated resolutions and adopt new approaches.

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Appendix A: Invitation to Participate

You are invited to take part in a research study about the longevity of a law enforcement career post-critical incident. The researcher is inviting female law enforcement officers that are active or recently retired from law enforcement within the last eight years that have been involved in a critical incident to be in the study. This form is part of a process called, "informed consent," to allow you to understand this study before deciding whether to take part.

This study is being conducted by a researcher named, Alyce Clark, who is a Doctoral Student at Walden University.

Background Information:

The purpose of this study is to provide and help to understand and explain the importance of the occurrence of possible mental illness as it could be derived from responding to a critical incident in the United States.

Procedures:

This study involves the following steps:

- Take part in a confidential, audio-recorded interview (phone option available via FaceTime due to Covid-19 restrictions) (1 hour)

- Review a typed transcript of your interview to make corrections if needed (email option available) (3O minutes)

- Speak with the researcher one more time after the interview to hear the researcher's

    interpretations and share your feedback (this is called member-checking

    and it takes 20-30 minutes, phone option available)

Here are some sample questions the researcher will be asking:

1. How long have you been in law enforcement?

2. Are you married or divorced? If so, before or after you became a police officer?

3. Are you still active, retired, or did you resign for personal reasons?

4. Did you ever think that you would have been involved in a critical incident?

5. What type of critical incident(s) have you been involved in?

6. Were you directly involved in a critical incident, or did you respond after?

7. How far into your career did the critical incident occur?

8. After the incident, what were your emotions?

9. How did your emotions affect you in your career?

10. How was your mental awareness after the incident versus before the incident?

Voluntary Nature of the Study:

Research should only be done with those who freely volunteer. So, eve1yone

involved will respect your decision to join or not. You will be treated the same at

Walden University whether or not you join the study. If you decide to join the

study now, you can still change your mind later. You may stop at any time;

therefore, declining or stopping will not negatively impact the participant's

relationship with the researcher or access to services provided by the

organization. The researcher seeks 10-15 volunteers for this study. Please note

that not all volunteers will be contacted to take part and the researcher will follow

up with all volunteers to let them know whether or not they were selected for the

study.

Risks and Benefits of Being in the Study:

Being in this study could involve some risk of the minor discomforts that can be

encountered in daily life, such as revealing things that are personal and may cause

stress. With the protections in place, this study would pose substantial psychological

risks to your wellbeing. This study may involve a sensitive topic (i.e., that could be a

trigger for distress, depression, etc.); therefore, here is contact information for a free or

low-cost support resource:

Serve & Protect (app available for phone)

Public Safety Trauma Services (PTSD I Additions) available for Homeland

Security, Law Enforcement, Firefighter/EMS, Corrections, Dispatch, Medical

Professionals

XXX-XXX-2424 (office) 24/71365

24/7 Crisis Line XXX-XXX-8000

Robert XXX, M.A. CEO/Founder

[*www.ServeProtect.org*](www.ServeProtect.org)

Medical support will be contacted if needed during the interview.

This study offers no direct benefits to individual volunteers. The aim of this study is to benefit society by helping to understand and explain the importance of the occurrence of possible mentalillness as it could be derived from responding to a critical incident in the United States.

Payment:

A thank you VISA gift card of $20.00 will be given to participants.

Privacy:

The researcher is required to protect your privacy. Your identity will be kept confidential within the limits of the law; however, by default, data is potentially subject to subpoena. Be aware that the researcher' s professional role as a law enforcement officer requires her to report any possibleinstances of criminal activity to the authorities. The researcher is only allowed to share your identity or contact information as needed with Walden University supervisors (who are also required to protect your privacy) or with authorities if court-ordered (very rare). The researcher will not use your personal information for any purposes outside of this research project. Also, theresearcher will not include your name or anything else that could identify you in the study reports. If the researcher were to share this dataset with another researcher in the future, the researcher is required to remove all names and identifying details before sharing; this would not involve another round of obtaining informed consent. Data will be kept secure by the researcher and have the following data security measures: password protection, use of codes in place of names (participant 1,2, etc.), storing names separately from the data, and names will be

discarded when possible. Data will be kept for a period of at least 5 years, as required by the university.

Contacts and Questions:

You can ask questions of the researcher by contacting the researcher by phone, XXX,and/or email, XXX@waldenu.edu. If you want to talk privately about your rights as a participant or any negative parts of the study, you can call Walden University's Research Participant Advocate at 612-312-1210. Walden University's approval number for this study is **06-15-21-0745119** and it expires on **June 9, 2023.** You might wish to retain this consent form for your records. You may ask the researcher orWalden University for a copy at any time using the contact info above.

Obtaining Your Consent

If you feel you understand the study and wish to volunteer, please indicate your consent by replying to this email with the words, "I Consent." The researcher will contact you and schedule a meeting time for the interview via FaceTime or in person due to Covid-19 restrictions.

Appendix B: Social Media Invitation

You are invited to take part in a research study about the longevity of a law enforcement career post-critical incident. The researcher is inviting female law enforcement officers that are active or recently retired from law enforcement within the last eight years that have been involved in a critical incident to be in the study. This study is being conducted by a researcher named, Alyce Clark, who is a Doctoral Student at Walden University. If you are interested or have questions about this study, please contact the researcher by email, XXX@waldenu.edu. The researcher will send an official email inviting you to participate.

If you want to talk privately about your rights as a participant or any negative parts of the study, you can call Walden University's Research Participant Advocate at 612-312-1210. Walden University's approval number for this study is **06-15-21-0745119** and it expires on **June 9, 2023**.

Appendix C: Interview Questions

Participant # _____   Age: _____

1. How long have you been in law enforcement?

2. Are you currently married, single, or divorced? Were you married, single or divorced

   before or after you became a police officer?

3. Are you currently active, retired, or did you resign for personal reasons?

4. What type of critical incident(s) have you been involved in?

5. Did you ever think that you would have been involved in a critical incident?

6. Were you directly involved in a critical incident, or did you respond after the incident?

   What was your role during the incident?

7. How far into your career did the critical incident occur?

8. After the incident, what types of emotions did you feel?

9. How did your emotions affect you in your career?

10.   How was your mental awareness after the incident versus before the incident?

11.   Did you feel like you needed to seek help, such as counseling?

12.   How far after the incident did you need or feel like you had to talk to someone,

   whether it be a friend or a counselor?

13.   Did you find that talking helped you individually and/or professionally after the

   incident? Why do you feel that way?

14.   What memory has stuck with you the most since the incident?

15. During the incident, did you think you were going to be injured or killed? If so, why?

16. During the incident, did you think a fellow officer was going to be injured or killed? Why?

17. Did you feel the need to turn to alcohol as an outlet? If so, why?

    If answered yes to the use of alcohol, ask the self-assessment Johns Hopkins Questionnaire.

18. When the incident occurred, did you feel afraid or helpless?

19. At any time after the incident, did you contemplate or think about suicide?

20. If you contemplated suicide or thought about it, what changed your mind?

21. Who has helped you through this journey? How has that person helped you?

22. Are you currently seeking help with a clinician?

23. Do you have coping strategies? If so, what are they?

24. Have your coping strategies changed since before the incident?

25. Do you ever get angry? If you do, do you try and redirect your focus to something else to cool yourself off?

26. Do you think you have changed since you became a law enforcement officer? If so, how?

27. Would you say that the change has been positive or negative?

28. Are you able to identify if you are under any stress?

29. What type of stress are you feeling? Please explain.

30. Have you gotten more headaches since the incident?

31.   Have you experienced insomnia or restless sleep after the incident?

32.   Have you experienced any stomach or weight loss problems since the incident?

33.   Is your sex-drive normal since the incident?

34.   Do you feel that you have flashbacks of the incident or vivid dreams or

nightmares about the incident?

35.   Have you noticed if you have trouble controlling your temper or getting angry

quickly after the incident?

36.   Do you feel more isolated with co-workers or friends since the incident?

37.   Have you experienced any feelings of guilt or remorse after the incident?

38.   Have you experienced trust issues after the incident with friends or new people

you meet?

39.   Have you lost friends because of how you were feeling after the incident?

Ask the self-assessment for the Burnout Self-Test Maslach Burnout Inventory

(MBI)

40.   What do you think your purpose was for responding to that specific incident?

41.   Is there anything else you feel I should learn about your career journey since the

critical incident occurred?

42.   Do you feel you need to see a clinician or medical professional now that we've

talked?

- ***Give the Participant a Serve & Protect card and advise them that there's***
  an app for it also if they are interested.

We have now concluded this interview. Thank you for your participation in this study.

Appendix D: Published Data Collection Instruments

Johns Hopkins Questionnaire

1. Do you lose time from work due to drinking?

Yes_____ No_____

2. Is drinking making your home life unhappy?

Yes_____ No_____

3. Do you drink because you are shy with other people?

Yes_____ No_____

4. Is drinking affecting your reputation?

Yes_____ No_____

5. Have you ever felt remorse after drinking?

Yes_____ No_____

6. Have you gotten into financial difficulties as a result of drinking?

Yes_____ No_____

7. Do you turn to lower companions/inferior environments when drinking?

Yes_____ No_____

8. Does your drinking make you careless of your family's welfare?

Yes_____ No_____

9. Has your ambition decreased since you started drinking?

Yes_____ No_____

10. Do you crave a drink at a definite time daily?

Yes_____ No_____

11. Do you want a drink the next morning?

Yes_____ No_____

12. Does drinking cause you to have difficulty in sleeping?

Yes_____ No_____

13. Has your efficiency decreased since you started drinking?

Yes_____ No_____

14. Is drinking jeopardizing your job or business?

Yes_____ No_____

15. Do you drink to escape from worries or trouble?

Yes_____ No_____

16. Do you drink alone?

Yes_____ No_____

17. Have you ever had a loss of memory (blackout) as a result of drinking?

Yes_____ No_____

18. Has your physician ever treated you for drinking?

Yes_____ No_____

19. Do you drink to build up your self-confidence?

Yes_____ No_____

20. Have you ever been to a hospital or institution on account of drinking?

Yes_____ No_____

Appendix E: Published Data Collection Instruments

Burnout Self-Test: Maslach Burnout Inventory (MBI)

"The Maslach Burnout Inventory (MBI) is a tool for assessing job and emotional burnout.
It measures three components: exhaustion, depersonalization and personal
accomplishment. For each question, indicate the score that corresponds to your response.
Add up your score for each section and compare your results with the scoring
interpretation scale on the next page" (Maslach & Jackson, 1996, para 1).

"For each question, indicate the score that corresponds to your response. Add up your
score for each section and compare your results with the scoring results interpretation at
the bottom of this document" (Maslach & Jackson, 1996, para 2).

Questions:	Never	A Few Times per Year	Once a Month	A Few Times per Month	Once a Week	A Few Times per Week	Every Day
Section A:	0	1	2	3	4	5	6
I feel emotionally drained by my work.							
Working with people all day long requires a great deal of effort.							
I feel like my work is breaking me down.							
I feel frustrated by my work.							
I feel I work too hard at my job.							
It stresses me too much to work in direct contact with people.							
I feel like I'm at the end of my rope.							
Total score – SECTION A							

Questions:	Never	A Few Times per Year	Once a Month	A Few Times per Month	Once a Week	A Few Times per Week	Every Day
Section B:	0	1	2	3	4	5	6
I feel I look after certain patients/clients impersonally, as if they are objects.							
I feel tired when I get up in the morning and have to face another day at work.							
I have the impression that my patients/clients make me responsible for some of their problems.							
I am at the end of my patience at the end of my work day.							
I really don't care about what happens to some of my patients/clients.							
I have become more insensitive to people since I've been working.							
I'm afraid that this job is making me uncaring.							
Total score – SECTION B							

Questions:	Never	A Few Times per Year	Once a Month	A Few Times per Month	Once a Week	A Few Times per Week	Every Day
Section C:	0	1	2	3	4	5	6
I accomplish many worthwhile things in this job.							
I feel full of energy.							
I am easily able to understand what my patients/clients feel.							
I look after my patients'/clients' problems very effectively.							
In my work, I handle emotional problems very calmly.							
Through my work, I feel that I have a positive influence on people.							
I am easily able to create a relaxed atmosphere with my patients/clients.							
I feel refreshed when I have been close to my patients/clients at work.							
Total score – SECTION C							

SCORING RESULTS – INTERPRETATION

Section A: Burnout

Burnout (or depressive anxiety syndrome): Testifies to fatigue at the very idea of work, chronic fatigue, trouble sleeping, physical problems. For the MBI, as well as for most authors, "exhaustion would be the key component of the syndrome." Unlike depression, the problems disappear outside work. Total 17 or less: Low-level burnout Total between 18 and 29 inclusive: Moderate burnout Total over 30: High-level burnout

Section B: Depersonalization "Depersonalization" (or loss of empathy): Rather a "dehumanization" in interpersonal relations. The notion of detachment is excessive, leading to cynicism with negative attitudes with regard to patients or colleagues, feeling of guilt, avoidance of social contacts and withdrawing into oneself. The professional blocks the empathy he can show to his patients and/or colleagues. Total 5 or less: Low-level burnout Total between 6 and 11 inclusive: Moderate burnout Total of 12 and greater: High-level burnout

Section C: Personal Achievement The reduction of personal achievement: The individual assesses himself negatively, feels he is unable to move the situation forward. This component represents the demotivating effects of a difficult, repetitive situation leading to failure despite efforts. The person begins to doubt his genuine abilities to accomplish things. This aspect is a consequence of the first two. Total 33 or less: High-level burnout

Total between 34 and 39 inclusive: Moderate burnout Total greater than 40: Low-level

burnout

A high score in the first two sections and a low score in the last section may indicate

burnout.

 Note: Different people react to stress and burnout differently. This test is not intended to

be a scientific analysis or assessment. The information is not designed to diagnose or

treat your stress or symptoms of burnout. Consult your medical doctor, counselor or

mental health professional if you feel that you need help regarding stress management or

dealing with burnout.

Maslach, C., & Jackson, S. E. (1981). Maslach Burnout Inventory--ES Form. PsycTESTS

Dataset. https://doi.org/10.1037/t05190-000