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Resilience Characteristics in Law Enforcement Officers

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This is to certify that the doctoral dissertation by

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Walden University
2022

Abstract

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MA, Walden University, 2021

BS, Strayer University, 2013

Dissertation Submitted in Fulfillment

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Abstract

Resilience characteristics in law enforcement officers have been a focus of scholars for several decades. Repetitive trauma requires officers to establish coping mechanisms and manufacture varying resilience factors. Researchers have demonstrated that interventions to improve resilience may result in a higher demand for psychoeducation, training and well-being, and stress management. Researchers have yet to establish what shared characteristics are among law enforcement officers that promote resilience. The purpose of this study was to examine the lived experiences of law enforcement officers' experiences, beliefs, and knowledge about their exposure to repetitive traumatic events. The resilience theory supported the research. A qualitative, phenomenological approach was used to analyze the beliefs and perceptions of ten active-duty law enforcement officers of sergeant and below who had met all their probationary time. The snowball method collected data from a dedicated law enforcement social media platform, and individual semi-structured interviews were completed. These analyses indicated limited regional access to mental health resources, and a mistrust of current practices and delivery methods remained. Law enforcement administrations and mental health providers may benefit from the results of this study by fostering positive social results that may change the law enforcement community's attitudes and perceptions, resulting in healthier and more resilient officers. Through this multi-pronged approach, an effective address to the needs of officers may be reached and may mitigate the suicide rate in law enforcement.

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Dedication

First and foremost, I want to give glory where it is due. To my heavenly father, for everything, he has given me and, more importantly, for everything he has taken from me, for it was then that I drew closest to you. To my brothers and sisters in blue for answering the call every day. To Michelle, Elaine, and Kelly for putting me back together and dedicating over a year of your life to teaching me how to walk and run again. Your constant support, encouragement, and "new tricks" showed me the true meaning of resilience. Thank you to my best friend, Jodi, for always making it look easy. For your Irish whisper and all the love and support, I couldn't have made it through this without you. To my old partners Joseph and Jonathan for being the best partners a cop could ever ask for. I will never forget all the close calls, long hours, and "what had happened was" moments. Joseph, you've become family to us; just make sure you "move the dishes first." Jonathan (7M3), my brother and partner, I will miss riding with you, but I know you will still put it in the wind if I ask. To my extended support network, Chaplain Espada for never ceasing in prayer, and Dr. Ron for the positivity, laughter, mentorship, and, most importantly, the talks. To the love of my life, Michael, thank you for always making me laugh and for the best first date 20 years ago…. Lastly, to my fallen brothers and sisters whose memories are held so close, I hope you're still watching over us, and we make you proud, Semper FI, dum spiro Spero.

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I want to thank my dissertation team formally. To my Chair Dr. Price-Sharps for leading the charge, making me laugh, for the motivational speeches, and for making things happen. You have been amazing, honest, and incredibly supportive. Dr. Hickey my dark side mentor and advocate. For all the great adventures studying abroad in Spain and all the residencies, you kept us motivated. You both have been tremendous in my life and career shift. You deserve recognition and honor for everything you both do sung and unsung.

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Chapter 1: Introduction to the Study

Due to the continual exposure to repetitive traumatic events throughout their career, law enforcement officers remain at higher risk for developing post-traumatic stress disorder (PTSD), which requires officers to establish coping mechanisms and manufacture varying resilience factors (Violanti, 2021). Acknowledging the stigma associated with mental health is crucial in aligning the requirements and needs for law enforcement officers to become more educated on resilience. Interventions to improve resilience have resulted in a higher demand for psychoeducation, training in well-being, and stress management (Crane et al., 2021). It is crucial to bring officers' mental health into a focal point, reframe narratives regarding mental health, and dissuade mental health stigma within the law enforcement community (Wild et al., 2020). Allocating correct resources and providing preventative training early in the careers of officers may aid in reducing the stigma, providing potentially crucial and lifesaving resources. It may also help reduce suicide rates and long-term emotional and physical health issues among first responders (Degryse & Degryse, 2020; Olatunji, 2018).

A translational picture of the epidemiology of trauma, physical and emotional responses, training, and education to build resilience in law enforcement officers has emerged (National Alliance on Mental Illness [NAMI], 2021). The theoretical framework of the resilience theory depicts the beginning of the hypothesis from home life and socioeconomic protective factors, then evolved and was applied to the law enforcement community creating a meaningful and dedicated application (Violanti, 2019, Wild et al., 2020). Previous research has focused on the theory of resilience, providing the initial

hypothesis of attributed characteristics that create or form resilience and the basis for the

theory as well as its adaptations over the past two decades and how the theory evolved

over the years as it is applied to law enforcement officers (Walton et al., 2017, Au et al.,

2017). The initial application of the resilience theory and its impact on identifying core

aspects, identifying behavioral responses, and coping mechanisms created educational

tools to identify the process of ascertaining the neurobiological feedback (McDonald et

al., 2021). A review of the literature associated with the theory then extrapolates on the

current functionality of the theory as applied through the law enforcement community. A

literature review identified several studies that examined resilience (see Fenster et al.,

2018; Violanti, 2019) and addressed the necessity for education and training (see

Romosiou et al., 2019; Wild et al., 2020). Still, other studies identified common concerns

or ideas regarding the perception of mental health and social support resources (see

Cipriano & Bernhard, 2021, Department of Justice [DOJ], 2018). Yet the revelation of

the lack of preventive training (see DOJ, 2018; BOJ, 2020) for officers of the rank of

Sergeant and below who meet the probationary requirements before traumatic events

revealed the essence of resilience and the importance of providing it early in the careers

of officers (Substance Abuse and Mental Health Services Administration [SAMHSA],

2018, NAMI, 2019). The negative impacts of repetitive trauma exposure may result in

psychological and physical distress. Mitigating those issues is relevant to social change

considering the increasing evidence of law enforcement suicide rates (Boyd et al., 2018,

Violanti, 2019, DOJ, 2021).

Chapter 1 presents a description of the study, including its purpose and the problem it addresses. Background information regarding the significant amount of traumatic exposure to which law enforcement officers are exposed, the psychological, physical, and behavioral responses they experience, and the current resilience efforts and education and training they receive are also presented. The implementation of training and education before critical incidents for officers of the rank of Sergeant and below who meet the probationary requirements will be introduced as well as the stigma associated with seeking mental health treatments resulting from the psychological distress evoked by these traumatic experiences. The research questions and methodology will be discussed, as will the theoretical framework for the study, which represents the lens through which research questions are viewed.

Background

A literature review identified several studies that examined resilience (see Oliver, 2019; Fenster et al., 2018, Violanti, 2021) and addressed the necessity for education and training (see Romosiou et al., 2019; Wild et al., 2020). Still, other studies identified common concerns or ideas regarding the perception of mental health and social support resources (see Ricciardelli, 2020; Sadhbh, 2019, Crane et al., 2021). Other studies focused on mortality (see Cirpriano & Bernhard, 2021, DOJ, 2018), social impacts (see Badge of Life, 2022, 1st HELP, 2021), and the importance of preventive training and education (see NAMI, 2021, Violanti, 2021 & BOJ, 2021). However, it is notable that the literature search revealed less than a significant number of studies that focused on building and training resilience in officers of the rank of Sergeant and below who had

met their agency-required length of service probationary requirements before critical

incidents (BOJ, 2019).

The research for this study focused on several aspects of resilience, including

behavioral characteristics, learned behavioral responses, coping mechanisms, educational

tools, neurobiological feedback, and psychological responses. Walton et al. (2017)

established the core symptoms of PTSD to better align them with a diagnosis for clinical

purposes, therefore representing the mental health concerns and psychological responses

associated with resilience and establishing baseline representations of symptomology

(Walton et al., 2017). Their study was crucial in identifying symptoms' clinical

perspectives and correlating known responses. In a phenomenological study depicting the

lived experiences of law enforcement officers, Bolzon & Halmasy (2021) argued that law

enforcement officers shared knowledge with an essential understanding depicted in their

unique terminology expressed through their connectedness, the relationship versus

detachment in analyzing an experience, transcendental, and existential outliers (Bolzon &

Halmasy, 2021). Their study's qualitative view of interpersonal relationships and

experiences depicted the emotional response. Still, their study postulates how officers

view and express connectedness, thus creating resilience.

After understanding the clinical foundation and establishing behavioral responses,

I sought to understand how psychological trauma manifested into physical and behavioral

responses. Fenster et al. (2018) argued, through neurological studies comparing the

different reactivity of brain feedback pre- and post-traumatic events, that there is

neuroplasticity to the brain, and damage occurs at the brain's cellular level. The results of

the study by Fenster et al. showed the consequence of repeated exposure to psychological trauma by measuring symptomatology, including aggression, avoidance, hypervigilance, arousal, anxiety, and depression. They enhanced the knowledge of brain dysfunction in neural circuits while providing a translational picture of information and relay or delay in specific behavioral responses and sensations due to brain stimuli overload. Their research confounded the notion that repetitive trauma and increased neurochemicals altered the brain physically. The study ultimately revealed the significance of damage to brain circuits from repetitive trauma and how the trauma forced a remapping of the hippocampus and adrenaline response (Fenster et al., 2018). Additionally, this study depicted the reactionary and behavioral changes that became apparent due to the repetitive trauma. Therefore, the study identified the neurological deficits of repetitive trauma (Fenster et al., 2018).

Alshak (2021) argued that the physical response to the trauma through activating the sympathetic nervous system (SNS) resulted in long-term effects of SNS dominance, contributing to physical health concerns. In agreement with this assessment, Oliver et al. (2020) argued that the associated risks of long-term activation of the SNS system can lead to several health issues, including cardiovascular disease, diabetes, and sleep dysregulation, all of which are attributed to cognitive impairment. These studies correlated the physical response with the psychological trauma and aligned the behavioral responses, which can lead to the manifestation of the need for mental health resources and training, and education.

After understanding the psychological and physical behavioral responses to

repetitive trauma, I sought to identify resources in place for mental health, the methods

being utilized, and the stigma associated with it. As a prominent source of mental health

resources, NAMI (2022) reported establishing training and education programs and

offering counseling services to law enforcement officers while systematically fostering an

educational platform to discourage the stigma associated with requesting assistance.

Additional resources have since garnered major platforms for bringing attention to and

assisting in decreasing the mental health stigma through variable platforms (1st HELP,

2022) and accessibility of counseling services (Badge of Life, 2022).

     Last, the current training and education for resilience and mental health reported

for law enforcement officers nationwide appeared limited (DOJ, 2018, BOJ, 2018). The

DOJ (2018) presented statistical reports nationwide reporting police academies providing

training and mental health, crisis communications, and health and well-being. The BOJ

(2018) illuminated education and training through statistical tables that showed each

subject's percentages and instruction hours (BOJ, 2018). As such, I ascertained that law

enforcement officers might only receive minimal education on resilience. Accordingly,

my study was accurate for officers of Sergeant and below who met the probationary

requirements before work-related traumatic events.

     Understanding and acknowledging the strengths and weaknesses of any

community are inherent to the foundation of the study of the community. The law

enforcement community is vast, comprised of not only gender but racial and ethnic

diversity as well as religious and cultural diversity. My study reflected the changing

parameters of perceptions and beliefs over time and the effectiveness of current mental health and training resources for officers (see DOJ, 2018, BOJ, 2018).

This study focused on the lived experiences of law enforcement officers and their resilience. This study elicited first-hand knowledge of the phenomenon through the point of view of law enforcement officers and identified the characteristics and shared patterns of resilience among them. This study explored the cultural sharing patterns associated with the law enforcement community and discussed how gender, education, training, and culture affect resilience in officers.

The findings of this study may benefit the first responder community by identifying the common resilience factors and discussing the ideology of long-term mental health resources. This study may help identify and align critical concepts in resilience factors that allow application and improved training and education that may aid in constructing social and mental health resources. Thus, applying resilience theory may foster new practices for education and training that could improve law enforcement officers' mental and emotional health. By establishing an association of characteristics among officers and identifying the resilience factors, future education and training could be implemented to mitigate PTSD amongst law enforcement officers, fostering a cultural impact and social change in the law enforcement community.

Problem Statement

Law enforcement officers are repetitively exposed to traumatic events during their careers. Several patterns became evident while reviewing the literature on resiliency in law enforcement officers. Previous research has focused on psychological and behavioral

responses to trauma (Walton et al., 2017, Olatunji, 2018), as well as physical responses (Violanti, 2019, CDC, 2021), and training and education currently in practice (Degryse & Degryse, 2020, Wild et al., 2020). However, there is a lack of research in understanding the resilience methods and characteristics incorporated by law enforcement officers of Sergeant and below who have met the probationary requirements. Though prior studies have focused on different aspects of resilience, very little information was revealed on resilience training and education. Mental health training before work-related critical incidents occurred for officers of Sergeant and below who had met the probationary requirements (see DOJ, 2018). Understanding how law enforcement officers process traumatic events, remain or build upon resilience techniques, and view mental health resources is necessary to ensure timely and practical resources are provided. This gap in the research depicts prevalence and significance as a trending factor in the increase of self-reported answers depicting PTSD rates and suicide rates among law enforcement officers. However, research into crisis intervention and mental health for officers of Sergeant and below who have met the probationary requirements remains minimal.

Purpose of the Study

This qualitative study examined how law enforcement personnel's resilience efforts are incorporated before and after critical incidents. With the rise in the declining mental health of the first responders, this qualitative study explored the lived experiences of law enforcement officers of the rank of Sergeant and below who have met the probationary requirements before and after a critical incident. The resilience factors were defined as the coping mechanisms law enforcement officers have adapted to cope with or

prevent stress-related responses such as PTSD. The increasing rise and prevalence of PTSD in first responders have correlated to higher rates of depression and anxiety, stress-related illness, and suicidal ideations (Boyd et al., 2018). Using a phenomenological method and one-on-one interviews of purposefully selected participants, I gathered data on law enforcement officers lived experiences while discussing beliefs, training, and mental health resources (see Creswell, 2018). This study was intended to advance the understanding of law enforcement officers' experiences, beliefs, and knowledge about their exposure to repetitive traumatic events. Officers' perceptions of the mental health stigma may influence the effectiveness of those services in the length and duration of requested services. Officers who view or possess negative evaluations or associate negative emotional responses to mental health resources may resist continually seeking assistance. The results of this study may inform and impact law enforcement nationwide on the usefulness of fostering training and education on mental health and resilience in law enforcement officers of the rank of Sergeant and below. Those who meet the probationary requirements may increase survivability, job performance, and physical health. Additionally, the results of this study may aid in developing other mental health and trauma resources and training before traumatic events consistent with the theory of resilience principles of building resilience (Bolzon & Halmasy, 2021).

Research Questions

This qualitative study of the experiences of law enforcement officers' resilience, training, and mental health resources of the rank of Sergeant and below who have met the probationary requirements was guided by two questions:

Research Question 1 (RQ1): What are the lived experiences of first responders who practice resilience?

Research Question 2 (RQ2): Have the education and resources provided aided them in resilience?

Theoretical Foundation

The resilience theory (Werner, 1982) provided the foundation for examining lived experiences, perceptions, and personal beliefs. As the theory evolved, it encapsulated additional components of resilience, including socioeconomic status, intrinsic and extrinsic relationships, and intelligence (Garmezy, 1986, 1991 & Flach, 1988). It also included protective factors and positive social interactions (Luthar et al., 2000, Rutter, 2006), and adaptability provided mitigation resources (Walton et al., 2017, Violanti, 2019, Crane et al., 2021). Additionally, the resilience theory can guide the implementation of healthy mitigating concepts for stress and concepts on educational parameters (Wild et al., 2020). The resilience theory provides approaches for identifying trauma and stress-related behavior and subsequent coping behavioral responses, as well as the physical, physiological, and psychological responses related to traumatic experiences and current educational and training measures being utilized (Oliver et al., 2020; Violanti 2021; Keh, 2019). Discussions regarding the work and trauma-related stress of law enforcement officers, education and training for mental health and long-term health and medical problems affecting officers, the physical and psychological responses to trauma, and the need for training before the rank of Sergeant, are contained in chapter two.

Conceptual Framework

A conceptual review of the resilience theory and its adaptions (Higgins, 1994; Wolin & Wolins, 1993; Wild et al., 2020) contributed to the theoretical understanding of stress management, organizational practices, and training and education. Violanti (2019) acknowledged that trauma-related stress has resulted in several impacts, from the physical health of law enforcement officers to attributed mental health and suicide revelations (Violanti, 2019). The BOJ (2018) further reported training and preventive intervention were minimally reported at the national level for law enforcement academies (BOJ, 2018). The acknowledgment of mental health concerns has launched additional platforms for advocacy (NAMI, 2021), while other research has focused on the resilience characteristics of individuals (Ware, 2019). The inclusion of personality-specific resilience traits became a focal point indicating behavioral responses to trauma based on the individual's ability to communicate, interpret, and learn new tasks (Ramachandran et al., 2020). This framework is relevant to understanding resilience in law enforcement officers and critically related interventions. This increased awareness may foster additional efforts to educate, train, and provide adequate and timely resources to law enforcement officers before critical incidents, moreover, to officers of the Sergeant rank and below. Officers being trained and educated and provided with these valuable resources before critical incidents occur may reduce negative stigmas, allow quicker allocation of resources, and identify other officers needing assistance to receive them.

Nature of the Study

In this qualitative study, a phenomenological method was used. I employed semi-

structured interviews to understand the lived experiences of law enforcement officers of Sergeant and below who had completed all probationary time. With this research, I sought to obtain data regarding the thoughts and emotions of law enforcement officers about what training and education, as well as resources, were provided to them pre- and post-critical incidents. The focus of the interview questions was to determine their personal experience. A phenomenological study focuses on a specified group's lived experiences to describe the phenomenon's nature (Creswell, 2018). The philosophy behind the phenomenological study is to elicit first-hand knowledge of the phenomenon through the point of view of, in the case of this study, law enforcement officers and identify the characteristics and shared patterns of resilience amongst them. This research explores the cultural sharing patterns associated with the law enforcement community and discusses how gender, education, training, and culture affect resilience in officers. The qualitative nature of the study best achieved the phenomenological approach as it allowed the analysis to concentrate on the consciousness and experience of the participants. The qualitative nature also aided in discussing the shared patterns of experience through a sample that may reflect the population consensus.

Participants were purposefully recruited through law enforcement social media outlets and the snowball effect. The method for data collection was semistructured interviews with guided questions formulated from the following areas: (a) mental health resources, (b) training and education, (c) job performance and career, and (d) officer expectations and concerns. The results of this study may contribute to the law enforcement community by identifying the common resilience factors and considering

the importance of long-term mental health resources. This study may also help identify and align critical concepts in resilience factors that allow application and improved training and education that may aid in constructing social and mental health resources. Thus, applying resilience theory may foster new practices for education and training that could improve officers' mental and emotional health. By establishing an association of characteristics amongst law enforcement officers and identifying the resilience factors, future education and training could be implemented to mitigate PTSD, fostering a cultural impact and social change amongst the first responder community.

Definition of Terms

For this study, the following essential terms are defined:

Post-Traumatic Stress Disorder: A disorder that may result in individuals who experience an event that creates a threat to their life or physical integrity and safety and experience fear, terror, or helplessness (American Psychological Association [APA], 2022). The symptoms are characterized by (a) reexperiencing the trauma in memory through flashbacks and nightmares; (b) avoidance of activities that recalls the event or experiences diminished responsiveness, displaying disinterest in hobbies, or emotional detachment; (c) exhibiting chronic physiological response symptoms, leading to an exaggerated startle response, disturbed sleeping patterns or trouble concentrating, or experiences survivor guilt (APA, 2022).

Sympathetic Nervous System: A part of the Autonomic Nervous System (ANS) that activates the fight or flight response under stressful stimuli (Waxenbaum et al., 2021). Chemical responses within the body increase heart rate, blood pressure, breathing

rate, enlargement of pupils in the eyes, and narrows the blood vessels (Alshak et al., 2021).

Parasympathetic Nervous System: A part of the Autonomic Nervous System (ANS) that restores the body to a calm state by returning the heart rate to a resting pace, dilates blood vessels, decreases pupil size, and relaxes muscles (Waxenbaum et al., 2021).

Resilience: The process of adapting to difficult experiences through emotional, mental, and behavioral flexibility while adjusting to internal and external stimuli (APA, 2022).

Critical Incident: An actual or alleged event that creates or is believed to significantly impact safety or well-being or create physical or mental harm (Occupational Safety Health Administration [OSHA], 2022). The event may result in fear and physical or emotional distress and overwhelm the individual's ability to cope.

Assumptions

I assumed that the participants may not have been entirely truthful in their responses to interview questions for several reasons, including the stigma associated with mental health and interdepartmental pressure (Bolzon & Halmasy, 2021). However, voluntary participation in the study was elicited to allow for more responsiveness to questions, potentially depicting a willingness to extrapolate on their experiences. The interviews will remain confidential and were conducted through securely recorded phone calls, allowing the participant to be comfortable and mitigating travel and pandemic concerns. I believe conducting the interviews this way encouraged the participants to

speak more freely and encouraged more truthful and candid responses. Each participant was provided with informed consent forms and requested to ensure their current law enforcement status had placed them in the rank of Sergeant or below, were sworn active officers, and had met the probationary requirements. I anticipated that law enforcement officers who have access to mental health resources would begin to utilize them more often and feel comfortable referring people to those resources. However, due to the stigma associated with self-sufficiency, mental health assistance, and interdepartmental politics (Bolzon, J. & Halmasy, 2021), many officers may have preconceived ideas about the necessity of mental health services.

<p style="text-align:center">Scope and Delimitations</p>

The scope of this qualitative included 10 participants of varying ages and lengths of service, representing a homogeneous sample of current actively sworn law enforcement officers who had completed all probationary time. Officers who were retired were excluded for no longer being active. The participants were identified through the purposive snowball sampling technique, where each participant was asked to refer another potential participant. The interview was guided by five questions to ascertain each officer's experience with resilience, knowledge of mental health resources, training, and education. Law enforcement officers of Sergeant and below who met the probationary requirements were chosen due to the minimally reported training before critical incidents (see DOJ, 2018). They also remain at a greater risk for exposure to traumatic events and mental health problems while working on the patrol levels and responding daily to complex scenes. The study was limited to a small number of

participants, which does not reflect regional differences in the types of critical incidents or access to differing mental health resources. Therefore, the results of this study have limited transferability outside the bounds of this research.

Limitations

Over the past 40-year evolution of the resilience theory, Violanti (2019) acknowledged that while research, allocation of resources, and education in mental health have produced positive results, more research and resources are required. Researching law enforcement officers regarding mental health is difficult as they tend to be closed off to outside populations and even more secretive with emotions and responses (Violanti, 2019). His research has indicated there have been more suicides of law enforcement officers than previously known; even some that were classified as homicides later were deemed suicides (Violanti, 2019). The phenomenological study examined an acute group of defined participants to which the research questions were most relevant. Due to this study's limited population, regional differences and access to resources may be exposed and have limited transferability outside the bounds of this study. For the findings of this study to be consistent with the data to be collected, a thorough audit trail was documented to prevent unforeseen biases and ensure that the study arrived at similar conclusions and interpretations after reviewing the data. An external audit of the data from an outside researcher was also used to prevent methodology, analysis, and interpretation errors.

A potential source of bias may be my personal beliefs, which may have been influenced by how I collected the data. However, the interview questions were formulated and presented in a neutral format to avoid influencing a participant's response

and mitigate potential bias. This bias was mitigated through the external audit process, prohibiting inconsistent data representation.

Last, to ensure participants were willing to participate and provide feedback freely, confidentiality related to the interviews and data was emphasized, and informed consent forms were read to participants before the interviews commenced.

Significance of the Study

Understanding the perceptions and lived experiences of law enforcement officers' resilience, education, training, and mental health resources may inform clinicians and administrators about additional mental health services or educational training implementations. These implementations may also aid in reducing the stigma associated with mental health, foster positive support measures, and reduce stress among officers. These implementations may also place additional value on these services and may influence the efficacy of officers' attitudes toward receiving and benefiting from participating in them. The promotion of mental health resources has evolved to include research and identification tools for at-risk officers (NAMI, 2022). Promoting mental health services and advocacy of mental health amongst senior officers and administrative partners may influence officers' views and promote a profession-wide view that advocates for supportive services. Educating and informing officers from early stages may provide analysis and implementation from different platforms, therefore implementing programs that may be most effective in their approaches and timely delivery.

Mental health resources may reduce psychological trauma and delineate the long-

term physical and physiological responses that can lead to long-term health concerns (Alshak, 2021; Oliver et al., 2020). Mental health services may reduce the impacts of psychological disruptions and behavioral issues such as substance abuse, suicidality, and depression (Fenster et al., 2018). These possible psychological and behavioral responses may result in impaired judgment, sleep deprivation, and cardiac risks (Oliver et al., 2020). Therefore, mitigation of these concerns is relevant to social change.

Summary

This chapter described the purpose of this study and the issues it addressed. Literature regarding background information depicted the stressors and accompanying issues that may result from a career in law enforcement or that present themselves to law enforcement officers during their duties. This study examined law enforcement officers' perceptions and lived experiences in the rank of Sergeant and below who had met the minimum probationary time to discuss resilience factors, education, training, and mental health resources. Law enforcement officers are least likely to seek mental health assistance due to the fear of being seen as weak or unable to handle stressful situations (Dunlap, 2019).

Law enforcement officers are often the most visible element of the first responder community and face extreme pressure from internal and external sources, including social media, news networks, interdepartmental politics, and socialization. The effect of a subculture within law enforcement includes fear of retaliation or being labeled as weak, keeping many from seeking mental health services (Violanti, 2019). Some programs, such as critical incident debriefing, are designed to provide mental health counseling and

support for officers after an incident, reduce the stigma associated with the resources, and increase knowledge of signs and symptoms of mental health issues that could emerge (Occupational Safety and Health Administration [OSHA], 2022; South Carolina Law Enforcement Assistance Program [SCLEAP], 2022).

Research into an officer's positive or negative perceptions may change over time, directly related to their length of service, age, and knowledge of resources. This qualitative study examined law enforcement officers' lived experiences of resilience and mental health resources. Officers who exhibit positive attitudes regarding mental health resources may be more likely to benefit from them than officers with little knowledge, education, or training or who have negative thoughts associated with mental health and resilience (Romosiou et al.,2019).

Chapter 2: Literature Review

Due to the continual exposure to repetitive traumatic events throughout their career, first responders, namely police officers, remain at higher risk for developing PTSD. Repetitive trauma requires police officers to establish coping mechanisms and manufacture varying resilience factors. The perception of mental health resources demonstrates that interventions to improve resilience have resulted in a higher demand for psychoeducation, training and well-being, and stress management. With this literature review, I identified several studies that examined resilience (see Oliver, 2019; Fenster et al., 2018, Violanti, 2021) and addressed the necessity for education and training (see Romosiou et al., 2019; Wild et al., 2020). Still, other studies have identified common concerns or ideas regarding the perception of mental health and social support resources among police officers (Ricciardelli, 2020; Sadhbh, 2019, Crane et al., 2021). However, it is notable that the literature search revealed few studies focusing on building and training resilience in law enforcement officers, from Sergeant and below before critical incidents occur.

Two recent studies (Olatunji, 2018; Degryse & Degryse, 2020) discussed the paradox of resilience in law enforcement officers. They explored the importance of understanding their perceptions and beliefs while identifying symptoms associated with PTSD. Olatunji (2018) examined law enforcement officers' perceptions and decision-making behaviors after exposure to traumatic events. The study applied theoretical approaches to mitigating PTSD through semistructured interviews and outlined different perspectives that each law enforcement officer reflected. The study concluded that PTSD

affected the preparedness of first responders from a tactical and emotional response in decision-making and revealed a significant lack of education, training, and mental health resources available to law enforcement officers (Olatunji, 2018).

Degryse & Degryse (2020) also argued the importance of identifying PTSD symptoms among first responders and identifying triggers that have changed or altered the perception of the first responder or their behavioral responses to the trauma and its stimuli (Degryse & Degryse 2020). They argued the importance of identifying the concepts and actualities of PTSD and its lesser talked about companion, complex post-traumatic stress disorder (C-PTSD). The study provided a strong understanding of the many therapies associated with PTSD and the education and training of additional methods to treat PTSD and C-PTSD (Degryse & Degryse, 2020). The study also discussed the findings of each therapy and when each should be applied. Keh (2019) and Ware (2019) argued for the importance of personality characteristics in response to trauma and resilience through the Meyers-Briggs Personality Assessment. They examined how the different personality traits utilize intrinsic and extrinsic behaviors in response to the trauma and how they process it. They argued that this reflects their ability to mitigate the stressors and posited how each personality type uses those traits in resilience (Ware, 2019; Keh, 2019).

The resilience theory and its adaptations (Romosiou et al., 2019; Violanti, 2019) are paralleled to the traits of resilience in law enforcement officers and provide an in-depth review of the theoretical foundation of the resilience theory. The theory depicts how the idea was postulated, its adaptations, and how it is currently reflected and posited

for law enforcement officers (Romosiou et al., 2019 & Violanti, 2019). Then, Romosiou et al., 2019 discussed the psychological and behavioral responses that have been depicted in law enforcement officers through long-term exposure to repetitive trauma (SAMHSA, 2018). The study discussed the symptomology associated with long-term trauma (Boyd et al., 2018), defined the resilience characteristics exhibited by law enforcement officers as inherited traits (NAMI, 2019), and discussed how the perceived and demonstrated emotional support correlates to resilience in law enforcement officers (Knaak et al., 2019).

It is essential also to understand the physical response of law enforcement officers to the trauma and the associated risks of potential long-term health concerns that can be attributed to it. Several studies (Fenster et al., 2018; Oliver et al., 2019; Alshak, 2021) depict the risks of the prolonged activation of the SNS. They depict how repetitive trauma correlates to prolonged activation of the SNS, creating increased adrenaline levels and altering the brain's structure through increased neurochemicals (Fenster et al., 2018; Oliver et al., 2019 & Alshak, 2021). Along with the higher risks of cardiovascular disease from sedentary lifestyles and overexertion and physical demands on the body (Gill et al., 2019), sleep deprivation from long shifts has also been found to affect cognitive functioning (CDC, 2022). I also discuss the training and education of law enforcement officers and the current amount of training and education received by officers from the rank of Sergeant and below on mitigating stress and resilience before critical incidents (BOJ, 2018; DOJ, 2018). I also analyze the importance of resilience-based training from

the cradle to the grave and the ability to identify the symptomology of officers having trouble coping with PTSD (Wild et al., 2020).

The importance of education and training before the rank of sergeant in law enforcement officers remains critical in the evolution of mental health and resilience in law enforcement officers. My study focused on law enforcement officers' resilience, mental health, and training. Last, I identified and discussed current practices and methodologies for building resilience in law enforcement officers. I addressed the focal points of the different cognitive and trauma therapy modalities, including talk therapy and eye movement desensitizing reprocessing (EMDR; Haour et al., 2019). I briefly discuss the availability and access to emotional support resources (Torous et al., 2019) and the perception and stigma of receiving mental health resources (Gonzalez, 2019 & Rasul et al., 2019).

Literature Search Strategy

Literature about PTSD, CPTSD, psychological distress, and mental health services were obtained from databases such as ProQuest, Psych INFO, SAGE Journals, NAMI, Society of Police and Criminal Psychology, Bureau of Justice, Police One Psych Articles, Google Scholar, as well as dissertations by Spinella (2019). These terms were utilized to align the study better and identify law enforcement officers' mental health objectives, available resources, and current training and education. The literature used to support this present study spanned from 1982 through 2022. Keywords included *anxiety, stress, depression, suicide, adaptive behaviors, critical incident stress debriefing, mental health services, psychoeducation, psychotherapy, stigma,* and *resilience theory in first*

responders. These terms were incorporated into the literature search to identify mental

health issues amongst first responders due to repetitive trauma and commonalities among

barriers and treatment methods. The scholarly research of each of the databases yielded

significant returns. Still, it generated a minimal return on pre-incident resilience training

for officers possessing the rank of Sergeant and below. There was also a lack of

disclosure on mental health concerns from the same population, possibly due to their

nature of guarding emotional responses to outside sources (Dunlap, 2019). This response

is especially proper for law enforcement officers who do not wish to report experiencing

or portraying symptoms of PTSD and are recalcitrant to the stigma attached to mental

health amongst other law enforcement officers (Violanti, 2021).

While conducting the literature search, it was essential to identify critical

variables and concepts related to the resilience theory. Identifying associated variables

such as training and education, mental health, trauma, and Post Traumatic Stress Disorder

allowed the research to align the theoretical concepts behind the nature of the resilience

theory. As the foundation of the resilience theory postulated from the ability to cope with

stress, it adapted to the ability to recover from trauma (Wild et al., 2020). It then was

applied to first responders through a series of methods to cope with long-term triggers

and aid in mental health awareness and preventive strategies (Violanti, 2021; Oliver,

2020; Wild et al., 2020). Next, the idea of resilience in first responders began to evolve

through the ideology that law enforcement officers shared specific behavioral

characteristics that impacted resilience and their ability to possess, obtain, and maintain

resilience throughout their duties and life. The critical factors identified through the

research and theoretical concepts are environment, social resources, culture, and education. Identifying what methods were being utilized to educate and aid first responders in coping strategies allowed the analysis to identify mental health issues associated with the trauma, furthering law enforcement officers' psychoeducation. This information revealed the lack of psychoeducation and training in officers from Sergeant and below before work-related critical incidents. Through the Meyers-Briggs personality indicator test, specific personality characteristics depicted areas of communication, learning, and behavioral characteristics that allowed for a more in-depth review of resilience-based behaviors. Therefore, supporting the resilience theory and firmly adhering to the concept of individual characteristics possessed by law enforcement officers.

With the revelation and minimal research articles to substantiate training before critical incidents for officers from the rank of Sergeant and below, an iterative search began to establish what training was available and was being conducted by reporting national academies (DOJ, 2018; BOJ, 2018). After confirming what training and education were conducted during the academies, an additional search of post-academy and in-service training revealed irregular hours and mandates per state and agency (BOJ, 2018). Further inquiries were completed to determine what training was available nationwide to law enforcement officers for mental health, trauma, and resilience (SAMSHA,2018; Badge of Life, 2022; NAMI, 2022). After determining what resources and methods most benefited officers, the research focused on specific personality traits identified and related to mitigating stress.

Theoretical Foundation

Over the last several decades psychologists have studied the concept of resilience, first in the 1970s through juveniles and adolescents, then progressing through military service members and first responders such as police officers. Theoretical concepts surrounding the law enforcement community have long posited the ideology of strength, endurance, and emotional characteristics and behavior (Walton et al., 2017). While prior theories contemplate the benefits of behavioral traits and emotional stability, resilience is the most vital theory to support the evidentiary value (Wild et al., 2020).

Werner (1982) first argued that resilience is an individual's ability to effectively cope with internal stresses because of their internal vulnerabilities and external stressors (Werner, 1982). During the initial study of childhood resilience, she correlated the importance of familial relationships with positive coping mechanisms for well-adjusted children. In a follow-up study, Werner (1989) argued that the strong presence of protective factors, including sociability, external emotional support, and activity level, were directly proportional to an individual's ability to maintain resiliency. They further argue that more protective factors are required for additional stressors throughout life. This study signifies that while firm foundations in childhood for emotional support and regulation are vital, progressing through adulthood requires other capabilities as a basis for adaptability and positive coping mechanisms (Werner, 1989).

Additional studies (Garmezy, 1986; 1991 & Flach, 1988) argued the idea of resilience as the ability to cope with stress while utilizing interpersonal skills to mitigate the effects of stress. Garmezy (1991) argued that resilience consisted of protective factors

associated with individual and familial influence. Individual factors attributed to resilience were categorized from childhood to temperament, responsiveness to situational stressors, and cognitive skills, while domestic factors had cohesion and warmth, parental presence, and concern. Lastly, he argued support factors external to familial relationships included positive support roles from teachers, religious leaders, and a community that fostered positive interactions (Garmezy, 1991). Most notable to his research were the introduction of socioeconomic status (SES), Intelligence Quotient (IQ), and sex. He argued that children within families with higher IQ, SES, and cohesion amongst members presented more socially engaged individuals with a more remarkable ability to modify stress than families with lower IQ, SES, and family cohesion (Garmezy, 1991). The individuals with less family cohesion were depicted as having higher stress levels and decreased social engagement. These factors were also accompanied by less parental presence, correlated to poorly defined interpersonal understanding, comprehension, and appreciation. They resulted in higher disruptive behaviors, particularly during stressful situations (Garmezy, 1991). These studies were necessary as they identified critical concepts of external mitigating factors and correlated them with intelligence for the first time and SES and resources. From identifying early established external and internal behavioral traits, additional studies focused on the ability to bounce back and recover (Higgins, 1994; Wolin & Wolins, 1993). However, other studies argue the importance of positive social interactions and mental fortitude (Rutter, 2013). These studies added perceptions of emotional resilience through positive external interactions, establishing the desire for external supporting factors.

After identifying contributing behavioral traits, the focal point discussed protective measures. Luthar et al. (2000) argued resilience as a process that encompassed positive adaptation to significant adversity, further stating that the two critical conditions of resilience are exposure to the threat of adversity and its positive adaptation (Luthar et al., 2000). He further proposed protective factors of protective stabilizing, which argues for the stability of behavior despite the increasing risk. The protective-enhancing traits describe the ability to engage with the stressor while increasing the competency and skills to mitigate it. The protective but reactive traits provide advantages for coping with high-stress levels (Luthar et al., 2000). This study introduced utilizing protective factors conjecture with pre-established intrinsic and extrinsic behavioral traits. This study was vital to understanding how the learned and personal behaviors adapted and provided coping mechanisms against trauma, establishing resilience.

Rutter (2006) better aligned the concept of resilience by positing it as having a relatively positive psychological outcome despite adverse or traumatic experiences (Rutter, 2006). During his research, he argued that resilience encompassed more than social interactions and concluded that it also accounted for positive mental health and competence (Rutter, 2006). In 2013 and again in 2017, the concept was amended to include the positive response to the trauma, furthering that resilience is not specific to an individual's traits but the ability to adapt when provided with the right resources (Rutter, 2006; 2013 Walton et al., 2017).

In addition to perceived intrinsic and extrinsic traits, Ledesma (2014) argued the importance of specific personality traits, including positive self-esteem, hardiness, strong

coping skills, a sense of coherence, self-efficacy, optimism, substantial social resources, adaptability, risk-taking, low fear of failure, determination, perseverance, and a high tolerance of uncertainty being present to obtain resilience (Ledesma, 2014). This study created a base level of identified traits posited to establish resilience, correlating specific characteristics observed and perceived in mitigating stressors associated with repetitive trauma.

(Romosiou et al., 2019; Degryse & Degryse, 2020; Crane et al.,2021) also argued that varying behavioral traits consist of the ability to compartmentalize, process, remain calm, and the context of their upbringing as mitigating learned behavior depicted the most resilience through self-efficacy measures. Furthermore, those studies illustrated the resonance of self-protective actions and articulated those behaviors through well-defined individualistic traits (Romosiou et al., 2019; Crane et al., 2021; Degryse & Degryse, 2020). These studies presented the addition of protective factors as adaptive coping and mitigating behaviors in the face of adversity. They began to outline the ability to use those factors to process the trauma, ascending the resilience capability. These studies also argued the importance of substantial positive external factors established from a young age as a significant contributing factor to building and maintaining resilience and fostering the individual's internal characteristics. They also focused on interpersonal skills as an additional focal point for protective factors in resilience building (Romosiou et al., 2019; Crane et al., 2021; Degryse & Degryse, 2020).

After identifying the protective measures and the intrinsic and extrinsic behavioral characteristics, the resilience theory began to organize and incorporate the necessity for

mental health training and education and discuss the need for mental health resources and their stigma inside the law enforcement community. Wild et al. (2020) argued the definition of resilience as a set of characteristics that aid in structuring the individual. Moreover, the services the individual receives and the knowledge of health services generated that combine to assist the individual in processing the trauma and building resilience (Ungar, 2005; Wild et al., 2020). They later amended the definition to include the context of the exposure to the trauma, the psychological strength of the individual, the environment, and the ability of the individual to access health-sustaining resources (Ungar, 2008; Wild et al., 2020). Additionally, they emphasized the importance of cultural benefits, including community, family, and culture (Ungar, 2013; Wild et al., 2020). These studies were essential in outlining the context of trauma and relaying the significance of the length of the exposure and the need for access to mental health resources which generated further discussion on interpersonal traits as a resilience component. After identifying the need for mental health resources, the realization of education and training became a focal point within resilience building.

Wild, El-Salahi & Esposti (2020) argued the importance of training and education for pre-and post-critical incidents. The authors focus on the attributes that align with the law enforcement mentality and strength of character, along with the ability to carry out the task emotionally and physically in front of them (Wild, El-Salahi & Esposti, 2020). The pre-incident training desires to teach first responders about correctly identifying known responses to situational stressors, how to respond to them, and how to assess each other for more distressing potential longer-term assistance. Wild, El-Salahi & Esposti

(2020) continued to posit that the modifiable predictors previously associated with PTSD fall into five major areas, which they focus on for their training and education. Those five major areas are personality, coping, post-traumatic cognitions, support broken down into social support and support at work, and physical inactivity (Wild, El-Salahi & Esposti, 2020). Exploring the five key regions reveals several different paradigms associated with the relevance of PTSD and law enforcement officers. Still, it isolates the significant areas encapsulating the transition and recovery of resilience versus stagnation and entrance into PTSD. These studies aligned previous studies on resilience by identifying and encompassing the significant areas that trauma affects and where the focal point in mitigating stress needs to be discerned. After training and education identified variables for encompassing and building on resilience, the focal point merged into the long-term physical and emotional effects of PTSD and how to mitigate those symptoms and concerns. Oliver et al. (2020) argued that the associated risks of long-term activation of the Sympathetic Nervous System (SNS), better known as the fight or flight response, have led to several health issues. Including cardiovascular disease, diabetes, and sleep dysregulation, which is attributed to cognitive impairment due to the strain on multiple systems in the body (Oliver et al., 2020).

Additionally, Violanti (2021) argued the importance of mitigating cardiovascular disease in law enforcement officers. He argued that the sedentary life augmented by rapid quick intervals creates a strain on the heart if not regularly exercised and may lead to a series of known cardiovascular issues that, if not mitigated, can lead to long-term health issues (Violanti, 2021). The abundance of literature depicting the long-term physical and

emotional health concerns (Violanti, 2021; Oliver, 2020; Wild et al., 2020) of law enforcement officers paints a polarizing picture of the reality of life. The importance of resilience is to identify triggers to mitigate those stressors from not only a psychological concept but from a physical idea. These studies were critical in understanding resilience from a physical and psychological aspect. They outlined how the physical deterioration of the body and the emotional impact and lack of education correlated to resilience.

The resilience theory is essential as its flexion and adaptation also include understanding the repetitive exposure law enforcement officers are exposed to and substantiating the repetitive exposure to trauma. Understanding the concepts behind the resilience theory aligns with a training and educational vision that may require additional training before the rank of Sergeant. Building upon the resilience theory assisted in postulating the notion of preventative education and training while determining what was occurring and what resources were currently available. Therefore, supporting the context of this research.

Conceptual Framework

The phenomenon of resilience in law enforcement officers has been widely researched, studied, and supported through the resilience theory. The resilience theory began with an individual's ability to cope effectively with stress (Werner, 1982). It was then amended to utilize interpersonal skills (Garmezy, 1986; 1991 & Flach, 1988). It transgressed to encompass intrinsic and extrinsic behaviors (Ledesma, 2014) and protective behavioral traits (Higgins, 1994; Wolin & Wolins, 1993, Wild et al., 2020). This progression of the theory distinguished itself by identifying variables and concepts

correlated to mitigating stress and coping with repetitive trauma, therefore making it essential in supporting the phenomenon of resilience in law enforcement officers. With the theory of resilience supporting the prior research, it became imperative to understand what training and education were being completed on resilience building and what methods were in place to assist in mental health factors to increase resilience.

Lastly, it was essential to understand the difference in personality traits and how they communicate, learn, and interpret different situations. It dramatically reflects how they process trauma and relate their coping challenges. The conception of specific personality traits helps depict behavioral benefits through personality indicator tests. Ware (2019) argued specific personality types depicted higher levels of stress and less resilience, while others depicted more introspection and processing, representing a more vital ability to process stress and resulting in more resilience (Ware, 2019). The Myers-Briggs Type Indicators (MBTI) is a psychometric test utilized to identify personality preferences through questions that measure an individual's decision-making process, perception of the world, and how they interact with their external environment (Ramachandran et al., 2020).

The Myers-Briggs Type Indicators (MBTI) test measures the four different ratios of personality. Extraversion or introversion (E-I), Sensing and intuition (S-N), thinking or feeling (T-F), and judging or perceiving (J-P). Each indicator makes up a four-letter combination of the most represented personality traits and breaks them into the most exhibited behavioral characteristics (Ware, 2019). Outlining the behavioral differences between the sixteen potential personality styles represented also depicts the individual's

strengths and weaknesses, loosely defining communications preferences, employment types, and reactivity styles. These personality types then extrapolate how each processes information and translates it into the best training, education, and resilience-based measures of self-efficacy (Keh, 2019).

The MBTI depicts the brain's biological wiring by synthesizing the components of the way a person thinks, feels, and acts. They are represented through internal characteristics from trans-situational incidents. The MBTI defines why we behave in specific mannerisms and exhibit specific characteristics and communication preferences in different interactions. MBTI divides the measurement of type theory and trait theory which explains the concept of personality characteristics that are inherent and ingrained. In the first grouping (E-I), extroverts learn best through doing and discussing, while introverts learn best through reflection. In this paradigm, introverts need time to process and reflect on events before talking, while extroverts prefer immediate feedback and discussion with little reflection time. These characteristics are essential to understand as it applies to trauma response. Extroverts may exhibit more vocal responses, while introverts may exhibit more reclusive traits (Keh, 2019).

In the second category (S-I), sensing and intuition, those whose second personality trait of (S) tend to focus on what is accurate and actual. They also tend to remember specifics and rely on their experience. Intuition (I) behavior focuses on patterns, can remember specifics related to that pattern, and seek trust through inspiration. When applied to trauma responses and resilience-building sensing (S), characteristics may exhibit more apparent symptoms associated with disruptive behaviors

as the memory of traumatic events is replayed in their mind. These behaviors and features do not mean that intrusive thoughts and disruptive behaviors are not replicated in other personality categories (Keh, 2019). Intuition traits tend to recall specific encounters and learn from them as a way not to repeat or remember intrusive thoughts.

The third category thinking (T) and feeling (F), describes how individuals make decisions. A thinker (T) prefers to have an objective view of incidents. They are analytical and may appear tough-minded. In contrast, feeling (F) strives for understanding and tends to be compassionate, fair, and more "tenderhearted." The thinker may utilize logic to rationalize their behaviors or process what has occurred, whereas a feeler tends to weigh the emotion to a decision. In a trauma response, a thinker (T) will utilize a series of questions to determine and understand what is occurring and may exhibit an unemotional response using expressly dominant logic. At the same time, a feeler will emphasize the emotion associated with the trauma (Keh, 2019).

The fourth category, judging (J) and perceiving (P), explains how people approach and interact with the outside world. Judging (J) characteristics are people who prefer schedules and are systematic and organized while perceiving (P) characteristics are more spontaneous, flexible, and open-minded. Judging personality traits also choose to have schedules and plans, while perceiving (P) characteristics tend to be more adaptive, open to change and dislike higher structured schedules (Keh, 2019). While processing trauma, the (J) characteristics desire to understand the process. They realize why and when they will go through specific responses instead of (P) characteristics. They tend to

be more open to expressing views or trying different modalities or treatment approaches and more willing to discuss the events.

Each personality type has strengths and weaknesses regarding self-efficacy and resilience-based factors. There may not be a specific personality type that is more resilience-based than the others. Closely examining the resilience of extroverts (e), they tend to exhibit personality constructs of being good under pressure, more adept at discussing emotional responses, and vigilant in completing the mission (Kerber et al., 2021). Introverts (i) tend to be more self-critical and self-aware; therefore, they possess more of the ability to self-reflect, allowing them to process their actions and reflect on the trauma (Kerber et al., 2021).

After determining an individual's first characteristic of introverted or extroverted comes a series of additional personality indicators that depict how they communicate and learn. From those other indicators, sensing and intuition (S-N), thinking or feeling (T-F), and judging or perceiving (J-P), the discussion then focuses on the best approaches for working towards effective measures to mitigate PTSD and build on resilience through varying methods. The application of personality-based psychometric tests regarding resilience was vital. It introduced the combination of intrinsic and extrinsic behavioral characteristics and how they manifest in individuals during and after repetitive trauma. By understanding previously established intrinsic and extrinsic behavioral characteristics, the concept of psychological and behavioral responses became more apparent after applying the MBTI. The resilience theory was articulated through the MBTI while discussing the appropriate responses to trauma from a psychometric response. This test

allowed a typical genre of behavioral responses to be outlined and assisted in providing more relevant mitigating resources. Combining the knowledge that previously established extrinsic and intrinsic behavior were core responses (Wild et al., 2020) allowed the alignment of the resilience theory to be depicted from a psychological and physiological response, therefore supporting the research and identifying adaptive responses to trauma.

Literature Review Related to Key Variables and Concepts

Law enforcement officers are impacted in many ways by repetitive traumatic events. The psychological, physical, and emotional impact varies for everyone. Yet, the understanding of the events, preventative training, and education on stress mitigation remain muted compared to the uprise in the knowledge of PTSD. Olatunji (2018) argued the importance of examining law enforcement officers' perceptions and decision-making behaviors after responding to traumatic events. He conducted a study in a phenomenological approach using in-depth semi-structured interviews that concluded that PTSD affects the preparedness of police officers from a tactical and emotional response in decision-making. This study also revealed that while there has been training and debriefings after the fact, many participants reported not having educational training on resilience before the critical incident. Therefore, indicating a crucial lack of education, training, and mental health resources available to officers (Olatunji, 2018).

Understanding how trauma and the triggers of trauma translate into PTSD was crucial for law enforcement officers. Degryse & Degryse (2020) argued the importance of identifying PTSD symptoms among law enforcement officers and identifying triggers that have changed or altered their perception or behavioral responses to the trauma and its

stimuli (Degryse & Degryse, 2020). They argued the importance of identifying the concepts and actualities of PTSD, and it is lesser talked about companion, Complex or Cumulative Post Traumatic Stress Disorder (C-PTSD) (Degryse & Degryse, 2020). Their study established clear parameters for treatment methods and discussed the importance and timing behind each type of therapy (Degryse & Degryse, 2020).

Wild et al. (2020) argued the importance of creating and educating law enforcement officers on resilience building. They posited that while suicide prevention protocols and education are standard practices in police training, emotional self-care programs must be added. These programs are designed to align and focus on their ability to identify and provide self-care for their emotional well-being (Wild et al., 2020). This training began to be implemented in specific criteria post-incident with critical incident debriefings through peer support officers and the adaptation of employee assistance programs (Wild et al., 2020). They argue the importance of implementing this type of training through a cradle-to-the-grave approach. This approach indicates the importance of establishing programs starting as early as training academies focusing on known job-related stressors and trauma, establishing the report with confidential mental health advocates, and allowing for more frequent consultation (Levenson et al., 2010 & Wild et al., 2020).

The National Alliance on Mental Illness (2022) argues the importance of incorporating mental health resources and resilience-based approaches to first responders and training on crisis communications. NAMI (2022) argues that resiliency reduces stress and trauma, enabling officers to maintain emotional and physical health. They advocated

through many resources by providing additional counseling, teaching materials, classes, and access to confidential resources. They continue to work with all first responder agencies nationwide, providing post-academy in-service and other training for first responders to identify stressors, symptoms, de-escalation, and communication tactics. (NAMI, 2022).

Psychological and Behavioral Response

Identifying and acknowledging psychological and behavioral changes from repetitive trauma becomes a focal point as studies dissect the transforming views. SAMHSA (2018) argued that the behavioral health conditions that are subsequent factors for law enforcement officers, rapid and repetitive response, are one of the core factors integrated into work experiences (SAMHSA, 2018). Along with the physical deterioration of the body from long-term stressors comes emotional stress, which is often underreported. The National Alliance on Mental Illness (2019) argues the importance of understanding traumatic events' physiological, physical, and psychological impacts on first responders by advocating for preventive education and training materials. NAMI (2019) argues that psychological resilience is not defined solely by inherited traits but can be taught and learned. They further posit that having readily available resources on a naturally occurring basis signals the importance of advocacy, understanding, identification, and compassion. Ensuring those officers who experience traumatic events are provided with crucial and critical resources allows for the recovery process through education and correctly identifying potential physiological, psychological, and physical symptoms of PTSD (NAMI, 2019). It is essential to discuss the stress response on the

human body by aligning the statistical analysis with the reported psychological and behavioral responses to trauma with the evolving understanding of how repetitive trauma affects behavioral responses.

Fenster et al. (2018) argued the consequence of repeated exposure to psychological trauma and its effective treatments. The criteria of the DSM-5 were utilized as a baseline for symptomology and progression and onset of the events. The symptomology criteria included aggression, avoidance, hypervigilance, arousal, anxiety, and depression. The research provided a translational picture of the epidemiology into the mechanisms of risk and resilience to focus on future avenues of therapeutic methods. It also compared different reactivity in several brain parts from prior Genome-wide association studies (GWAS) studies. It provides statistical associations between genetic variants and identifies genotyping and Optogenetics, which produce genetically encoded light-activated proteins to measure brain responses to exposure. The researchers exposed the participants to stressful stimuli using the encoded light-activated proteins. They saw how the brain's response was happening and which areas of the brain were lighting up and showing activation. The study depicted significant advances in understanding the neural circuits and how they work together in intangible groups to process information and relay or delay specific senses and behavioral responses depending on brain stimuli overload. Optogenetics revealed how overloaded or damaged brain circuits from repetitive trauma remap the hippocampus and adrenaline response to specific areas of the brain. This remapping of the hippocampus may lead to prolonged activation of the Sympathetic Nervous System dominance (Fenster et al., 2018). This study showcased

how repetitive trauma remapped the brain's neural circuits and how the remapping

through adrenaline responses activates the SNS system. When the body is in SNS

dominance, several behavioral responses include aggression, avoidance, hypervigilance,

arousal, anxiety, and depression. This study depicted that these responses have correlated

with depicting a psychological response to stress and showing how it manifests into a

biological and physiological response in the body.

Lewis et al. (2019) argued the impact of PTSD. Physical and behavioral responses

include mood disruptions and chemically induced behavioral changes because of

hypervigilance, better known as the Sympathetic Nervous System (SNS) dominance. The

study revealed that first responders often engage in avoidant behaviors and utilize

substances to mitigate physical discomfort or engage in high-risk behavior. These

behavioral changes may also be exposed through mood disruptions causing or depicting

extreme irritability or intense anger responses. These mood and behavioral responses are

attributed to causing sleep disruption and the inability to rest well. Many of these

symptoms are not timely and accurately assessed to be PTSD. Reactions also vary in time

and intensity, which may be difficult to associate with the initial incident accurately.

Identifying characterized behaviors from this study allowed the conceptions of identified

behavioral responses to be linked to psychological and physiological responses from

repetitive exposure to trauma.

Nagamine et al. (2020) argued the association between PTSD and employment

conditions in correlation with repetitive exposure. They conducted a longitudinal study of

first responders who had worked and responded to prolonged deployments and shifts at

mass casualty and extremely devasting events. Those with more prolonged exposure to the trauma, fewer resources, and less preventive education were reported to experience higher stress levels and were less likely to say it. The study yielded that P.T.S.D. symptoms amongst first responders in disaster areas were mitigated through additional accommodations and mental health support. It decreased the exposure and length of tours and their frequency (Nagamine et al., 2020). This study was integral as it revealed that the length and duration of the exposure to the trauma are also reflected in psychological and behavioral changes; by generating more stress and associated risks of sleep deprivation with fewer resources, the rise in psychological and behavioral responses increased dramatically.

Knaak et al. (2019) argued that stress is attributed to the nature of a law enforcement officer's work, repetitive exposure, and organizational factors. Those factors are the demands of the job, lack of supervisor or collegial support, and lower levels of deteriorating working conditions (Knaak et al., 2019). They further posit that mental health-related stigmas are being rapidly identified as preventing officers from seeking assistance for fear of being ostracized from peers and having their ability to continue in their profession due to a perceived devaluation of their skills and coping mechanisms. The study revealed that eighty-five percent of police officers reported not disclosing mental health issues for fear of discrimination. And fifty-nine percent said that if they had, they would face discrimination and be perceived as having a personal failure (Knaak et al., 2019). They argued that the stigma of requesting mental health resources was meant with unequal treatment by coworkers and supervisors and depicted harassment,

mistreatment, and bullying reports. The officers also reported they observed the effects

the most within supervisory roles with subordinates, along with a general overall lack of

resources for mental health (Knaak, 2019, Ricciardelli, Andres, et al., 2020).

This notion of fear and discrimination enhances the psychological response by

prolonging the SNS activation from the stressful stimuli, therefore, depicting the potential

for increased long-term mental health issues and declining physical health.

Bolzon & Halmsay (2021) argue that organizations need to ensure clear lines of

communication and establish clear points of readiness and expectations when hiring

officers. They posited that a longitudinal self-reported survey of officers revealed that

many were unaware of the job demands or the attributed related stress that surmounts.

The survey also revealed that law enforcement officers were mindful of discriminatory

practices when mental health resources were requested or left for mental health

(Ricciardelli et al., 2020; Bolzon & Halmsay, 2021). Officers said the perceived lack of

support from leadership, the recognition of mental health issues and their training, and

the negative workplace culture add to the stigma of seeking mental health resources

within the first responder community. The additional stress placed on the individual

regarding mental health options and post-traumatic incidents created a general sense of

fear in many law enforcement officers, therefore thwarting their seeking of mental health

resources.

Understanding the need for additional training and the current level of education

and training requires the knowledge of perception and definition of lived experiences

amongst officers. Implementing preventive training on resilience and mental health

resources before traumatic incidents also advocates reducing the stigma associated with mental health assistance.

Boyd et al. (2018) argued the importance of addressing the meaning, structure, and essence of the lived experiences of the phenomena of suicide prevention through a group of first responders. The first responders' shared knowledge and essential understanding were depicted in their self-reported surveys and evaluated again after training (Boyd et al., 2018). This study expressed connectedness, relationship versus detachment in analyzing an experience, transcendental, and existential outliers. The research evaluated suicide awareness and prevention training and aimed to investigate the impact of officers' attitudes, confidence, and knowledge. The views reflected and measured their knowledge and responsiveness to the training through surveys and training segments, depicting significant areas of concern in suicide prevention amongst law enforcement officers, including their ability to assess someone for suicidal ideations. If people are serious about suicide, they would tell someone, and if they survived the attempt, was it a ploy for attention (Boyd et al. 2018)? This study identified the officers' self-reported behavior from the surveys. It classified them as dissociative symptomology and impairment due to repetitive trauma. Significant areas of concern were depicted among the behavioral characteristics of derealization symptoms and correlated to the decreased ability to perform duty functions (Boyd et al., 2018). This study depicted that long-term exposure to trauma effectively decreases an officer's responsiveness to the trauma in a dulling mannerism. This repetitive exposure decreased their ability to identify symptomology associated with the exposure as abnormal. It decreased their ability to

delineate the difference between PTSD symptomology or stress-related coping mechanisms and their ability to recognize the need for additional help.

Boyd et al. (2018) argued that those deemed at higher risk disclosed fewer events and reported lower levels of PTSD. Within areas that said higher social support. Boyd et al. (2018) argued that law enforcement officers are often less likely to report stress and PTSD symptoms or request emotional health concerns. This behavior is due to the stigma associated with the profession, in fear of appearing weak or unable to handle the surmounting stressful duties of a law enforcement officer. The study concluded that the more at risk for PTSD groups were less likely to disclose emotional events that created PTSD than those not at a higher risk in departments that promote more emotional health support amongst the ranks. The more willing officers were to reach out for help when needed, the more successful they were (Boyd et al., 2018). Statistical analysis also confirmed the relevance associated with the stigma of reporting PTSD as a law enforcement officer and connotates that supportive literature on the disclosure of emotional events in at-risk groups for PTSD better avails itself to those searching for mental health assistance (Boyd et al., 2018).

Cipriano & Bernhard (2022) argue the importance of addressing the stigma and building trust among peers and supervisors to enable the proverbial shift in cultural change among law enforcement officers. They say that a revitalization starting from the top down and bottom to top approach needs to be orchestrated for this shift to occur. They posit that education and training on not only suicide prevention but mental health counseling to combat cumulative and complex PTSD requires an organizational

transformation. To accomplish this requires providing access to mental health resources and finding a way to implement annual or semi-annual screenings with mental health providers. Implementing these measures allows the officer to have preventative care and access to it through an agency-required setting, thus addressing the stigma and providing a more routine alliance with mental health to combat the stress (Cipriano & Bernhard, 2022).

These studies argued that law enforcement officers are now being depicted as less likely to report or disclose their emotional responses to repetitive trauma (Ricciardelli et al., 2020; Bolzon & Halmsay, 2021). And that their ability to self-regulate and identify concerns in fellow officers is also impacted (Boyd et al., 2018), which has increased the stress by portraying negative stigmas associated with emotional trauma and seeking therapy (Knaak, 2019). This shift in stigmas directly correlated to law enforcement officers who reported higher peer and social support than those who reported less emotional and peer support (Crane et al., 2021).

SAMHSA (2018) also argued that the lack of training and unrealistic leadership expectations directly represented the protective factors associated with first responders' collateral behavioral health changes. Among those protective factors reported and observed with the behavioral changes were the increase in the duration of shifts leading to burnout and lower job satisfaction and equating to a higher risk for PTSD symptomology (SAMHSA, 2018). The increase in specialized training, professional mastery of skills, and shift and team cohesion are cited as protective factors in reducing stress aiding in psychological well-being and preventing mental and emotional health

risks. The study concluded with a survey of retired law enforcement officers reporting that those with the additional training on resilience had a better quality of life which assisted in mitigating long-term conditions or developing severe PTSD (SAMHSA, 2018).

Law enforcement officers are not obtaining their resources due to a lack of pre-incident training and education and the stigma associated with mental health. This evidence and prior studies show a correlation between stress, trauma, and suicide development. When agency leadership, employees, and mental health advocates or union representatives are involved in the advocacy for mental health resources, at-risk employees are less likely to be isolated and receive the care they need.

While discussing psychological and behavioral responses in law enforcement officers, it is vital to acknowledge the statistical analysis of suicide amongst officers. As a pioneer in the field, Violanti (2019) argued that studies involving the suicide rate of law enforcement officers depicted opposite conclusions, some with higher rates and some with little comparison to other populations. He continued to argue that the stressors related to suicide among police were attributed to organizational support, the traumatic event itself, the nature of shift work and rotating hours, and the stigma associated with reaching out for mental health amongst the desire to be accepted in the police culture. He adds that additional problems related to precursors to suicide rates were domestic relationships and alcohol abuse which are hypothesized to arise from the stressful environment and increasing demand on officers (Violanti et al., 2019).

Law enforcement suicide remains a significant adversary for mental health professionals. Repetitive exposure to trauma has directly correlated to law enforcement suicide. Several non-profit agencies have begun fighting for mental health resources from those realizations and acknowledgments. The non-profit organization Badge of Life was established in 2007 to reduce the impacts of stress and trauma on police officers and other first responders through educational information on their website. The mission and ethos are to provide training and education about mental health and suicide prevention through their "Building A Better Cop" program. This program consists of lectures, scenarios, and educational PowerPoints designed to educate law enforcement and first responders on managing stress, trauma, and family conflicts (Badge of Life, 2022). They also established the National Study of Police Suicides in 2009, which compiles a nationwide list of law enforcement suicides but does acknowledge that they may be underreported.

In 2016 1st HELP launched its program to honor, educate and prevent suicides of first responders through mental health resources and education. It also began compiling resources and lists of first responder suicide rates to include corrections and federal officers, firefighters, emergency medical personnel, and telecommunication specialists to educate better and serve the first responder community. In 2019 they reported that 249 first responders had perished from suicide, with 197 being police, 39 being corrections officers, and 11 firefighters. In 2020 the total number of suicide deaths was reported to decrease to 186 and decrease again in 2021 to 174 (1st HELP, 2022). While they acknowledge that the battle for education and prevention remains a lifelong focal point,

they have partnered with local and federal agencies to allocate and educate crisis and prevention training to agencies requesting them (1st HELP, 2022).

As the psychological impacts from repetitive traumatic exposure are depicted, it is crucial to understand how the psychological aspects manifest into physical responses and the long-term effects that they can have. The psychological and physical responses to trauma have a directly correlational relationship. This relationship means that while one may come before the other, each can result in the other or affect the other. The manifestation of a psychological and behavioral response to trauma may result in a physical response such as cardiovascular disease, sleep deprivation, and fatigue to diabetes.

McKeon et al. (2019) argued that first responders have a higher risk of experiencing attributed responses to poor mental health, depression, and PTSD, directly related to the physical health symptoms accompanying poor mental health conditions. The most-reported condition is cardiovascular disease, directly proportional to decreased physical activity levels. The study argues that utilizing the social support system amongst law enforcement officers is the first step in creating a solution to achieve higher levels of physical activity and reduce the prominence of cardiovascular disease. Furthering this linkage between physical activity and social support also improves mental health. As the body decreases the levels of norephedrine and adrenaline (two of the stress hormones) and replaces them with serotonin (the stress-reducing hormone), the body begins to relax, aiding in better sleep patterns and exercising the cardiovascular system, reducing the risk of cardiovascular disease. Thus, the more social support and exercise for first responders,

the better their sleep and mood improvements will be implemented. (McKeon et al., 2019).

Physical Response

In addition to emotional well-being, Violanti (2021) argues that the long-term effects of stress results in the buildup of cortisol within the body resulting in metabolic syndrome. This correlated with the increase in cardiovascular disease and the need for long-term care of officers after retirement. He further correlates this issue to stress accumulating over an average career of first responders and how best to physically negate physical adverse effects through exercise, diet, and emotional support. He also argued the need for reform and continuing efforts of practitioners and officers to evolve new therapy methods as the situation develops and more is learned (Violanti, 2021). Long-term stress buildup in the body is paramount to understanding how it manifests a physical response and fosters an environment for the long-term effects.

Fenster et al. (2018) argued the consequence of the neurological deficits in brain reactivity to pre-and post-traumatic events through repeated exposure to psychological trauma increased the neurochemical response in the brain at the cellular level, revealing altered brain structure. The chemical response correlated with the physical reaction of an overloaded hippocampus, essentially remapping the adrenaline response and keeping an individual in a hypervigilant reaction known as sympathetic nervous system dominance (SNS) (Fenster et al., 2018). Prolonged SNS dominance means that the semi-permanent remapping of the brain is now depicting altered physical and emotional responses. With the prolonged activation of the SNS, several altered behaviors become apparent. While

this study outlines the brain's reactivity from increased neurochemicals, it also depicts

how the chemicals remap the brain and trigger specific responses.

Alshak (2021) argues that SNS dominance occurs when a series of

neurochemicals elevate in reaction to a stressor or environmental stimuli. The activation

of the SNS system is known as the fight or flight response. This response occurs due to

stimuli sensed by an individual's body and is often counter-regulated by the

Parasympathetic Nervous system (PNS). When an individual's body remains in SNS

dominance for a prolonged status, it becomes increasingly more challenging to regulate,

and physical changes in the brain's chemistry and the 'body's overall health begin to alter,

creating a myriad of physical and emotional health issues (Alshak, 2021). The SNS is

designed to prepare the body for that response through a series of chemical increases and

decreases through neuroreceptor sites to increase or decrease specific functions. Those

neurons travel to transmitters known as epinephrine or norepinephrine. During this

response, a chemical change occurs in the body where a series of chain reactions provide

the body with the ability to respond to the perceived threat or trauma. The chemical

changes activate the iris muscle in the eye to contract and allow additional light to flow in

and improve vision. The increased cardiac output occurs through a rise in a heartbeat.

The oxygenated blood creates bronchodilation for a better pulmonary outcome necessary

for speed or running. It also slows down digestion to minimize the energy needed in the

gallbladder to send that energy elsewhere, decreasing both enzymes and insulin secretion

and minimizing the exocrine and endocrine systems (Alshak, 2021). This elevation in the

body's response is to achieve a short duration to aid the body. This response is essential to

understand. In seconds, the human body perceives a threat from a stimulus and sends a chemical chain reaction to achieve specific protective measurements. As those actions occur with inevitable increases and decreases in the body's chemicals, specific alterations to the natural body response occur. The prolonged presence of those chemical reactions sustaining those altered responses is now creating a prolonged hypervigilant response that is now proving to lead to long-term physical responses to the body and deteriorating the physical condition of the body.

Oliver et al. (2020) argued that the associated risks of long-term activation of the SNS system led to several health issues, including cardiovascular disease, diabetes, and sleep dysregulation, attributed to cognitive impairment. The over-activation of the SNS uses the neurotransmitters to release epinephrine or norepinephrine. These will increase and decrease significant amounts of chemicals within specific internal systems. With the continued accelerated prolonged heart rate, the result of hypertensive patients and the stress on the walls and chambers of the heart may weaken, potentially leading to cardiovascular disease. The high and sustained rise in insulin from the pancreas may lead to diabetes. Continual activation of the SNS system also leads to sleep deficits, which contribute to the reduction of adequate rest periods, therefore interrupting the autonomic nervous system from taking over and returning the body at rest to parasympathetic dominance and allowing the body to rest and recover from the elevated levels (Oliver et al., 2020).

Gill et al. (2019) argue that cardiovascular disease remains elevated among first responders due to sedentary lifestyles, poor nutrition, and prolonged exposure to stressful

stimuli. Increased cardiovascular support during adrenaline-induced responses to emergent incidents, i.e., fighting fires, physical altercations, and foot pursuits led to elevated immune and SNS responses creating more physical exertion. This chemical response and a lack of regular physical fitness significantly increase the body's ability to respond and prepare for the physical demand required to carry out the task (Gill et al., 2019). The sudden increased need for the body to exert the requested response can strain the cardiovascular system when not prepared or regularly exercised. The risk of coronary heart disease in law enforcement officers with a sedentary lifestyle increases significantly during stress responses. In law enforcement officers, CHD or sudden cardiac death is thirty-four to sixty-nine percent more likely in those with sedentary lifestyles (Gill et al., 2019). Both studies (Oliver et al., 2020 & Gill et al., 2019) depict the risk of cardiac health issues and additional potential health concerns from increased SNS dominance.

The Centers for Disease Control (2022) reports that sleep deprivation in law enforcement officers is a major contributing factor to overall health. The lack of adequate sleep avails officers of additional health issues. The CDC (2022) posits that sleep deprivation directly responds to long shifts, traumatic or stressful stimuli, and sedentary lifestyles. The CDC (2022) additionally argues that sleep deprivation increases the risk for mood disruptions, gastrointestinal issues, headaches, insulin disruption, high blood pressure, seizures, and hallucinations. Sleep deprivation also leads to prolonged sleep disorders, leading to cognitive impairment (CDC, 2022). This study links SNS dominance to sleep deprivation and cognitive impairment, linking long-term activation to multiple potential long-term health issues and physical responses. These studies

(Violanti, 2019; CDC, 2022) opened the door for the recreation of variables and

exploration of physical stress, trauma, and resilience building. This research led to

additional studies identifying behavioral characteristics, the epidemiology of repetitive

trauma, and support sources. The initial analysis of repetitive trauma amongst first

responders depicted the necessity to define those critical issues, identify resilience

characteristics and obtain additional resources.

Resilience Efforts

Walton et al. (2017) argued the importance of establishing the core symptoms of

Post-Traumatic Stress Disorder (PTSD) to align symptoms with a diagnosis for clinical

purposes. Defining a standard set of perceived characteristics shared or expressed by first

responders would create a theoretical framework for the shared traits described as

resilience factors (Walton et al., 2017). The research revealed synonymous responses

amongst the participants that led to systematically shared attributes in the core elements

for diagnosis. The participants expressed a standard set of perceived characteristics,

showing a pattern of symptoms of PTSD that deliberated on the idea of personality

characteristics that describe resilience (Walton et al., 2017). Additionally, dissociative

symptomatology and functional impairment are due to PTSD and repetitive trauma (Boyd

et al., 2018). Utilizing the DSM-V to compare the participants' self-reported behaviors

and medical charts, they categorized the behaviors into groups following the ability to

perform their duties based on their physiological responses to the trauma, therefore,

measuring their functional impairment (Boyd et al., 2018). The study depicted the

symptomology of PTSD amongst dissociative behaviors and derealization symptoms. It

indicated the signs of PTSD do reveal a high correlation between derealization symptoms

which are predictors of functional impairment (Boyd et al., 2018). The remaining

symptomatology characteristics that are significant predictors of functional impairment

include; successful coping mechanisms and controlling derealization symptoms. They

have been proven to decrease the predictor for PTSD symptoms. It correlated to the

reduction in the participant's functional impairment. These studies aligned the concept of

PTSD symptomology from a clinical standpoint (Walton et al., 2017).   and provided

valid interpretations of positive analysis and reduction and mitigation of symptoms (Boyd

et al., 2018).

Violanti (2019) argued that repetitive trauma exposure in first responders forced

an adaptation of behavioral responses and created resiliency. He conducted a meta-

analytic review of the first responder's continual exposure to trauma and their resilience

by measuring the often-overlooked psychological dangers associated with repetitive

exposure to trauma. He assessed the officer's ability to overcome the trauma through

different approaches, including social and peer support and a psychological process

involving additional cognitive and emotional counseling (Violanti, 2019). While the

study provided important data surmising the statistical analysis of the reports of repetitive

trauma in police officers, it failed to provide significant literature regarding psychological

comorbidity in police work. It did reveal a significant difference in depression scores

across the ages of the participants and that the prevalence of depression was slightly

greater among female officers (Violanti, 2019). The research revealed the under-reporting

of symptoms associated with repetitive trauma and posited a difference in coping

mechanisms and resiliency amongst the genders.

Therefore, these studies aligned the symptoms most closely with functional impairment (Boyd et al., 2017), focused on the recovery and intervention to aid the participants (Walton et al., 2018), and created a focal point for intervention techniques by concentrating on symptomology (Violanti, 2019) thus advancing the world of PTSD treatments. After identifying the correlational relationship between repetitive trauma, PTSD, and neurological and chemical changes, the focus shifted to identifying treatment modalities and mitigating efforts. The researchers applied the traditional avenues of cognitive therapy, and the ability to implement them positively remained variable—further research examining the behavioral responses associated with repetitive trauma evolved into aligning the accessibility to treatment.

McDonald et al. (2021) argued the importance of long-term care for first responders. The study factored in self-reported measures of self-compassion, compassionate love, psychological distress, post-traumatic stress, secondary traumatic stress, burnout, resilience, compassion satisfaction, and life satisfaction (McDonald et al., 2021). The study encompassed self-reported surveys of two-hundred and forty-first responders over a year and accounted for gender, race, and ethnicity to reflect diversity. While the study focused on measuring resilience aptitude in officers, each category reflected high and low measures, with psychological distress and burnout depicting more self-efficacy measures. The study yielded that self-compassion was a significant predictor for lower levels of PTSD, and the higher the self-compassion, the more correlation to resilience and emotional support (McDonald et al., 2021). This study

began to identify the differences in methods for resilience by examining the individual perspective of the officers and formulating a more appropriate response.

Au et al. (2017) argued that the epidemiology, assessment, and treatment of PTSD behaviors identify the emotional response's symptomology. They focused on trauma-related shame and the symptomology of PTSD over a six-week basis utilizing compassion-based therapy treatment methods, focusing on the emotional change and overall increase in the participant's understanding of the event and their ability to change the outcome directly correlated to reducing PTSD symptom severity (Au et al., 2017). Both studies (McDonald et al., 2022 and Au et al., 2017) clearly outlined the necessity for trauma responses through resilience-based efforts that differ based on symptomology; therefore, establishing more than one method to build resilience and a multi-pronged approach may be necessary throughout the process.

Haour et al. (2019) argued the effectiveness of Eye Movement Desensitization Reprocessing (EMDR) in trauma-related and Traumatic Brain Injury patients. EMDR is an eight-step process that aims to reframe trauma-induced response's emotional and physical responses. EMDR utilizes the bilateral stimulation of the eyes to target a trauma memory and reaction from a patient while refocusing on an object's movement and discussing the traumatic memory. This movement is conducted to force the patient to remain focused on the object and not the memory so they can begin to discuss the event and reprocess the memory of the image through cognitive therapy (Au et al., 2019). The practical re-training of the brain through visual stimulation and treatment that may also incorporate pharmacology assistance proved to be highly syncretic for treating anxiety

and neurological symptoms associated with PTSD (Au et al., 2019). This study focused on adaptive and interactive therapy methods that aim to mitigate the symptomology of PTSD, therefore, contributing to alternative methods previously established.

Degryse & Degryse (2020) argued the therapy ideology and when each should be applied. Each treatment focuses on the general notion of reduction in PTSD symptoms and reported decreases in emotional well-being. Understanding the effect and timing of when each is beneficial remains in the hands of clinicians and on an individual basis; however, utilizing different modalities throughout the treatment method has been proven effective (Degryse & Degryse, 2020). This study established the preliminary ideology of using variable mitigating techniques timed with responsiveness to improve emotional well-being and build resilience from a more robust angle.

Sadhbh et al. (2019) argued that resilience measures in first responders directly correlate to their mental health symptomology. A multivariate linear regression analysis associated the baseline resilience against future mental health symptomology post repetitive trauma and revealed that the correlation between depression and PTSD was directly proportional. A multivariate linear regression analysis compared differing symptoms with previously established mitigating factors. The officers who reported higher scores of depression also reported higher rates of PTSD. In contrast, those who reported lower levels of the symptomology of depression and PTSD depicted higher levels of resilience factors (Sadhbh et al., 2019). This study further extrapolates that examining resilience and targeted interventions will depict more heightened levels of resilience and establish protective factors for positive long-term mental health.

Romosiou et al. (2019) argued intervention techniques through emotional intelligence, empathy, resilience, stress management, and coping mechanisms. The study focused on articulating group intervention techniques through a series of educational four-hour sessions and analyzed them through self-reported surveys (Romosiou et al., 2019). The study yielded more significant positive results in post-long-term intervention counseling and assistance utilizing multiple methods of approach, including cognitive-behavioral therapy. The significance of the study depicted through the self-reported surveys of current police officers found that longer-term CBT and intervention techniques were more resourceful than single interventions. The study allowed them to gain more support and knowledge, which changed their empathy, thus continuing to progress and not leaning toward long-term mental health issues (Romosiou et al., 2019). By identifying the necessity for trauma therapies and depicting the results over a structured period, the parameters established the results through a data-inclusive, statistically proven need for long-term mental health resources. Therefore, the research aided in organizing resiliency through multiple methods of intervention and mental health resources.

Wild et al. (2020) also argued for using various techniques to mitigate PTSD symptoms and establish resilience in first responders. A meta-analytic longitudinal review of interventions and strategies utilized in case studies between 1980 and 2018 argued the significance of modifying coping mechanisms, thus enabling the strength of resilience in first responders through education and prevention training (Wild et al., 2020). The research depicted only two methods to deduce behavior modification and

resilience significance: exercise and imagery interventions (Wild et al., 2020). The imagery interventions such as Eye Movement Desensitization and Reprocessing (EMDR) depicted the strength in its infancy to effectively allow the participants to reduce stressful reactions to imagery associated with repetitive trauma. The research aided the analysis of the program's effectiveness while simultaneously incorporating data over a longitudinal period, producing invaluable evidence focusing on the resilience capabilities and structuring the approach across variables that had not previously accounted for in other research studies (Wild et al., 2020).

Crane et al. (2021) also argued the importance of stress and resilience training through objectives designed to measure cultural aspects and pre-and post-knowledge based on mental health conditions (Crane et al. 2021). The study reviewed prior knowledge inputs through a series of known training and educational programs against the ability to interpret, analyze and adapt to the stressors after the training. The study revealed the necessary means of alliterating training methods while simultaneously accounting for the educational variant by involving leadership throughout the training process to decrease the stigma associated with mental health (Crane et al., 2021). Implementing organizational approaches to resilience training depicted a greater need for workplace resilience efforts. The study yielded that the training paradigm should not focus on isolation from an organization and must factor in exogenous content to stay relevant and produce results to amplify resilient tendencies (Crane et al., 2021). Discussing the concerns of training requirements and implementation, also known as training transfer, and whether the knowledge is applied later allowed the researchers to

accurately assess the fulfillment of the objective-resilience building. This measurement was the first to identify breaches and improve resilience-building training and education.

With the turn of the digital age, many agencies have adopted online and cellular phone-based applications that a user can log into and speak or text with a mental health professional during difficult times. The ability to seek confidential assistance for mental health remains a pointed topic; however, the trade for anonymity and help remains hidden. Evaluating this resource's effectiveness is difficult as anonymity remains high amongst discrete first responders. Torous et al. (2019) argued this notion to address the factual basis of commercially generated applications with little statistical data to evaluate their effectiveness. They discussed the significance of addressing targeted behavior after it begins or effectively denigrating negative behaviors or their reinforcement of negativity, therefore requiring lower rates of effective psychological counseling (Torous et al., 2019). This idea is critical to understand, as implementing such resilience efforts may not always contribute to long-term clinical resolution.

Lastly, leadership amongst the first responder population has also played a critical role in mitigating negative factors. The educational awareness of leadership from the highest echelon to the lowest ranks has proven inevitable in reducing anxiety and isolation fears. Gonzalez & Rasul et al. (2019) argued that first responders depicted fewer symptoms of PTSD and adverse behavioral or emotional disputes within agencies that exhibited higher social support through camaraderie. Through positive mentoring, good leadership and management can foster an environment with reduced mental health stigmas and informal support. The plausible factor of leadership and a positive

environment promoting psychological assistance; are directly correlated to negative protective factors and increased positive protective factors (Gonzalez & Rasul et al., 2019). Establishing positive mentorship through education and resources within leadership that spans to the lowest rank indicates a positive influence on resilience building and successfully mitigating repetitive trauma.

Training and Education

According to the Bureau of Justice (2018) State and local law enforcement academy census, a nationwide report reveals an average of 833 hours during basic instruction. Of the reporting agencies, instruction topics covered were operations, weapons and defensive tactics, legal, community policing, self-improvement, and special topics, including active shooter responses, narcotics, and human trafficking (BOJ, 2018). Of those 833 academy instruction hours, only twenty-four percent of the national police academies provided an average of fifty hours of training on health and wellness and only nine hours of stress management. However, 96.9 % of the national academies reported having training on mental illness, with an average of sixteen hours of instruction. That training was further broken down into crisis communication within the community, i.e., handling suspects with mental illness and de-escalation training (DOJ, 2018). Nearly all recruits reported being taught, on average fifty-one hours of criminal and constitutional law; ninety-eight percent are instructed on small arms. Most report having training on defensive tactics and less-than-lethal weapons, yet less than one percent of academies nationwide report training on mental health and crisis intervention (Bureau of Justice, 2018). The academies that reported teaching and providing instruction on self-

improvement were divided into a primary foreign language, communications, ethics and integrity, professionalism, health and fitness, and stress prevention. (Bureau of Justice, 2018). Ninety-eight percent of the academies reported providing approximately fifty hours on health and wellness. Only 87.5% of the academies reported having instruction on stress prevention for nine hours (Bureau of Justice, 2018).

While nearly every agency and academies report annual in-service training for the officers, the average hours of additional in-service training and topics covered vary. According to The Institute for Criminal Justice Training Reform (2022), the national average for in-service training is twenty-one hours (TICJTR, 2022). While each agency and state vary on topics covered, the institute For Criminal Justice Reform (2022) additionally argues that an average of ten hours annually was reported as the average amount of hours for mental health crisis communications (TICJTR, 2022). In contrast, the Bureau of Justice (2020) argued that ninety-four percent of departments nationwide reported having thirty-nine hours of in-service per officer per year as a mandate (BOJ, 2020). Agencies Nationwide may vary training from the lengths and amount required and topics covered. Most agencies report continual training on legal, weapons, and defensive tactics and operations from CPR and basic First aid. In contrast, others report additional crisis communications and health and wellness (BOJ, 2020). This statistical review of current training requirements demonstrates that officers may not receive sufficient mental health prevention training before repetitive trauma before the rank of Sergeant.

Wild, El-Salahi & Esposti (2020) argues the importance of training and education for pre-and post-critical incidents. The authors focus on the attributes that align with the

first responder's mentality and strength of character, along with the ability to carry out the task emotionally and physically in front of them (Wild, El-Salahi & Esposti, 2020). The pre-incident training desires to teach first responders about correctly identifying known responses to situational stressors, how to respond to them, and how to assess each other for more distressing potential longer-term assistance. Wild, El-Salahi & Esposti (2020) continued to posit that the modifiable predictors previously associated with PTSD fall into five major areas, which they focus on for their training and education. Personality, coping, cognitions, and post-traumatic cognitions are the five key areas, social support, support at work, and physical inactivity (Wild, El-Salahi & Esposti, 2020). Exploring the five key regions reveals several different paradigms associated with the relevance of PTSD and first responders. Still, it isolates the significant areas encapsulating the transition and recovery of resilience versus stagnation and entrance into PTSD.

Correctly identifying the emotion and modifying its response becomes half the battle. Drawing on the extant literature, modifiable predictors that have previously predicted PTSD and depression fall into five key areas: personality variables, such as neuroticism, trait dissociation, anxiety sensitivity, and trait anger. It is crucial to correctly identify those attributed signs of PTSD and provide adequate measures to process the trauma and build resilience. Romosiou et al. (2019) argued the beneficial attributes of mitigating PTSD symptoms through coping variables, such as behavioral disengagement, wishful thinking, emotional suppression, rumination, and intentional numbing; cognitions, such as resilience appraisals, attributions, and post-traumatic cognitions; and social support variables, such as general social support and support at work; and physical

inactivity (Romosiou et., al, 2019). They organized the mitigation factors from prominent to less prominent. They depicted higher rates of behavioral disengagement, emotional suppression, and intentional numbing amongst first responders without pre-incident training and post-incident counseling. The correlational relationship between education and resources proved invariable in the study. The first responders surveyed depicted less rumination with more social support variables and additional positive resources such as education, counseling, and emotional support (Romosiou et al., 2019).

Wild et al. (2020) argued an additional point of training first responders by addressing the time spent training during the probationary time. (Wild et al., 2020). While many first responders must meet a minimum of pre-employment and probationary training, those who expressed extended training periods reported coping and finding more resilience after experiencing trauma more effectively. A systematic review revealed that those first responders who had spent significantly more time in training before employment and during a probationary setting reported feeling more prepared to handle the traumatic event mentally and emotionally in their duty. This review led to higher reported self-efficacy and resilience characteristics (Wild et al., 2020).

The associated ideology of improving resilience in first responders has been depicted as effective for psychological resilience but does not readily translate to mental health resilience post-critical incidents (Joyce et al., 2018). Systematic reviews over the past two decades (Wild et al., 2020) argued that the declining effectiveness of resilience interventions impacts psychological assistance and that more beneficial methods need to be established. They depicted specific intervention methods for certain scenarios to

include positive leadership interactions amongst all levels of first responders and longer-term mental health availability, precisely a higher number, and frequency of sessions to elicit the processing of the trauma (Wild et al., 2020). The reality of training and education from the cradle to the grave approach that circulates department-wide provides and allocates resources promptly and promotes emotional well-being is crucial to building resilience.

Summary and Conclusions

The initial framework for this study revolved around the emergence of resilience theory. As the concept spawned from childhood to teenage and adult years, it also postulated the emergence of the law enforcement community. Several early studies yielded ideas depicting resilience in the familiarity of individual characteristics (Garmezy, 1986; Higgins, 1994; Wolin & Wolins, 1993), then transcending to include protective factors associated with behavioral responses (Werner, 1991; Luthar, 2000; Rutter, 2006). Most recently, the studies and theory of resilience focused on the behavioral aptitude of the individual associated with the protective factors and added in the assistance of mental health resources and behavioral responses (Ungar, 2005; Rutter, 2013; Ledesma, 2014).

As the theoretical framework began to evolve in concepts, so did the nature of the theory expand. As the focus shifted to first responders, it illuminated the characteristics of the idea as prevalent traits in the first responder community. While longitudinal studies have been conducted (Degryse & Degryse, 2020; Marzano et al., 2016; Violanti, 2021) to determine and reassess standard components and behavioral responses, the eagerness to

accurately apply the foundation of those concepts to the theoretical approach evolved into

significant categories of the theoretical framework: law enforcement officers,

psychological and emotional response, physical response, training and education and

resilience (Violanti, 2019; Cipriano & Bernhard, 2022). Each study yielded specific

factors that focused on those core concepts. Research evolved into effective education,

treatment modalities, and prevention techniques (NAMI, 2022; Romosiou et al., 2019).

As each analyzed, assessed the ordinary virtues, and acknowledged the presence of one

strength over another, the perceived versus actual mental health resources demonstrate

that interventions to improve resilience have resulted in a higher demand for

psychoeducation, training, well-being, and stress management (BOJ, 2018; Crane et al.,

2021).

A thorough literature review identified several studies that examined resilience

(Fenster et al., 2018; Violanti, 2021) and addressed the necessity for education and

training (Romosiou et al., 2019; Wild et al., 2020; Violanti, 2021). Still, other studies

identified common concerns or ideas regarding the perception of mental health and social

support resources (Dunlap, 2019; Knaak et al., 2019). However, it is notable that the

literature search failed to identify studies that focus on understanding resilience in first

responders and available training from the rank of Sergeant and below before critical

incidents.

With attention drawn toward education and training as prevention (Wild et al.,

2020; Torous et al., 2019; Violanti, 2021) focused on the methodology of the different

current resources. Educational training began with pre-incident topics on identifying

negative behaviors post-incident and recognizing them. Still, it was quick to relinquish such notions of identification without prior ability or experience to identify such symptoms accurately. Secondly, post-incident training highlighted the need for additional resources in mental health, suggesting longer-term counseling was more effective in diminishing negative behavioral responses and a lack of critical pre-incident training and mental health resources.

A phenomenological study will focus on the lived experiences of a specified group to describe the nature of the phenomenon to assess the resilience of first responders. (Creswell, 2018). The philosophy behind the phenomenological study is to elicit first-hand knowledge of the phenomenon through the point of view of the first responder community and identify the characteristics and shared patterns of resilience amongst them. The research will explore the cultural sharing patterns associated with the law enforcement community and discusses how gender, education, training, and culture affect resilience in officers. The qualitative nature of the study will best achieve the phenomenological approach as it allows the analysis to concentrate on the consciousness and experience of the participants. The qualitative nature will also aid in discussing the shared knowledge patterns through a sample that may reflect the population consensus.

Chapter 3: Research Method

Qualitative research methods are used to analyze specific information obtained through participants' behavior in a natural environment by capturing data expressed by participants (APA, 2022). Qualitative approaches include grounded theory, ethnography, case study, and phenomenology (Creswell, 2018). Phenomenological methods are used to convey the lived experiences of the participants. Phenomenology is derived from hermeneutics (the science of interpretation) and existentialism which is the analysis of individual existence, contributing to the perception and essence of each participant's experience (APA, 2022). Semistructured interviews examined the perceptions and lived experiences of law enforcement officers of Sergeant and below who had met the required probationary time. These interviews were conducted with active law enforcement officers. The obtained data were analyzed by identifying themes within their responses.

The repetitive exposure to trauma on law enforcement officers evokes psychological, physical, and physiological behavioral responses that may manifest into long-term physical and mental health issues (Violanti, 2019). The prevalence of these issues has been depicted in common prevailing concerns such as depression, injury, suicidality, and substance abuse (Fenster et al., 2018; Oliver et al., 2019; Alshak, 2021). The stigma associated with seeking mental health resources also remains a concern for varying forms of retaliation, appearing weak or unable to perform duties or withholding promotions (Gonzalez, 2019; Rasul et al., 2019). The training and education received by officers of Sergeant and below who had met the probationary requirements were discussed to obtain the current knowledge and its effectiveness. The knowledge of

training and education currently reported for officers of Sergeant and below who met the probationary time varies between reporting agencies (BOJ, 2018; DOJ, 2018). The research questions regarding how law enforcement officers of the rank of Sergeant and below who met the probationary requirements express their lived experiences were aligned with the problem statement and the relevance of this study.

Chapter 3 is organized into four major sections: (a) research design and rationale, (b) role of the researcher, (c) methodology, and (d) issues of trustworthiness. The research design and rationale section define this study's central concepts and phenomenon, the research tradition, and the rationale for the chosen tradition. The role of the researcher section explains the roles of the participants and observers and reveals my personal or professional relationships with the participants. It also discusses my potential biases and other ethical issues. The methodology section identifies the participant selection logic, the instrumentation used, and how the data was analyzed. The issues of trustworthiness section discuss ethical procedures followed in this study.

Research Design and Rationale

In this qualitative, phenomenological study, semistructured interviews were used. This interview method allowed the participants to be more relaxed yet still guided through questions. Semistructured interviews are often viewed as an organized conversation that allows for the flow of information between the researcher and participants to collect data (Ahlin, 2019). This method is also helpful in helping the researcher obtain differing views or experiences of the participants and discuss any concerns related to the research questions. It also allows the researcher to deviate from

the guide with additional follow-up questions when appropriate (Ahlin, 2019). This study examined the lived experiences of law enforcement officers of Sergeant and below who met the probationary time regarding their perceptions of resilience. The phenomenological focus of this study allowed me to examine the participants' experiences and perceptions of resilience through varying factors, including education, mental health resources, and prior knowledge. The patterns that emerged during the interviews provide insight for future training and education. It may also impact the effectiveness of established methods or garner support for additional methods.

The interviews focused on the participants' perceptions of resilience through training, education, and mental health resources for this study. This study also examined whether the officers' perceptions of mental health resources have changed over time, per the research questions:

RQ1: What are the lived experiences of first responders who practice resilience?

RQ2: Have the education and resources provided aided them in resilience?

This qualitative interview method allowed participants to offer insight into these views and their current education and training regarding resilience.

Role of the Researcher

Qualitative research seeks objective realities that may be utilized to examine participants' behaviors or experiences through opinion and self-reporting (Ahlin, 2019). In a qualitative study, the researcher may be how data is collected. The researcher identifies patterns and similarities between the participants and correlates the patterns with qualitative data. The contact with the participants may be brief, so the researcher

needs to build a rapport with the participant and establish trust and openness (Goico, 2021). It is important to remember that each participant's experiences may differ and avoid over-clinical terms often observed in hierarchical relationships (Goico, 2021). The role of the researcher also requires identifying any personal beliefs, biases, or assumptions before the beginning of the study (Creswell, 2018). Some of the attributes of sound practice in qualitative research are related to designing and conducting the interviews. Research questions should be supported by a conceptual framework, which contributes to selecting appropriate research methods that increase trustworthiness and minimize researcher bias (Johnson et al., 2020). In addition, researcher reflexivity, a researcher's insight into their own biases, is critical to ensure rigor throughout the qualitative study (Johnson et al., 2020). Qualitative research may be viewed as a social bridge, connecting the researcher with the participants through a bridge built on trustworthiness. Remaining unbiased and stewarding the participants' stories, depicting them without judgment, protecting their confidentiality, and providing equitable data analysis is paramount. While ensuring bias is reduced, a Measurement Reactions In Trials (MERIT) is recommended to minimize the best bias from the reactivity of statements made by participants while data is being collected. A longitudinal study conducted in 2021 (French et al., 2021) designed to extrapolate on the MERIT review process effectiveness revealed that systematic reviews established measurement reactivity occurs but yielded those signs of bias reactivity were not significant in the final tabulation of data (French et al., 2021). Furthermore, this study yielded several recommendations discussing practical ways to eliminate the potential for each bias, (a) identifying whether

the bias will be a concern during the specific trial, (b) whether to collect further data to inform decisions about whether bias will be beneficial or harmful to the study and, (c) designing the trial to minimize the likelihood of bias in measurement reactivity (French et al., 2021). Understanding that bias in research exists and may be difficult to avoid in various forms is a ubiquitous part of the research.

Acknowledging the bias of this researcher in this study may propagate the potential for confirmation bias. As an advocate for law enforcement officers, the researcher may display confirmation bias, which may be depicted in aligning the evidence in the data that aligns with personal beliefs or expectations. Confirmation bias is used to depict the potential interpretation of evidence that concurs with or reflects the researcher's personal beliefs, assumptions, or expectations (Knobloch et al., 2020). An additional type of bias that may elicit a response in phenomenological studies is *ingroup bias*, which refers to the idea that each person relates to another based on their personal and social identity. This bias means that an individual's desire to be perceived or viewed as their social identity and not their identity may contribute to skewed data (Knobloch et al., 2020). The culture of many law enforcement agencies may result in a group-think mentality, fostering a single opinion that they express not to be ostracized despite potentially disagreeing privately (Violanti, 2019). These types of bias may be countered by engaging in personal reflection, using the MERIT system, having additional external reviews of the data, and ensuring that privacy and informed consent are depicted in each interview, safeguarding each participant's responses.

Ethical considerations pertinent to this study are confidentiality and informed consent. The participants will be made aware of confidentiality. Informed consent mandates regarding the American Psychological Association (2022) updates stating: (a) the purpose of the research, duration, and procedures, (b) the participant's right to decline or withdraw at any time, (c) the consequences of declining or withdrawing; (d) reasonably foreseeable factors that may influence their willingness to participate such as risks, discomfort or adverse effects; (e) any research benefits; (f) limits of confidentiality;(g) incentives for participation; and (h) whom to contact for questions about the research or their rights (APA, 2022). Although the risks included with the participation may be minimal, the participants may become stressed while discussing concerns or stigmas related to mental health resources from previous situations or prior critical incidents. A list of referrals will be included in the research instruction and the informed consent for any participant that may experience any distress. The potential benefits of this study may include personal insights regarding future training and education for law enforcement officers on building resilience and allocating beneficial mental health resources. There will not be any compensation or cost for the participants in this study. The researcher will not have professional, supervisory, or instructor relationships with participants. The zoom interviews will take approximately 30 minutes to complete and will be recorded electronically for transcription, coding, and analysis. Questions concerning the research will be referred to the university's Center for Research Quality or the researcher. Participants will be assured that their data will be kept in a secure database and accessible by only the researcher and dissertation committee

chairperson. The data will be destroyed five years after the completion of the study as per the APA guidelines (APA, 2022). Once the data has the researcher and assigned a numeric code, the data will be able to be withdrawn after the interview is concluded for confidentiality. The results of this study will be accurately represented and will be available to the participants upon request. The final results of this study will be accurately represented and available to participants on a website created by the researcher. The informed consent will provide instructions on how to access the final results. There will not be any physical risks associated with this study, and any potential emotional risks will be minimal. The authorization from the IRB was obtained before commencing this study. The Walden University IRB number is 10-11-22-0694067.

The Institutional Review Board (IRB) contact information will be available for any officer who may have questions regarding this study. Additionally, the participants will be provided information for officers needing support or psychological counseling. This contact information will include their department's Employee Assistance Program (EAP), the National Suicide Foundation (1-800-273-8255), or by using the new three-digit dialing code (988) to connect people to the suicide prevention line, and The National Police Suicide Foundation (1-863-875-2298).

Methodology

The target population of this study will be law enforcement officers of the rank of Sergeant and below who meet the probationary time. They will be purposively recruited to obtain a homogenous sample of ten officers who meet the inclusion criteria. Identification of the potential participants will be facilitated through a snowball effect.

The researcher will conduct the recruitment process through law enforcement professionals and social media sites. The inclusion criteria will require the participants to be sworn, active-duty law enforcement officers who are Sergeant and below and meet the minimum probationary time. The perceptions of this sample of law enforcement officers regarding resilience characteristics will be examined through (a) education and training, (b) gender, and (c) mental health resources.

This study will address the gap in the research of law enforcement officers of Sergeant and below who meet the minimum probationary time as it applies to their resilience characteristics. The duty and responsibility of law enforcement officers place them at a greater risk for trauma-induced mental health and physical health concerns (Boyd et al., 2018). The sub-culture in law enforcement officers that prevents them from seeking mental health resources and depicts it as a sign of weakness may prevent the study from obtaining a sizable sample of this population (Cipriano & Bernhard, 2021, DOJ, 2018). This qualitative study will provide depth and detail regarding the lived experiences of eight to ten active law enforcement officers of the rank of Sergeant and below who met the minimum probationary time to participate and were invited to participate through the snowball effect. The number of participants in this phenomenological study will be consistent with the sample size recommended by Creswell (2018. The goal of the study is to obtain eight to ten participants.

Instrumentation

A semi-structured one-on-one interview will be conducted via zoom or telephone based on the participant's preference. The semi-structured interviews will focus on

examining the perceptions and attitudes of the participants regarding resilience

characteristics and mental health resources. The participants will be a homogenous

sample of sworn, active-duty law enforcement officers of Sergeant and below who meet

the minimum probationary time. The interviews will be conducted once, semi-structured,

and expected to last approximately 30 minutes. The interviews will be recorded

electronically for subsequent transcription, coding, and analysis. An interview guide

containing five questions will be utilized for the semi-structured interviews. The

questions will be formulated with Robert's (2020) three types of qualitative types of

interview questions in mind: (a) open-ended, in-depth explorations of a topic with which

the participant has significant experience and insight, and (b) structured to represent the

thematic and dynamic dimensions that help to contribute promoting positive interaction,

and (c) sufficiently detailed to ensure participants that no harm will come to them from

the research and allow them to expand on answers (Roberts, 2020). The interview

questions will also follow Patton's (2002) six types of interview questions to capture: (a)

Behavior or experience, (b) Opinion or belief, (c) Feelings, (d) Knowledge, (e) Sensory,

and (f) Background or demographic (Patton, 2003). The interview guide will present

inquiries related to the research questions and allow for potential follow-up questions.

The audit trail will be involved from inception to conclusion to ensure the study can be

replicated if desired.

I was the data collection instrument instead of quantitative instruments or survey

questionnaires. The researcher developed the interview guide consisting of five open-

ended questions to provide the foundation for the interview and a protocol to guide the

interview. Each question will serve as the starting point for the topics of areas aligned with the research questions. The researcher developed those foundational questions to be appropriate for the study, as they will focus on the officer's experience and perceptions of resilience characteristics and mental health resources training and education. The questions will be categorized into five major topic areas: (a) training and education, (b) gender and length of service, (c) mental health resources, (d) administrative attitudes and policy, and (e) officer expectations and concerns. These five topic areas will be structured questions to address law enforcement officers' concerns regarding resiliency and mental health resources. The guiding questions will comprise five open-ended questions relating to the officer's opinion on resilience and mental health resources, such as; "What are your thoughts about the current mental health resources you know?" Additional follow-up questions may include such inquiries as, "In what ways do you think these resources are helpful (or not)?

A participant's responses may provide data subject to further examination. The interviews will be recorded electronically, and notes will be taken for analysis, which will be provided for the audit trail. The number of questions will be limited to ensure that the participant has a reasonable and comfortable amount of time to fully provide a response and convey their perceptions (Roberts, 2020).

Each participant's responses may be subjective to their experiences and perceptions, which may decrease validity in qualitative studies (Roberts, 2020). Therefore, the face validity of the interview questions that will be used to guide the interview will be reviewed by police psychology and qualitative research experts,

requesting feedback and ensuring the purpose of the study and foundational questions remain ethical. Using the development tool of (T)trustworthiness, (A) auditability, (C) credibility, and (T)transferability (TACT) may indicate a good level of internal consistency and alleviate concerns about content validity (Daniel, 2018).

Content validity may also be reduced as the interview questions will not address all of the content it may come with regarding issues about the frequency, duration, and intensity of trauma exposure and subsequent debriefings. The researcher's dissertation committee will address the content validity. The results of this study will not be transferable because the data obtained will not include all law enforcement officers other than the ones that will participate in this study. The researchers acknowledge that circumstances and available trauma support resources vary in populations and geographical regions. Therefore, external validity may be nil (Daniel, 2018).

Recruitment, Participation, and Data Collection

Participants will be purposely recruited through snowball sampling. The participants will be identified through law enforcement professionals and social media sites and will be invited through these sites and provided the researcher's email address and telephone number. The officers willing to participate will be asked to email the researcher indicating their desire to participate. The researcher will then email the participant a description of the study, an informed consent form, and an invitation to select a date and time for the interview that is convenient for them. The participant will be asked to respond to the email with the words "I consent." The participants will be

given a date and time for the interview. If the potential participant does not respond, they will not be contacted again.

The inclusion criteria for the eight to ten law enforcement officers will be: active-duty and sworn law enforcement officers holding the rank of Sergeant and below and meeting the probationary time. Law enforcement officers that do not meet the inclusion criteria will not be invited to participate or will be excluded if it is later determined that they do not or no longer qualify for the study. The law enforcement officers that will meet the criteria will be described in the study and its purpose, along with an informed consent form.

A phenomenological inquiry consists of a three-part process beginning with data collection focusing on the phenomena being examined, including the participants' perceptions and lived experiences (Frechette et al., 2020). After the inquiry and collection of data, the researcher then begins to organize the data around themes. Lastly, the researcher will synthesize any data for hermeneutical meanings to ensure that all perspectives are accurately represented in the data (Frechette et al., 2020). The data will be collected via a single one-on-one telephone call or zoom session with each of the eight to ten law enforcement officers of the rank of Sergeant and below who meet the probationary requirement. These officers will be recruited through snowball sampling with the assistance of law enforcement professionals and social media sites. The researcher will create and maintain an audit trail for future research replication. Utilizing the foundational questions in the interview guide to inform the telephone or Zoom

interviews that will address the research questions described in chapter one, the

researcher will electronically record, transcribe, and analyze each participant's responses.

After the interview, the researcher will read the participant's responses and take

notes to allow the participant to ask any additional questions. The participants will also

be given time to reflect on the interview and the researcher's observations. There will not

be any follow-up interviews. When the study is concluded, upon Walden University

approval, the completed dissertation will be posted on a website to be identified in the

initial instructions where participants may read and review it.

<div align="center">**Data Analysis Plan**</div>

This study will use an interpretative phenomenological analysis (IPA) to examine

participants' perceptions and lived experiences. To prevent the responses from being

presented as theoretical or delivered as preconceptions, a thematic analysis will be

undertaken, which will acknowledge the data is an interpretative approach to

understanding the experiences and realities of the participants (Frechette et al., 2020).

This process is derived from the hermeneutics ideology, which allows the interpretative

process between the researcher and the participant. After the data collection, the

researcher codifies the participants' responses into priori themes relevant to the research

(Frechette et al., 2020).

The data collection will be conducted using semi-structured, one-on-one

interviews that will be electronically recorded via the telephone or Zoom. The interviews

will then be transcribed, coded, and analyzed. The interviews, which approved

researcher-developed questions and emergent themes will guide, will focus on the lived

experiences and resilience of law enforcement officers of the rank of Sergeant and below who meet the probationary time. The questions will also seek to understand if the participant's resilience or opinion on resilience has changed due to mental health resources. The interviews will focus on their experiences, their initial perceptions, whether they've changed over time, and their beliefs. The researcher will conduct the interviews, which will be approximately 30 minutes long. The interviews will be recorded electronically for subsequent transcription, thematic analysis, and open coding. The participants' names will be coded to avoid public disclosure.

Data analysis will consist of the identification of themes obtained from the interviews. The coded individual and collective themes will facilitate interpretative analysis and generalization of how the phenomenon is experienced by the officers (Center for Innovation in Research and Teaching [CIRT], 2019). Any data that appears to be discrepant or negative will be used to broaden the thematic analysis and reexamined for revision, possibly expanding or confirming the explanations of most cases (Frechette et al., 2020). The results of this research will be compared to the present literature to decipher if the shared characteristics and perceptions of resilience amongst law enforcement officers have evolved or changed. The interviews will be recorded electronically for subsequent transcription, thematic analysis, and open coding, assisted by NVivo, a qualitative research, and data analysis software program. The participants' names will be coded to avoid public disclosure.

Issues of Trustworthiness

This phenomenological study will examine a small but closely defined group of participants for whom the research questions seek to learn more. This current study's participants will be purposively recruited. The study will acknowledge the regional differences in which the participants may be recruited; therefore, understanding the allocation of resources may vary in geographical regions and may have limited transferability outside the bounds of this study (CIRT, 2019). One of the concerns of trustworthiness in qualitative research is that, unlike quantitative research, qualitative research does not seek replicability. The participants of a qualitative study create unique circumstances that the researcher interprets, who then write their findings. At the same time, another researcher may interpret the data differently and expect different findings (Stahl & King, 2020). Qualitative research primarily relies on the four general criteria originally posited by Lincoln and Guba (1985) for trustworthiness; (a) credibility, (b) transferability, (c) dependability, and (d) confirmability (Stahl & King, 2010). Assessing each principle, credibility questions the congruence of the findings with reality. Using the triangulation method, researchers can utilize several information resources to repeatedly establish recognizable patterns (Stahl & King, 2020). While transferability in a phenomenological qualitative study may be limited, it can be achieved. If there is enough data to include organizations and influential participants over a duration, it can be applied to additional studies. Dependability in qualitative research often directs itself to review by a peer. Lastly, confirmability as a form of trustworthiness refers to auditing. This

auditing is done reflexively or objectively by the researcher or additional source (Stahl &
King, 2020).

Dependability is essential for trustworthiness in a qualitative study. It establishes
consistency and determines most accurately if a study has sufficient data to be repeated.
When the data collected is consistent through a proven audit trail, and all aspects of the
study are documented, showing researchers that were not involved arrived at the same
conclusions and interpretations, then dependability is established (Stahl & King, 2020).
External audits may prevent potential methodology, analysis, and interpretation errors
that the researcher may have unseen. For the findings of this current study to be
consistent with the data collected, a thorough audit trail will be documented so that
researchers not involved with this study should arrive at similar conclusions and
interpretations after reviewing the data. An external audit may reduce potential errors in
methodology, analysis, interpretation, and final reporting.

Additionally, external audits allow for continual checks and confirmability
depicting reflexivity in the research (Stahl & King, 2020). Reflexivity in research refers
to the ability of the researcher to identify any personal thoughts or feelings according to
the data collected. Qualitative research may be seen as contextual; therefore, it may be
possible for the researcher to have intersecting relationships between the participants and
themselves. Describing those relationships depicts reflexivity and enhances the credibility
of the findings (Dodgson, 2019).

Content and face validity are based on the judgments of the researcher during
interpretation and analysis. A researcher may regard the outcome of data differently than

external sources. Therefore, active input from external sources during the analysis may improve the research's acceptability, relevance, and quality (Connell et al., 2018). Content validity may be reduced through the interview questions since they will not initially address all the content regarding trauma and exposure, the frequency, intensity, or duration. Content validity related to this study and associated priori questions and themes will be reviewed by the subject matter experts determined by the researcher's dissertation committee.

Ethical Procedures

This current study will be conducted per the *Ethical Principles of Psychologists and Code of Conduct* (APA, 2002). This study will also utilize the Belmont report (U.S. Department of Health and Human Services, 1979) for the Five Principles for Research and Ethics, as discussed in the review (Ferretti et al., 2022). The five principles are (1) beneficence, (2) respect for persons, (3) justice, (4) fidelity and responsibility, and (5) integrity (Ferretti et al., 2022). The current study will involve the snowball effect of eight to ten purposely selected participants. Walden University's Institutional Review Board (IRB) will approve the research involving human participants. This authorization will be granted before the process of data collection commences. The participants will be reaffirmed the confidentiality for this study per section four of the Ethical Principles of Psychologists and Code of Conduct (APA, 2002). The identity of each participant will be coded for confidentiality purposes, and each participant will be provided with instructions and informed consent information, which aligns with Sections eight of the Ethical Principles of Psychologists and Code of Conduct (APA, 2002).

The researcher will conduct the interviews in confidentiality from a private home office without interference or distraction. The researcher will inform the participant that the data will only be accessible to the researcher and the dissertation committee. Participants will also be advised of their decision to decline to participate or discontinue for any reason or risk. They will also be informed of the limits of confidentiality (Creswell, 2018). The current study will not include participants from vulnerable populations known by the researcher and will seek not to harm (APA, 2002). A potential recognizable risk to a participant may be from a participant experiencing unreported or undiagnosed depression, anxiety, or PTSD symptoms or may experience psychological distress from recalling resilience characteristics that assisted them during traumatic events. During their informed consent, the participants will be advised that they may decline to answer any question or cease the interview at any time to mitigate this. There are no other known risks to this study. The benefits of this study may include personal insights on resilience or influencing provided mental health resources in the future. There will be no compensation or cost for this study's participants, and it is estimated to take approximately 30 minutes to complete. The researcher will not have professional or supervisory relationships with any participants to be recruited.

Protective measures will be instituted for collecting, recording, and storing any personally identifiable information and materials relevant to the current study. The participants will be advised that the data will be secured in a password-protected electronic file that will only be accessible to the researcher and the dissertation committee (Pascale et al., 2022). The data will be destroyed five years after this study is concluded.

Additionally, the informed consent will be accompanied by information detailing the study, its purpose as well as the role of the researcher. The participants will also be given contact information for the IRB for any questions. The participants will also be given information about mental health resources through their department's Employee Assistance Program (EAP), the National Suicide Foundation (1-800-273-8255), or by using the new three-digit dialing code (988) to connect people to the suicide prevention line, and The National Police Suicide Foundation (1-863-875-2298).

Summary

This study will utilize qualitative research methods to explore the lived experiences of law enforcement officers of Sergeant and below that meet the probationary time on resilience characteristics. This study will be conducted per the Ethical Principles of Psychologists and Code of Conduct (APA, 2002) after being approved by the Walden University IRB. This study will use semi-structured, phenomenological interviews with the data to be collected as relevant to the research questions listed in chapter one. This study will explore the shared characteristics of law enforcement officers concerning resilience and mental health resources.

This chapter has described the research design and methodology for selecting and recruiting participants. This study has also discussed the measures and implementation, data collection and analysis to be used, and addressed ethical concerns. The role of the researcher in this study is to be a trustworthy interpreter of the data while conducting interviews with mutual respect, integrity, and honesty that encourages reciprocal dialogue. To achieve this, the researcher will engage in a reflexive process by identifying

any personal beliefs, biases, or assumptions that may affect the data at the beginning of the study (Ferretti et al., 2022). The researcher conducting this study will use the interview data to identify any patterns or similarities for coding purposes. As previously described, the interviews will be recorded electronically and subsequently transcribed and analyzed. The identities and themes will be coded to protect the confidentiality of the participants and facilitate data analysis. The results of this study will address the gap in the research about the population of law enforcement officers of the rank of Sergeant and below who meet the probationary time and is intended to inform law enforcement officers of the value of increasing resilience characteristics and mental health resources. This study may increase the comfort and survivability of those perceptions with mental health resources over time. This study may also benefit law enforcement administrations' views regarding mental health resources and influence the positivity of seeking such sources, decreasing the stigma associated with them (Violanti, 2019). The final results of this study will be discussed in chapter four. The findings, conclusion, implications, and recommendations for further research will be discussed in the subsequent chapters.

Chapter 4: Results

This qualitative study aimed to examine sworn law enforcement officers' perceptions of resilience characteristics and mental health resources and ascertain whether their perceptions about mental health resources had changed over time. In this study, one-on-one interviews were conducted with purposively selected participants to gather data on their experiences and perceptions of resilience and mental health to address the research questions.

RQ1: What are the lived experiences of first responders who practice resilience?

RQ2: Have the education and resources provided aided them in resilience?

This study was designed to gain insight and increase understanding of the experiences and beliefs of law enforcement officers of Sergeant and below on resilience characteristics, training, education, well-being, and mental health resources. And to identify whether their perceptions of mental health resources had changed throughout their careers. The officer's perceptions of those services may influence their amenability to personal interventions, help reduce the stigma associated with mental health, or make recommendations to other officers and advocate for them with departmental administration. Additionally, an officer's increase in resilience education and training along with mental health resources may affect the overall effectiveness of those services. It may reduce the intensity, duration, and long-term psychological impacts. The research questions were explored through the lenses of 10 active-duty law enforcement officers of Sergeant and below who had met their minimum probationary time. With the results of this study, I intend to inform law enforcement administrators of the usefulness of

identifying resilience characteristics, mental health services, training, and education that are perceived to help increase survivability, performance, and job satisfaction through the lenses of officers of the rank of Sergeant and below. Phenomenological interviews were used to explore the lived experiences of law enforcement officers of the rank of Sergeant and below to determine their perceptions of resilience, training, education, and mental health resources. This chapter presents the findings in detail from the interviews conducted with the participants.

Chapter 4 is presented in five sections: (a) settings, (b) demographics, (c) data collection and analysis, (e) evidence of trustworthiness, and (f) results. This chapter then concludes with a summary. The first section of the chapter describes the research's settings and the steps taken to ensure privacy. The second section describes the participant's demographics and characteristics. The third section reviews the data collection and analysis, and findings. The fourth section describes the evidence of trustworthiness. The fifth and final section provides a summary of the research and answers to the research questions.

Settings

The choice of settings for conducting the research study interviews was made, with confidentiality and privacy being of the utmost concern. Each participant was read the informed consent form and advised of ongoing consent for the interview to ensure they were comfortable. The participants were given a choice between telephone or zoom interviews, and all interviews were conducted on the telephone, which assisted in further masking the participant's identities. The participants were provided privacy and flexibility

as they were asked to select dates and times for the interviews that best suited their

schedules and locations. The interviews were conducted using a private telephone from

my home office, which was secure from interruptions and the possibility of being

overheard. Additionally, no other people were present in the home during the interviews.

Demographics

Inclusion criteria required that the participants be active duty sworn law

enforcement officers of Sergeant or below who had met the minimum probationary time.

Ten officers were invited to participate and provide their experiences and perceptions of

resilience characteristics, education, and training over their careers thus far. The sample

size was decided per Creswell's (2018) recommendation for phenomenological interviews

and the goal of data saturation. There was a total of 33 initial responses from interested

participants. Twenty-eight consent forms were sent to participants who met the inclusion

criteria. Five were disqualified for being retired. Fourteen participants responded and

requested interview dates. Ten participants were selected and provided interviews. All 10

participants were males. The recruitment did elicit participation from all genders. Still,

while female participants did respond to the initial recruitment post and were provided

informed consent forms, no female participants responded to schedule their interviews.

Not all participants disclosed their length of service. The participants that did disclose or

infer their length of service depicted 10 years to close to retirement.

Law enforcement officers may not always be completely forthcoming with their

responses toward mental health resources due to the stigma associated with it (Violanti,

2019). The realization that officers are frequently unlikely to seek psychological and

emotional support may limit their experiences with mental health resources. Still, it may provide additional data into the culture and resilience characteristics they individually possess. The perception of mental health resources or their actual usage may provide additional data regarding improvements in resilience. Their perceptions may also depict the need for additional psychoeducation or indoctrination of the cradle-to-the-grave approach. This method may aid in reducing the stigma (Crane et al., 2021). Regarding the resistant nature of seeking help still pervasive in the law enforcement community, I found it easy to recruit participants. However, my findings did solidify that the stigma of mental health resources is still formidable.

Data Collection

A single telephone interview taking 30-45 minutes provided ample time for the participants to respond in-depth to the interview questions and research questions. The participants were assured of the confidential nature of the study through the invitation to participate in the research, instructions, and informed consent forms. Verbal acknowledgment was received at the beginning of the interview, and participants were reminded again of their ongoing consent. The legal and ethical limits to confidentiality were enumerated on the informed consent form and acknowledged by each participant. The participants were advised that any personally identifiable information, such as their department, job titles, or details surrounding their employment, could be ascertained and masked.

Additionally, their interview responses to questions were coded and could not be attributed to any specific individual. The participants were reminded that electronic data

and written records would be stored securely for five years, as required by Walden University. This information was stated in the informed consent forms and will be destroyed per the best practices and legal standards.

The semi-structured interview contained five open-ended questions per the interview guide. The questions were regarding the following categories (a) mental health resources, (b) training and education, (c) job performance and career, and (d) officer expectations and concerns. The semi-structured nature of the interviews and the confidential way they were conducted enabled the participants to elaborate on their answers and provide additional insights. Conducting interview follow-up questions is pertinent in situations where the original answer is vague, incomplete, or sounds contradictory or is developing an additional theme not presently observed (Rubin & Rubin, 2012). This approach resulted in officers expanding their initial answers and providing dynamic perspectives on concurring themes.

The interviews were recorded using an Olympus WS-852 handheld digital recorder. This recorder has a built-in microphone. This recorder provides an extra level of security by creating additional modalities, including earphone buds, file separation, and a removable SD card for additional storage and encryption. After each interview, the recordings were transferred to a password-protected PC file in MP3 format via the USB device attached to the recorder. From there, the files were imported to Rev.com (2022), a premium version of speech recognition, dictation, and transcription software, to obtain verbatim written transcripts of the interviews. The transcriptions were returned in a Microsoft Word file.

Upon receipt, the transcriptions were checked against the original audio recordings for potential errors. Any incorrect output mainly consisted of minute spelling errors or words with similar pronunciations. Cross-checking the sound file against the written transcription and completing frequent subsequent reviews, ensuring that the data obtained in the interviews were precisely documented for accuracy. Each file was then password-protected and stored on a password-protected PC that was only accessible to the researcher through a biometrics requirement.

Data Analysis

The research outcomes in this chapter are based solely on the analysis of the data obtained from interviews conducted with the participants. Other researchers might identify additional themes that may differ from this research. However, the themes established and identified in this research are an interpretation of the findings. The semi-structured interviews consisted of questions developed to address the initial research questions. After the completion of the interviews, the process of phenomenological reduction aided in the identification of the lived experiences of the law enforcement officers. Their beliefs and perceptions of resilience characteristics, education, training, and mental health resources provided detailed ranges of their lived experiences. An additional thematic analysis was applied to ensure that any data that appeared to be discrepant were reexamined to determine any confirmation (Frechette et al., 2020). The semi-structured interviews yielded four initial themes: (a) duty-related concerns, (b) past attitudes and perceptions, (c) resilience characteristics, and (d) the usefulness of mental health resources. These themes were further categorized into three broader and

comprehensive superordinate themes that included (a) mental health and self-care, (b) attitudes regarding mental health services and their delivery, and (c) attitudes regarding duty-related responsibilities. The feedback from all interviews related to these themes was consistent, and there were no notable discrepant cases.

Table 1

Superordinate Themes

Categories	Themes
Superordinate Theme 1	Attitudes regarding duty-related responsibilities
Superordinate Theme 2	Mental health and self-care
Superordinate Theme 3	Attitudes regarding mental health services and their delivery

Evidence of Trustworthiness

The credibility of this study was established by utilizing interpretative phenomenological analysis (IPA). The IPA enabled the researcher to examine the officers' lived experiences and perceptions (Frechette et al., 2020). The interview method of data collection was used to identify commonalities among the participant's responses to the interview questions, emergent themes, and conceptual categories. The interviews were recorded and transcribed and reviewed again for accuracy. The transcription and review ensured the accuracy of the data analysis. Each document was proofread to ensure: (a) accurately documented, (b) adequately addressed the research questions, (c) evoked similar or divergent experiences from participants for comparison, (d) adequate attention was provided to confirm, contradict, or otherwise revise predominant patterns revealed (e) achieved data saturation. The transcripts were imported into NVivo 14 plus.

NVivo is a data analysis and computer software program that assisted in identifying patterns in the participant's feedback. Common terms, phrases, patterns, and trends were extracted and separated into superordinate categories and subcategories for analysis. This analysis allowed the data to be synthesized and identify all participants' similar and divergent attitudes. Additionally, the researcher continually examined their biases through the reflexive process throughout data collection and coding to obtain and accurately represent the topic (Ferretti et al., 2022).

Qualitative research may be seen as contextual; therefore, it may be possible for the researcher to have intersecting relationships between the participants and themselves. Describing those relationships depicts reflexivity and enhances the credibility of the findings (Dodgson, 2019).

Dependability is essential for trustworthiness in a qualitative study. It establishes consistency and determines most accurately if a study has sufficient data to be repeated. When the data collected is consistent through a proven audit trail, and all aspects of the study are documented, showing researchers that were not involved arrived at the same conclusions and interpretations, then dependability is established (Stahl & King, 2020). Consistency was assured through an interview guide containing five questions that guided the semi-structured interview and focused on themes related to the participant's personal beliefs, perceptions, and experiences. The interview guide contained initial questions related to the research and potential follow-up questions to encourage additional discussion regarding the topics that emerged during the interview.

A researcher may regard the outcome of data differently than external sources. Therefore, active input from external sources during the analysis ensured the research's acceptability, relevance, and quality (Connell et al., 2018). Any potential errors in methodology, analysis, interpretation, and final reporting were mitigated by establishing external audit trails through outside subject matter experts.

Results

The 10 officers in this study described their past and present beliefs and attitudes toward mental health resources, resilience characteristics, and duty-related concerns. The participants were all active duty sworn law enforcement officers of Sergeant and below and have met all agency probationary time. The one-on-one interviews provided insights into the stigma associated with mental health resources, their reluctance to seek departmental resources, and their perceptions of support services offered or available to them throughout their careers. Participants differed little on the usefulness of the services offered, and their thoughts about future implementation were similar. Reoccurring themes depicted improvement from prior perceptions to current perceptions and entirely negative views.

One reason many officers sighted negative perceptions about mental health resources is their distrust of the provider or psychologist as a channel of information to supervisors, fearing loss of duty or change in duty status (Violanti, 2019). While some information is necessary for agency administrators to make critical decisions on fitness-for-duty examinations, officers frequently view this potential change in duty status as punishment or a potential risk. This risk may negatively affect their career by delaying

promotions or declining special assignments (Violanti et al., 2019). These concerns are directly correlated to the stigma associated with mental health resources.

Many researchers have depicted these behavioral characteristics as a career subculture known as "cop culture" (Taylor, 2022, Sadhbh et al., 2019, SAMHSA, 2018). Officers are often expected to handle difficult situations and delay emotional responses. This response is attributed to the ability to compartmentalize or disassociate from their feelings to make split-second decisions that their survival depends. This process garners the officers to manifest varying emotional responses and coping mechanisms outside of departmental resources (Sadhbh et al., 2019).

Due to the continual exposure to repetitive traumatic events throughout their career, law enforcement officers remain at higher risk for developing PTSD, which requires officers to establish coping mechanisms and manufacture varying resilience factors (Violanti, 2021). Cumulative Post Traumatic Stress Disorder (C-PTSD) remains a significant danger to law enforcement officers for this very reason (Degryse & Degryse, 2020). Due to their continual exposure over a career, law enforcement officers begin to compartmentalize or disassociate and separate from their emotions. This behavior is linked to law enforcement suicide, burnout, psychological distress, and social imbalances (SAMHSA, 2018, NAMI, 2019).

The participants described their perceptions of the negative consequences of unresolved psychological distress, ranging from unhealthy nutritional decisions to the most severe, which was suicide. They discussed varying coping mechanisms ranging from family, faith, and upbringing to seeking confidential mental health assistance.

Superordinate Theme 1: Attitudes Regarding Duty-Related Responsibilities

The first subordinate theme was based on the research question: (a) What daily

concerns do you have regarding your duties and responsibilities as a law enforcement

officer? One superordinate theme emerged, as did two subthemes. The first superordinate

theme and associated subthemes are listed in Table 2. The number of participants that

provided input to a theme and a subtheme is listed to depict how the participants

disclosed views regarding their concerns about duty-related responsibilities.

Table 2

Attitudes Regarding Duty-Related Responsibilities

Themes	Number of participants who responded
Subtheme 1: Safety	9
Subtheme 2: Media Perception	3

Superordinate Theme 1 focused on police officers' understanding of their duty-

related responsibilities. Nine of the 10 participants disclosed concerns regarding their

safety, fellow officers or subordinates, and the public's safety. Participants stated their

concerns about the nature of calls they go to during a shift, the unpredictable behavior

encountered during those calls, and the safety of co-workers. Participants included the

reality of the loss of life during their duties. Participant Echo stated, "It's always about

safety, and when I put on the uniform, it's always a question if I'm ever going to go back

home." Participant Gulf reverberated his concerns stating, "Um, just making sure we all

go home every night. That's the biggest one." The participants consistently described the importance of remaining vigilant and mentally and physically prepared for any situation.

The second subtheme depicted the officer's concerns about media perception. This subtheme included how they would be perceived for handling a specific call, being afraid of reprimand for their split-second decisions, and legal ramifications such as civil lawsuits and internal politics of the department. The current perception of law enforcement in the media depicts the trending opinion of persecution of all officers based on the actions of a few when misconduct is revealed. This stereotyping has been reported to prevent the initial trust of law enforcement through the constant portrayal shown in the media. The media is designed to report intense national issues with ambiguity but has of late appeared to trend toward taking a specific stance (Schultz, 2019).

Participant India referenced his concerns by stating,

Having to make a split-second decision and having it viewed locally, statewide, or nationally… you know, the public gets bits and pieces of information and puts the individual officer on trial before any of the facts or circumstances get released, um, from the investigation.

This correlated to the sociopolitical perception of law enforcement officers as demonstrated and perceived by them during their duties.

Understanding the perception of officers in the media has become a trending theme amongst officers. It provides additional stress and reduced desire to carry out specific actions or over-think the decisions that may cause them to be perceived negatively or cause reprimand for using force during a specific incident. This result may

cause additional stress on officers, contributing to the fear of loss of duty or internal politics and views of the officer's ability to carry out their responsibilities. One participant depicted concern over the use of force needed versus the use of force used and whether that would be recorded and depicted in untruthful mannerisms and lead to internal affairs and reprimand.

Lastly, the legal ramification of actions taken, whether appropriate or not, was viewed as overtly skewed in the media leading to potential civil lawsuits against the officer and putting additional stress or scrutiny on the officer. Participant Hotel stated, "Uh, probably the biggest daily concern would be some sort of civil lawsuit for something silly." This perception of fear of financial ramifications and public scrutiny has also been discussed. With qualified immunity percolating through the US Courts and media, officers fear its repeal would systematically put them under more scrutiny on more calls and potentially financially impact them. Qualified immunity refers to a doctrine that requires the defendant to have violated an established constitutional right and whether a reasonable person would have known about the constitutional right in question. Qualified immunity in civil cases does not prevent the officer from paying civil damages but has rarely been applied (Schwartz, 2017). This perception of officers and how they are portrayed in the media has given rise to these concerns, contributing to their additional stress or concerns about their daily responsibilities as law enforcement officers.

Superordinate Theme 2: Mental Health and Self-Care

The second superordinate theme arose from the following questions: (a) How do you believe psychological and physical stress affect your well-being? And (b) What personal characteristics do you believe help you cope with career stressors? Table 3 contains a description of this superordinate theme and the resultant subthemes.

Table 3

Mental Health and Self-Care

Categories	The number of Participants Who Responded
Subtheme 1 Psychological stress decreases well-being	10
Subtheme 2 Physical stress decreases well-being	6
Subtheme 3 Personal resilience characteristics	10

Subtheme 1 focused on the police officer's understanding of the effect of psychological stress and how it affects their well-being. All the participants sighted psychological stress affecting them. Each participant stated they believed that the calls they encounter create psychological stress, decreasing their well-being through multiple avenues, most paramount socially and emotionally. The participants sighted varying reasons for encountering psychological stress. From the nature of calls, they encountered the call volume and limited amount of decompression time to the long-term build-up and reluctance to seek mental health resources internally and externally from the department's

third-party sources. The cumulative build-up throughout a career is demonstrated in participant India's response, stating,

> Well, um, speaking from experience <laugh>, um, you know, it's been, it's been horrible. I mean, I've, I have failed every aspect of dealing and coping with stress, um, over my career. Um, and dug myself in some pretty deep holes but have managed to climb my way up.

This participant did discuss finally utilizing external support services and feeling a positive change psychological from that support after a long-term struggle with mental health because of career stressors.

> Participant Foxtrot also believed that psychological stress was a significant concern,

> ...I think you can get to a point where you're just so far down that you almost feel like there's no coming back up. But like I tell everyone who gets into law enforcement, you kind of have to detach yourself from your duties, from everything that you're seeing.

This correlated with previous findings arguing that those at higher risk were deemed to disclose fewer events and report lower PTSD symptoms despite potentially needing them the most (Boyd et al., 2018). The responses were synonymous with the perpetuated stigma of law enforcement officers regarding appearing weak amongst peers or unable to handle stress. Both participants stated that the perception of mental health at the beginning of their careers was non-existent and that it is still being circulated to a certain degree.

In connection with the stigma associated with mental health, participants also provided statements regarding the expectation of being able to handle the stress as a feeling of expectancy amongst themselves and the public perception of the field of law enforcement. This connection was demonstrated in participant Lima's response*;*

> Well, I think the psychological stress, um, is, is a constant affecting my well-being. And law enforcement in general in that the things you see are abnormal, um, to, to most and are supposed to be expected by law enforcement, and not everyone can juggle, uh, the balance of that.

This perception of the expectancy of handling stress has been empirically documented across several studies (Burns & Buchanan, 2020, Knaak et al., 2019 & Ricciardelli et al., 2020). The ideology manifested among officers has fostered a cultural approach instilled through training and assimilation. Despite the attempts to redefine mental health approaches, veteran officers are instrumental in developing training and mentoring junior officers are depicted as detrimental in decreasing the stigma associated with accessing mental health resources (Burns & Buchanan, 2020). It is noted that all 10 participants shared responses reflecting this opinion. While some participants expressed a current positive view of mental health resources, every participant stated it still needs improvement. An in-depth review of their responses is discussed in the third superordinate theme.

Superordinate Theme 2 focused on the police officer's understanding of the effect of physical stress and how it affects their well-being. Understanding the physical nature of the job for law enforcement officers remains crucial to their survivability and long-

term well-being. The prolonged activation of the Sympathetic Nervous System (SNS) creates increased adrenaline levels altering the brain's structure through increased neurochemicals (Fenster et al., 2018; Oliver et al., 2019 & Alshak, 2021). This long-term activation increases the risk for cardiovascular disease, diabetes, and sleep dysregulation, attributed to cognitive impairment (Oliver et al., 2020). Physical stress was also a concern for many of the participants. Their views ranged from three perceptions, physical demands of the jobs create stress, decreasing well-being, the psychological stress manifests as physical stress decreasing well-being, to physical stress not being viewed as an issue due to regular exercise.

Participant Echo summarized the job's physical demands as a lack of sleep, affecting performance and attributing to increased caffeine intake, culminating in a decline in cognitive functions and performance levels. Participant Gulf attributed the physical demands of the job to duty-related gear that is required to wear for personal protection.

I think you have to be in relatively good physical condition… not only the amount of gear that you carry every day, which adds 20 to 30 pounds to your body weight but also having the physical ability when you have to go hands-on with the suspect.

The physical component of the job not only requires officers to maintain agency-specific physical standards and to carry additional gear for prolonged periods, including prolonged standing and the ability to carry a specific weight for a predetermined distance. That standard may increase with special assignments to advanced units like Special

Weapons and Tactics Team (SWAT) Bomb teams, K-9 assignments, and specific Marine units.

Several participants addressed the physicality of the job, creating stress and declining their well-being through applications of being able to go "hands-on" with a suspect. The physical demand and response required to apprehend a suspect possess potential concerns of injury and loss of life. Remaining fit is paramount to officers' ability to perform their duties physically. Participant Lima expressed that opinion stating, "You know, you have the element of, of the apprehension or dealing with people that don't want to go to jail, and it, uh, may at times put you in, in, uh, fear of, of being injured or killed." Sleep deprivation from long shifts, sedentary lifestyles, overexertion, and physical demands on the body has been proven to correlate to cardiovascular disease (CDC, 2022).

Other participants stated they felt the psychological stress manifested into physical stress. They depicted the nature of calls creating psychological stress that resulted in the inability to sleep or unhealthy coping mechanisms, which decreased their well-being physically. Participant Bravo demonstrated this in his response to physically carrying the psychological trauma resulting in an injury-like pinched nerve from how he would alter his bodily positions when feeling stressed out. He stated, "I have it where I have a little bit of a pinched nerve in my shoulder. When I get stressed, I kind of put more pressure on that. That's where I typically put my stress." It is notable that while an officer may not have been physically injured during a call for service, the emotional and psychological impact manifested itself into a physically stressful situation. The paradox

between the two interconnecting is widely supported in the literature. The psychological disruptions have been proven to manifest into behavioral disruptions increasing physical stress on the body and resulting in a physical decrease in well-being (Fenster et al., 2018).

While some participants acknowledged the physicality of the job, they did not perceive it to decrease their well-being. They reported maintaining a robust exercise program and maintaining a healthy lifestyle. Several participants purported to utilize exercise as a resilience characteristic and method of de-stressing. The participants that did not perceive physical stress as decreasing their well-being also cited using techniques of mindfulness and hobbies, sports, or Martial Arts to maintain a state of physical well-being. Participant Echo believed that their ability and training in Martial arts have allowed them to remain calm and present during specific situations and allowed him significant confidence in his abilities. He stated, "Martial arts has been huge. I'm up there in the black belt area, and knowing what I can do and then what I choose not to do in a situation, is huge." He believed that the training level better prepared him physically so he could focus more on the psychological impacts of the calls.

Superordinate theme three focused on the police officer's understanding of personal resilience characteristics. The third theme is depicted in Figure 1. The number of participants that provided input to a subtheme is listed to depict how the participants disclosed views regarding their concerns about personal resilience characteristics. It is important to note that participants often listed more than one characteristic.

Figure 1

Resilience Characteristics
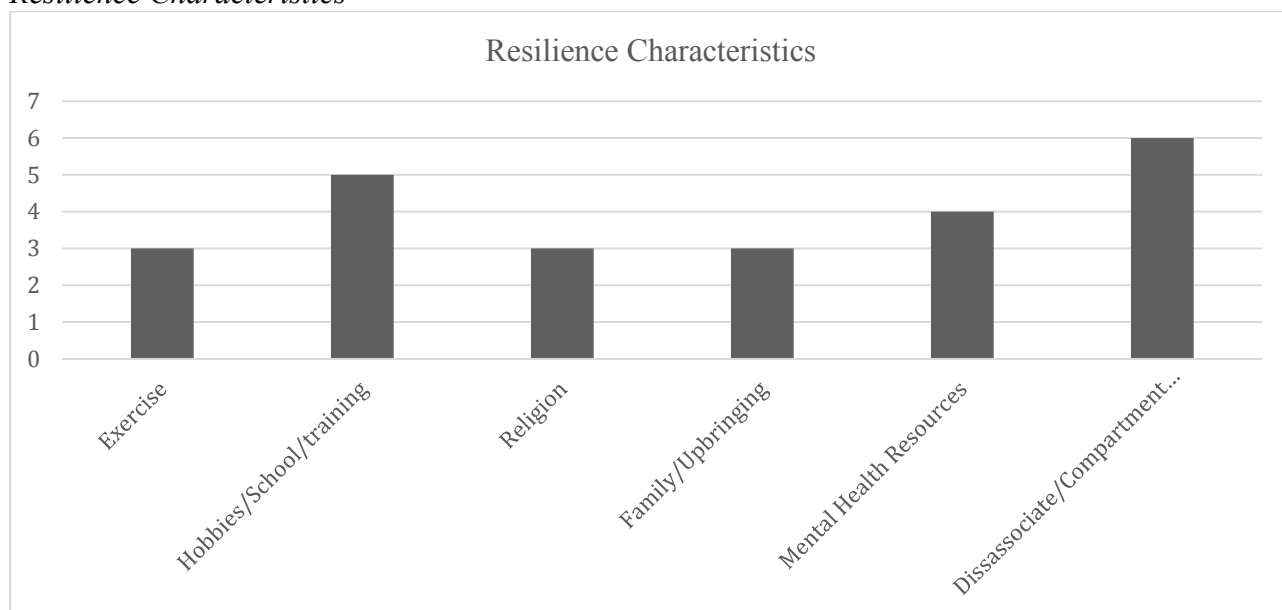
Participants were asked what personal characteristics they believed helped them cope with stressors. While the responses were somewhat staggered, resilience's most prominent perception was the ability to disassociate, separate, or compartmentalize. Participants viewed this as a significant contributing factor to handling the psychological and physical demands of the job. Participants purported that this was a way to balance their personal and work life to maintain stability. Three participants revealed this was a method they had learned from military service, and one discussed how it helped them cope but led to divorce. Participant Bravo stated, "I have an ex-wife who'll just tell you I just shut down. And that was how I dealt with this for years...". Knowing the toll this took, participant Bravo still believed it was a necessary trait, and only late they began to understand the importance of other resources and characteristics. Another participant stated they tried to become anonymous. Participant Delta wished to fade into the crowd

when he took the uniform off. "I separate my job from my personal life. I prefer the role of anonymity; once the uniform's off., I just disappear, and I fade into the crowd". This idealization of wanting to disassociate from the rigors of the job was a common theme among participants, yet each depicted it differently. Participant Foxtrot believed it was necessary to separate work from personal life, arguing that "you have to detach yourself from work and reality of your life outside of work. I disassociate from it". This concept was fascinating as contrasting studies have revealed that this ability builds toward suppressive thoughts and long-term emotional and psychological trauma (Boyd et al., 2018).

The prior military veterans all expressed the culmination of military training and mentality prepared them for the physical and psychological rigors of the job. They believed that the training they had received was instrumental in helping them adapt. However, all three also cited additional resources of hobbies or mental health resources. Participant Hotel stated, "Uh, probably just my military training and experience. I've already been through a lot of horrible things, so the stuff I go through in policing really ain't that bad compared to what I have been through". This perception was interesting as it was followed up by recognizing the compounded psychological stress manifesting in either harmful coping mechanisms or the eventual seeking of mental health resources.

The characteristic of hobbies, school, and training was grouped, as participants cited training and school as being both agencies related and externally sought. The training and hobbies were both in an academic or hobby setting. Those classes ranged from cooking to martial arts and mental health training. Some of the hobbies required

specialized classes or training, so they were grouped in this category. Participant Alpha suggested cooking classes, while participant Delta stated interest in coin collection. "I find it challenging to seek out currencies that have either been destroyed for countries or just so hard to get ahold of. Just little trinkets, so to speak." Participant Gulf related hobbies to sporting events, and participant Foxtrot suggested the presence of one was essential. Other participants related the training to job-related training or mental health training.

The exercise characteristic was cited by three participants who supported this in initial responses with the physical nature and demand of the job affecting their well-being. Three participants cited faith or religion as a personal resilience characteristic. Participant Echo lamented the perception of grace and the support system it provides. "I have a strong faith in my Christian beliefs and knowing that everything will eventually work out knowing that I have a support system around me... my understanding of how grace is involved". While the other two participants generally commented on understanding faith as a positive coping mechanism.

Two participants stated that they believed their ability to cope with stressors was directly proportional to their childhood upbringing, and two stated their family support. The participants that stated childhood upbringing stated the culture as being nurturing and empathetically based with charitable undertones and the opposite as being neglected and having to learn to take care of themselves early. Participant Lima discussed the positive upbringing "I think my upbringing, being empathetic to people trying to deal with them in a way that I would wanna be treated….It's the upbringings actually allowed me, I

think, to deal with people of all, uh, economic levels and, and kind of put 'em at ease". In contrast to this notion, participant, Kilo discussed the lack of family structure due to varying disorders and the desire to not behave in similar ways as an adult.

> I was kind of, for lack of a better word, I guess, neglected as a kid. You know, I didn't really have like that mother and father. They both suffered from their own kind of disorders. I would say early on life experiences and, um, I guess not shifting towards that negative route.

Despite both participants having adverse perceptions of their upbringing, they believed those exact reasons were resilience characteristics used to cope with daily stressors. This perception correlated to the emergence of themes for the resilience theory as posited early on by Garmezy (1991) while discussing the socio-economic status and childhood exposure to trauma and again recently focusing on the emotional intelligence, empathy, and resilience of officers (Romosiou et al., 2019).

Several participants cited the character of mental health support as personal resilience or coping with stressors. While most of the responding participants cited mental health resources from the agency, including Employee Assistance Programs (EAP), peer support, and post-critical incident stress debriefing, three participants cited external resources. The responses to the reasons for external support services will be discussed in the third superordinate theme on perceptions of mental health resources.

Superordinate Theme 3: Attitudes Regarding Mental Health Services and Delivery

The third superordinate theme arose from the following question: (a) What are your current and prior perceptions of mental health resources? Table four contains a description of this superordinate theme and the resultant sub-themes.

Table 4

Attitudes Regarding Mental Health Services and Delivery

Themes	Number of participants who responded
Subordinate Theme 1: Prior Negative, current positive	5
Subtheme 2: Prior Negative, current Negative	4
Subtheme 3: Prior Negative, current neutral	1

Superordinate Theme 3 focused on the officers' current and prior perceptions of mental health resources and how they are delivered. The first subtheme depicted those participants who reported having an initial negative impression of mental health but a current positive perception of them. Five participants in total sighted reasons depicting initial negative impressions, including not initially believing in its importance to lack of belief or trust in the process premeditated by the perception of senior officers and due to the stigma associated with mental health and not wanting to appear weak in front of co-workers. This perception was well documented in prior research depicting the prevalence of the stigma within the law enforcement culture (Sadhbh et al., 2019, Violanti, 2019).

The National Alliance on Mental Illness (2022) has established training programs designed to educate officers on wellness subjects and offer counseling services while fostering a positive approach to seeking mental health resources and discouraging the stigma associated with it (NAMI, 2022). The programs had reached departments and are evidentiary in participant Alpha's response when he specifically cited his NAMI training as a resilience characteristic and why his perception of mental health resources has changed from negative to positive. Participant Alpha responded to prior perceptions that he didn't believe, but his current perception was that it was getting better but still needed improvement. He states, "Yes, it's getting a lot better, and they're trying. It's just finding that mental professional that wants to actually deal with what the officers are dealing with and seeing an unfiltered way of life."

This perception of current positivity required additional work resonated amongst the remaining participants. Participant Echo discussed the same concerns regarding the lack of resources available. Participant India also shared the current perception of positivity by discussing a noticeable difference in support for the officers from a leadership perspective and that laws have begun to be enacted to promote a culture change. Participant Kilo also echoed those sentiments,

> I would definitely say that it's, it's changed to a more positive spin being that fact that, you know, mental illness is now in the narrative and or, or of mental health rather mental well-being is now in the narrative.

Subtheme two discussed the participants whose current and prior perceptions of mental health sources were negative. Each participant who cited prior and current

negative perceptions cited a lack of trustworthiness, fear of reprimand or loss of job status, and being reactive instead of proactive. Participant Bravo discussed how specific tracking programs were developed to detect "Early warning indicators" of mental health stressors in officers being utilized to reprimand officers administratively. The system was initially designed to show mental health issues and used as an intervention tool to mitigate more serious mental health issues. Still, now it is being used as a way for internal affairs and commands to view body-worn cameras for policy violations and use of force complaints exclusively. This system now created additional stressors for officers who feared using force during necessary calls or doing their jobs out of fear of losing duty or pay. Bravo noted:

> If I go into this meeting, they're going to jam me up. I'm going to lose days; I'm going to lose a promotion opportunity or a special assignment or some shit." So, we actually put more stress and fear on guys out of what could happen.

The programs designed to depict issues and provide aid to officers are now causing fear and more stress, cultivating a genuine fear of mental health and propagating the stigma of mental health. This stigma is still verifiable in other agencies as other participants discussed the negativity associated with mental health being reactive and proactive and described it as a "shoot from the hip" approach." Participant Hotel stated it was not a safe space to talk and feared other reprimands as the department issued mental health reports to the command. This perception was also explained in officers' responses to resilience characteristics when they noted that they sought external mental health sources for privacy concerns. This concern was well depicted in a recent quantitative

study on how officers interpret and evaluate mental health resources. The study analyzed 434 officers' perceptions of mental health resources and their desire to seek them (Jetelina et al., 2020). The study conducted surveys assessing officers' perceptions of mental health resources, stress, coping mechanisms, and decompression techniques. The participants were then divided into five focus groups where officers self-reported diagnoses of depression, anxiety, and PTSD (Jetelina et al., 2020).

Through the focus groups, 12% were screened for lifetime mental health diagnoses, 26% reported current mental health symptoms, and 17% sought mental health in the past 12 months, but only after specific concerns were met. Those concerns were depicted into four main themes; the inability of officers to identify when they are experiencing mental illness, concerns about confidentiality, the belief that psychologists don't understand police stressors, and the stigma associated with not being fit for duty (Jetelina et al., 2020). This research was integral in identifying the belief perseverance of confidentiality fear and the stigma associated with the law enforcement culture. It supported the evidence of long-term mental health concerns among law enforcement officers and the need for long-term resources with knowledge and background in law enforcement.

The one and only participant that cited a prior negative perception of mental health resources and a current neutral stance appeared to be the outlier. However, utilizing additional follow-up questions, the responses appeared to support a current positive thought despite the participant assuring a neutral stance. The follow-up questions asked the participant if an accurate summary was a prior negative and current positive

due to the improvements they had noticed and perception change from negative to positive. Participant Gulf reiterated that it has evolved but declared that it needs to be more individually tailored to the officer depending on their needs, stating, "Yeah, I think, um, I think it was probably more neutral. I think it's, it's, it's becoming better, and it's more, I guess, tailored to the person's needs depending on the incident that they were involved in." He further explained his position as remaining neutral since there is still a lack of resources. Participant Gulf did acknowledge that resources are getting better but remained neutral in his opinion.

Summary

Chapter 4 presented the findings of the current study. A phenomenological approach, superordinate themes, and sub-themes were identified to better understand the participants' lived experiences. The perceptions were facilitated using semi-structured interviews. The items addressed in the interview depicted the research question that formed the basis of the study. The study examined the perceptions of active duty sworn law enforcement officers of Sergeant and below regarding their perceptions of mental health resources and delivery, daily concerns, and resilience. This study inquired as to whether the perceptions had changed over their career.

The findings revealed differences between prior and current perceptions of mental health resources, personal resilience characteristics, and daily concerns of the officers. The continual reluctance of officers to seek mental health resources was confirmed through their responses. Their perceptions of personal resilience characteristics also depicted slight variances. This chapter included the participant's views regarding the

importance of mental health resources and how they can improve. In all cases, the participants indicated the importance of mental health despite not always trusting departmental resources. Participants explained their views had changed throughout their careers, including those who saw improvement but still had a negative perception due to a lack of trustworthiness. Excerpts from the individual participants yielded three superordinate themes: (a) attitudes regarding duty-related concerns, (b) mental health and self-care, and (c) attitudes regarding mental health services and their delivery. Assisted by NVivo qualitative data analysis software, IPA revealed several sub-themes that reflected the similarities between the individual perceptions of the participants.

The interview's conclusion with all ten participants depicted the importance of mental health resources. However, participants slightly varied in how those services were implemented or improved. All participants cited the stigma of appearing weak or not fit for duty as resistance to seeking mental health as a negative prior perception. Additionally, they purported the delivery methods still needed improvement and provided similar responses on how to affect them. Despite perception changes to positive current perceptions, this theme continued to persist.

Chapter 5: Discussion, Conclusions, and Recommendations

This qualitative study examined law enforcement officers' perceptions and lived experiences regarding their perceptions of resilience characteristics, training and education, and mental health resources. Previous research indicated that a positive view of mental health services was depicted as more likely to result in an officer's acceptance or desire to seek out mental health resources. However, opinions contributing to officers' reluctance to seek mental health resources and its delivery methods remain under-researched. This opinion correlates to the profound stigma associated with mental health in law enforcement (Sadhbh et al., 2019), but how to obtain better delivery methods and the application of current programs remains controversial (Jetelina et al., 2020). This study is particularly relevant as officers are depicted mainly in the media as conflicting with communities and driving political debates on reform. This perception has sparked significant debates on violence against officers, the prosecution of officers for various offenses, the discussion on terminating qualified immunity, and defunding departments. This increase in violence and added stress on the law enforcement community has contributed to a demand for additional resources for mental health and training for law enforcement. It also adds to the sparse research on delivery methods and belief perseverance among officers.

Chapter 5 discusses the themes derived from the interviews and interprets the participants' lived experiences. Using IPA enabled me to examine the officers' lived experiences and perceptions while interpreting them (Frechette et al., 2020). The NVivo qualitative analysis software allowed for further identification of patterns in the thoughts

and responses of the participants. This process allowed the theoretical framework used to address the research questions and provide justification for the conclusion of this study. Chapter 5 summarizes the study's findings and reviews the theoretical framework concerning research questions. This chapter consists of the following sections: (a) introduction, (b) interpretation of findings, (c) limitation of the study, (d) recommendations, (e) implications, (f) conclusion of the study.

Based on the research questions forming the basis of this study, supporting literature, and semistructured interviews, the study revealed that those officers who participated in the study agreed that mental health resources were getting better but still needed improvement and delivery methods such as accessibility. The participants acknowledged initial resistance to mental health services, and some cited remaining resistant to seeking the resources that upheld the stigma associated with it (see Gonzalez, 2019; Rasul et al., 2019). While specific program implementation has been developed and established for departments nationally, many remained reluctant to implement these programs or cannot afford them. In response, the NAMI (2022) and Badge of Life (2021) created free training and resources for departments. However, over the years, the programs have been sporadically established in some areas and remain elusive in others.

With the implementation of the cradle-to-the-grave approach, more agencies appear to be implementing mental health resources. The availability and access to emotional support resources remain varied among departments (Torous et al., 2019). Several participants indicated the importance of mental health services and have admitted to changing their perceptions of those resources over the years. Others remained highly

skeptical of the resources and purported to distrust them. However, all participants acknowledged the importance of mental health despite not trusting specific components, departmental resources, or delivery methods.

The inception of mental health resources and training has become decisively more critical. It has been brought into the focal point for the well-being and training of officers, yet the stigma and lack of trust continue to circulate and remain insidious among the ranks (Violanti, 2019). The cultural perception within the law enforcement subculture continues to pervasively depict self-reliance, individualism, toughness, and a substantial lack of trust from outside sources (Wild et al., 2020). While the perception of mental health has shifted towards the more adaptive and positive impressions or desires to seek it, there remains a significant and pervasive mistrust of mental health. This perception appears to be in the delivery methods and privacy or confidentiality of the services.

Interpretation of the Findings

Superordinate themes 1 and 2 and their associated subthemes indicated what law enforcement officers perceive to be the biggest concerns of duty-related concerns and resilience characteristics. The responses and subthemes developed from Interview Questions 1, 2, and 3 created the response to answer the first primary research question. The questions asked; (a) What daily concerns do you have regarding your duties and responsibilities as a law enforcement officer, (b) How do you believe psychological stress and physical stress affect your well-being, and (c) What personal characteristics do you believe help you cope with career stressors? (i.e., education, religion, culture, finances).

Superordinate theme one perpetuated officers' attitudes regarding duty-related

concerns, while Superordinate theme 2 depicted mental health and self-care perceptions. Both themes emerged from the responses, which answered in detail the main research question depicting the lived experiences of first responders who practice resilience.

Theme 1: Attitudes Regarding Duty-Related Concerns

Theme one perpetuated the attitudes of officers regarding any duty-related concerns. The first subtheme to develop was officers' safety. Every participant sighted safety as a significant concern. Their perceptions of safety ranged from the nature of the calls they are dispatched to, to the physical requirement some calls may take and pose to them. They disclosed understanding the physicality of the job and the importance of being prepared for any situation to arise. However, their safety, the safety of fellow officers, and the public remained the highest priority of the officers. This perception was consistent with the research established and depicted in the long-term activation of the SNS system (Alshak, 2021). The hyper-vigilant response endured by officers in a field of constant activation of survival mode has long been deemed a contributor to behavioral responses and health concerns (Alshak, 2021).

Over the past decade, the trend in social media reporting and biased news reports has increased the provocation of officers (Morrow, 2019). With the uptake of social media videos and their ability to edit them on the spot, officers have been a constant target. The increase in violent crime and crime against officers has swelled since the "Ferguson effect." This effect is more readily explained by the proclivity of news reports triggering groups by portraying incomplete stories and bias of criminal events unfolding, which resulted in the targeting of law enforcement officers (Morrow, 2019). This

evidence was also supported in the Department of Justice Law enforcement deaths report

(DOJ, 2022). Of the line-of-duty deaths reported thus far for 2022, the leading deaths

included ambushes on officers, investigative/enforcement activity, unprovoked attacks,

and responses to disturbance calls. The ambush-style attacks have doubled in the past

year (Morrow, 2019).

This belief is parlayed into the second subtheme of media perception. Officers

were concerned about the media's perception and how the public would perceive them

while carrying out their duties and responsibilities. This subtheme was also accurate to

current research. The current perception of law enforcement in the media depicts the

trending opinion of persecution of all officers based on the actions of a few when

misconduct is revealed. Stereotyping has been reported to prevent the initial trust of law

enforcement through the constant portrayal shown in the media (Schultz, 2019).

As several networks have covered major police reform issues, the overwhelming

appearance of violence against officers, the defamation of the officer's character in the

court of public opinion, and the call to defund the police has garnered several

departments or governments to enact specific policy. These efforts either contributed to

or directed an officer to address specific situations with specific criteria, including and

not limited to allowing rioters to loot and burn cities and destroy or inhabit areas

(Pomper, 2022). This view was notably expressed in major metropolitan cities like

Minneapolis, Chicago, New York City, Baltimore, and Atlanta. The fear of being on the

evening news and portrayed as a corrupt or overzealous officer using excessive force and

being tried in the media has become a point of contention for many officers. This concern

was reflected as several participants stated concerns about ending up on social media or having the edited video of them land on the evening news, where they may be inaccurately judged or crucified before all the facts are released.

Recent data depicted the "Ferguson effect" existing most commonly among law enforcement officers and their perception of themselves in the media and the perceived administrative support (Gau et al., 2022). Through self-reported surveys, officers from large urban departments reported that those officers who perceived higher levels of negative public opinion were less likely to be proactive. The responses depicted fear of being filmed unfairly and perceptions of support by top management. The officers that reported having a good perception of support from management reported fewer concerns about being proactive, whereas officers who reported negative impressions or perceptions of management support reported fearing proactivity or being filmed by the media. This study revealed that the "Ferguson effect" created intense scrutiny of officers from the public and discouraged them from being proactive, therefore creating a decline in law enforcement presence (Gau et al., 2022).

With safety being the biggest subtheme and media perception rounding out the second subtheme, it was essential to discuss the variations resulting from the safety and media perception shared among the participants. A career in law enforcement may result in having to make a life-or-death decision in split seconds. This decision can be filmed by media or witnesses from various angles and postulate differing ideas of how the situation should or could have been handled. It is often reported from the perspective of a person who may not have any training, appreciation, or understanding of the situation. The legal

ramification of actions taken, whether appropriate or not, are now viewed as overtly skewed in the media leading to potential civil lawsuits against the officer and putting additional stress or scrutiny on the officer. The participants have also reported this perception of fear of financial ramifications and public scrutiny. While some feared departmental reprimand, loss of duty station, pay, or termination, others feared criminal and civil lawsuits. These viewpoints were supported by the rise in the discussion of dissolving qualified immunity (Schwartz, 2017) and the politics within each department, community, and state.

While participants lamented the perception of some departments caring more for internal and community politics than its officers, others discussed the political subdivision among political parties at the county and state level regarding the "defund the police movement." Participants revealed that a particular political view had impacted their safety by circulating the feeling that all cops were terrible, fostering hostile community relations. This perception was widely displayed in Seattle, where protest groups occupied downtown areas chanting rhetoric and barricading themselves. (Pomper, 2022). The culmination of riots ensuing in major metropolitan areas with looting and burning of critical infrastructure worsened. In Minneapolis, officers were forced to flee one of their precincts as protestors forcibly entered the building and ignited fires inside (Jarvis, 2022).

Superordinate Theme 2: Mental Health and Self-Care

Theme two examined the participant's perceptions of mental health and self-care. These responses were primarily attributed to the responses provided to the second and

third interview questions; (a) How do you believe psychological and physical stress affects your well-being; (b) What personal characteristics do you believe help you cope with career stressors? The study yielded three subthemes: psychological stress decreasing well-being, physical stress decreasing well-being, and personal resilience characteristics.

Subtheme one focused on psychological stress decreasing well-being. Congruent with current research, all ten participants cited psychological stress as decreasing their well-being. Participants discussed the culmination of stress building to surmount more serious mental health issues and explained the importance of mental health resources. Participant Alpha relayed psychological stress as a foundation that can manifest in other areas of personal life and affect well-being across the board. In contrast, other participants focused on the psychological stress manifested from the trauma from the nature of the calls and seeing horrific scenes during their careers. The responses provided by the participants discussed specific scenes or scenarios that often created psychological trauma, ranging from scenes of death or crimes involving children. In contrast, other responses denoted calls that generated fear for their life.

The impact of the calls is represented in their responses, recalling the short and long-term emotional impact of that scene. This impact was evident as some participants recalled recent events while others recalled events earlier in their careers. Some participants discussed the trauma through detached analysis, inferring the psychological stress created lasting impacts but would deny having any yet believed mental health was important. This revelation was evident in participant Echo's responses. By generalizing his comment and making it applicable to all law enforcement officers, he stated, "LEOs

saying they have something messed up in their head that they can't sleep. They're having nightmares and anger issues when they go home. They don't want to admit that stuff." Other participants relayed similar detachment analysis of psychological stress, stating reasons for military training or prior experiences as preparing them for the psychological stress, making them less susceptible to the trauma incurred during their careers.

These perceptions were examined in prior studies and supported through research by identifying the baseline criteria indicators for PTSD within the DSM-V (APA, 2013), which aligned with the previously noted psychological responses that were self-reported in previous studies (Walton et al., 2017). The correlation of symptoms with identifying the officer's responses supported the patterned responses as indicated. Bolzon & Halmasy (2021) argued that law enforcement officers shared knowledge with an essential understanding depicted in their unique terminology expressed through their connectedness, the relationship versus detachment in analyzing an experience, transcendental, and existential outliers (Bolzon & Halmasy, 2021). The participants all viewed the psychological stress created by the calls as having a significant impact on them, therefore acknowledging the importance of mental health resources despite varying responses as to their impressions of mental health resources. Those responses will be discussed in subtheme three.

In subtheme two, officers discussed psychical stress decreasing their well-being. This subtheme was supported by six of the ten participants. The participants who acknowledged or cited physical stress cited views ranging from the physicality of the job to the potential for injury or loss of life. This response was also heavily supported in prior

research. The Centers for Disease Control (2022) reported that sleep deprivation from long shifts and physical demands on the body was proven to be directly proportional to health concerns like cardiovascular disease (CDC, 2022). Additional research supporting the physical lifestyle of law enforcement officers has also been correlated to long-term health concerns. The long-term activation of the SNS system has also supported the assessment of physical stress on the body. The SNS activation results from the hypervigilant response officers evoke during their careers. It leads to several health issues, including cardiovascular disease, diabetes, and sleep dysregulation, attributed to cognitive impairment (Oliver et al., 2020).

The remaining four officers who did not cite physical stress decreasing their well-being cited reasons such as healthy lifestyles and exercise plans that they believed eliminated the ability for it to decrease their well-being. Some participants added mindfulness practices or martial arts as ways to keep themselves in top physical condition, eliminating the ability to decrease their well-being.

Several participants discussed the overlapping nature of psychological stress manifesting into physical stress resulting in lack of sleep and decreased cognition. While this was also supported in prior research, the reasons cited for the overlap stemmed largely from psychological stress being the culprit. It was essential to acknowledge that participants did see the correlation between the two and how they affect their well-being, but for coding purposes, they were separated. The participants that specifically cited not allowing physical stress to decrease their well-being provided vital mitigation techniques as reasons for their opinions. The participants who did not cite robust mitigating

strategies to prevent physical demands from decreasing their well-being attributed the stress culminating from psychological stress and provided substantial reasons for attributing their decreased well-being to the psychological demands of the job.

Prior research supported the consequences of repeated psychological trauma on the brain. The research measured symptomatology, including aggression, avoidance, hypervigilance, arousal, anxiety, and depression (Fenster et al., 2018). The neural circuits in the brain begin to delay specific behavioral responses from stimuli overload, forcing a remapping of the hippocampus, which correlates the behavioral responses like depression and anxiety (Fenster et al., 2018). The chemical response occurs from the increased production of adrenaline and norephedrine. This response is activated during the hypervigilant stage or the fight or flight response which sends the body into SNS dominance. Another cellular and chemical reaction occur, resulting in acetylcholine's chemical release to regulate the brain and return it to a normal operating stance in the Parasympathetic Nervous System. This response helps return the heart rate to a regular beat and aid in digestion and relaxation. Additional ways to help prevent the body from remaining in SNS dominance and successfully returning it to the PNS state are nutrition, sleep, relaxation, and exercise (Tindle & Tadi, 2021). This response explains why officers who cited mindfulness and exercise routines were more able to regulate back to the PNS and did not report feeling the same physical demands as the officers who did not cite those routines.

Subtheme three discussed officers' perceptions of personal resilience characteristics. The participants were asked what personal characteristics help them cope

with career stressors. The participant's answers varied from hobbies and training, so additional follow-up questions were utilized to garner more substantive feedback. Follow-up questions were requested to know if any additional personal characteristics like education, religion, culture, or finances were believed to be resilience characteristics. With the follow-up questions in place, the participants began to expand on their responses, including religion, education, and socioeconomic status, which supported the resilience theory and its adaptations. The resilience theory (Werner, 1982) provided the foundation for examining lived experiences, perceptions, and personal beliefs. As the theory evolved, it encapsulated additional components of resilience, including socioeconomic status, intrinsic and extrinsic relationships, and intelligence (Garmezy, 1986, 1991 & Flach, 1988). This component was observed in participants who cited socioeconomic status through upbringing, family relations, and extrinsic and intrinsic values like religion.

The most cited personal resilience characteristic was the participant's ability to disassociate, compartmentalize or separate their work life from personal life. This characteristic is documented to be a protective factor. The participants believed this to be a resilience characteristic despite admitting that it has also correlated to long-term mental health issues. Prior research also included protective factors and positive social interactions as resilience characteristics (Luthar et al., 2000, Rutter, 2006). Adaptability provided mitigation resources which are also documented to be a conclusory factor of resilience characteristics (Walton et al., 2017, Violanti, 2019, Crane et al., 2021). This idea supports the participant's realization of seeking mental health resources as an

adaptability characteristic that creates resilience among them.

Additionally, the resilience theory guided the implementation of healthy mitigating concepts for stress and concepts on educational parameters (Wild et al., 2020). Four participants cited mental health resources as resilience characteristics. This view varied between department-provided resources and external resources. Their responses to the difference between departmental and external sources will be further discussed on Superordinate theme three, Attitudes regarding mental health services and their delivery.

While two participants cited faith and religion, others declined to possess any spiritual belief personally but acknowledged it as a possible resilience characteristic for others. Every single participant declined to see financial strength as a resilience characteristic. Their resounding commentary was that one does not go into this career field hoping to get rich. Some participants flat-out laughed, while others shared stories of living paycheck to paycheck and having to live with their means or constantly seeking additional assignments to afford to pay bills or take care of their families. This perception differed slightly from prior studies that articulated financial soundness as a resilience characteristic (Garmezy, 1991). However, when applied to the law enforcement realm, it was not applicable to maintain a solid financial position due to participants reporting lesser salaries.

Lastly, the personal resilience characteristic shared between the participants was hobbies, school, or training. This characteristic also represented agency-provided and personal training like cooking classes or martial arts. The participants also cited schools ranging from academic purposes or job-related training and mental health training. One

participant discussed having additional advanced education that was believed to assist in providing a better understanding of differing perspectives. Several participants discussed having agency-related mental health training that was viewed as a resilience characteristic. Still, other participants cited prior military training as not only a protective factor but also as creating a foundation of understanding and mental adaptability from a conditioned response.

Superordinate Theme 3: Attitudes Regarding Mental Health Service and Delivery

Superordinate theme three and associated subthemes indicated law enforcement officers' attitudes regarding mental health services and their delivery. The participants were asked two questions, (a) What training and resources do you possess or have access to that can or have helped their resilience, and (b) What are your current and prior perceptions of mental health resources? The responses and subthemes developed from interview questions four and five created the response to answer the second main research question, RQ*2: Have the education and resources provided aided in resilience?*

Three subthemes were developed from the participant's responses. Subtheme one depicted the prior negative perceptions of mental health resources and a current positive view, the second subtheme depicted a prior and current perception of resources as negative, and the third subtheme depicted prior negative and current perceptions as neutral. While subtheme three was only represented by one participant, dissecting it as an outlier was essential. The data saturation was met within eight participants, but an additional two participants were interviewed to confirm this opinion and perception as an outlier. Subtheme three will be further discussed later in this chapter.

Subtheme one represented the participants with a prior negative perception of mental health resources but stated the current positive opinion. The participants expressed prior perceptions as negative due to the resources lacking or not believing in the process but cited positive current perceptions as the resources have become more applicable and readily available. Although each participant shared a positive opinion, many believed more work was required. This opinion was indelibly reflexive of fostering training and resources as addressed by the current climate. The participant's responses demonstrated that the training and education currently implored enhanced their resilience. This theory is supported by resilience research conducted by the National Alliance on Mental Illness (NAMI, 2019). Psychological resilience is no longer defined solely by inherited traits and is depicted as being taught and learned. The ability to have readily available resources on a naturally occurring basis signals the importance of advocacy, understanding, identification, and compassion. Ensuring officers who have experienced traumatic events are provided with crucial and critical resources allows for the recovery process through education and correctly identifying potential physiological, psychological, and physical symptoms of PTSD (NAMI, 2019).

This perception was shared by five of the ten participants. It provided insight into the perception of the resources and the lived experiences of the participant's interactions with mental health resources. Over the past several decades, research has examined mental health among first responders and veterans. This research garnered support and advocacy for training and implementation of resources. However, not every agency has been provided direct access to resources or reports limited access to external sources.

Several participants stated external resources were available through a Police Benevolent Association or Fraternal Order of Police, or a local community college but admitted that it was difficult to access them when needed. Other participants echoed this perception, who stated they have an employee assistance program but felt that the psychologists or mental health professionals assigned to it don't truly understand the nature of their duties or had delayed response times or extended waits to make appointments.

Still, other participants with positive current perceptions of mental health resources stated the peer support groups and critical incident stress debriefs were highly beneficial. Those participants were moved by the outreach and peer support and felt they could trust a peer more than an "outsider." All participants who had cited having attended a critical incident debrief or crisis intervention stress management (CISM) training viewed them as highly positive and critical in changing their negative to positive perceptions. The outpouring of resources, support, and education they received from those greatly aided the participants in understanding the trauma, educating them on potential psychological concerns that could arise and providing positive coping mechanisms and support in a confidential mannerism. The implementation of critical incident stress debriefs matriculated through the national level and is open to all law enforcement officers. Psychological debriefings attempt to apply crisis intervention techniques in a timely mannerism to normalize and educate participants to stress reactions from abnormal events. While they vary, many are several days long and designed to increase group cohesion and strengthen social connections. The training often is heavily steeped in social support and focuses on the well-being of individuals

following traumatic events (Donovan, 2022).

The FBI has utilized stress debriefings since 1985, and many agencies have modeled their debriefings to their approach. The South Carolina Law Enforcement Assistance Program utilizes Post Critical Incident Seminars (PCIS) created specifically for law enforcement officers after a severely traumatic incident. They offer PCIS seminars in the southern region states of Virginia, North Carolina, and South Carolina. They have also had departments outside the southern region participate, including the Department of State and international partners such as the Italian State police and the Police Service of Northern Ireland (SCLEAP, 2022). SCLEAP provides a three-day seminar for officers and their spouses. It uses experiential workshops that provide education on trauma, resolution patterns, and filed tested coping strategies to promote recovery and resilience heavily steeped in peer support (SCLEAP, 2022). Additionally, the National Fraternal Order of Police has created Critical Incident Stress Management Courses (CISM) for officers focusing on emotional crisis intervention and wellness training programs. (FOP, 2022).

The second subtheme depicted the officer's initial negative impressions of mental health resources and remained negative in their perceptions. Four of the ten participants cited remaining negative impressions due to lack of trust, fear of reprimand or loss of duty status, and the negative stigma still associated with it. The stigma associated with seeking mental health resources is still prevalent in the law enforcement culture and is thoroughly documented in prior studies (Violanti, 2019 & Dunlap, 2019). Four main concerns continue to appear in research related to stigma on mental health resources;

inability to identify the need for it when experiencing a crisis, confidentiality concerns, belief that psychologists don't understand the nature of the stressors, and the stigma of not being fit for duty (Jetelina et al., 2020). Although these participants were aware of resources and that they benefited others, they refused to trust departmental resources. Each cited either external mental health resources or friends as their preferred method.

The stigma of mental health was cited, yet each participant acknowledged its importance and believed it was important to get mental health which signified a shift in the perspective. While the population sample was qualitative, all ten participants acknowledged and agreed that mental health was important, signifying a shift in the perspective of disregarding it or seeing it as a weakness. This shift provided valuable data trending toward decreasing the stigma associated with mental health proving the training and resources are working in reducing it. However, the lack of trustworthiness remained prevalent among the participants. The participants ranged from departments across the nation and of varying sizes. None of the participants identified the department where they worked. Still, the majority depicted or inferred their state, revealing that the resources were becoming more available. The critical incident debriefing and peer support were readily identifiable as a resource for the officers.

Every participant also admitted to having mental health training every year from various resources, both inter-departmental and external training. Lastly, the delivery of the resources remained a pivotal part of the opinion. While officers agreed to its importance, they also cited the lack of knowledgeable professionals who understand their stressors and feel it undervalued their concerns and willingness to seek it. Additionally,

they cited concerns regarding the length of time it took to establish an appointment with a mental health professional and the departmental resources as reactive instead of proactive. These points suggested that better-educated mental health professionals and more readily available resources would assist in decreasing the negativity associated with it. However, trustworthiness remains a critical concern for each of them. The participants cited negative opinions of departmental resources due to the fear of loss of duty or reprimand, as many are required to report directly to administrative and command personnel. The departments that demonstrate strong support and advocacy for mental health have been depicted as decreasing the stigma among their officers. Those with limited access are reported to have higher mistrust and lack of resources or beliefs (Violanti, 2019).

The third subtheme that presented the only participant as having prior negative and currently neutral opinions of mental health resources was revealed to trend towards the positive impression with follow-up questions despite maintaining assured the opinion was neutral. Participant Gulf remained defensive of the neutral position but did admit to seeing improvements since the beginning of their career, which represented hesitation in areas of trust and quality of the services being distributed. This participant was initially viewed as an outlier; therefore, additional follow-up questions were used to assess this concern. The follow-up questions and answers revealed that the position revealed more positive opinions than neutral ones despite the reaffirmation of wanting to remain neutral. Two additional interviews were conducted to confirm this as a solitary response. The remaining participants were adamite that they were either positive or negative. This

theme was only discussed to examine the divergent position, which was revealed to be more supportive of a positive position.

Limitations of the Study

This study explored the perceptions of active-duty sworn law enforcement officers on resilience characteristics and mental health resources and whether their perceptions had changed over time. Data was collected through interviews consisting of five priori questions and enhanced with continuing questions listed in the interview guide. The understanding of officers' reluctance to speak publicly about internal issues and the stigma associated with mental health (Violanti, 2019) or personal concerns related to their duty, interviewing the participants with the expectation of complete openness and full disclosure, was limited. During the initial recruitment of participants, some officers were skeptical of the study and believed that this was linked to internal affairs and made comments referencing that on the social media platform where recruiting took place. Other participants feared the consent form information would be tracked back to them or their department and declined to be interviewed. Confidentiality issues were discussed twice in the recruitment process and again before commencing the interviews. Participants were informed of their letter designator before the interview and were only addressed by such during the interview. This action mitigated even the transcription service knowing the participant's identity, reassuring the participants of confidentiality. Additionally, the participants were never asked to disclose their agency or position and were only asked to confirm they met the inclusion criteria.

As an advocate for law enforcement officers, the researcher may display

confirmation bias, which may be depicted in aligning the evidence in the data that aligns with personal beliefs or expectations. Confirmation bias is used to depict the potential interpretation of evidence that concurs with or reflects the researcher's personal beliefs, assumptions, or expectations (Knobloch et al., 2020). Examining any personal or known bias, values, or expectations was mitigated through the reflexive process, which was critical to ensure proper rigor throughout the study (Johnson et al., 2020). While ensuring bias is reduced, Measurement Reactions in Trials (MERIT) were used to minimize any unseen bias from the reactivity of statements made by participants while data was being collected. (French et al., 2021). This process resulted in the selection of two additional participants post-data saturation to confirm or deny the presence of a potential discrepant case. This analysis allowed the data to be synthesized and identify all participants' similar and divergent attitudes.

Additionally, the researcher sought the opinions of academic supervisors whose knowledge and expertise qualified them to examine the data and challenge any discrepant views as necessary. External audits were also performed with outside researchers to analyze the data for any discrepant cases. When the data collected is consistent through a proven audit trail, and all aspects of the study are documented, showing researchers that were not involved arrived at the same conclusions and interpretations, then dependability is established (Stahl & King, 2020).

The interview guide facilitated the emergence of different topics and aided in participant disclosure, adding depth to the themes that emerged after the interview. The small sample size presented another limitation. The phenomenological approach used for

this study resulted in semi-structured, one-on-one interviews for ten purposively selected participants. The participants were from a national law enforcement social media site within the United States of America. Due to this study's limited population, regional differences and access to resources may be exposed and have limited transferability outside the study's bounds. Other researchers who were not involved in the study might come to different conclusions (Daniel, 2018). The results of this study were supported by interviews conducted per the interview guide and specifically designed to ensure all of the interviews were conducted consistently. The interview guide was also designed to capture the participant's perceptions, experiences, and future expectations related to the topic of this study. The interview guide contained questions formulated to address the initial research and potential follow-up questions.

The law enforcement community's resistance to seeking mental health resources remains an obstacle. The distrust of the services and the belief perseverance associated with professionals not understanding the career-related stressors or reporting back to administrative components of the command structure did explain why certain officers chose not to participate. The distrust and resistance to seeking mental health resources are essential considerations when developing future educational tools and implementing additional resources. Intervention strategies affect the well-being of the officers seeking those services. It was clear through this study that when officers feel supported by the command or administration, they are more likely to seek those resources than those who fear retaliation or non-support. Several behavioral characteristics participants believed helped their resilience were the same as those widely supported to contribute to long-term

mental health concerns. The increasing rise and prevalence of PTSD in law enforcement officers have correlated to higher rates of depression and anxiety, stress-related illness, and suicidal ideations (Boyd et al., 2018). The compartmentalization of trauma correlated to higher rates of PTSD and C-PTSD.

<center>**Recommendations**</center>

Law enforcement officers are often exposed to highly stressful and traumatic events. Their duties require them to respond to physically demanding calls that can turn life-threatening to emotionally difficult calls creating lasting impacts. They are often the first to arrive on a scene and must make split-second decisions coinciding with the moniker of being a first responder. The nature of these calls places law enforcement officers at a higher risk of developing physical and mental health ailments (Violanti, 2021). These long-term issues are manifested from psychological and physical distress that is correlated to declining performance, decreased quality of life, and loss of interpersonal skills (Wild et al., 2017). While the training and resources have become more readily available to officers and help them build resilience characteristics, the mistrust and evident delivery methods are still lacking for officers.

Further research is required to gain a more significant understanding of what methods of delivery for mental health resources and education would be more voluntarily accepted by officers. For critical incident interventions to be more effective, they must be provided promptly. Mental Health resources remain a variable of availability and trustworthiness within many departments. The link between seeking help and fear of confidentiality remains steadfast among officers, resulting in seeking external sources.

For these services to be effective, officers need to believe that they are intended to provide support, remain confidential, and not be used as a method of jeopardizing them in performance evaluations, promotions, duty assignments, or career status. A substantial efficacy measure of these practices can be discerned by seeing an increase in officers who voluntarily seek those services.

Educational refreshers and mandated training must make available resources apparent without making the officers hunt them. Additionally, administrative and command components must be aware of how physical and psychological stress affects the officers, declines morale, and induces hostility in the workforce. Bolstering the mental health resources, promoting the well-being of officers, and allowing them to express their concerns without fear of retribution can aid in decreasing police misbehavior, lawsuits, excessive use of force complaints, and worker's compensation injuries. Participants in this study made it clear that the lack of trust in the resources mainly correlates to the command opinion and fear of retribution, quoting it as "not a safe space." As discussed earlier, administrative personnel must know that an officer is not fit for duty in some circumstances. However, the approach to deciphering that extent needs to be evaluated more carefully. Officers report fear of loss of duty from any contact with mental health resources. This perspective may need to be reviewed through internal agency policy and perception and discussed to make any potential amends through policy or demystify the perception internal within the agency. Identifying current practices and methodologies for building resilience in law enforcement officers addresses the focal points of the different cognitive and trauma therapy modalities. It implores agencies to

discover and evaluate the effectiveness of each and how to do it properly and timely

enact them (Haour et al., 2019). The availability and access to emotional support

resources (Torous et al., 2019) and the perception and stigma of receiving mental health

resources (Gonzalez, 2019 & Rasul et al., 2019) may need to be further reviewed for

positive change.

Implications

The results of this study yielded several implications that are relevant to research

and practice for building resilience in law enforcement officers. The current climate of

the public perception of law enforcement officers has continued to trend negatively with

riots and calls to defund the police. These public perceptions have added stress and

infringed on their ability to carry out their jobs out of fear of further persecution or

prosecution and loss of career or imprisonment (Schultz, 2019). It is integral to

understand that being a law enforcement officer is considered one of the most dangerous

jobs that place the individual in some of the most precarious and inherently dangerous

scenarios that may lead to long-term psychological and physical impacts (Oliver et al.,

2019). Unresolved psychological impacts have led to various issues, including excessive

force complaints and increasing officer suicide rates (Badge of Life, 2022).

As officers generally appear to remain recalcitrant to seeking mental health

resources for several reasons, the impact on positive social change is brought into a focal

point. By establishing an association of characteristics among law enforcement officers

and identifying the resilience factors, future education and training could be implemented

to mitigate psychological impacts, fostering a cultural impact and social change amongst

the law enforcement officer community. The early intervention and provision of mental health resources and critical incident stress debriefing provide officers with invaluable tools to build resilience. Yet, many agencies do not have adequate access to mental health resources or do not advocate for stress debriefings (Sadhbh et al., 2019). Evaluating the delivery methods of those services remains critical to the introduction of those services. Participants of this study supported the perception that many current mental health practitioners do not understand the stressors associated with their job. And therefore are of little help to them, while others purported that it takes too long to receive their services, attributing them as not readily available.

Some participants suggested having the practitioners within the same building as officers, while others suggested riding along to build a more accurate assessment of those stressors. Another participant remarked on the nature of mental health as reactive and not proactive. All the views expressed provided expectations or desires of officers currently in the field of Sergeant or below who are primarily considered to be front-line employees and in the best position to state what is needed for improvement. Implementing these ideas may be amenable, while others may require additional provisional requirements. The cradle-to-the-grave approach for building and educating officers on resilience characteristics and the critical incident debriefs, continue to provide positive outcomes for coping strategies. This approach would also enable officers to correctly identify concerns and provide safe outlets to discuss prevailing issues that are not always readily available. Thus, the importance of employing more mental health practitioners in closer proximity may help alleviate the reactive versus proactive viewpoint. The positive

outcomes of supporting officers and building resilience to improve their overall well-being are incredibly relevant to social change. The resilience theory has guided the implementation of healthy mitigating concepts for stress and concepts on educational parameters (Wild et al., 2020). It also provides approaches for identifying trauma and stress-related behavior and subsequent coping behavioral responses, as well as the physical and physiological, and psychological responses related to traumatic experiences, therefore supporting educational and training measures being utilized (Oliver et al. (2020, Violanti, 2021, Keh, 2019).

Conclusion

The career span of a law enforcement officer will remain strenuous, and the ability of one to cope with the overwhelming trauma can be challenging. With the "cop culture" and secrecy still intact, many resist seeking mental health resources. The circumstances in which mental health resources are being made available have seen improvement, yet the delivery methods remain elusive. Many officers question the implementation's intention and the deployment methods. Redefining the parameters and building advocacy for it has become desired by many. However, accessibility and confidentiality remain at the forefront of concern.

The interviews in this study indicated the participant's attitudes regarding duty-related concerns, mental health, self-care, and mental health services and their delivery. All participants described safety as a concern regarding duty and were consistent with the reflection of the nature of the job and correlated to additional media perception and legal concerns. The current trending opinion within the media has portrayed a skewed

representation of law enforcement officers and matriculated into additional stressors and concerns with officers, including legal battles. The perceptions of the participants regarding mental health and self-care depicted their resilience characteristics. The most reported characteristic was to disassociate or compartmentalize. This characteristic depicted the continuation of steadfastness, stoicism, and ruggedness, all preceptors of the "cop culture" mentality. This characteristic, however, was most linked to the need for mental health resources and was supported by many participants stating its importance for that same factor as a necessity to decompress or discuss the trauma and mitigate stress. The perceptions of mental health resources and delivery varied among the participants. Half of the participants viewed the resources as positive, while almost half reported negative feelings. The mistrust and delivery of the methods and lack of accessibility remain the top responses.

The participant's responses to the interview questions made it clear that mental health resources were not only desired but necessary, yet much is left to do for improvement. The participants were forthcoming and did not appear hesitant to disclose opinions and experiences. They discussed ideas for implementation and how resources should be delivered. They also identified concerns and beliefs that their administrations should consider when establishing or implementing these changes. An apparent perception of the participants was obtaining clinicians with specialized training or a better understanding of the stressors of the job. While participants did not wholly rule out seeking mental health support suggesting they would reach out privately to external sources or a friend, it did support the "cop culture." The stigma of being weakly

associated with mental health resources may be diminishing, yet mistrust remains prevalent.

The upward trend in media perception of law enforcement officers and the strained relationships in some communities indicated added fear and stress among the participants, which opened a more significant discussion on the current climate and concerns in law enforcement. As research continues building resilience in law enforcement officers and efforts are made to identify the most effective approaches for delivering mental health resources, standards and protocols may be established. Additionally, the research may unify or collaborate administrations to create policies that may inform the development of programs so that service providers can ensure the necessary training, education, and experience to work within the law enforcement community and be more equipped to understand the nature of the field. Creating a common language and operating picture may foster positive, experience-based results that may change the law enforcement community's attitudes and perceptions, resulting in healthier and more resilient officers. Through this multi-pronged approach, an effective address to the needs of officers may be reached.

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