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Factors of Police Decision-Making of Veterans in Crisis

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Walden University
2024

Abstract

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MBA, University of Phoenix, 2014

BS, University of Phoenix, 2009

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

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Abstract

Since 9/11, the need for veteran crisis intervention has increased. Police agencies often respond to veterans in crisis by deploying officers who have completed Crisis Intervention Team (CIT) training, and many of the officers are prior military. However, little research has focused specifically on the factors influencing police officers' decision-making when responding to veterans in crisis. The purpose of this quantitative study was to examine the association and predictability between event type, veteran behavior, police officer military experience, police officer CIT, and the disposition of veterans as measured by arrest, referral for mental health services, and the use of force. This study was correlational, and the target population was police officers with contact with veterans in crisis; data on a sample of 944 were derived from a Pacific Northwest police agency. Attribution theory provided the lens through which officers respond to veterans and is based on the beliefs or lack thereof that veterans are responsible for their actions. Role theory offered a framework in how officers view their role in responding to veterans. Multinominal logistic regression was used, and results showed that veterans displaying disruptive or mental illness behaviors were more likely to be referred for mental health services rather than arrested, compared to those exhibiting threatening behaviors. While CIT-trained officers were more likely to direct veterans to mental health services, police officers' prior military experience did not significantly impact the disposition of veterans during crises. Implications from this research support CIT policy development by providing evidence of the effects of veterans in crisis have on police decision-making, contributing to social change for police agencies and the veteran community.

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Dedication

This dissertation is dedicated to my mother and my father. I wish you both were alive to share in this accomplishment, but I know you're looking down from Heaven. I hope I made you proud. I also dedicate this dissertation to my wife. Without you, I could not have finished this journey.

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Chapter 1: Introduction to the Study

Introduction

The need for police intervention into situations involving persons in crisis has become more profound as mental health has been elevated to a public health crisis. Consequently, of all the police contacts with the public, mental health calls account for 20% of responses (Abramson, 2021). Even as police agencies support the increasing need to respond to mental health calls, the veteran population presents distinct challenges that may produce unintended consequences for responding police officers. Since 9/11, post traumatic stress disorder (PTSD) has been diagnosed in an estimated 23% of veterans returning from Iraq and Afghanistan (Fulton et al., 2015). As the wars in these nations spanned 2 decades, many veterans served on multiple combat deployments with heightened stress (Thompson, 2012). Police officers engaging a person in a mental health crisis (PMHC) likely faces an individual who is either a military veteran or has combat experience.

With the number of military veterans experiencing PTSD combined with the risk of suicide, the veteran population can represent a disproportionate number of PMHC calls that present volatile or aggressive behavior requiring police intervention. In 2020, there were 18.5 million veterans in the United States population (Bureau of Labor Statistics, 2021). The Office of Research and Development (n.d.) suggested that 9.4% of the veteran population receive mental health care. Even though just under 2 million veterans in the United States struggle with mental health issues, the daily estimated rate of veteran

suicide among adults is more than 50% higher compared to nonveterans (Office of Mental Health and Suicide Prevention, 2021).

This study examined whether police officer and veteran attributes, as well as the event types in a Pacific Northwest police agency, predicted veteran crisis disposition as measured by arrest, referral for mental health services, and the use of force. The potential social change implications from this study were two-fold. First, the results from this study may demonstrate to police administrators that a need exists to enhance policies and training for crisis intervention when working with veterans, potentially exploring police officer response differences and enabling safer outcomes. Second, the results of this study may also indicate that the characteristics of the crisis event, the veteran, or the police officers pose no significant impact on how veterans are dispositioned during a crisis. Hence, reaffirming police crisis intervention decision-making on veterans in the current state is effective and consistent with existing literature.

Chapter 1 highlights some of the challenges veterans experience stemming from their military experience and the engagement with law enforcement during crisis intervention. I discuss the need behind this study, including to addresses the gap in the research literature and the potential implications on policy changes and crisis intervention training with veterans. The chapter content also presents the study research questions and the independent and dependent variables under analysis. I conclude the chapter by explaining the key terms used in the study and the limitations of this research.

Background

The veteran community has experienced a troubling trajectory in mental health problems, given their increased exposure to war and combat spanning over 20 years. Suitt (2021) estimated that more the 30,000 veterans have taken their life since 9/11. Veterans with multiple combat deployments experience increased anxiety, mental health issues, and substance abuse, all of which are risk factors for suicide (Ramchand et al., 2011). According to Holewinski (n.d.), one in four veterans has served in multiple combat tours, and the impact cannot be understated given the growing mental health needs among veterans. The United States Department of Veterans Affairs (n.d.-a) estimated that between 11% and 20% of veterans who returned from Iraq and Afghanistan struggle with PTSD. In response to the mental health needs of veterans, the Department of Veterans Affairs created the veterans' crisis line. Since 2007, there have been an estimated 6.4 million crisis calls and 284,000 emergency referrals through the veterans' crisis line (Department of Veteran Affairs, n.d.-b).

When a veteran has a crisis requiring emergency services or contact with 911, police officers are usually the first to respond. In this regard, police departments use the crisis intervention team (CIT) model to train officers to properly engage and safely de-escalate a situation involving someone experiencing a mental health crisis. Veterans present responding police officers with a unique set of mental health challenges in which the CIT model can be utilized to provide the veteran the respect and care needed. There is a large body of research on CIT programs, the characteristics of the police officers who

respond to persons in crisis, the assessment of the crisis dispositions, and training efficacy.

Law enforcement agencies actively recruit prospective police candidates with previous military experience. With increasing mental health support needs in the veteran community, police officers with military experience may likely respond to a veteran under heightened stress, anger, and frustration. Elbogen et al. (2012) suggested that post-9/11 veterans are more likely to have increased contact with police when angry and irritable.

In 2016, Maruschak et al. (2021), relying on Bureau of Justice statistics, estimated there were 107,000 veterans in state and federal prisons. Of those veterans, combat veterans accounted for 21% of the state prison population, and in federal prison, 28% of the veteran population had served in combat. Furthermore, Morgan et al. (2021) found that veterans, compared to nonveterans, showed higher percentages of mental health disorders and suicidality. Veterans, particularly those with combat experience and mental health struggles, may present risks to police officer safety and CIT teams and contribute to variation in decision-making on crisis disposition.

Despite the growing body of research on crisis intervention by police officers, a gap exists in the literature regarding officer decision-making with veterans in crisis. Researchers have explored how police decision-making during crisis contacts can be predicated on the type of crisis incident, subject behavior, officer training, and stigmatization of mental health; however, no researchers have explored what factors influenced police decision-making during crisis contact with veterans, particularly police

officers who are veterans. The influence of military service on police decision-making with veterans in crisis can mean the difference between the veteran receiving the care needed, being arrested, or experiencing an escalated interaction between with the officers.

Problem Statement

Veterans die by suicide at a higher rate than the general population in the United States. The veteran suicide rate is almost two times higher than the public at 27.5 per 100,000 persons compared to 14.2 (Department of Veteran Affairs, 2020; National Institute of Mental Health, 2021). Tragically, the rate of veteran suicide has increased alarmingly and is now four times higher than combat-related deaths (Suitt, 2021). Although not all veterans are suicidal, many require crisis intervention that can present challenges for responding police officers. Etter et al. (2011) indicated that 6% of crisis incidents and hostage negotiations include a military veteran. Although most crisis incidents requiring intervention will not involve a veteran, understanding the challenges of veteran mental health and the increasing suicidality are pivotal in police officer decision-making when making contact with a distressed veteran.

In the United States, one in five adults suffers from a mental illness (National Alliance on Mental Health, 2024). Given the growing need for crisis intervention, police use CIT programs to respond to people in crisis (National Alliance on Mental Health, 2023). When CIT-trained officers respond to a person in crisis, they can arrest them, refer them for mental health, or seek some medical alternative (Cooper et al., 2004; Lord et al., 2011).

The research on CIT efficacy is vast, and researchers (see Compton, Bakeman, & Broussard et al., 2014; Lord et al., 2011; Peterson & Densley, 2018; Sao et al., 2021) have suggested a need for additional study, particularly in the areas of CIT police officer characteristics, subject characteristics, police officer selection for CIT, and CIT police officer decision-making that influences crisis disposition. Notably, none of the existing studies specifically focus on the factors that may influence police decision-making with veterans during crisis. With the growing rate of veteran suicide and the continued need for crisis intervention, police officers will continually be called upon to respond to calls involving veterans. Examining police decision-making when dealing with distressed veterans can have a profound impact on future reductions of veteran suicide as police agencies continue seeking candidates with military experience. Through this study, I sought to bridge the research gap in the literature toward a better understanding of crisis interactions between law enforcement and veterans, which may lead to potential CIT policy and training changes. Furthermore, understanding how veterans impact responding police officers can lead to increasing safe outcomes and enhanced focus on helping veterans receive the care they need, instead of becoming part of the justice system.

Purpose of the Study

This chapter revisits the foundational aims and methodology of this quantitative study, which was designed to investigate the association and predictability between event type, veteran behavior, police officer CIT, and officer military experience and dispositions as measured by the arrest, referral for mental health services, and the use of force in crisis interventions involving veterans. My goal with this research was to

enhance understanding of the factors that influence police decision-making in these high-stakes situations and thereby inform future training protocols and policies to ensure safer outcomes for both police officers and the veterans they encounter. Furthermore, investigating if event type, veteran behavior, police officer CIT status, and police officer military status can predict the outcome of community members with military experience during a crisis may lead to more veterans receiving the care needed instead of ending up in the justice system.

Research Questions and Hypotheses

Research question (RQ)1: Is there an association between event type and veteran disposition in crisis?

$H_0$1: There is no association between event type and veteran disposition in crisis.

H_a1: There is an association between event type and veteran disposition in crisis.

RQ2: Is there an association between veteran behavior and veteran disposition in crisis?

$H_0$2: There is no association between veteran behavior and veteran disposition in crisis.

H_a2: There is an association between veteran behavior and veteran disposition in crisis.

RQ3: Is there an association between police officer military status and veteran disposition in crisis?

$H_0$3: There is no association between police officer military status and veteran disposition in crisis.

H_a3: There is an association between police officer military status and veteran disposition in crisis.

RQ4: Is there an association between police officer CIT status and veteran disposition in crisis?

$H_0 4$: There is no association between police officer CIT status and veteran disposition in crisis.

$H_a 4$: There is an association between police officer CIT status and veteran disposition in crisis.

RQ5: Are event type, veteran behavior, police officer CIT status, and police officer military status factors that predict veteran disposition in crisis?

$H_0 5$: Event type, veteran behavior, police officer CIT status, and officer military status do not predict veteran disposition of in crisis.

$H_a 5$: Event type, veteran behavior, officer CIT status, and officer military status do predict veteran disposition in crisis.

Theoretical Framework

The theoretical foundation guiding this study was a merger of role theory and attribution theory. A favored theory in the social sciences, role theory suggests that individuals respond and act expectedly based on their social identity (Biddle, 1986). Role theory explains that individuals play a part in society based on the uniqueness of roles, such as parents, students, police officers, or veterans. In policing, officers play a distinct role in society and can form their identity as helpers, protectors, or enforcers. This identity may change based on the characteristics and experiences of the police officer and

how they view their role in the community, how they view persons in mental health crisis, and how they view persons with military service.

Given the similarities between the military and police, police officers–particularly those with military experience–may respond differently to veterans than to nonveterans in crisis because they share a similar identity. Notably, there exists a difference between the police and the military in the function of their duties. The police serve and protect the community, and the military defend a nation against enemy combatants. A persistent ethos in policing makes officers keen on protecting each other during their duties, similar to active-duty military members who try to never leave a fallen comrade on the battlefield.

Halvorson (2010) explained how military personnel will sacrifice themselves to save a fallen comrade. Similarly, police officers, when faced with danger, rely on their partners to sacrifice themselves because of shared values (McCarthy & Parent, 2015). The values police and the military share are at the core of how police officers and veterans approach their societal roles. Although police officers are not on a battlefield, and their role in society is different from the military, the role police officers share with the military is unlike nonmilitary members in the community. Honor, service, and selfless sacrifice are greater than individual gain, thereby serving as the context for how police officers may enact their roles and disposition veterans in crisis.

Weiner et al.'s (1982) attribution theory suggests that societal accountability, or lack thereof, is assigned based on pity, anger, and guilt. Expanding on the Weiner et al. study is an attribution theory in the context of interpersonal behavior. Weiner (2012)

suggested motivated behaviors when responding to an event attributed to logic, assumptions, and emotion. For example, a person experiences an event where cause is either outside or within their control; thus, society's perceived degree of responsibility contributes to anger or sympathy (see Weiner, 2012, Figure 7.6). Anger or compassion stemming from the belief that persons are responsible for their actions leads to specific reactions that determine if a person is helped, ridiculed, or left on their own (Weiner, 2012).

Police officers, particularly those with military service, may also have specific behavioral reactions during their contact with a veteran in crisis. One reaction may be accountability and anger because police officers may believe veterans should have greater control over their emotions. Conversely, another police officer's reaction to a veteran may be empathy or sympathy, influencing a different outcome because there may be a belief the traumas of war has hurt the veteran and that they are not responsible for their behavior.

Nature of the Study

The nature of this quantitative study was to determine if police officer and veteran attributes, including event type, are associated with the crisis disposition of veterans as measured by arrest, referral for mental health services, and the use of force. Through this study, I also assessed whether the mentioned constructs above predicted the dispositional outcome of veterans during crisis contact with police. One core component of this study was an understanding of military veterans' influence on police officer decision-making

during crisis events. Therefore, this study focused on documented crisis contacts with veterans only.

Statistical examination of the decision-making of police officers engaging with military veterans during a crisis offered meaningful insight into any potential variation in police response to the veteran community, especially in light of the continued rise of mental health concerns. Implications for both police officers and veterans during crisis contact are at the core which this study was designed, and I considered crisis incidents of veterans, in any conflict, for analysis in this study.

The essential factors in selecting data for this study included seeking a police agency where there was a collection of crisis contact data involving veterans, an agency that operated a CIT program where certified police officers trained under the minimum 40-hour national curriculum, and an agency that documented police officer crisis contacts with veterans at a minimum with useful data regarding the outcomes of arrest, referral for mental health services, and the use of force.

I chose a correlation design for this research because of the desire to examine whether there was an association between event type, veteran behavior, police officer CIT status, police officer military status, and the disposition of veterans in crisis. According to Salkind (2010), a correlation design analyzes the effect between two or more variables. The RQs I posed in this study prompted investigation of four predictor variables and their relationship to police officer decision-making during the crisis disposition of a veteran.

By posing distinct RQs, I sought answers about what factors predicted veteran outcomes during police crisis contact. Because I focused on a single police agency with the analysis of secondary data of crisis contacts with veterans, this study was considered nonexperimental. Nonexperimental research was appropriate for this study because there was no manipulation of variables, and the research sought to establish if any relationship exists between variables (see Lohmeimer, 2022). I designated the independent variables as event type, veteran behavior, police officer CIT status, and police officer military status; the dependent variables were arrest, referral for mental health services, and the use of force. To that end, the correlation design I imposed supported this empirical study, which investigated predictor variables associated with dispositional outcomes of veterans in crisis.

Definitions

Arrest: The decision by the police officer to take a person into custody (International Association of Chiefs of Police, 2019).

CIT police officer: An officer who has received the 40-hour national training and has passed. These officers are often called upon to support the response of a person in mental health crisis (National Alliance on Mental Health, 2023).

Behavioral crisis report: A type of form that is completed by a responding police officer when making contact with a person in behavioral crisis (Bailey et al., 2021).

Behavioral or mental health crisis: An event or experience in which an individual's normal coping mechanisms are overwhelmed, causing them to have an

extreme emotional, physical, mental, and/or behavioral response" (IACP, 2018 p. 1, section 3.).

Combat experience: Any person who is active duty, a veteran, or reservist who served in a combat or war (Cornell Law, n.d.; Department of Veteran Affairs, 2011).

Crisis disposition: The final outcome between the police officer and the person in behavioral crisis resulting in either arrest, referral for mental health services, or the use of force (Bailey et al. 2021; Lord et al., 2011). In this study, crisis disposition is referred to veteran disposition.

Crisis intervention training: A 40-hour national curriculum that provides police officers with training about identifying, responding to, and referring persons in mental health crisis to the proper care within the community (CIT International, n.d.; University of Memphis, n.d.).

Disruptive behavior: Behaviors displayed by a person that can be deemed as publicly offensive (Washington State Legislature, n.d.-b.). Disruptive behavior includes disorderly and belligerency conduct. Disorderly conduct includes behaviors displayed by a person that can be deemed as publicly offensive (Washington State Legislature, n.d.-b). Belligerent behaviors are the acts of being hostile, aggressive, or combative with a responding police officer (Engel et al., 2000).

Event type: The event type documented by the responding police officer on the behavioral crisis form (Bailey et al., 2021).

Harm events: Events where a criminal act can cause harm to self or others (National Academies of Sciences, Engineering, and Medicine, 2016).

Mental illness behaviors: Behaviors or symptoms that can suggest mental illness. Observations can include compulsive worrying or fear, feeling depressed, mood changes, lasting irritability or anger, lack of self-care, delusions, hallucinations substance abuse, suicidal thoughts, and out of touch with reality (National Alliance of Mental Illness, n.d.).

Moral injury: Occurs in the context of war or policing in which actions taken such as killing, witnessing a killing, or failing to save the life of someone creates a deep violation of an individual's moral well-being (Disabled American Veterans, n.d.).

Lack of self-care: When vulnerable persons neglect their person care by means such as living in unsanitary or hazardous living conditions, weaning neglected and dirty clothing, lacking food or severely lacking nutrition, and general lack of poor hygiene (Washington State Department of Social and Health Services, n.d.).

Police officer with military experience: A police officer who is former or active US or international military to include a reservist (Cornell Law, n.d.).

Property events: Events involving criminal acts against property (National Academies of Sciences, Engineering, and Medicine, 2016).

Referral for mental health services: A decision by a police officer to place a referral for a person in mental health crisis instead of entering the person in mental health crisis into the criminal justice system (Todd & Chauhan, 2021).

Threatening behavior: Behavior that can be verbal or physical causing harm, injury, or fear in another person (University of South Florida, 2023). This definition includes suicidal behaviors such as threats to die by suicide or making an attempt to die by suicide (Suicide Prevention Resource Center, 2020).

Use-of-force: The reasonable amount of effort used by a police officer to gain control in an escalating situation with a subject (Bureau of Justice Statistics, n.d.; International Association of Chiefs of Police, 2020).

Veteran: Any individual who served in active duty or reserves in the United States or another county and was discharged under conditions other than dishonorable discharge (Cornell Law, n.d.).

Assumptions

Through this study, I aimed to investigate factors influencing police decision-making during veteran crisis disposition. Because the research involved a review of police agency data regarding crisis contacts with veterans, the work was grounded in the following assumptions. First, that the participating agency kept up-to-date records of police officers who are CIT trained; this was important because a key variable for the investigation was focused on CIT trained officers and the disposition of veterans. Second, the data showed the disposition status of the veteran in crisis and that if the person was or was not identified as having veteran status; documenting the veteran status of the person is crisis was vital because veterans were the population under study. Lastly, I assumed the police officers in the population data were forthcoming with their agency about their veteran status; police officer veteran status and the military were central themes under investigation in this study and was a basis of its theoretical framework for investigating veteran crisis disposition.

Scope and Delimitations

The scope of this study was limited to a single police agency with a CIT program documenting crisis contact with the public. The population of officers in this study who were CIT certified must have completed crisis intervention training and, if certified, met the expectations of the standard national 40-hour curriculum. The population I targeted focused on police officers and veterans, and I reviewed police agency data that were dated from May 2015 to March 2024.

Limitations

The study was limited to a single police agency, and the results only reflect their handling and policies for responding to veterans in crisis. Additionally, because I deemed police officer military status as a variable of interest, the limitation of officers who have military experience must be considered, because it is difficult to determine if the results could be used for generalization (see Salkind, 2010). Almost one-third of the police officers at the police agency where the data were obtained were CIT trained, but there was a smaller number of police officers with documented military service. However, according to the Director of Performance and Analytics, an estimated 84% of officers in the police department did not have military experience, but roughly 15% did have military experience.

I also faced challenges when evaluating the small number of police contacts with a veteran because the officers relied on available information sourced at the scene or disclosed if the person in crisis was or was not a veteran. My review of 2015-2023 public records from the selected agency showed there were an estimated 34,252 crisis reports of

CIT contact with persons in mental health crisis, and more than 1,600 of those contacts where with a veteran. The participating agency estimated police encounters with a veteran in crisis at 4.67% of all CIT crisis dispositions, but analysis of specific disposition categories may be limited. A final limitation of this study is the goal to determine if there was evidence of a relationship between the variables studied, therefore, cause and effect could not be determined.

Significance

In the past few decades, suicide has become increasingly prevalent in the veteran community as a direct result of war. With the increasing strain of deployments and multiple combat tours, veterans have been met with a host of mental, physical, and emotional challenges that have rendered them vulnerable. This study is significant because findings from this study expanded the evidence available to police administrators and policymakers and may enhance training in veteran crisis intervention. Although a large body of literature exists featuring the investigation of the role that police officer characteristics play in police-decision making in response to a PMHC, no study had empirically investigated how police characteristics, veteran behaviors, and event type influenced police decision-making of veterans in crisis.

Because law enforcement will continue to respond to veterans with rising mental health concerns, agencies must be aware of the police officer's decision-making when responding to and dispositioning veterans in crisis. This research can also have policy implications on CIT protocols by applying an evidence-based approach assessing the decision-making and mental health needs of police officers with military experience

responding to veterans. Military veterans often transition to policing and understanding the implications of their service during veteran crisis intervention adds to this study's significance. Further implications from this research may lead to increased mental health awareness and standardized veteran response training for police officers with military experience.

Veteran suicide is a public health crisis that requires a call to action where police agencies can leverage the experiences of their police officers with military experience to inform the future of crisis intervention protocols, standards, and policies for veteran intervention. Increasing police officer awareness and well-being in order to decrease veteran suicide rates, especially when responding to veterans in crisis can have profound social change implications for police agencies, the veteran community, and the public. The findings from this research provided evidence to police agencies and crisis intervention practitioners to continue investigating the relationship of military experience in policing to improve veteran crisis intervention with the goal of changing policies and standard operating procedures. Proposed policy changes can improve police officer safety while supporting the mental health of all police officers with military experience by helping reduce veteran suicide.

Summary

The research on veteran crisis disposition and police decision-making is scant in the literature. Furthermore, research is limited on the question of whether military experience has any effect on police officers when they respond and disposition veterans in crisis. Several studies have explored CIT police officer characteristics, subject

characteristics, and event characteristics—as well as their effect on police officer decision-making—but the role that military experience has on police officers during crisis intervention of veterans has been neglected. The next chapter focuses on a review of the literature and clarifies how the theories of role identity and attribution provided a basis for police decision-making the argument for the basis of this study.

Chapter 2: Literature Review

Introduction

Even as police agencies continue to respond to veterans in distress, few studies have examined the decision-making of police officers and veteran crisis disposition, and no research had empirically examined any plausible associations and relationships between event type, veteran behavior, CIT police officer status, police officer military status, and the arrest; referral for mental health; or use of force with veterans in crisis. In light of these gaps, I explored the existing literature across related themes, including policing and the military, police crisis intervention teams, veterans involved in the justice system, mental health, and veteran stigma.

The theoretical framework of role theory by Biddle (1986), Weiner et al. (1982), and Weiner's (2012) attribution theory was applied to this study investigating the decision-making of police officers when they respond to veterans in crisis. Military service members across all branches share a kinship that is not easily understood by anyone who has not served in the military. While in the military, service members are taught to care for one another, and they continue carrying that mindset to roles they accept after military discharge.

In the wake of increasing mental health concerns and suicidality, veterans caring for and providing aid to other veterans have become increasingly critical in veteran suicide prevention (Miller, 2019). Veterans who share common experiences with other veterans are willing to open up because there is mutual trust and no attempts to make each other feel guilty (Held et al., 2019). Therefore, police officers, particularly those

with military experience can play a pivotal role in helping veterans in crisis; thus, the focus of the present study was to investigate if the role a police officer plays motivates their decision-making.

Literature Search Strategy

A detailed search of existing literature was conducted using the Walden Library and Google Scholar. I curated keyword searches, and a combination of keywords were used to narrow the scope of applicable literature related to *military experience police, crisis intervention team, crisis intervention team training, police and veteran, role theory*, and *police and combat veteran*. I searched databases such as the Academic Search Complete, APA PsycArticles, Emerald Insight, International Security and Counterterrorism Reference Center, Social Sciences Citation Index, and Supplemental Index, as well as police research forums, and government websites.

Theoretical Foundation

Role Theory

Ralph Linton originally explored the concept of roles in society in 1937, but focused on individual prestige in society (Biddle, 1979). Since Linton, social theorists have defined the concept of role theory in different ways. Biddle offered five general concepts of role theory: (a) certain behaviors are associated with roles, (b) roles align when individuals share an identity, (c) individuals are aware of the expectations of their role, (d) roles are a part of society, and (e) individuals are taught their roles in society. Given the varying perspectives on role theory, Biddle (1986) simplified role theory in a contextual environment in which one aspect was shared characteristics among roles, the

other was the role an individual plays, and finally, the individuals have a predetermined response based on their role.

Police officers may enact a role in society in which one may be a helper, and one may be a person required to enforce rules. When police officers respond to a veteran in crisis, they may respond more in the role of a helper because of shared commonalities between the police and the military. Conversely, police officers may also respond in the role of rule an enforcer because of preset expectations of military veterans given their shared similarities to order and chain of command.

According to Love and Beehr (1981) role theory is widely applied when investigating occupational stressors for employees regarding roles that have conflict, ambiguity, and overload. Police officers responding to veterans in crisis can be considered as a stressor that influences decision-making because of conflict and ambiguity between acting as a helper and someone required to enforce the law. The reason I applied role theory to this research was to explain how the role a police officer assumes when responding to veterans may influence decision-making during contact with veterans in crisis.

Attribution Theory

In the social psychology literature, attribution theory aims to identify the individual behaviors behind outcomes (Weiner, 2008). Early theorists of interpersonal behavior sought to scientifically explain the social characteristics that influence outcomes. Heider explored a pragmatic approach explaining interpersonal behaviors through the lens of attribution theories. Originally, Heider (1952) explained attribution in

one context of societal perception between people in which individuals are believed to be accountable for their actions when they can control those actions; when no control is deemed, the individual receives reprieve.

Building upon the theoretical framework of attribution, Weiner (2012) explored the application of attribution in the context of adding the dimension of perceived personal responsibility of the individual, that is, motivating societal behavior to help or not help an individual. Essentially, Weiner's perspective was that individuals may be able to control their actions, but in some instances should not be held responsible for their actions. More specifically, those stigmatized such that society believes they have personal responsibility for their actions, produces an accountability response instead of having empathy because of the belief there is no personal responsibility for the actions.

Notably, researchers of existing studies have relied on attribution theory to explain police behavior during contact with the public in cases involving mental health. For example, in a study of military veterans experiencing mental health crisis during domestic violence situations, Markowitz and Watson (2015) found in cases involving veterans, police officers with combat experience were 20% more likely to recommend treatment and not punitive action for a veteran compared to police officers with military (no combat) and without military experience. Wainwright and Mojtahedi (2020) in a United Kingdom study found that police attributed blame to a PMHC but also provided help and that the public was less inclined to help because of perceived dangerousness, anger, and fear.

Perception of personal responsibility and control of actions by the PMHC can be a factor of motivation for police decision-making because there is a perceived accountability, thus the desire to aid. Applying the theoretical underpinnings of Weiner's perspective on attribution motivation from an interpersonal perspective to police officers responding to veterans in crisis provided insight into how police officers treat constituents differently with military experience during mental health crisis. Understanding the perceived accountably or the lack thereof of military veterans by police officers based on the theoretical framework can be a contributing explanation to the different recommendations by way of arrest, referral for mental health services, or the use of force.

Military and Policing

Police Recruitment of Military Veterans

Military experience is a highly sought background of potential candidates who are looking to become police officers. Under initiatives such as the Cops Hiring Program, police agencies are encouraged to hire new police officers with military experience (Community Orientated Policing Services, n.d.). Given the noted preference to hire veterans into policing and the similarities between the military and policing, several police officers were likely to have military experience.

In policing there is no national source for obtaining the exact number of officers who have military experience. However, existing studies have presented findings about policing and reported the military status of police officers from various agencies. Lewis and Pathak (2014) found that 22% of police officers in state and local governments were

former military. Rosenbaum et al. (2011) found a larger percentage of police officers with military experience in smaller police agencies than larger agencies. Higher showings of police officers with military experience were seen in studies by Shernock (2017) and Ivie and Garland (2011) who reported that 38.5% and 37.8% of police personnel had previous military experience respectively.

Although the number of police officers with military experience varied in the research, it was common to see in upwards of 20% of police personnel having prior military service because of the similarity between the two professions. The IACP (2009) explained that veterans are actively considered as candidates for police officer roles because of leadership, training with weapons, understanding of the chain of command, and work discipline.

Military Experience and Police Officers

The military operates under the premise of either peace or wartime operations. Essentially, military service members serve during a time of war or conflict, or during a time of peace. The mission of the military is associated with armed conflict and war, but most military service members have never experienced combat. However, the wars in Afghanistan and Iraq shifted this paradigm and it is estimated that 58% of military personnel have served in combat which is double the number of service members experiencing combat prior to 9/11 (Parker et al., 2019).

Gumber and Vespa (2020) indicated that after 9/11, a career in protective services was widely represented by veterans compared to nonveterans. Parker et el. (2019) also argued that 36% of post-9/11 veterans have combat experience. Notably, many veterans

who transitioned from the military to policing in the post-911 era have also served in combat. Consequently, the strain of combat exposure may create transition challenges for veterans who become police officers. Vespa (2020) indicated that returning veterans from the Iraq and Afghanistan were 43.2% more likely to have a disability connected to military service and 39.3% were likely to have a disability rating of 70% or higher. Furthermore, many post-9/11 veterans were deployed on multiple combat tours increasing the likelihood of PTSD. MacGregor et al. (2012) confirmed there were higher rates of PTSD in Marines with two deployments versus a single deployment, demonstrating that multiple deployments can have a profound impact on veterans many of whom carry that trauma into policing.

In a Canadian study of public safety personnel, Groll et al. (2020) found that former military personnel who entered public safety professions were 1.5 times more likely to screen positively for PTSD. In this article, more than 60% of the participants screened were police officers. Although not every police officer with military or combat experience has PTSD, the risk of PTSD in police officers with military service cannot be understated. Police agencies must understand the critical benefits and overall effect of military experience on police officers and prioritize action. The IACP recognizes the valued experience of veterans becoming police officers suggesting that agencies and police leaders make supporting police officers with military experience a priority by developing programs focused on mental health, transition planning, and peer support groups.

Advantages and Risk of Miliary Service in Police Officers

The influence of prior military service in police officers poses advantages and disadvantages in policing from both a cultural and personnel perspective. The military culture is like a police force in that a strict adherence to the chain of command, rank, and standard operating procedures is similar (Ivie & Garland, 2011; Shernock, 2016). However, policing can conflict with the operational identity of the military. More specifically, police officers act based on community and public needs, and the military personnel act based on the defense of the United States. Although their missions differ, the cultures are alike, so police agencies seek police recruits with military service because of their discipline and the ability to manage stressful situations.

Hartley et al. (2013) explained that police officers with both noncombat and combat experience report less psychological and physical stresses compared to those with military experience only. Similarly, Shernock (2016) found police officers with military service showed better handling of stressful events and crises than police officers without military service. Police officers with military experience, particularly those with combat experience tend to manage situations with increasing danger different from police officers without military experience likely because of training and decision-making skills obtained during combat. Gau et al. (2021) studied nonveteran and veteran police officer attitudes when dealing with community members and found that military veteran police officers had less perceived danger than nonveteran police officers. The argument that veteran police officers perceive less danger than nonveteran police officers may offer insight into how they respond to escalating situations with veterans in crisis.

In a study about how 270 emergency personnel managed threatening situations, Garner et al. (2022) found that 46% of emergency personnel did not separate themselves from escalating incidents. In this study, 67% of the participants with military experience did not walk away from a violent escalation. Although this study was focused on emergency medical responders, participants who also did not disengage from an escalating violent encounter had law enforcement experience (54%) and were trained in crisis intervention (64%). When coupled together, the influence of policing, crisis intervention, and military experience may influence police officers to take increased risk because of their lack of perceived danger when responding to veterans in crisis.

In contrast to the positive traits of police officers with military experience, Peterson (2002) argued there were no differences between police officers with or without military service when responding to field incidents. Although tremendous value is placed on military experience among police officers when managing stressful incidents, scholars also note there are potential risks regarding police officer decision-making and their wellness because of the different types of incidents police officers may experience. Reingle Gonzalez et al. (2019) found police officers with military service, particularly those with a combat experience, were more likely to be involved in officer-involved shootings. However, the use-of-force findings from Reingle Gonzalez et al. presented are in stark contrast to Shernock (2016) who noted that police officers perceived other officers with military service as less prone to using force and opting to use their communication skills gained from their military service to deescalate incidents.

Findings from both Reingle Gonzalez et al. (2019) and Shernock (2016) highlight the paradox of military experience in policing suggesting that former military service members are at a higher risk of excessive force or a lower risk because their training allows them to remain calm under pressure. In a study investigating military experience on police decision-making, Shortland et al. (2020) determined that military veteran police officers compared to nonveteran officers were slower to process an initial decision, but once a decision was made, military veteran officers could quickly progress through uncertainty. A police officer with military experience and their ability to deal with uncertainty after an initial decision helped explain contrasting research on police use of force because police officers with military experience are all in on a course of action once, they commit.

Stress and burnout in policing are conditions that police agencies seek to understand to secure well-being of their officers and the public. Many veterans have experienced stressors from military service, and this experience can aid or impede how they respond to the stressors of policing. According to Ivie and Garland (2011), police officers with military experience did not respond as favorably to field incidents and burnout as they did to field incidents and managing stress. However, even with favorable responses to manage stress, police officers with combat experience were significantly less inclined to adopt coping mechanisms, as compared to both police officers with (no combat) and without military experience (Hartley et al., 2013). Police officers with military experience but no combat experience showed a lower inclination to conduct

proactive coping strategies compared to officers with no military experience, but the results were insignificant (Hartley et al., 2013).

Notably, police officers with military experience are more likely to manage the stresses of police work (Hartley et al., 2013), but it can come at a cost because of how they practice coping with the demands of the job. Negative coping is not uncommon in order to offset the stressors of policing, so officers may choose to cope with stress in ways that are harmful such as excessive intake of alcohol, and caffeine, smoking or indulging in foods high in fat or sugar as well as holding in or letting out anger (Hakan & Hendy, 2014).

Military service aids in a police officer's ability to manage stress; however, the literature presents conflicting reports about the extent that military service enables officers to respond to and recover from different types of adverse events or crisis. In that regard, a high stress crisis event between a police officer and a veteran may create notable consequence. Although police officers with military experience will likely manage the stress and be quick to take action during a veteran response, their coping in the aftermath of a heightened event with a veteran in crisis may weigh heavily on their mental and physical health, in turn affecting decision-making and well-being.

Justice Involved Veterans

The roles police officers play in their communities has undoubtedly evolved. Although the primary mission of police is to protect and serve, the rise in suicide and mental health events has pushed the need for agencies to prioritize crisis intervention programs because police are often the first to respond. According to Mathison (2005),

police agencies in the United States allocate about 7% of their time responding to and handling behavioral and crisis calls. The exact numbers are unknown for police calls involving veterans, yet Elbogen et al. (2012) estimated that 10% of the U.S. jail and prison population are military veterans and that is likely underrepresented. The United States Sentencing Commission (2021) indicated that military veterans represent about 6% of the federal prison population and suggested that as much as 20% of those veterans have served in combat operations.

The stressors of combat and the prevalence of mental issues is probable of justice involved veterans as 15% of veterans sentenced to federal prison reported having PTSD, and up to 40% of combat veterans reported similarly (United States Sentencing Commission, 2021). White et al. (2012) compared veteran arrest rates to nonveterans in the Maricopa County jail system and found that veterans were more likely to have mental health struggles than nonveterans. Tsai et al. (2013) observed similar findings in a sample of 32,000 veteran prisoners in which post-9/11 veterans reported significant struggles with mental health and PTSD because of combat exposure. When police make contact with a veteran, there is a high probability of PTSD or other mental health concerns because of the veterans' military service or combat experience. Given the mental health and the potential safety implications on police officers responding to veterans in crisis, additional efforts should be made to better understand how these variables impact officer decision-making during such events.

Camins et al. (2022) investigated veterans with PTSD and police contact and found that age, particularly among younger veterans between 25 and 54 was a significant

predictor of police contact. When studying veterans across different combat eras, Tsai et al. (2013) found that younger veterans in prison with military experience in Iraq and Afghanistan had a higher risk of arrest than other veterans who served in different wars.

Veterans because of their military service or combat experience may act aggressively or violently. Not all veterans will act aggressively during police encounters, but the consequence of substance abuse or mental health remain risk factors that police officers must consider. Elgoben et al. (2012) discovered statistical significance between a veteran's substance abuse, irritability, PTSD and arrest. It is well documented in the literature that police decision-making is associated with the behavior and criminal activity of the subject; however, mental health contacts can create opportunities for disparity in crisis decision-making while also increasing unsafe interactions and potentially not getting the person in crisis the help they need.

Jun et al. (2020) argued that regardless of criminal activity, persons with mental health challenges are at increased risk of police officer violence when compared to the public without mental illness. In a quantitative study of police contacts with persons with mental illness, resistance to arrest was 3 times more likely to occur compared to persons without mental illness (Mulvey & White, 2014). In this regard, PMHCs who are more likely to resist arrest may produce more instances of use of force. In the same study, Muvley and White (2014) found that behavior was a significant predictor of force, and violent offenses were the stronger predictor of the use of force on a person with mental illness.

In the context of veterans and violent behavior, veterans with PTSD are about 2 times more likely to be arrested for violent crime than veterans without PTSD (White et al., 2012). Tsai et al. (2013) explained that 38% of veterans from Iraq and Afghanistan in prison had been arrested for a violent offense. In a survey of veterans within the VA system, Bennet et al. (2018) found strong association between the degree of a veteran's PTSD and legal troubles involving violence, yet combat experience was not a factor.

Police Mental Health Stigma

Both police decision-making and the stigma associated with mental health can influence how police respond to persons in crisis. There is a stark reality that police officers and veterans may not ask for help when they are struggling because they do not want anyone to know and do not want to be seen as incapable, dangerous, or abnormal. Tragically, a stigma may be shared between police officers and military veterans because police may stigmatize veterans seeking help who cannot compartmentalize their actions during a crisis situation. Stuart (2017) discovered that just under 50% of police officers considered mental health concerns to be a sign of failure. In that regard, a challenge for police officers may be to reduce any stigma they may have toward military veterans during crisis intervention.

It is commonly understood that police run toward danger, whereas others seek safety. This paradigm presents the terms for a police officer's emotional battle about getting help or rise in times of uncertainty. The expectation that police officers are Herculean and muscle through all adversity has contributed to the negative implications inherent in officers asking for support (Velasquez & Hernandez, 2019). Indeed, the

culture of policing is built on pushing through adversity, and talking about mental health is not widely practiced (Velasquez & Hernandez, 2019).

Soomro and Yanos (2019) observed that policing places value on resilience and perseverance and rejects vulnerability, thus decreasing trust and the likelihood that officers would pursue help. The mentality to push through the pain or adapt and overcome is an ethos observed both in the military and the veteran community. Compton et al. (2022) argued that referral decision-making during crisis intervention has less to do with reduced stigma and is more about an officer's confidence when working with a PMHC. An officer's confidence especially an officer with military experience may put them in a position to increase or decrease the stigma toward help seeking behavior, which may change the trajectory of contact with a distressed veteran.

A keen understanding of the veteran culture and the use of peer-to-peer engagement is an effective practice for reducing stigma for self-help (Harding, 2017). Another means to reduce stigma comes from the veterans themselves. According to Roscoe (2021), veterans tend to use humor, and open communication, and are not held back by their mental health struggles, instead open to owning limitations caused by them to reduce the stigma of seeking help.

In a systematic review, Velasquez and Hernandez (2019) found that police officers can benefit from the deployment of strategies to reduce mental health stigma by owning the reality that there is a stigma problem for mental health in law enforcement. However, society holds the military to a different standard than police officers, such that one group is heralded as heroes because of combat, and the other is held to

uncompromising standards and is considered unfit and weak if they seek help. Hence, veterans may own and forgive themselves for the reality of their mental health struggles more so than police officers. Considerations should be explored for police officers to adopt similar techniques veterans use to reduce stigma; in turn, so police officers may not be influenced by the stigma surrounding help seeking behavior when dealing with veterans in distress.

Veteran Stigma

Many veterans often face stigmas because of their military experience. Mobbs and Bananno (2018) suggested that media outlets portray veterans as unstable or are on edge because of their military or combat experience. Veteran biases in terms of the appearance of stability extend beyond race and even to persons with a connection to military service (Schreger & Kimble, 2017). The veteran population is keenly aware of the negative perceptions of their military service. In a study of combat veterans seeking help for PTSD, participants expressed how they are often are characterized as unstable, violent, aggressive, and angry (Mittal et al., 2013).

Negative stereotypes can have a profound impact on both police officers and veterans. In some instances, police officers may use similar characterizations, informing their instinct or their gut feelings wherein it keeps them safe from harm. In the context of a veteran in distress, police officer instinct, particularly for those with military experience may lead to a safe outcome or inadvertently put the officer or veteran at risk of harm. More specifically, police officers with military experience may perceive their experiences as the same as those of the veteran in crisis, which may cause a situation to inadvertently

escalate because the police officer is unable to really relate to the experiences of a distressed veteran. In other words, if a police officer with military experience has not experienced similar mental health trials as the veteran in crisis, they may be unable to lead with empathy or compassion as a police officer who has. Although an officer's military experience may help them build rapport with a veteran in crisis, it does not guarantee they can relate to the actions of a veteran during a crisis.

Inherent biases and stereotypes are also observed in the criminal justice system and can either be both positive and negative. For example, in a controlled time study of jury outcomes, veterans who had a PTSD diagnosis post arrest were perceived as guilty and not recommended for treatment compared to veterans with PTSD diagnosis pre-arrest (Smith, 2018). Consequently, many veterans are subject to unfair bias in the criminal justice system because they do not share their mental health struggles outside of the veteran community opting instead to suffer in silence. This desire for a veteran to stay silent when struggling during a mental health crisis is something a responding police officer with similar experience can break through and in turn secure the veteran the necessary care.

Police Crisis Intervention Teams

Brief History

The CIT model is community-based approach to improving the outcomes of interactions between law enforcement personnel and PMHC. Developed over 30 years ago by the Memphis Police Department, the model was created in response to an officer-involved shooting of a Black male with a history of mental health struggles (University of

Memphis, n.d.). This model has become the recognized approach for law enforcement crisis response, and the literature suggests between 2,700 (University of Memphis, n.d.) and 3,200 (Cross et al., 2014) agencies utilize the CIT program. With the CIT model, first responders are better equipped to handle mental health crises, allowing them to more effectively respond to any person in crisis and ultimately reduce the stigma around mental health issues (CIT International, n.d.).

Since the development of the CIT model, multiple researchers have studied the efficacy for police officers responding to crisis calls. Compton et al. (2014) found that CIT-trained police officers were better prepared and more empathetic and that outcomes were more focused on care than on arrest when engaging a person in crisis. Police training on how to handle crises has also provided police officers with confidence, making them less prone to avoid working with a person in crisis (Seo et al., 2021).

Research has also shown CIT to be an effective means to boost police officer confidence in crisis response, and reduce negative perceptions held by police officers of a PMHC; still, researchers continue to argue CIT efficacy. Peterson and Densley (2018) argued that the impact of CIT is debatable for national adoption because of external variables affecting officer decision-making on crisis disposition and training beyond the CIT program. Moreover, the CIT literature is scant when it comes to the implications on the veteran community.

Police Training

CIT training is a vital component of crisis response to a PMHC. Police officers who become CIT-certified complete a 40-hour course. According to Usher et al. (2019),

the CIT curriculum consists of studying topics on mental health, visiting sites hosting persons with mental illness, supporting the community, and deescalating tensions. Of the CIT national curriculum matrix recommended to police agencies in developing a CIT program, fewer than 2 hours of training are dedicated to veteran issues. However, veterans, unlike nonveterans, can present a different set of challenges to police officers during a mental health crisis (Morgan et al., 2021).

Weaver et al. (2013) explained that a veteran's because of their military training, combat-related mental health issues, and substance abuse can prove problematic for responding police officers who are improperly trained in engaging with a veteran in crisis. Conversely, Weaver et al. argued that police officers can utilize similarities such as rank and structure between the military and police contexts to connect with veterans. In studying training needs for first responders in contact with veterans, Baier et al. (2019) identified the priority of training the first responders to understand military language and culture.

When first responders can connect with veterans by showing that they understand and can converse within the context of the military culture, they can build a rapport. If first responders are unable to break down the silo between themselves and the veteran, they may be ineffective in helping the veteran. Consequently, when police officers are inadequately trained in how to best approach and engage a veteran in crisis, the situation can escalate increasing the risk to both the officers and the veteran. Chopko (2011) noted an example of this, arguing that CIT trainers can provide police officers with examples of how to make a connection when engaging a PMHC in crisis intervention by adopting a

compassionate warrior mindset seen in military service and among Native Americans and Samurais in which officers manage their emotions between the choice to use force or show compassion.

This approach as explained is part of a larger debate about whether police officers should adopt a more warrior or protector mindset; McLean et al. (2020) explained how police officers with warrior mindsets showed aptitude toward control and force whereas officers with a protector mindset were more communicative and less focused on force. Although McLean's findings paint the warrior mentality in a negative light, there may be benefits to morphing both mindsets into crisis response catered to veterans. A compassionate warrior mentality can be important for police officer adoption because of the warrior ethos, which may mean the difference between safely deescalating a veteran in crisis or having the situation escalate.

Hall (2011) found that prospective military enlistees identify as warriors because of their sense of security and a purpose-driven mission. Throughout their service and beyond, prior service members maintain a warrior mentality, thereby equipping police officers with a similar mental model that includes compassion, especially those with military experience, the ability to make a deeper connection with the veteran in crisis and help get them the care they need.

Police Officer Decision-Making Crisis Intervention

Arrest

When a CIT police officer makes contact with a PMHC, they have choices about how to manage the situation. The existing literature varies in terms of how often agencies

that utilize CIT still initiate arrest when making contact with a PMHC crisis ranging from 6% (Yang et al., 2018), 10% (Todd & Chauhan, 2021), and 4% (Bailey et al., 2021). Compton et al. (2008) conducted an extensive review of CIT programs and showed arrest rates to be as low as 2% and as high as 13%. Cooper et al. (2004) investigated police officers' perceptions of a person with mental illness and indicated an arrest rate as high as 17%. Arguably, the effect of CIT has produced a noteworthy reduction in the arrest rates of a PMHC.

This decrease in arrests is due to a change in police officer behavior once they are trained in CIT. As more police officers complete the CIT training, more of the agency will show an understanding of mental illness and learn to rely on better options for a PMHC, which may be diversion for mental health support and not arrest. Compton et al. (2014) found that CIT-trained police officers were less likely to arrest a PMHC and opt for a more supportive path such as diversion or medical transport. Also, when comparing the arrests rates of CIT-trained officers versus non-CIT-trained officers, Compton et al. reported a significant difference in the rate of arrest at 13% versus 24% respectively.

The literature revealed how CIT-trained police officers can reduce the need to arrest a PMHC, yet Seo et al. (2021) found CIT programs produced little evidence to support an effect on arrest outcomes. Similarly, Watson et al. (2010) and Taheri (2016) argued that although some research has indicated that CIT training can reduces arrests, there is also evidence of CIT having no effect on arrest outcomes. Bratina et al. (2020) and Todd and Chauhan (2021) argued that arrest was the least frequent outcome for a CIT officer when making contact with a PMHC, and in Colorado's CIT program, arrest

was the outcome for fewer than 5% of contacts (Khalsa et al., 2018). The inconsistent evidence regarding an officer's decision-making about arresting a PMHC can be attributed to different factors, including behaviors of the PMHC, the type of crisis event, individual officer discretion, and the characteristics of both the police officer and the PMHC.

Lord et al. (2011) explained that an officer's decision to arrest a PMHC depended on the subject response, gender, race, officer knowledge of the subject, and incident types. In policing, it is typical that each of the aforementioned factors can lead to arrest. Because the factors that Lord et al. outlined can be applicable to all types of arrests, researchers have investigated other variables that contribute to an officer's arrest of a PMHC. Watson et al. (2010) found that substance abuse had a significant effect on police officer arrest of a PMHC. In contrast to the Lord et al. study findings on gender's influence on arrest, Bratina et al. (2020) discovered how diversion and nonarrest of the PMHC was consistent between genders and not a factor in the decision to arrest. However, Bailey et al. (2021) found that males were a predictor of arrest as was a subject's young age, drug use, and homelessness. Additionally, when a subject threatens suicide or self-harm the likelihood of arrest increases (Bailey et al., 2021; Kalsa et al., 2018; Todd & Chauhan, 2021). Similarly, Khalsa et al. (2018) found that when threats of violence were present and suicidality was not, CIT police officers arrested the PMHC.

Department jurisdiction, such as rural or urban areas, may also influence arrest because of the veteran presence and the type of incidents observed. Although Lord et al. (2011) found that locality was not a factor in arrest there were other considerations worth

exploration. Most veterans live in major cities, but many also live in rural areas that may lack the police and community resources needed for crisis response. The United States Census Bureau estimated that 25% of veterans live in rural areas (Holder, 2017), and some are homeless and involved in substance abuse.

Homelessness is a concern in the veteran community, and the Office of Policy Development of Research (2022) explained that veterans in rural and suburbs are likely to have a higher population of homelessness compared to veterans in urban areas. The compounded risk of substance abuse, homelessness, and suicidality can prove problematic for responding police officers. According to McCarthy et al. (2015), veterans who are continually homeless and reside in nonurban areas are at greater risk of suicide, and Bratina et al. (2021) found that CIT police officer contact with special populations largely consisted of those involved with drugs and veterans in rural jurisdictions. Furthermore, as many as one third of homeless veterans suffer from a substance abuse problem (Substance Abuse and Mental Health Services Administration, 2014).

Finlay et al. (2016) investigated more than 35,000 veterans contacted by the VA's Veteran Justice Outreach and found that more than 50% of veterans suffered from either alcohol or drug addiction, and 25% of this segment resided in rural areas. The lack of resources within such communities increases the likelihood of arrest of veterans, as responding police officers may have no other options. Consequently, Morgan et al. (2021) suggested that police officers may lean towards arrest of younger homeless veterans homeless and those with substance abuse problems even though military veterans are less likely to resist police action compared to nonveterans.

Referral for Mental Health Services

In lieu of arrest, CIT police officers can choose to provide a referral to mental health services for a PMHC. Such a referral is the ideal alternative to having a PMHC enter the criminal justice system. When a PMHC is indicating self-harm or there is a belief that they are a danger to others, the most likely outcome is immediate detention for mental health services (Bailey et al, 2021; Todd & Chauhan, 2021). In a 10-year study of Colorado's CIT program, Khalsa et al. (2018) determined a police officer's decision-making to refer a PMHC to be based on psychiatric disorders, suicidal ideation or the act, and possession of a weapon. Consistent with previous literature, self-harm and suicide, as well as a diagnosis of depressive disorders were likely to result in a CIT referral for mental health services (Tyuse, 2012).

Although the threat of suicide and threat of violence are factors typically resulting in emergency detention, other factors can lead to a CIT officer opting for a referral, instead of arrest. For example, Tyuse (2012) found that females were referred for mental health services more often than men; this suggests gender plays a role in officer decision-making as females instead of males may be more compliant, thereby causing an officer to refer for mental health services instead of arrest.

In a correction setting with inmates showing mental health symptoms and where correction officers were reliant on CIT training, inmates were more likely to be referred to mental health services (Mcneeley & Lonley, 2021). In the United Kingdom, Scantleburry et al. (2017) suggested that when police officers are trained in mental health response, they will properly tag the PMHC in the system as having a mental health issue.

Proper tagging alerts police officers during future incidents to consider referral for mental health services instead of resorting to arrest. When CIT is properly utilized, or CIT police officers are called to a scene, it is more likely that a PMHC will be referred to mental health services.

Use of Force

The use of force during police contact with the public is relatively low in the context of overall police interactions. In 2018, the Bureau of Justice Statistics (BJS) indicated that the threat of force or use of force accounted for only 2% of the total police contacts (Harrell & Davis, 2022). By comparison, police use of force is much higher when examining the types of incidents and the behaviors of subjects where force was used. According to the FBI's Uniform Crime Reporting program, 7.6% of nationwide reports abouts the use of force is related to welfare and mental health calls (Federal Bureau of Investigation, 2022). Although the overall use of force during public contact with police is low, police agencies are reporting higher use of force or the threat of force incidents during calls involving a PMHC.

When exploring the relationship between use of force and officer decision-making, Mulvey and White (2014) found that PMHC were 2 times more likely to experience police use of force while statistically controlling for subject resistance. Similar findings by Rossler and Terrill (2017) suggest that mental illness is a significant predictor of police officer use of force and injury. Morabito et al. (2017) found that persons with a comorbidity of mental illness experienced more use of force by police officers than persons with a perceived mental illness. Morabito et al. also reported that

police officers perceive persons with no mental disorders as less resistant and persons with mental disorders as more resistant. Police escalation of force on a PMHC who may be perceived as noncompliant because of their mental illness remains a challenge in policing even with the implementation of CIT.

Yang et al. (2018) showed a 1.9% difference (3.9% vs. 0.2%) between the use of force for mental health incidents as compared to incidents not involving a mental health issue. In a similar study on the use of force, 12% of contacts with a PMHC required force; this study also revealed no statistical difference between officers who had CIT training and officers with no CIT training (Compton et al., 2014). Although there was no difference in the use of force on a PMHC, Haigh et al. (2020) found that police officers with CIT training were more likely to foresee the need for force when making contact with a PMHC who exhibited poor hygiene and anxiety and those believed to be unable to recover from their mental illness. Moreover, according to Tartaro et al. (2021), CIT-trained police officers tend to use less force on a PMHC, but CIT officers still showed a heightened perception of the need for force and negative feelings towards the PMHC. Like Haigh et al. (2020), Tartaro et al. found CIT officers held negative perceptions about PMHC based on their appearance and anxiety, but also confirmed a stigma surrounding a belief that the illness could not be treated and that it was impossible to forge a relationship with a PMHC.

Finlay et al. (2016) stated that PTSD, substance abuse, and anxiety are the most common mental health disorders that veterans experience. Use-of-force findings for PMHC indicated the CIT police officers' negative perceptions of certain mental health

behaviors and the thought that a PMHC was unable to recover from the illness increased the belief that force may be required. The officers' negative perceptions from police officers about anxiety, substance abuse, and the lack of potential recovery from a mental illness may influence the use of force on a veteran. CIT police officers with military experience may also respond to a veteran with similar negative perceptions of mental health behaviors as their police officer counterparts without military experience. This negative response toward veterans may come in the form of attribution that is personally motivated by the police officer's belief that veterans should be held accountable for their actions because they can control, or the officer may suggest reprieve because the veteran's actions are uncontrollable.

Mental Health and Police Officer Decision Making

Police Officer Stressors

The job of police officers is both physically and emotionally demanding. When most think about policing, it is easy to just think about the physical aspect of the job and not the mental health perspective. Scholars have widely studied police stress, and the literature provides insights on different stressors inherent to the job, the organization, and leadership. In a study of police officers, Gershon et al. (2009) found that police agency leadership was more of a source of stress than responding to incidents. However, when responding to serious incidents, 92% of officers reported responding to multiple critical incidents in which attending another police officer's funeral was rated as the worst source of stress (Gerson et al., 2009). Violanti et al. (2016) found that 78.1% of police officers

believed making critical on the spot decisions and crisis intervention were high points of stress.

Organization politics is often a primary source of stress for police officers, but experiencing the death of another police officer or being unable to help someone in distress is deeply troubling. Environmental factors are also a source of stress because mental health incidents are unpredictable and difficult (Yang et al., 2018). Fleischmann et al. (2018) explained that White police officers with more experience, and those with military experience are more likely to experience job trauma. Police are likely to experience trauma in their jobs given the incidents to which they are called to respond, yet mental health incidents can present officers with different moral struggles. Yang et al. (2018) explained the challenges with mental health likely increase police officer stress because they are trying to help their community and fail to do so.

In all facets of emergency services, Kyron et al. (2022) argued how exposure to the most stressful events for personnel with PTSD occurs in the place and domain in which they work. In this context, a police officer's domain is the setting in which they engage a PMHC. This type of event under any circumstance can be stressful and is likely more stressful when a police officer responds to a veteran because of a heightened level of awareness of the veteran's experience. Arguably, police officers with military and combat experience may experience more stress because of their own mental health circumstances, their connections to miliary service, and the fear they cannot help another veteran.

Compassion Fatigue and Moral Injury

The cost of caring for others does not go unanswered and often manifests in a responder's compassion fatigue. Yang et al. (2018) stated that when police officers reach their breaking point while helping others, they become dissatisfied with their job and question their own effectiveness. Police officers, especially those called to respond to persons in crisis, can be morally affected when unable to aid someone deemed unable to help themselves. Papazoglou and Chopko (2017) argued that moral injury of police officers contributes to compassion fatigue and PTSD.

Caregivers in all disciplines, such as those with police and military experience, are also subject to compassion fatigue, and many have experienced moral injury because of their military service. According to Wisco et al. (2017), the severity of moral injury in military personnel is dependent on the impact of combat exposure. Military personnel who have deployed on multiple combat tours or have witnessed death, killing, and catastrophic injury with an inability to prevent or save are highly likely to experience moral injury. In a study of veteran suicide, Nichter et al. (2021) identified a link between combat exposure and suicide and pinpointed moral injury as a possible reason.

Bride and Figley (2009) defined a caregiver as those who care for those who went to war. Police officers in any capacity responding to veterans in crisis are essentially caregivers. The consequence of the relationship between the caregiver and those in need of care can affect the caregiver's working relationship with the individual seeking help and interactions beyond a work setting (Bride & Figley, 2009). Simply put, veteran caregivers in the context of police officers responding to veterans in crisis can be subject

to higher levels of moral injury that increase compassion fatigue. Inadvertently, these stressors can influence police officers' decision-making about veterans during crisis events.

According to Papazoglou and Chopko (2017), police officers and military members are affected by moral injury when witnessing, experiencing, or attempting to prevent a catastrophic event that shakes their values. In this vein, the moral exposure of a police officer may be heightened when responding to a veteran in crisis and worsens if the veteran dies by suicide. Moral exposure can become more profound in police officers with military experience because of the shared experiences with the veteran. Consequently, moral injury can lead to compassion fatigue and stress, which may influence how a police officer chooses to disposition a veteran in crisis.

Veterans Supporting Veterans

The literature has shown veterans only communicate and seek help from others with similar backgrounds (Silver Award, 2018). Further, Parker et al. (2019) found that six out of 10 combat veterans are closer to other combat veterans because of their experiences. Similarly, Gordon (2014) found that military experience connects veterans. When a police officer is a military veteran, the shared experienced with a veteran in crisis can enable support that officers with no military experience cannot provide. Easterbrook et al. (2022) evaluated the experiences of former Canadian military members in protective services and found that relationships with peers compared to family were more helpful because peers did not pass judgment.

Veterans who, like police officers, connect with their peers often benefit from having a strong social network of persons with similar backgrounds. Peers provide veterans with a means by which to manage the stressors associated with military service. According to Gettings et al. (2022), themes have emerged in the literature that may aid in veteran mental health including the redefining of PTSD, social connection, trust, peer-to-peer support, and mission. Although police officers with military experience cannot redefine how PTSD is viewed, they can help reduce the stigma surrounding mental health and act as an advocate for veteran issues. Moreover, when police officers with military experience have an understanding of a distressed veteran's desire for purpose, trust, and connection, they can potentially use their experiences as a bridge and change the veteran's trajectory and decision-making or that of other responding officers during crisis contacts.

Summary

The growing need for mental health response and support in the veteran community remains prevalent with the rise of various behavioral crisis. Police officers remain at the forefront of mental health response through CIT, and it was critical to understand what factors affected police decision-making during crisis events with veterans. To that end, this literature review sought to explore factors that may influence police-decision making about contact veterans.

As depicted in the literature review, military veterans are highly sought after for police work because of their transferable skills, yet little research has explored how the military may influence police officer response to veterans during crisis intervention.

Existing literature does show how veterans support other veterans holding a responsibility for another veteran's well-being because of military service. Police officers with military experience may choose a crisis disposition that prioritizes getting the veteran the help they need while dismissing agency procedures or their safety.

Police officers share similar identities and common roles with veterans as underlined in the theoretical framework. These similarities in identity can create internal conflict, stress, or mental fatigue for officers attempting to enact the role of enforcer or helper when responding to veterans in crisis, leading to variation in outcomes.

During a crisis, the type of event, the subject's behavior, and the officer CIT status largely contributed to a police officer's decision-making during crisis disposition. However, it is unknown if these same factors affect police decision-making when the PMHC is a veteran. The literature review explored documented police responses to PMHC through CIT programs and justice-involved veterans to understand how veterans can be stigmatized or treated differently because of their military status. Through further exploration of the literature, I sought insights into the mental health stigmas in policing and into the mental stress police officers experience that can pose undue consequences for both officers and veterans, which explains crisis disposition. Finally, this literature review explored military experience in policing in the context of police behavior to gain insight into police responses to veterans during crisis contacts. In Chapter 3, I introduce the study methods and address the designated research problem toward resolution of the RQs.

Chapter 3: Research Method

Introduction

Through this quantitative study, I aimed to assess if there were an association and predictability between event type, veteran behavior, CIT police officer status, police officer military status and veteran disposition in crisis. This chapter provides information about the study's research design and rationale explaining the independent and dependent variables. I also describe how the research design aligns with the RQs, including constraints with the design.

In the methodology portion of this chapter, I explain the research population of this study, the secondary data used in this study, how the data were collected, and the statistical power needed for the data evaluation. The operational constructs of the independent and dependent variables are also discussed, including how each variable was measured.

In the analysis portion of this chapter, I explain the statistical test and discuss secondary data quality and changes within the dataset. This chapter also provides information about potential threats to external and internal validity, including potential threats to the validity of the study's results. In the final section, I discuss ethical procedures planned throughout this research study.

Research Design and Rationale

Researchers had yet to examine whether the veteran status of a PMHC had any association with a police officer's decision to arrest, refer for mental health services, and/or use force. Given the array of literature exploring the association and predictability

between police officer characteristics, event type, crisis behavior, and officer decision-making for crisis disposition, I selected a correlation design to examine whether an association existed between officer characteristics, event type, veteran behavior, and veteran crisis disposition; I also aimed to assess if this study's findings conflicted or aligned with the existing research literature.

This correlational study consisted of both independent and dependent variables. The four independent variables (X) were event type, veteran behavior, police officer CIT status, and police officer military status; these variables are nominal. The dependent variables (Y) were CIT disposition as defined by arrest, referral for mental health services, and the use of force; these are also nominal. To determine the predictability between the independent and dependent variables, the event type, veteran behavior, police officer military status, and police officer CIT status served as the predictor variables, and the outcome variable was disposition.

Because I sought to determine the existence of an association and to evaluate the strength between two or more variables (see Mathison, 2005; Frankfort-Nachmias et al., 2020; Sheskin, 2022), a correlational study was suitable to answer if there is an association between event type and veteran crisis disposition, between veteran behavior and veteran crisis disposition, between officer military status and veteran crisis disposition, and between officer CIT status and veteran crisis disposition. A correlational study is also useful in determining how much the event type, veteran behavior, police officer military status, and police officer CIT status predict veteran crisis disposition. By employing a correlational study and examining the potential correlation between event

type, crisis behavior, police officer military status, police officer CIT status, and veteran disposition, I further analyzed the extent of the relationship between the predictor and outcome variables outlined above.

Correlational studies present design limitations, the most important of which is an inability to explain cause and effect. Essentially, with a correlation study, the results prove an association between variables but cannot fully prove if the variables cause the outcome being studied because other variables may be the cause (Black, 2002; Mathison, 2005). Therefore, researchers can only make inferences that a relationship, not just a coincidence exists between variables. Consequently, showing causality, control, and manipulation of the variables would be required (Black, 2002). With these limitations in mind, the chosen design provided me an opportunity to examine an understudied area of police decision-making and its association with veteran crisis disposition, and in turn to address the problem and gap in the literature.

A correlational design can be used when researchers seek to establish an empirical relationship between variables, but manipulating variables is neither practical nor ethical (Price et al., n.d.). As stated, I sought to investigate the association between police officer military status, police officer CIT status, veteran crisis behavior, and the type of crisis event on officer decision-making during contact with veterans. Manipulating the variables in this study was unreasonable because of the ethical considerations surrounding police agency data on mental health crises and was problematic because the crisis events had already occurred.

The secondary data I proposed for analysis was examined from documented police contacts with veterans in mental health crises at a Pacific Northwest (PNW) police agency. Utilizing secondary data allowed the examination of an existing dataset in a cost and time-effective manner that also built upon findings in the literature. When using secondary data, researchers should become familiar with how the secondary data were collected and defined (Devine, 2003). Doing so in this study aided the management of data quality and potential validity issues. The secondary data in this study captured a snapshot in time of crisis contacts with veterans at one police agency and was the best option for answering the RQs posed.

Police crisis contacts with veterans was central to this research. However, there can be time constraints when conducting police research, as well as ethical considerations when dealing with special populations (e.g., police officers or veterans) or those managing mental health issues (Walden University, n.d.). Hence, using secondary data for analysis of existing police crisis contacts with veterans was the most effective approach through which to conduct this study. Utilizing secondary data via policy agency data helped answer the RQs posed in this study and provided additional contributions to the growing body of literature for police crisis intervention and decision-making, specifically in the context of the veteran population.

Methodology

A quantitative method was chosen to assess the association and predictability between event type, veteran behavior, police officer military status, police officer CIT status, and veteran disposition. When conducting a quantitative study, researchers explore

social dynamics under the premise that quantitative methods produce objective facts (Eden, 2017). In the literature, crisis intervention is often investigated through a quantitative lens to assess the impact of CIT programs and police officer training about CIT (Seo et al., 2021). The literature on examining the police officer outcomes involving PMHC has mainly been quantitative and not qualitative (Seo et al., 2021). Therefore, choosing a quantitative methodology was conducive to the aim of this study and is consistent with existing literature.

Because I investigated a unique characteristic (i.e., veteran status) of the PMHC and the responding police officer that had thus far gone largely unexplored, a quantitative method of secondary data laid the groundwork for further study on police and crisis contacts with veterans. The use of secondary data in criminal justice research is common (Bookstaver, 2021). Moreover, objective findings from this study can be used to interface policymakers, administrators, and police agencies about evidence-based results of crisis contacts with veterans. More focus from criminal justice researchers as well as police agencies may be warranted to better understand associations between crisis event types, veteran crisis behavior, police officer military status, police officer CIT status, and veteran crisis disposition. The findings of this quantitative study, and the statistical evidence provided, can be used to validate or dispute anecdotal assumptions (see Brown, 2020).

Population

The population in this study consisted of police crisis contacts with veterans at a PNW police agency. Data reviewed from this agency between May 2015 to March 2024

showed 1,967 police crisis contacts with veterans. When a police officer responds to a behavioral crisis, they are required to complete a Behavioral Crisis Report (BCR), including when the PMHC is a military veteran. The information on the BCR can be extracted for analysis, and I was provided these data. For the purposes of this study, the unit of analysis was the police officers when responding to veterans in crisis.

Sampling and Sampling Procedures

The study was conducted by working with a PNW police agency after completing the agency research agreement and after receiving Institutional Review Board (IRB) approval. I received the data via a secured and password-protected SharePoint, and the data were saved to an external hard drive that was encrypted and password protected. Data were codified and analyzed using SPSS version 29, and I maintained police officer anonymity by only collecting basic demographic information such as age, gender, race, and the military and CIT training status of the officer. Although crisis contact data from the agency were made publicly available, this study required a detailed understanding of the data to ensure it met the aim of this correlational study.

As mentioned, the available data from May 2015 to March 2024 showed that multiple documented police contacts with veterans in crisis were available for this study. According to Kelly (2010), selecting an adequate sample size is not a straightforward process and the specific decisions may depend on a researcher's purpose, the questions posed, and the type of statistical analysis in use. As a general rule of thumb, Daniel (2012) has suggested that 30 participants for a correlation study are suitable for analysis, and Warner (2013) and Warner (2021) suggested 10 cases per predictor variable as a

suitable number to account for each level of the predictor variables. However, Kelly (2010) argued that researchers investigating multiple RQs with various factors should consider using the largest sample available. To increase the parameters of the population, Bujang et al. (2018) suggested 50 events per variable or $n = 100 + 50i$, equating to a minimum of 600 cases needed for investigation in this study.

The research alignment in this study progressed from the problem statement to data analysis. Among the veteran population, there is a problem with veteran suicide and PTSD post 9/11, yet the factors affecting police officers' decision-making during veteran crisis contacts had not been specifically explored. The problem and research gap were supported by the theoretical framework that police officers may respond in a more or less favorable way to military veterans during crisis contacts, a pattern that signals the need for further training of officers to increase their awareness of potential stigmas regarding veteran crisis intervention. Furthermore, this research highlighted how police officers do not respond differently to veterans, thereby reinforcing their approach to veteran intervention during crisis contacts. I developed RQs to determine whether there exists sufficient empirical evidence to suggest that police officer demographics, veteran behaviors, and event type predicted the outcome when a veteran was in crisis.

Data Collection

Police data consisted of all crisis contacts between police and veterans from May 2015 to March 2024. The data contained demographic data about the PMHC, including their military veteran status, event type, behavior, and the outcome of the incident. However, information did not disclose personal information, such as the subject's name,

address, or any personal identifiers that would compromise their identity. The data also contained information regarding the responding police officers including gender, age, race, job title, and the CIT officer training status, The military status of the police officers was not publicly available but was provided to me as part of the study. Similar to the PMHC, officers' names and full badge numbers were omitted from the data to ensure anonymity.

Operationalization of Constructs

To explain the constructs in this study, I explored IACP, VA, and CIT policies. Officers are given multiple events, behaviors, and outcomes from which to choose from when completing a BCR. Five constructs were operationalized, and Table 1 provides a visual definition of the variables that were used to define each construct.

Table 1

Constructs and Definition of Variables

Construct	Functional definition	Nominal level definition	Operational definition
Event type	IV1	Three categories: 1 = Crisis 2 = Harm 3 = Property	Dummy variables: 0 = Property 1 = Crisis 2 = Harm
Behaviors of veteran	IV2	Three categories: 1 = Disruptive 2 = Mental health 3 = Threatening	Dummy variables: 0 = Threatening 1 = Disruptive 2 = Mental health
CIT officer	IV3	Two categories: 0 = Yes 1 = No	Dummy variable: 0 = No 1 = Yes
Officer military experience	IV4	Two categories: 0 = Yes 1 = No	Dummy variable: 0 = No 1 = Yes
Disposition	DV	Three categories: 0 = Arrest 1 = Referral for mental health services 2 = Use of force	Dummy variables: 0 = Arrest 1 = Referral for mental health services 2 = Use of force

Note. IV = independent or predictor variable; DV = dependent or outcome variable; CIT = crisis intervention team

Independent Variables

The first independent variable (IV1) in this study was event type; it was categorized into three levels. The police officers could choose from 17 subcategories for event type, and the top subcategories selected were crisis (72%), not classified (9.71%), disturbance (2.24%), domestic violence (2%), assaults (1.78%), and prowlers (1.42%). These subcategories were merged into three categories and coded. All crisis subcategories were merged and coded as 1. I coded case types of subcategories with harm against a person or attempt of harm such as assaults, rape, domestic violence, disturbance, suicide, endangerment, arson, and robbery as 2 = harm. Case type subcategories with a property element to including traffic, theft, prowlers, trespassing, and burglary were coded as 3 = property. Coding logic was based on the National Academies of Science, Engineering, and Medicine (2016) in which a classification of crime for statistical purposes includes harm and property in the top 11 classification levels for crime.

The second independent variable (IV2; see Table 1) represented the behaviors of the veteran as witnessed by the responding police officers and documented on the BCRs. Officers can choose from 17 subcategories, and disorderly (20.1%), suicide attempt or threat (16.49%), and neglect/self-care were (10.6%) most of the dominant. However, responding officers made other selections based on attributions to mental health concerns. To ensure all behaviors were categorized for analysis, I merged the three categories for IV2, and coded them as 1 = disruptive (i.e., disorderly or belligerent), 2 = mental illness

(e.g., neglect/self-care, scared, hallucinations, manic, depressed, paranoid) and 3 = threatening (e.g., suicide threat, suicide by cop, verbal and physical threats).

The third independent (IV3) variable was related to whether the responding officer was CIT trained wherein and had passed the national 40-hour curriculum. I coded IV3 as 0 = yes and 1 = no. The fourth and final independent variable (IV4) in this study was the military status of the police officer, which is tagged to the partial officer badge number on the BCR. The military status of the police officer was represented by active or inactive service including military service outside the United States. I coded officer military status as 0 = yes and 1 = no.

Dependent Variable

The dependent variable was the disposition of the case as determined by the responding police officer; similar to other variables, officers choose from 17 subcategories. For this study, however, I categorized the outcomes into (0) arrest, (1) referral for mental health services, and (2) the use of force. This approach was consistent with the existing literature on evaluating decision-making by police officers responding to persons in crisis.

In the dataset for analysis, 29.7% of the disposition outcomes were classified as emergent detention, and arrest was selected in 7.3% of the cases. According to Todd and Chauhan (2021), emergency detention is mostly involuntary. The Washington State Legislature (n.d.-a) explained emergency detention as a police officer taking a person into custody and having them transported to mental health hospital. The IACP (2018) stated an arrest of a PMHC can occur both when taking someone into custody for booking or

taking them into custody for mental health evaluation. Taking a person into custody can be considered an arrest, so I classified emergency detention as an arrest for coding in this study.

Disposition outcomes including, voluntary committals, chronic complaints, resources offered, crisis clinics, crisis solution centers, crisis diversion facility referrals, geriatric regional assessment, chronic complaints, no action needed, drug and alcohol treatment referrals, agency (i.e., VA) or case manager referrals, and mobile crisis team response were classified as a referral for mental health services. In that regard, referrals for mental health services represented around 37% of the data under analysis. Use of force was straightforward as this term is an indicator of whether force was used and was a selectable option for the responding police officers. Use of force represented 1.9% of the data.

Data Analysis Plan

Predictor variables including event type, veteran behavior, police officer CIT status, and police officer military status were analyzed with SPSS version 29 in order to empirically investigate whether there were association and predictability on veteran crisis disposition as measured by arrest, referral for mental health services, and the use of force. Data analysis included testing to ascertain the association between the predictor variables and outcome variables. When selecting the predictor variables for investigation, I considered the theoretical implications between the predictor variable on the outcome, if the predictors were associated with the outcome in previous research, and if a variable required statistical control as part of the study (Field, 2017; Warner, 2021).

The literature I reviewed for the study noted that police officer CIT status, the event type, and the behavior of the subject in contact all contribute to police officer decision-making on crisis disposition, but it is unknown in the context of military veterans. Thus, the military veteran status of a police officer was a reasonable assumption of potential influence on veteran crisis disposition, hence its inclusion as a predictor variable.

RQs and Hypotheses

The following RQs and hypotheses guided this study.

RQ1: Is there an association between event type and veteran disposition in crisis?

$H_0$1: There is no association between event type and veteran disposition in crisis.

H_a1: There is an association between event type and veteran disposition in crisis.

RQ2: Is there an association between veteran behavior and veteran disposition in crisis?

$H_0$2: There is no association between veteran behavior and veteran disposition in crisis.

H_a2: There is an association between veteran behavior and veteran disposition in crisis.

RQ3: Is there an association between police officer military status and veteran disposition in crisis?

$H_0$3: There is no association between police officer military status and veteran disposition in crisis.

H_a3: There is an association between police officer military status and veteran disposition in crisis.

RQ4: Is there an association between police officer CIT status and veteran disposition in crisis?

$H_0 4$: There is no association between police officer CIT status and veteran disposition in crisis.

$H_a 4$: There is an association between police officer CIT status and veteran disposition in crisis.

RQ5: Are event type, veteran behavior, police officer CIT status, and police officer military status factors that predict veteran disposition in crisis?

$H_0 5$: Event type, veteran behavior, police officer CIT status, and officer military status do not predict veteran disposition of in crisis.

$H_a 5$: Event type, veteran behavior, officer CIT status, and officer military status do predict veteran disposition in crisis.

The statistical test to assess the association and predictability between variables in this study was multinominal logistic regression. I relied on a goodness of fit test to determine how well event type, veteran behavior, police officer CIT status, police officer veteran status, and veteran crisis disposition fit within the predictive model (Laerd Statistics, n.d.).

Because there were more than two categories (i.e., the predictor variables event type and veteran behavior had three categories, and the outcome variable had three categories), this was considered multinomial (Laerd Statistics, n.d.). Conversely, the level

of measurement for the predictor variables of police officer CIT and police officer military status were dichotomous because they have only two categories (Laerd Statistics, n.d.).

Warner (2021) asserted that multinomial logistic regression is the appropriate statistical analysis method when the predictor variables and outcome variables are categorical. Conducting a multinomial logistic regression analysis allowed me to determine the regression of a categorical outcome variable by determining the logit or log of odds ratio between categories and groups

Threats to Validity

Researchers are concerned with threats to validity, particularly if risk factors are not properly assessed and managed throughout the study. When threats to validity are not adequality addressed, questions arise as to the validity of the research conclusions, particularly whether the variables of interest have an effect or factor into a specific outcome (Creswell & Creswell, 2018). This section highlights potential threats to internal, external, construct, and statistical conclusion validity and how each was minimized during this study.

Threats to internal validity may occur when the degree of inference from one variable to another is flawed because other factors may be the cause of the outcome (Burkholder et al., 2016). The selection of the variables in this correlational study were not manipulated or controlled; therefore, determining causation was impossible, thus increasing the threat of internal validity (Crump et al., 2017; Walden University, 2016).

Although the inability to determine causation existed in this study, I aimed to determine whether there was an association and predictability between the variables under analysis.

Clemens et al. (2021) explained that threats to internal validity are not considered a stand-alone threat when the research goal is often to generalize something about populations. Based on this logic, addressing external validity threats in this study became critically important to offset internal validity threats, so that generalizations about the research population could be made. Accordingly, as long as there was confidence in the internal validity of the association between the predictor and outcome variables, the strength of external validity was more likely (Clemens et al., 2021). External validity is critical in criminal justice studies as the goal is often to inform policy or potential procedural changes, thereby the importance of generalization remains high (Korotchenko, 2021).

The limits of the generalization of research findings can be affected by how the sample is selected, by the question of whether the results are representative of real-world settings; and by various treatments, all of which can affect results (Korotchenko, 2021). In this research study, I derived the variables of interest were from secondary data, and sample bias was mitigated by using the entire sample. Furthermore, because the entire sample was available for analysis, it could be generalizable for the entire police agency under study. Although results from this study were generalizable to the police agency under study, there can still be some external validity if results were deemed unrepresentative beyond the single agency (Korotchenko, 2021).

External validity was increased beyond the studied agency when results were compared to other existing literature and were a grounded in a sound the theoretical framework (Korotchenko, 2021). Criminal justice research often investigates police officer decision-making in the context of crisis response; similarly, I compared the results from this study to other research to mitigate external validity issues. Moreover, the theoretical framework guiding this study included role theory and attribution theory, both of which are supported in the existing literature

This study was correlational and nonexperimental, thereby increasing external validity as there were no experimental controls, thus increasing real-world applicability (Price et al., n.d.). There was, however, potential for external validity concerns if the police agency in this study changed processes that affected how crisis outcomes were dispositioned since the CIT program's inception. I mitigated this external validity threat by accounting for changes when working with the participating agency (Korotchenko, 2021).

Construct validity occurs when there is a high degree of association between variables supported by theory (Maxfield & Babbie, 2018). Simply put, construct validity increases when a researcher shows a correlation between variables while also connecting with the theory outlined in their study (Westen & Rosenthal, 2003). In this research, construct validity was minimized because the literature has shown how police officer attributes, subject attributes, and crisis event attributes can influence outcomes. In addition, the theoretical concept of attribution has been linked to police officer decision-making and can help explain why police officer characteristics, veteran behavior, and

crisis event types can be a factor influencing the arrest, referral for mental health services, or the use of force when a veteran is in crisis. Finally, role theory can explain any relationship between military experience and veteran disposition, thus reducing threats to construct validity.

The final threat to validity to be addressed in this section is statistical conclusion validity. Statistical conclusion validity occurs when researchers utilize the wrong statistical tests or violate statistical test assumptions, thereby leading to a false representation of the results (Creswell & Creswell, 2018; Maxfield & Babbie, 2018). According to Oliveria (2021), all hypothesis testing is subject to unknowns; therefore, researchers can minimize statistical validity threats by constructing a strong study design and choosing the appropriate statistical test. To reduce the probability of Type I and Type II, errors, the following sections were discussed.

Oliveria (2021) stated that in order to reduce Type I errors, researchers can reduce the alpha level below the .05 threshold; however, doing so may increase the risk of a Type II error. Although there is some level of Type I error committed by not reducing the threshold, the alpha was appropriate for this study as conclusion validity increases not only by the alpha level but by the statistical power and practical effect of the results in the real world. Thus, the alpha was set at .05, which is widely accepted as the significance level in research (see Salkind, 2010).

A larger sample reduces the probability to Type II errors (Oliveria, 2021). In that regard, I selected the correct sample size for analysis to reduce Type II errors. The selection of a multinomial logistic regression was the appropriate statistical test for this

study to assess the odds of predictability between the variables under study. As Mishra et al. (2019) noted, multinomial logistic regression is the correct statistical test when investigating predictability on a categorical outcome variable with three or more levels and the independent categorical variable has at least two or more levels. Finally, by not violating the test assumptions for multinomial logistic regression minimized statistical bias and reduced the threats to validity.

Ethical Procedures

The ethical procedures highlighted in this section guided the research practices throughout this study. I focused on secondary data and had no direct interaction with research participants, but ethical precautions remain worthy of consideration. According to Tripathy (2013), the main concern for conducting research with secondary data is the protection of the individuals in the context of informed consent. The participating agency provided the data for this study and the data were also available online, although no personal identifiers such as name, address, badge number, or the date of birth were offered for either the police officer or the veteran in crisis. Further, for this study, I had no access to either police officer personal information or to the names of the veterans in crisis.

Maxfield and Babbie (2018) explained that there is minimal risk for research ethics when investigating data that already exists, is publicly available, and has no indirect or direct means to compromise an individual's anonymity. As noted, this study investigated existing police agency data that were publicly available, yet a police officer’s military status was considered for ethical precautions. The Digital VA (n.d.)

suggested that before disclosing veteran data, agencies should ensure that whatever data are shared should be used to support veteran issues and shared only in cases when agencies have policy discretion to share data and when or when the veterans themselves are aware of the disclosures. As such, information that agency researchers provided to me about the police officers' veteran status remains in alignment with the agency policy, protects the anonymity of the police officers, and adheres to ethical principles stated by the VA.

Although I considered police officer's veteran status as a point of ethical consideration while conducting this study, the risk of comprising police officer anonymity was minimal because I had no access to personal identification information; additionally, this research benefits the veteran community. The National Institute of Justice (2007) indicated that requirements for informed consent should be examined when there is more risk to individuals because documented consent is the only identifier connecting the individual to the research. To that end, the ethical risk in this research was minimal because there was no means by which to connect any of the police officers' information and the knowledge of their veteran status to the research conducted.

Before the participating agency provided the data for this study, the IRB of Walden University conducted a review. Because the study consisted of secondary analysis, forms A and B were submitted to the IRB. As part of the IRB review, the participating agency required a signed research agreement adhering to ethical procedures and data protection to release the data to the author of this study. Walden IRB granted approval to conduct this study on June 28, 2024 (IRB approval 06-28-24-1018312).

Summary

This chapter explained the research design and rationale for this quantitative study investigating the relationship and predictability of event type, veteran behavior, police officer CIT status, police officer military status on veteran crisis disposition. The rationale for selecting a correlational study included the limitations of conducting nonexperimental research. Chapter 3 also included the research methodology by explaining the research population under study, the unit of analysis, sampling procedures, and the statistical analysis selected. The study's predictor and outcome variables were defined, and operational constructs were explained. This chapter concluded by explaining the potential threats to the study's validity along with ethical considerations and procedures for conducting this research, particularly by using secondary data and by carefully selecting the research population.

Chapter 4: Results

Introduction

This chapter reports on the quantitative analysis that examined how event type, veteran behavior, police officer CIT status, and police officer military status are related to the crisis disposition of veterans. The independent variables were event type, veteran behavior, police officer CIT status, and police officer military status. The dependent variables were veteran disposition as defined by arrest, referral for mental health services, and the use of force. The analysis conducted helped answer the following RQs and hypotheses:

RQ1: Is there an association between event type and veteran disposition in crisis?

$H_0$1: There is no association between event type and veteran disposition in crisis.

H_a1: There is an association between event type and veteran disposition in crisis.

RQ2: Is there an association between veteran behavior and veteran disposition in crisis?

$H_0$2: There is no association between veteran behavior and veteran disposition in crisis.

H_a2: There is an association between veteran behavior and veteran disposition in crisis.

RQ3: Is there an association between police officer military status and veteran disposition in crisis?

$H_0$3: There is no association between police officer military status and veteran disposition in crisis.

H_a3: There is an association between police officer military status and veteran disposition in crisis.

RQ4: Is there an association between police officer CIT status and veteran disposition in crisis?

$H_0 4$: There is no association between police officer CIT status and veteran disposition in crisis.

$H_a 4$: There is an association between police officer CIT status and veteran disposition in crisis.

RQ5: Are event type, veteran behavior, police officer CIT status, and police officer military status factors that predict veteran disposition in crisis?

$H_0 5$: Event type, veteran behavior, police officer CIT status, and officer military status do not predict veteran disposition of in crisis.

$H_a 5$: Event type, veteran behavior, officer CIT status, and officer military status do predict veteran disposition in crisis.

In Chapter 4, I explain the data collection methods used and the time frame for collecting the data under study. I also explain any differences from the data collection plan as explained in Chapter 3 and present descriptive statistics and characteristics of the variables. This chapter ends by reporting the results of the analysis and a summary of the findings.

Data Collection

Prior to collecting any data, I signed a research agreement along with my committee chair, a Walden representative, and the participating agency. The agreement was submitted to IRB along with forms A and B and the study was approved.

This study used crisis contact data from a police agency in the PNW from May 2015 to March 2024. Data consisted of event type, behavior, police officer CIT status, and crisis disposition and was publicly available. However, the police officers' military experience and their CIT training completion status were not publicly available, therefore requiring a signed research agreement. The total number of available cases of police contacts with veterans in crisis was N = 1,967. When reviewing the data provided by the agency, I made adjustments to prepare the data for analysis. More specifically, cases fields were incomplete, cases were missing information, cases were duplicates, or frequency of the cases was too low and could not be used to answer the RQs posed.

Figure 1 shows the cases excluded in this study. More specifically, 191 had no event data, and 434 cases were listed as other or had no behavior data. Seventy-one cases had no disposition, the officers were unable to make contact with the veteran, or the case disposition was listed as other. Duplicate data were a challenge in the dataset. Multiple behaviors were attributed to one case or were simply a duplicate, so 312 cases were removed. Lastly, 10 cases were removed involving warrants, and five cases were removed where there was no data other than BCR numbers. There were 1,023 records excluded from the original dataset and the final sample used for police contacts with veterans was N = 944.

Figure 1

Diagram of Cases Removed

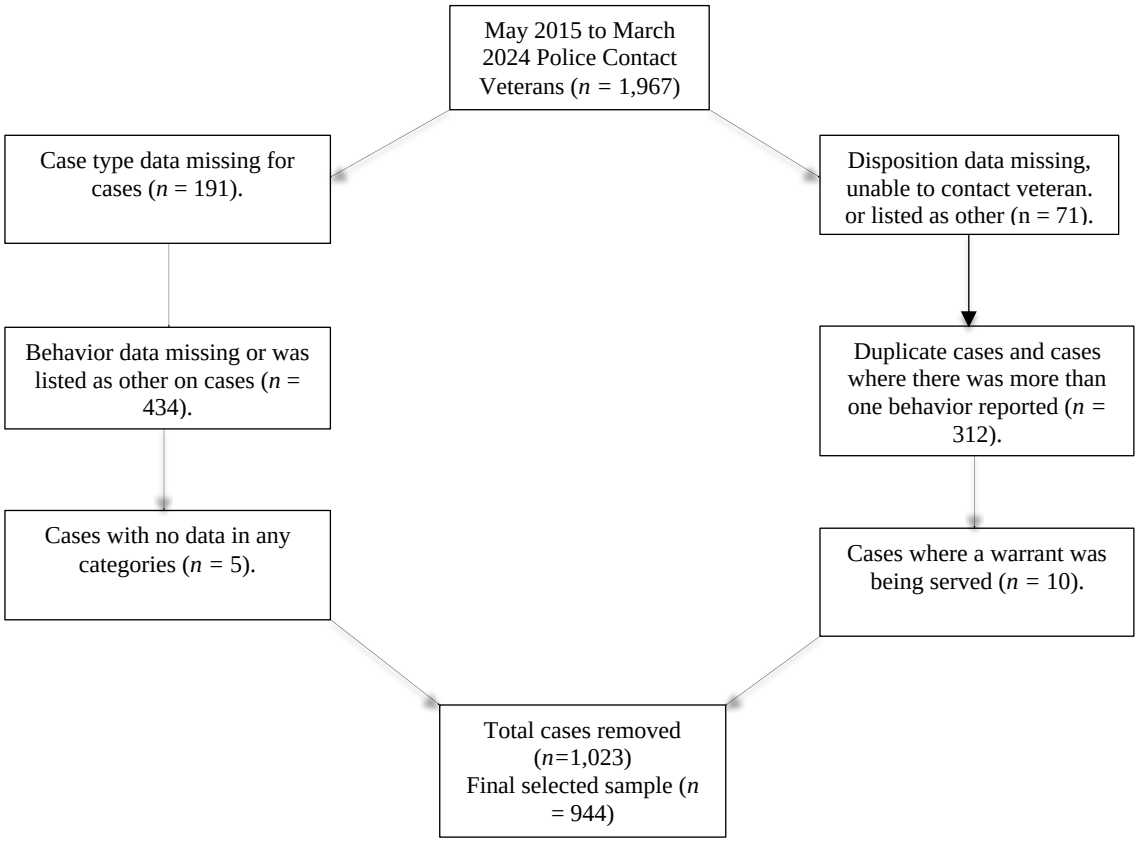

Table 2 shows the frequencies of all categorized cases. Crisis events represented 84.3% (n = 796) the largest number of cases followed by harm (11.5%, n = 109) and property (4.1%, n = 39). The behavior represented most in the sample was disruptive accounting for 39.3% (n = 371) of the cases followed by mental illness (33.4%, n = 315) and threatening (27.3%, n = 258). The disposition of all cases was represented by arrest at 48.9% (n = 462), referral for mental services at 30.8% (n = 329), and use of force at 1.9% (n = 18). Most of the sample of officers did not have military experience, which represented 79.1% (n = 747) whereas with military experience represented 20.9% (n =

197); moreover, CIT was indicated in 10.9% (n = 103) of the sample, whereas 89.1% (n = 841) showed no CIT. The military experience of the officers in the sample is consistent with existing literature as military experience in officers is in upwards of 20% as explained in Chapter 2. Conversely, officers in this sample who were CIT was 10% and much lower than 44% trained CIT officers observed by Compton et al., (2014). However, Compton et al. examined all crisis contacts whereas this sample was limited to contacts with veterans only.

Table 2

Frequencies and Percentages of Sample

Variable	*n*	%
Event type		
Crisis	796	84.3
Harm	109	11.5
Property	39	4.1
Veteran behavior		
Disruptive	371	39.3
Mental illness	315	33.4
Threatening	258	27.3
Veteran disposition		
Arrest	462	48.9
Referral mental health services	462	49.2
Use of force	18	1.9
Officer CIT		
Yes	103	10.9
No	841	89.1
Officer military experience		
Yes	197	20.9
No	841	89.1

Note. CIT = crisis intervention team.

The number of cases available for analysis was over the minimal sample size of 600 as explained in Chapter 3. A discrepancy noted from the initial data collection plan was to use the entire dataset of 1,967 veteran crisis cases, thus requiring the independent variables event type and veteran behavior categorized at three levels. Using the entire dataset was impossible given how data were missing, undefined, duplicates, or did not answer the RQs.

Results

Officer Demographics

Table 3 shows the demographic information of the police officers for the sample (N = 944). The sample analyzed shows the officers were predominately male, accounting

for 86% (*n* = 812) of the contacts with veterans while female officers were 13.6% (*n* = 128). The gender of the officers in the sample is consistent with national data wherein police are 86.5% male and 13.5% female (Goodison, 2022). White police officers represented the largest race involved in contacts with veterans representing 73.9% (*n* = 698) of the data. Police officers declaring two or more races accounted for 6.1% (*n* = 58) of contact with veterans, and Black officers was 3.7% (*n* = 35). Hispanic officers amounted to 3.5% (*n* = 33), and Asian officers was 4.7% (*n* = 44). Approximately, 2.2% (*n* = 21) of race data were classified as other (i.e., Native American, Alaskan, Indian, and Pacific Islander), and the officer's race was unknown for 5.8% (*n* = 55) of the study population. Nationally race data for police represented by 61.2% White, 8.8% Black, 11.5% Hispanic and 3.7% other (Goodison, 2022).

Additional demographics included the jobs of the police personnel and their ages. Responding police personnel in the sample was largely represented by officers at 75.8% (*n* = 716) of the sample, which included officers who were in probation or trainees. Detectives represented 9.7% (*n* = 92), and supervisory positions such as sergeants and lieutenants represented 12.9% (*n* = 122) and 1.2% (*n* = 11), respectively. The data sample was represented by various age groups with 28.2% (*n* = 266) between the ages of 21 and 35 years old, 48.2% (*n* = 455) were between 36 and 50, 21.2% (*n* = 200) were between 51 and 64, and 2% (*n* = 19) were 65 or older.

Table 3

Demographic Data for Police in Sample

Demographic information	*n*	%
Gender		
Male	812	86.0
Female	128	13.6
Unknown	4	0.4
Race		
White	698	73.9
Black	35	3.7
Hispanic	33	3.5
Asian	44	4.7
Two or more races	58	6.1
Other	21	2.2
Unknown	55	5.8
Job type		
Officer	716	75.8
Detective	92	9.7
Sergeant	122	12.9
Lieutenant	11	1.2
Unknown	3	0.3
Age group		
21–35 years old	266	28.2
36–50 years old	455	48.2
51–64 years old	200	2.0
65 or older	19	2.0
Unknown	4	0.4

Descriptive Statistics

The variables in this study consisted of categorical variables at the nominal level. The predictor variables were event type, veteran behavior, police officer military experience, and police officer CIT. The outcome variable was veteran disposition as measured by arrest, referral for mental health services, and use of force. Descriptive statistics are presented in Table 4. The event type mean was 1.20 and the standard deviation was .492, indicating the largest portion of the events was crisis orientated. More

than 60% of the sample was represented by disruptive and mental illness behaviors (*M* = 1.88, *SD* = .808). More than one-third of the police personnel did not have military experience (*M* =.79, *SD* = .407), and almost 90% were not CIT (*M* = .89, *SD* = .312). The variable veteran disposition was consistent between arrest and the referral for mental health services (*M* = .53, *SD* = .536).

Table 4

Independent and Dependent Variable Descriptive Statistics

Variable	*N*	Minimum	Maximum	*M*	*SD*
Event type	944	1	3	1.20	.492
Veteran behavior	944	1	3	1.88	.808
Officer military experience	944	0	1	.79	.407
Officer CIT	944	0	1	.89	.312
Veteran disposition	944	1	3	.53	.536
Valid *N* (listwise)	944				

Note. CIT = crisis intervention team.

Statistical Assumptions

A multinominal logistic regression has six statistical assumptions (Htway, 2019). When performing a multinominal logistic regression, the independent variables or predictor variables can be nominal, ordinal or continuous. In this study, all predictor variables were nominal. The outcome or dependent variable must be nominal, and categories must be mutually exhaustive and exclusive. The variables should have no multicollinearity and there needs to be independence of observations. If continuous independent variables are used, linearity among the variables should be present. Lastly, a logit change must occur to the continuous dependent variable and no outliers must be present.

The first assumption I assessed was the dependent variable. The dependent variable was nominal, and mutually exclusive, and exhaustive and the three levels of the outcome were categorized and independent from the other. The second assumption I evaluated was a test for multicollinearity. According to Allwright (2021), testing for multicollinearity can be examined by assessing the collinearity tolerance (<.01) and the Variance Inflation Factor (VIF; >10). I tested for the collinearity tolerance and VIF was done via SPSS. Table 5 shows the collinearity tolerance was less than .01, thereby meeting the multicollinearity assumption; moreover, VIF was 1 and not greater than 10 and indicated no multicollinearity among variables.

Table 5

Variable Coefficients for Model 1

	Unstandardized coefficient		Standardized coefficient	*t*	Sig.	Collinearity statistic	
Variable	B	*SE*	β			Tolerance	VIF
(Constant)	.796	.090		8.814	<.001		
Event type	.49	.036	.045	1.343	.180	.928	1.078
Veteran	−.096	.022	−.144	−.4.327	<.001	.931	1.075
Officer military experience	−.047	.043	−.036	−1.100	.272	.984	1.016
Officer CIT	.121	.056	−.071	−2.182	.029	.986	1.015

Note. VIF = variance inflation factor; CIT = crisis intervention team.

[a] Dependent variable = veteran disposition.

The fourth assumption test was independence of observations. Independence of observations was met during data collection as duplicate variables were removed, and each case in the sample represented a single contact with a veteran and was unrelated. The fifth assumption was to assess if there were any outliers or influential points in data.

An examination of the studentized residuals produced three case outliers (see Table 6), as indicated by those exceeding ±3.0 (The Pennsylvania State University, 2018). I examined these cases to determine whether they were due to data entry errors or if they represented true outliers or influential data points. I compared models with and without the outliers, which showed consistent results. No influence on the mean standard error (MSE) between models with and without the outliers suggested there are no influential data points (The Pennsylvania State University, 2018), and I conducted a comparison of the MSE between models to find no change, thus no influential points in the data.

Table 6

Case Diagnostics

Case	Selected status[a]	Observed use of force	Predicted	Predicted group	Temporary variable		
					Resid	ZResid	SResid
483	S	1**	.010	0	.990	10.100	3.059
544	S	1**	.004	0	.996	15.454	3.314
545	S	1**	.004	0	.996	15.454	3.314

Note. Resid = residual.

[a] S = selected; U = unselected cases; ** = misclassified cases.

[b] Cases with studentized residuals greater than 3,000 are listed.

After examination, these cases were retained in the analysis because they reflect real-world data for use of force incidents. The inclusion of these outliers was also justified based on maintaining the integrity of the data provided by the participating agency. The final assumption was the logit odds transformation on the dependent

variable. This assumption only applies to continuous dependent variables and this study used a nominal dependent variable.

Multinominal Logistic Regression

A multinomial logistic regression was conducted to examine the association and predictability between disposition (arrest, referral for mental health services, and use of force) and the predictor variables (event type, veteran behavior, police officer military experience, and police officer CIT). As shown in Table 7, both Pearson [$\chi^2(44) = 41.419$, $p = .583$] and Deviance ($\chi^2[44] = 42.046$, $p = .556$) were insignificant. Both goodness-of-fit statistics suggested that the model fits the data well because the *p* values are not significant ($p > .05$). This result indicates that the observed data do not significantly differ from the expected data under the model.

Table 7

Goodness of Fit

Residual	χ^2	*df*	Sig.
Pearson	41.419	44	.583
Deviance	42.046	44	.556

In Table 8, the likelihood ratio chi-square test statistic was ($\chi^2[12] = 72.397$, $p < .001$), which is statistically significant ($p < .001$). This indicates the model with the predictors fits significantly better than the null model of the variance in the outcome also indicating that other factors could be influencing the model.

Table 8

Model Fit

Model	Model fitting criteria	Likelihood ratio tests		
	−2 log likelihood	χ^2	*df*	Sig.
Intercept only	201.147			
Final	128.750	72.397	12	<.001

Table 9 shows the pseudo R^2 values, indicating the model explains a small proportion of the variance in the dependent variable. The model explained about 9.4% (Nagelkerke R^2) of the variance in the outcome, indicating that other factors could be influencing the model.

Table 9

Pseudo R^2

Heading	Heading
Cox and Snell	.074
Nagelkerke	.094
McFadden	.050

Results: RQ1

With RQ1, I sought to determine if there was an association between event type and veteran disposition. The chi-square statistic for the effect of event type on disposition shows a value of ($\chi^2[4] = 19.911$, $p < .001$), which is statistically significant (see Table 10). This result supports the rejection of null hypothesis ($H_0 1$) and accepts the alternate hypothesis ($H_a 1$), suggesting event type is associated with veteran disposition.

Results: RQ2

RQ2 sought to determine if there was an association between veteran behavior and veteran disposition. The chi-square statistic for the effect of event veteran behavior on disposition showed a value of ($\chi^2[4] = 34.763$, $p < .001$), which is statistically significant (see Table 10). This result supports the rejection of the null hypothesis ($H_0 2$) and supports the alternate hypothesis ($H_a 2$), indicating that veteran behavior is associated with veteran disposition.

Results: RQ3

With RQ3, I assessed whether there was an association between police officer military experience and veteran disposition. The chi-square statistic for the effect of police officer military experience showed a value of ($\chi^2[2] = 1.607$, $p = .448$), which was not statistically significant (see Table 10). This result supports the acceptance of the null hypothesis ($H_a 3$) that police officer military experience is not associated with veteran disposition.

Results: RQ4

I posed RQ4 to determine if there was an association between police officer CIT and disposition. The chi-squire statistic for the effect of officer CIT on disposition shows a value of ($\chi^2[2] = 7.963$, $p = .019$). This result is statistically significant as the p value is less than .05 (see Table 10). Thus, the null hypothesis ($H_0 4$) can be rejected in support of the alternate hypothesis ($H_a 4$) that officer CIT is associated with veteran disposition.

Table 10

Likelihood Ratio Tests

Effect	Model fitting criteria	Likelihood ratio test		
	−2 log likelihood of reduced model	χ^2	*df*	Sig.
Intercept	128.750[a]	.000	0	.
Event type	148.661	19.911	4	<.001
Veteran behavior	163.513	34.763	4	<.001
Officer military experience	130.358	1.607	2	.448
Officer CIT	136.713	7.963	2	.019

Note. The chi-square statistic is the difference in −2 log likelihoods between the final model and a reduced model. The reduced model is formed by omitting an effect from the final model. The null hypothesis is that all parameters of that effect are 0; CIT = crisis intervention team.

[a] This reduced model is equivalent to the final model because omitting the effect does not increase the degrees of freedom.

Results: RQ5

I deployed RQ5 to determine whether the four predictor variables (event type, veteran behavior, police officer military experience, and police officer CIT) could predict the disposition of a veteran as measured by arrest, referral for mental health services, and use of force. The reference category for the dependent variable was arrest. Table 11 shows the parameter estimates from the multinominal logistic regression performed.

When compared to property-related events, veterans involved in harm-related events showed the odds of being referred for mental health services were 1.23 times higher than the odds of being arrested, but were statistically insignificant (*B* = 0.203, *SE* = 0.386, *p* = .599, 95% CI [.575, 2.611]). Veterans involved in crisis-related events had 1.12 higher odds of being referred for mental health services than being arrested (*B* = .339, *SE* = .339, *p* = .742, 95% CI [.575, 2.172]), but this finding was statistically insignificant.

Veterans exhibiting disruptive behaviors comparted to threatening behaviors had 2.04 times higher odds of being referred for mental health services than being arrested (*B* = 0.714, *SE* = 0.175, *p* < .001, 95% CI [1.449, 2.876]), which was statistically significant. Similarly, I discovered statistically significant results when veterans displayed mental illness behaviors and were 2.53 times more likely to be referred for mental health services than to be arrested (*B* = 0.929, *SE* = 0.175, *p* < .001, 95% CI [1.795, 3.571]).

Veterans interacting with CIT police officers compared to non-CIT officers were 1.81 times more likely to be referred for mental health services than to be arrested (*B* = 0.591, *SE* = 0.221, *p* = .008, 95% CI [1.170, 2.787]), which was statistically significant. Veterans engaged by officers with military experience compared to officers without military experience were 1.06 times more likely to be referred for mental health services than arrested (*B* = .063, *SE* = .221, *p* = .706), 95% CI [.767, 1.480]), but the results were insignificant.

When veterans were involved in harm-related events the odds of use of force as a disposition compared to arrest was 4.2 times more likely (*B* = 1.440, *SE* = 1.086, *p* =

.371, 95% CI [.502, 35.493]); however, the results were insignificant. Veterans being disruptive were three times more likely to experience force compared to arrest (*B* =1.098, *SE* = .823, *p* = .182, 95% CI [.598, 15.039]), but this was statistically insignificant. Although an officer's military experience shows that veterans were 2.11 times more likely to experience the use of force compared to arrest, the results were insignificant (*B* = .745, *SE* = .570, *p* = .191, 95% CI [689, 6.435]).

Table 11

Parameter Estimates Multinominal Logistic Regression

Veteran disposition interval							95% Confidence Interval Exp(B)	
	B	*SE*	Wald	*df*	Sig.	Exp(B)	Lower bound	Upper bound
Referral for mental health services								
[Event type = crisis]	.111	.339	.108	1	.742	1.118	.575	2.172
[Event type = harm]	.203	.386	.277	1	.599	1.225	.575	2.611
[Event type = property]	0[b]	.	.	0	.	.	.	.
[Veteran behavior = disruptive]	.714	.175	16.648	1	<.001	2.041	1.449	2.876
[Veteran behavior = mental illness]	.929	.175	28.045	1	<.001	2.532	1.795	3.571
[Veteran behavior = threatening]	0[b]	.	.	0	.	.	.	.
[Officer military experience = yes]	.063	.168	.142	1	.706	1.065	.767	1.480
[Officer military experience = no]	0[b]	.	.	0	.	.	.	.
[Officer CIT =yes]	.591	.221	7.127	1	.008	1.806	1.170	2.787
[Officer CIT =no]	0[b]	.	.	0	.	.	.	.
Use of force								
[Event type = crisis]	−1.013	1.132	.801	1	.371	.363	.039	3.340
[Event type = harm]	1.440	1.086	1.757	1	.185	4.221	.502	35.49
[Event type =property]	0[b]	.	.	0	.	.	.	.
[Veteran behavior = disruptive]	1.098	.823	1.782	1	.182	2.999	.598	15.03
[Veteran behavior = mental illness]	−.153	1.025	.022	1	.881	.858	.115	6.394
[Veteran behavior = threatening]	0[b]	.	.	0	.	.	.	.
[Officer military experience = yes]	.745	.570	1.708	1	.191	2.106	.689	6.435
[Officer military experience = no]	0[b]	.	.	0	.	.	.	.
[Officer CIT = yes]	−.410	1.065	.148	1	.700	.664	.082	5.351
[Officer CIT = no]	0[b]	.	.	0	.	.	.	.

Note. CIT = crisis intervention team.

[a] The reference category is arrest.

[b] This parameter is set to zero because it is redundant.

Summary

The purpose of this study was to examine if there was any association and predictability among event type, veteran behavior, police officer military experience, police officer CIT and veteran disposition. In Chapter 4, I provided the results of the quantitative analysis aimed at answering the RQs posted in this study. I tested statistical assumptions for a multinomial logistic regression, and all were satisfied. Although not deemed influential on the findings, I identified three outliers. These cases were included in the analysis as the entries represented real-world data provided by the participating agency, and review was completed to assess the influence of the outliers. Results should be interpreted accordingly.

Overall, I uncovered evidence in support of the rejection of the null hypothesis for RQs 1, 2, 4, and 5. Findings in this study suggest there were significant associations between event type, veteran behavior, and police officer CIT with outcomes involving veterans during crisis disposition. When compared to threatening behaviors, veterans who displayed disruptive or mental illness behaviors had a higher likelihood of being referred for mental health services compared to being arrested.

Police personnel's prior military experience showed no significant association with how veterans were dispositioned during a crisis. Conversely, police personnel who were CIT compared to non-CIT personnel were more likely to refer veterans for mental health services than arrest, which was a significant finding. Event type, veteran behavior, police officer military experience and police officer CIT had no significant association

with use of force on veteran disposition. In Chapter 5, I provide an interpretation of the study findings, and present the limitations of the study, future recommendations, and implications.

Chapter 5: Discussion, Conclusion, Recommendations

Introduction

The fundamental aim and methodology of this study was to examine the association between police decision-making and event type, veteran behavior, police officer military experience, police officer CIT, and veteran disposition. Under the premise of role theory and attribution theory, this study was driven by gaps in the literature and to provide a more nuanced comprehension and through empirical examination, of how police officers handle crisis situations involving veterans. This understanding is vital not only to inform policy but to ensure safer outcomes between police and veterans. Moreover, veterans may have experiences or conditions that influence their behavior during interactions with law enforcement, and this necessitates specialized approaches. This chapter provides an interpretation of the study findings, and presents limitations, implications, and recommendations for future research.

In this study, I found significant associations between the type of event and the likelihood of referral for mental health services versus arrest, underscoring the critical role that the event type plays in shaping police responses. Furthermore, veteran behavior, specifically when they are disruptive (e.g., disorderly or belligerent) or showing signs of mental illness emerged as a pivotal factor in the officer's decision-making process, especially in decisions related to referrals for mental health services instead of arrest. Police officers who were CIT was significantly associated with veteran disposition, yet the military experience of the officers did not show a significant effect on the decisions made during veteran crisis dispositions.

Role theory and attribution theory guided this study and provided a strong basis for examining the decision-making processes of police officers, particularly those with military experience, when they respond to veterans in crisis. As depicted by Biddle (1986), suggested roles are played based on expectations associated with social positions. This study's findings challenged the theoretical premise that officers with military experience would respond differently because of the roles they play. However, I found no evidence that military experience in police officers was a factor in crisis decision-making of veterans.

Attribution theory, developed by Weiner et al. (1982) and further refined by Weiner (2012), explained how individuals assign causes to behaviors and how these attributions influence their reactions. This theory was relevant in interpreting the results of this study as veteran behavior and event types were associated with a referral for mental health services instead of arrest. The distinction between the "warrior" and "protector" mindsets in police officers, as described by McLean et al. (2020), can be closely connected to attribution theory. This connection revolves around how police officers interpret situations and attribute causes to behaviors, which can influence the response of less punitive outcomes (i.e., referral for mental health vs. arrest).

Interpretation of the Findings

Findings in this study offer new insights into the literature on crisis intervention with veterans while confirming existing evidence in the literature highlighted in Chapter 2. Similar to the results reported in existing literature, my findings show that officers who are CIT respond favorably to crisis situations. By contrast, my study revealed a

variability in outcomes that may contribute to how a crisis disposition plays out. Lastly, results in this study produced similar findings when assessing behaviors that contribute to crisis disposition.

CIT does have positive influence on reducing arrest rates among PMHCs, by providing officers with an understanding to better manage mental health crises. In this study, results showed that CIT officers are more likely to refer veterans for mental health services than arrest. These findings are consistent with those findings offered by Compton et al. (2008), and Compton et al. (2014) showed a decreased arrest likelihood and indicated that CIT showed more supportive interventions over punitive measures.

Seo et al. (2021), Watson et al. (2010), and Taheri (2016) suggested that CIT can reduce arrests, but it does not uniformly affect outcomes across different settings and situations. Researchers have noted that other factors can yield outcomes beyond CIT to include the behavior of the PMHC, officer discretion, subject demographics, and event type. This study supports the idea that veteran behavior and event type are associated with veteran disposition; however, the meaningfulness was less than 10%, suggesting that 90% of officer-decision making is shaped by other factors.

When PMHC crisis are displaying threatening behaviors like suicide, Watson et al. (2010) and Bailey et al. (2021) found high arrest rates despite the influence of CIT. By contrast, this study found that CIT officers were more likely to refer veterans for mental health services than arrest. This study revealed findings consistent with Bailey et al, (2021), Khalsa et al. (2018), Todd and Chauhan (2021) and Tyese (2012), suggesting when a PMHC is indicating some type of harm against themselves, or there is the belief

that they would harm others, the most likely outcome is mental health support. However, for veterans, the finding in this study was insignificant.

In this study, the overall use of force represented 1.9% of police contacts with veterans, but the number of contacts was consistent with BJS (2018) indicating that force accounted for 2% of the total police contacts. Studies on use of force outcomes on PMHC by Mulvey and White (2018), Rossler and Terrill (2017), and Yang et al. (2018) all found statistically significant evidence that mental illness was a factor that contributed to use of force. Moreover, considering that mental health issues (e.g., PTSD, substance abuse, and anxiety) are common among veterans (Finlay et al., 2016), and veterans could be particularly vulnerable to force if these conditions are perceived as indicators of resistance or danger. However, this study produced insignificant results regarding use of force on veterans during crisis disposition. I discuss the implications of these findings in the limitations and recommendations for future research sections.

Limitations

This study produced findings that contributed to addressing the gap in the literature on veteran crisis intervention, but it also poses limitations. First, this study's data were sourced from a single police agency, which can limit the generalizability of the findings to other departments with different demographics, policies, and engagements with veterans. This study was correlational, and causal inference cannot be determined (Salkind, 2010). Associations were identified, but I cannot definitively state that one variable causes an effect on another.

The availability of crisis contact data was limited. Although the sample size was appropriate for the study, the analysis of interactions specific to veterans may not capture all relevant nuances such as use-of-force outcomes. Furthermore, although not deemed influential on the results, this study did produce outliers. This creates a limitation that could be rectified in future studies with a larger sample to include more use-of-force cases.

Recommendations

Future recommendations for research of veterans in crisis should consider investigating police agencies either regionally or across the United States if veteran crisis contact data are captured. Additionally, other variables should be explored, including veterans' characteristics such as gender and race, as existing literature suggests these are factors in police decision-making during crisis intervention. A future study could also consider a longitudinal study, allowing for a deeper examination of police interactions with veterans over time.

Implications for Positive Social Change

This study has notable implications that can contribute to further understanding crisis intervention between police officers and veterans. Findings advocate for the expansion of CIT training for police. Results show that CIT officers opted for mental health referrals instead of arrest enabling veterans get the help they need and perhaps help reduce veteran suicide. Given that limited data are available for police crisis contact with veterans, results from the research suggests the need to update CIT policies that helps officers identify and document when crisis calls involve veterans. Providing a responding

officer notice that a crisis contact is a veteran can ensure the appropriate resources and properly trained personnel are mobilized. Updates to CIT training specifically aimed at understanding veteran behavior and type of event during crisis contact and how to respond not only benefits veterans by ensuring they receive care, but also protects police by providing them with the tools to manage potentially volatile situations. Lastly, by addressing the gap, this study adds to the discussion on crisis intervention and police, specifically with veterans. This type of research can lead to broader debates on the unique challenges veterans face and the critical role police play in crisis intervention.

Conclusion

With this study, I sought to address a gap in the literature on veteran crisis intervention and examined if there were associations and predictability between event type, veteran behavior, police officer military experience, police officer CIT, and veteran disposition. My findings point to both consistencies and conflicts with the existing literature on crisis intervention, but the study also revealed new information about veteran crisis intervention. Additionally, this study provided an evidence-based understanding of how CIT influences police handling of veterans while also highlighting areas for policy improvements that could impact veterans. This study also points to the need for a nuanced approach that considers the complexities of individual, environmental, and situational factors in shaping police responses of veterans in crisis.

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Appendix: Descriptions of Coded Variables

Variable	**Description**	**Operational description**	**Type**	**SPSS Coding**
Event Type	For case type final there were multiple options listed. Categories ranged from crisis, disturbance, assaults, prowler, property, weapons involved, domestic violence, sex offense, robbery, burglary, mischief, rape, suicide, fraud, and hazards.	All options were merged into three levels for event type as an independent variable.	Categorical	1=Crisis, 2=Harm, 3=Property
Veteran Behavior	For exhibiting behaviors there were multiple options listed. Categories ranged from disorderly, suicide threat/attempt, neglect /self-care, usually freighted or scared, other, belligerent, hallucinations/delusions, out of touch with reality, paranoid, cooperative, hopeless, depressed, disorganized speech/communication, disorientation /confusion, physically threatening, verbally threatening, and suicide by cop.	All options were merged into three levels for veteran behavior as an independent variable.	Categorical	1=Distributive, 2=Mental Illness, 3=Threatening

Police Officer Military Experience	Consisted of two options of yes, the officer had military experience or no they did not.	Options were classified into two levels for police officer military experience as an independent variable.	Dichotomous	0=Yes 1=No
Police Officer CIT	Consisted of two options. The officers either had training records showing completion of CIT or they did not.	Options were classified into two levels for police officer CIT as an independent variable.	Dichotomous	0 = Yes 1 = No
Veteran Disposition	Options listed from data included emergent detention, no action, voluntary committal, resources offered, mobile crisis team, subject arrested, chronic compliant, MH agency notified, unable to contact, crisis clinic, social service, other, transport, geriatric regional assessment team, shelter transport, and crisis center. Use of force data was pulled from an indicator showing Yes or No in the dataset.	Options were merged into three categories for the veteran disposition outcome.	Categorical	0 = Arrest, 1 = Referral for Mental Health Services, 2 = Use of Force