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Examining Police Officer Satisfaction with Mental Health Resources

Jessica Renee Burke
Walden University

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Jessica R. Burke

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2019

Abstract

Examining Police Officer Satisfaction with Mental Health Resources

by

Jessica R. Burke

MS, Capella University, 2015

BS, University of Phoenix, 2013

Proposal Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Forensic Psychology

Walden University

August 2019

Abstract

The purpose of this study was to determine the overall satisfaction officers experience with the mental health resources provided by their department. The research aimed to determine whether or not age had an impact on satisfaction levels of police officers. The results from this research would provide information for law enforcement agencies to use in evaluating their own mental health services. Archival survey data from the National Police Suicide Foundation (n = 48) was used for this study to examine the research question: how does age impact an officer's satisfaction in mental health resources. A linear regression was used to analyze the data. In the current study, age did not appear to be a predictor of officer satisfaction in mental health resources. The implications for social change are that awareness is raised by law enforcement agencies to evaluate their own programs to ensure their officers are receiving adequate mental health care.

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Chapter 1: Introduction to the Study

On a daily basis, police officers encounter a barrage of events not usually experienced by the average citizen. In any given day, he or she may be exposed to human remains, contact victims of child abuse, experience a serious threat to their life, and may even be faced with killing a citizen who has threatened their life (Maguen, Metzler, McCaslin, Inslicht, Henn-Hasse, Neylen, & Marmar, 2009). These officers commonly do not seek help, often due to the lack of adequate resources made available to them by their agencies' administration (Karaffa & Koch, 2016).

The topic of this study was to determine to what extent police officers are satisfied with the mental health resources provided to them by their agencies. A study geared toward evaluating the adequacy of such resources and the impact mental health issues has on the force could encourage police departments to evaluate their own mental health provisions to determine whether they are adequate or should be improved upon. Studies show that productivity loss is a common result of the presence of mental health conditions (Fox, et al., 2012). This suggests that police departments can benefit from focusing on mental health care for their officers.

Background of the Study

A great deal of research in mental health conditions in law enforcement has shown that, as a result of exposure to trauma, police officers often experience conditions such as depression, anxiety, and posttraumatic stress disorder (PTSD; Marchand, Nadeau, Beaulieu-Prevost, Boyer, & Martin, 2015). As a result of these mental health issues, and their prevalence in law enforcement officers, a number of negative repercussions arise. Decreased job satisfaction (Maurya and Agalwar, 2015), decrease in productivity (Fox, et al., 2012), alcoholism (Chopko, 2013), negative and avoidant coping strategies (Maran, Varetic, Zedda, & Ieraci, 2015), health

problems (Wirth, Andrew, Burchfield, Burch, Fekedulegn, Harley, Charles, & Violanti, 2017) marital strife and intimate partner violence (Blumenstein, Fridell, & Jones, 2012), and police suicide (Milner, Spittal, Pirkis, & LaMontagne, 2013), are all secondary results of mental health concerns in law enforcement. The existence of a variety of issues related to mental health issues in law enforcement suggests a need for law enforcement officers to receive adequate mental health resources.

One study researched the effects of stress and fatigue on police officers, to determine the implications for training and policy (Hope, 2016). The results of this study brought the author to the conclusion that police officers that are compromised by stress due to the work conditions of police officers, impairment in their functioning and ability to perform their job tasks adequately is often reported. Not only is adequate performance required for the force to effectively achieve their tasks, but it is also required to maintain safety in a particularly dangerous environment. This study illustrates the importance of law enforcement agency's contribution to mental health management to ensure their officers' needs are met while being exposed to occupational stress.

One issue that presents a significant obstacle to mental health management in law enforcement is the stigma of mental health and the attitudes toward seeking help. Smid, McCrillis, Haugen, and Nijdam's (2017) meta-analysis highlighted a common theme of first responders being hesitant to seek help due to fear of judgement from coworkers and leadership, as well as the presence of a self-stigma that mental health conditions are products of weakness.

The meta-analysis also brought attention to another barrier to care. This was the commonality of problems with ease of access presenting a barrier to care as being as much of an obstacle as the stigma of mental health conditions. Difficulty with scheduling appointments,

discouragement from leadership, and fear of repercussions on career were all reasons cited for choosing not to seek help for mental health concerns (Smid, et al., 2017).

Webster's (2013) meta-analysis examined the literature on perceptions of police officers of occupational stress. Webster recognized that there was limited literature on police officers' perception of stress, suggesting a need for further research on the issue. Despite that limitation, Webster found that the extent of support, or lack thereof, that an officer receives has an impact on perception of occupational stress, suggesting that attention to the implementation or enhancement of stress management endeavors can prove beneficial in reducing the effects of occupational stress (Webster, 2013). The fact that research on the perception of police officers is limited, and that there is reason to believe that stress management is beneficial leads one to conclude that further research on how officers feel about what resources are made available to them can aid the field in ensuring adequacy of mental health resources.

The vast pool of research in mental health in law enforcement, combined with the fact that mental health conditions continue to be the cause for a variety of negative outcomes of mental illness, a better understanding of how current efforts to address mental illness in law enforcement could improve is needed. A study of this nature may yield results that could aid law enforcement agencies in determining whether their current provisions are adequate or need to be improved upon. Further, identifying the adequacy or shortcomings of mental health resources available to law enforcement officers could promote awareness of the problem that is mental health conditions in police officers by drawing attention to their prevalence and encourage police officers with concerns to seek help.

Problem Statement

Due to the repeated exposure to trauma that the average police officer endures, mental health problems are not uncommon in the field. Police officers experience events on a daily basis that the average citizen may never see in a lifetime, some of those being extremely traumatic (Maguen, et al., 2009). Each individual officer may experience dead bodies, exposure to victims of child molestation, physical confrontations while attempting arrests, seeing a variety of victims of crime, among many other stressors that are known to lead to mental health concerns. Any officer could very well experience one or more of these stressors during every shift. In response to traumatic events, the support offered to police officers by their department may be limited and varies from city to city, and state to state. While there is a great deal of research in the area of mental health as it relates to law enforcement, there is little research that delves into the support police officers receive from their departments to afford them the opportunity to best manage their own mental health, specifically the police officers' satisfaction or dissatisfaction in that which is offered to them. Presumably, one can deduce from an officer's level of satisfaction in a mental health resource whether or not it was effective for each individual officer that has accessed these provisions. While there are many studies on various mental health resources and how they are used for police officers, there appears to be a lack of research that focuses on whether or not officers themselves find these resources helpful or even worth being accessed. There is a need to address this gap in the literature by learning more about police officers' perceptions about mental health provisions by asking them directly. Mental health problems can be both prevented and managed via support from the department both before and after exposure to traumatic events (Fox, et al., 2012). However, limited resources, stigma on mental health, difficult access to resources, and fear of repercussions, police officers often are either unable, or reluctant to access

department resources after exposure to trauma, as these are well-established obstacles that are known to discourage officers from seeking services.

The prevalence of PTSD and other mental health issues can be seen in the results of many studies conducted in mental health issues in law enforcement. In one study of police officers in Connecticut, researchers found that 30% of officers reported having intrusive thoughts or nightmares, and 22% reported avoiding places that reminded them of traumatic events (Fox, et al., 2012). This study revealed that 40% of the sample met the diagnostic criteria for a mental health condition, PTSD being the most common. The critical incidents that officers are repeatedly exposed to are known to lead to mental health issues (Robinson, Sigman, and Wilson, 1997), and police officers have openly expressed that they would like more access to mental health resources (Fox, et al., 2012).

Purpose of the Study

The purpose of this quantitative study was to identify police officers' overall satisfaction with mental health resources offered by their department, based on the composite score of a survey, and the length of their time in service. Making this identification would allow police departments to focus their evaluations of their current mental health provisions, in order to ensure that they are adequate for their own department and department demographics. While some agencies are making dramatic improvements already, there are others that may benefit from enhancing their resources to meet officers' needs. The results of this study would serve to call attention to what resources officers believe contribute to their own mental health management so that they can be properly addressed. Data was analyzed, taking into consideration ages of the participants as an independent variable. The age of the officers would be analyzed to determine how it impacted the officers' composite score of satisfaction or

dissatisfaction. Ideally, the results would be fruitful in determining what is required from police departments to best address the prevalence of mental health issues in law enforcement and encourage those that are lacking to consider enhancing their provisions.

Research Question(s) and Hypotheses

There was one research question for this study:

RQ 1: How does age impact officers' satisfaction with their mental health provisions?

*H*₁: Police officers over 35 will express less satisfaction in mental health provisions

*H*₂: There will be no significant difference between younger and older police officers with respect to satisfaction in mental health resources

Theoretical Foundation

This research drew on the organizational justice theory, specifically how it relates to the typical law enforcement workplace. Research has shown that there is a relationship between workers' perception of fairness and equity and mental health (Devonish, Kouvonen, and Coyne, 2008). The aforementioned study conducted by Fox, et. al. (2012) illustrated the officers' desire for access to more resources and may suggest the police officers' sense of being treated unfairly. The organizational justice theory encompasses the idea that employees that feel that they are being treated unfairly may be more susceptible to mental health issues. An officer that feels that he or she is exposing themselves to stress that could negatively impact their mental health, and who feels that their mental health provisions are lacking or ineffective may feel that they are being treated unfairly. This study will be focused on examining the perspective of police officers on their level of satisfaction with the way their departments help them manage their mental health.

According to Devonish, Kouvonen, and Coyne (2008), employees who suffer from mental health problems demonstrate decreased productivity and more absences from work, leading to higher costs to the organization. Illness due to work-related stress is estimated to cost organizations billions of dollars annually. Considering the prevalence of mental illness in law enforcement, combined with the concept of the productivity loss and the cost thereof, one of the most significant implications for social change of this study lies in police agencies' investment in addressing work-related stress by ensuring the adequacy of their mental health provisions to reduce the likelihood of police officers' susceptibility to developing mental health problems. By offering adequate resources and investing in mental health, not only are police departments directly addressing mental health problems that arise from repeated exposure to trauma, they are also giving officers the sense of being treated fairly by their administration, also contributing to reducing their susceptibility of mental health problems (Devonish, Kouvonen, and Coyne, 2008). The new understanding of police officers perception of the usefulness and efficacy of common provisions can help police departments evaluate and determine whether or not what they offer is truly adequate. Understanding what police officers say about their resources can provide a new angle for police departments in ensuring that their offers are both being treated fairly, and perceive that they are being treated fairly by ensuring provisions are adequate, and effective.

By applying the organizational justice theory to mental health in law enforcement, one can suggest that mental health problems are compounded by the fact that, not only are they repeatedly exposed to trauma, but they may also face a perceived lack the support from their department, leading to a higher likelihood of the development of mental health conditions.

The study focused on identifying how police officers perceive their resources with respect to efficacy, ease of access, and whether or not they trust that their concerns are not being

relayed to administrative bodies who will enforce repercussions. Provided officers feel that they are being treated fairly in ways that are proportionate to the risks and challenges of their jobs, an administration can contribute to appropriate mental health management and prevention of mental illness.

Nature of the Study: Quantitative

This research was conducted using a quantitative methodology by reviewing archival data from surveys and statistical analyses. The results would show common themes in police officers' satisfaction with provisions of mental health resources offered by their departments.

The variables considered were the time in service of each of the officers, ages, ranks the type of agency they work for, and their answers to several questions involving their levels of satisfaction in mental health resources offered by their departments. The survey the police officers participated in consisted of Likert scale questions that focused on what resources currently exist in their departments, whether or not they have used them, and their level of satisfaction with them. The composite scores from each survey will be analyzed using a linear regression to observe how age impacts overall satisfaction in mental health resources.

As some of the aforementioned studies suggest, police officers are less likely to speak of their mental health concerns for fear that there will be a negative impact on their jobs (Conn & Butterfield, 2013) (Fox, et. al., 2012). The anonymous conditions of participation for this survey likely resolved that limitation. Limitations of underreporting of mental health concerns are a common theme in this research, the authors citing the concerns for negative repercussions impacting their job should their administration be informed of their mental health issues.

To address that limitation, only archival data was used and no officers were identified through their participation.

Definitions

Barriers to Care: The challenges that police officers face that lead to a resistance to seeking health via services offered by their departments (Fox, et al., 2012)

Mental Health Provisions: Resources and training offered by police departments to either prevent or treat mental health conditions that develop as a result of occupational stress and exposure to trauma (Fox, et al, 2012).

Critical Incident: A work-related event that is significantly disturbing and traumatic to an officer that effects one's ability to function during or after the event (Thornton & Herndon, 2016).

Critical Incident Stress Debriefing: A structured intervention implemented following a critical incident to allow officers to discuss their emotions with their peers (Pasciak & Kelley, 2013).

Officer-Involved Shooting: A shooting involving an on-duty police officer (Pettersson, et al., 2017).

Employee Assistance Program (EAP): A resource offered to police officers and their families that allow them to seek the care of a mental health professional that does not require an out-of-pocket cost by the officer (Donnelly, 2015).

Psychological Contract: The unwritten set of expectations between and employer and an employee (Rodwell, Noblet, Rodwell, & Allisey, 2009).

Assumptions

An assumption of this study was that police officers would be more likely to answer questions honestly if they were offered anonymity as a condition of their participation. The stigma that exists on mental health often leads to a reluctance to discuss mental health issues in general (Fox, et al., 2012). Further, the fear of repercussions as a result of admitting mental health concerns often discourage officers from reaching out for help (Fox, et al., 2012) This could possibly compromise the reliability of the survey, as there is a possibility that the participants are not answering all of the questions honestly.

Another assumption is that a survey using a Likert scale and analyzed with a composite score would be the most efficient instrument to gain a full perspective of both the satisfaction and dissatisfaction of current provisions.

Scope of Delimitations

There were officers that took this survey that answered questions about resources they may never have accessed. This created a likelihood that their answers would reflect neutrality about a resource, rather than a level of satisfaction. This may have had an impact on the officers' composite scores and possibly skewed how results were interpreted.

Those officers that have accessed mental health resources may or may not have experienced a critical incident, and trauma they have experienced can have a wide range of severity. These factors may be significant in determining how satisfied an officer is with a mental health resource he or she has used. The perception of how effective the resource was in treating trauma will impact the officers' level of satisfaction. There may be a difference in how

each officer perceives efficacy of resource. Further, the type of trauma the officers have experienced may have an impact on how they perceive adequacy of resources.

A final delimitation is that the survey did not allow for capturing the full picture of the perception of officers on mental health resources. Interpreting the composite scores of each officer will be difficult, as some officers may have had an answer that did not truly reflect a level of satisfaction in one resource or the other if they have not accessed a particular resource. This may be the issue when an officer has either not experienced a critical incident for which he or she has requested help, or because he or she chose not to use resources that were made available.

Limitations

One significant limitation to this study was that the existence or absence of traumatic events in each participant's history was not considered. One may ask how satisfaction with available provisions and desire in future provisions would vary based on whether or not the officer had experienced a traumatic event or critical incident. It is possible that, if an officer had never experienced a traumatic event, they would have a neutral opinion on mental health provisions in general. More research should be done to further observe how officers who have needed to use resources feel about what was available to them, and what they would have liked to have access too.

Another limitation was that the author is the wife of a police officer. Biases about fairness in providing services and how mental illness are addressed must be set aside in order to produce quality research. This bias was addressed by a commitment to ensure accurate results that will best serve police departments overall, rather than focusing on those that the author believes may be inadequate.

Data was acquired from the National Police Suicide Foundation, a foundation that is dedicated to helping law enforcement officers in crisis. It is conceivable that officers taking a survey about mental health resources gave answers they felt would reflect a need for better resources.

Significance of the Study

Much of the literature on mental health issues in law enforcement addresses the fact that there is commonly a lack of availability and access to mental health resources. Research highlighting mental illness in law enforcement illustrates the importance of appropriate mental health care for police officers, be it through their department or out of their own resources (Velden, Rademaker, Vermetten, Portengen, Yzermans, & Grievink, 2013).

Research acknowledges that there is a stigma that exists among law enforcement officers that contributes to the barriers that prevent officers from accessing those resources that do exist, as well as a feeling of an inability to access care for fear of negative repercussions (Fox, et al., 2012).

The findings of this research would show the extent to which law enforcement officers are satisfied with the mental health resources they are offered. The results of this research would encourage police departments to evaluate and address if and how their current mental health provisions can be improved upon. Since not all law enforcement agencies offer the same mental health provisions, law enforcement agencies may benefit from discovering what resources are satisfactory to police officers and what resources are not. The new acknowledgement by administrative staff of law enforcement agencies of the current state of each of their mental health resources may motivate them to strive for even stronger mental health management endeavors.

Improved mental health provisions and easier access to them could possibly lead to a decline in the prevalence of mental health disorders in law enforcement officers to promote a healthier force. This could potentially also lead to enhanced productivity. According to Fox, et al. (2012), police officers that suffer from mental health problems often exhibit decreased productivity. This suggests that adequate mental health resources offered by police departments may translate into a more effective police force.

Significance to Theory

While there is a great deal of research on the prevalence of mental health disorders in law enforcement officers, and how they are developed, little research focuses on police officers' perception of those provisions that are made available to them. This study bridges that gap and advances the knowledge of police perception and mental health management in the field of police psychology. Whether or not police officers feel that their mental health provisions are effective in managing their mental health concerns is at the core of developing, improving upon, and maintaining appropriate resources in each agency.

Significance to Practice

With the results yielded from this study, police psychologists will benefit from expanded knowledge on what officers find useful in aiding them in their mental health management. The use of such information can be applied to how agencies' staff psychologists implement treatment programs for the officers in their care, as well as what recommendations they make to agencies with respect to what resources would be most useful.

A police psychologist that is equipped with the results for such a study, as well as a commitment to mental health management can be a valuable resource to law enforcement

agencies and their officers, especially those that have experienced critical incidents or that have been repeatedly exposed to trauma.

Significance to Social Change

This study's implications for positive social change lie in each agency's opportunity to evaluate their current mental health provisions and determine whether their officers are satisfied or dissatisfied based on common thought processes. Those agencies that have determined that their provisions are likely inadequate have the ability and knowledge to improve upon what is available and implement new provisions that will effectively assist in their officers' mental health management. This evaluation and strengthening of current mental health provisions may lead to the officers in their agencies becoming mentally healthy as a force, resulting in improved morale overall. The lack of mental health issues may lead to increased productivity. And adequate productivity will inevitably lead to more effecting community policing that can be observed in a lower crime rate. Not only could the results of such a study inspire social change in the population of police officers, but also to improvement in law enforcement efforts in general

Summary and Transition

This study was based on the effects of repeated exposure to trauma in law enforcement officers and the prevalence of mental health conditions. The existing literature on mental health in law enforcement suggests a need for adequate mental health provisions in law enforcement agencies in the United States.

While there is a great deal of research in mental health in law enforcement, what is missing from the research is the extent of which law enforcement officers are satisfied with the provisions they are offered, and how those perceptions are taken into consideration when agencies are determining how and to what extent they will offer mental health resources.

Mental illness in police officers creates a variety of outcomes ranging from decrease in productivity to suicide. The existing literature about these issues, combined with the proposed study, may serve encourage police agencies to ensure that their contribution to their officers' mental health management is adequate in preventing mental illness.

Chapter 2: Literature Review

As the nature of their job, police officers are exposed to a variety of stressors and traumatic events. On any given day, this could mean that an officer is called to the scene of a dead body or becoming engaged in a fire-fight (Conn & Butterfield, 2013). While there are often resources available to officers that have been exposed to trauma or that are suffering from mental health concerns, officers are often reluctant to use them (Fox et al., 2012).

Due to repeated exposure to trauma, there is a need to further address the state of the mental health resources offered to officers who have experienced traumatic events. While there is a great deal of literature and research on police stress and its effects, what is missing from the literature is the extent of the satisfaction of current resources from the perspective of the police officers themselves.

The literature that exists covers a wide variety of topics that include occupational stress, resulting productivity loss, barriers to care, common mental health conditions, and common problems that result from repeated exposure to trauma. These observations and conclusions drawn suggest that there are many negative repercussions suffered by men and women who choose this line of work, and that there is a need to ensure they receive adequate mental health care to respond to the effects of multiple traumatic events.

Literature Search Strategy

To locate a full overview of law enforcement mental health issues, peer-reviewed journal articles were found using search queries that were conducted in both the Thoreau database, as well as Google Scholar. Many key search terms were used to find these articles, such as police OR law enforcement stress, mental health, occupational stress, families, posttraumatic stress disorder, depression, anxiety, and critical incidents.

The most challenging issue that arose from these queries was that many of the articles that were returned were specifically related to police officers work with mentally ill citizens. Most of the articles searched were within from studies that were conducted within the last 5 years, however there were some articles that had important data relevant to this study that were from studies that were slightly more dated.

Theoretical Foundation

This study draws on the organizational justice theory that suggests employees are more susceptible to mental health conditions when they feel that they are not treated fairly by their administrations (Devonish, Kouvonen, & Coyne, 2008).

The main concept of the organizational justice theory is that one perceived that they are being treated fairly and equally by their organization (Chan, 2000). Police officers are often faced with making complex decisions that are later scrutinized by their departments and have expectations to be addressed fairly (Miller, Unruh, Wharton, Xinliang, & Ning, 2017). Further, when exposure to trauma results in a need for mental health management, police officers require their agencies to tend to their wellbeing appropriately and equitably.

Studies that have found that officers often feel that the extent of support received has an impact on one's perception of occupational stress, suggesting that more attention paid to stress management endeavors could be beneficial in mitigating the effects of repeated exposure to trauma and occupational stress (Webster, 2013). Studies have also shown that a majority of police officers have witnessed unfairness in their agency, officers frequently stating that departments that pay attention to the welfare of their officers in an indication of empathy and interest in fair treatment with respect to how they are addressed (Reynolds & Hicks, 2015). Many of these studies have explored the concept of the psychological contract in work

environments. The psychological contract between an employer and employee represents the level of support for the wellbeing from the administrator as a common expectation of police officers (Rodwell, Noblet, & Allisey, 2009). Officers that did not feel they received adequate support from their departments during these struggles, experienced a sense of being treated unfairly. Further, there appears to be a significant and positive correlation between the perception of supportive leadership and job satisfaction and mental health (Maurya & Agarwal, 2015). These studies show the importance of the feeling of being treated fairly and supportively to mitigate the effects of repeated exposure to trauma that police officers suffer throughout their careers.

One positive outcome of addressing mental health concerns adequately as an administration seeking to tend to the wellbeing of police officers is the perception of organizational support to police officers. This has been shown to have a significant impact on determining whether officers will experience such negative consequences as burnout and secondary traumatic stress (Miller, Unruh, Wharton, Xinlang, & Ning (2017). The perception of organizational justice is also believed to have a small, but impactful contribution on performance. Researchers in this area have drawn the conclusion that well-managed stress and perceived fairness will have a positive impact on job performance (Noblet, Maharee-Lawler, & Rodwell, 2012).

This study will illustrate commonalities in police officers' satisfaction or dissatisfaction in the mental health resources made available to them, allowing police departments to evaluate their current resources to determine whether or not they are adequate and appropriate for tending to the effects of repeated exposure to trauma.

Literature Review

Police Culture

For one to have an understanding of the mental health aspect of law enforcement, it is important to first understand various elements of traditional police culture. While police culture tends to vary from agency to agency, police officers do tend to hold similar beliefs, attitudes, and values (Cordner, 2017). Studies on police culture have suggested that these attitudes are likely a coping response to the internal and external stress and danger that officers experience through their work, the behaviors being passed down from generation to generation of police officers (Terpstra & Schaap, 2013). Values like solidarity, or attitudes such as a general mistrust of citizens are likely ways that police officers have coped with stress and danger following stressful or traumatic events. This would explain why these attitudes and values are so similar among police officers around the world. The concepts of policing are universal. Situations that occur do not have much variance from country to country or state to state, leading to police culture being widely similar (Terpstra & Schaap, 2013).

Police culture also is responsible for the stigma that exists on mental health issues in law enforcement, as well as leading to officers' reluctance to seek help. To many officers, part of being a police officer is being brave, courageous, and essentially able to handle everything that comes with being a cop. That idea leads to the concept of requiring help for mental health concerns being a show of weakness (Karaffa & Tochov, 2013). Further, a general distrust for others is common for police officers which contributes to the concern that speaking out about mental illness can lead to negative repercussions.

Police culture often has an impact on the social life, family life, and personal identity of officers outside of law enforcement work. Certain aspects of the police culture often lead to

behaviors that shape how police officers live outside their working hours. As a result, their home life, relationships, personal identity, and their general view of the world become impacted by their work life bleeding into their personal life. One example is the emotional detachment often experienced by police officers as part of a general expectation in conducting their work effectively that tends to occur in the form of a maladaptive coping strategy (Coombe, 2013). This suggests that police officers are in need of positive coping strategies and may benefit from psychoeducation to aid with stress management to mitigate the negative effects of police culture and repeated exposure to trauma.

The principles of stoicism, emotional suppression, and isolation that are commonly found in police culture are counter-intuitive to a pathway toward improved mental health and resilience (Papazoglou & Andersen, 2014). Police officers are simply not likely to voice their mental health concerns, show or release emotion, or seek help from peers or professionals, causing a detriment to their likelihood of surviving their career with their mental health intact.

Occupational Stress

Stress among police officers is a popular topic for research, as it is one common element seen across all law enforcement agencies. Police stress is known to be a product of a wide variety of issues that police officers face. Occupational stress specific to law enforcement work is known to increase the occurrence of posttraumatic stress disorder, depression, and anxiety. Many sources of stress, and factors that help and hinder officers in coping have been identified to include not only risk of life or injury, shift work, and a stressful work environment, but also the availability or lack thereof of mental health resources (Conn & Butterfield 2013). The very

nature of a police officer's job requires them to be placed in high-intensity, dangerous situations, leading to significant occupational stress and fatigue, often leading to a negative impact on operational response and performance (Hope, 2016). Both long-term and acute exposure to occupational stress have also been associated with altered perceptions, impairment of working memory, and negative impacts on problem-solving abilities (Gutshall, Hampton, Sebetan, Stein, & Broxtermann, 2017). In this field operational response and performance are vital for survival, so poorly managed stress can be dangerous for officers. Further, when any of these functions are impaired, it can lead to negative outcomes that place financial costs or liability on law enforcement agencies such as improper detentions, wrongful arrests, responding to incorrect addresses, excessive force incidents, or general decrease in productivity (Gutshall, et al., 2017). Occupational stress has also been found to have an impact on psychosocial well-being and physical health as well, due to their repeated exposure to trauma (Maran, Zedda, & Ieraci, 2015).

The very duties and circumstances of a police officer's job cause him or her to be exposed to a variety of stressful incidents. Police officers are frequently exposed to human remains, required to interview victims that are members of vulnerable populations such as children, the mentally ill, or the elderly, faced with instances where they are unable to help people, or exposed to scene reminders of previous trauma (Conn & Butterfield, 2013). They also are faced with additional stressors that involve the quality of their work environment, mental health resources, and relationships with peers and supervisors.

Many studies through the years have been conducted to explore stress in police officers. Simply the very nature of shiftwork has been found to have a significant impact on occupational stress. Lack of sleep and family conflicts are two of the most significant factors in occupational stress related to shift work reported by officers, especially those working on a night shift (Ma,

Andrew, et al., 2015). Studies that have focused on police officers' appraisal of occupational stress have revealed a wide variety of stressors that contribute to include inadequate supervision, negative press coverage, public criticism, departmental politics, racial conflicts, and excessive paperwork among many other elements of police work (Lucas, Weidner, & Janisse, 2012).

Burnout

When police officers are repeatedly exposed to trauma, combined with a stressful work environment, there is an increased risk of burnout (Mojgab, Backteman-Erlanson, & Brulin, 2016; Walsh, Taylor, & Hastings, 2013). Burnout syndrome is composed of three dimensions. Emotional exhaustion refers to the sensations of physical overexertion and mental weariness. The second is depersonalization, which is the development of a cynical and negative attitude. And the third is a reduced personal accomplishment that can be described as personal feelings of unhappiness toward oneself (Aguayo, Varags, Canadas, De la Fuente, 2017). These components of burnout syndrome have been found to lead to physical ailments, emotional disorders, and workplace problems.

Police officers are expected to exercise coercive authority for the best interest of the public, while also displaying high levels of professionalism. But due to this unique and complicated responsibility, police officers experience inconsistent, conflicting demands of serving and protecting while also being expected to exert force and to be required to frequently withdraw the freedoms of the citizens. This often leads to cynicism and job dissatisfaction (Schaible & Six, 2016).

There is reason to believe that job burnout plays a mediating role in counterproductive work behaviors among police officers. Exhaustion that results from job demands leads to a reduction in productivity while an officer works to reduce the use of his or her personal resources

by reducing productive behaviors (Smoktunowicz, Baka, Ciezlak, Nichols, Benight, & Luzszczynska, 2015). Job-related burnout in police officers is also known to lead to decreased motivation (McCarty & Skogan, 2013). Further, there have been studies to support the fact that a perceived lack of organizational support increases the likelihood of burnout in public service jobs, such as law enforcement (McCarty & Skogan, 2013). Studies have also shown that job burnout in police officers can lead to more aggressive interactions, likely due to emotional exhaustion and depersonalization leading to difficulty in engaging in appropriate interactions with citizens, and perceiving threats more frequently (Quieros, Kaiseler, & Da Silva, 2012).

Media's Role in Police Officer Stress

One of the several factors that may play impact stress in police officers is the media's role in law enforcement issues. With the hot-button topic of police use-of-force, police officers have been in the media's spotlight frequently as of late. Media personnel are under pressure to create news stories that are intriguing to the public (Chermak, Scheer, and Wilson, 2014). And police use-of-force incidents are often thought-provoking and controversial. The way the media portrays police officers facilitates the way the public views them, an increase in anti-police rhetoric, violence on police officers, criminal proceedings, disciplinary action and lawsuits against policing officers, and protesting are all significantly effective in increasing stress in laws enforcement officers (Nix & Pickett, 2017).

In 2014, Darren Wilson, a white Ferguson, Missouri police officer shot and killed Michael Brown, a black, unarmed man as he charged in his direction. The shooting was determined to be justified but was extremely controversial and lead to a racial divide that still stands (Shjarback, Pyrooz, Wolfe, & Decker, 2017). Since this event, police officers in multiple jurisdictions have reported that negative publicity was one issue that has led some officers to pull

back from proactive policing, in order to reduce their chances of becoming the center of a negative media coverage. Multiple studies have shown a decrease in policing such crimes as traffic violations, and disorderly conduct (Nix & Pickett, 2017; Shjarback, et al., 2017), illustrating that officers have, in fact, become more reluctant to do their jobs due to the stress of the potential for negative publicity.

A study that examined police officers' sensitivity to the so-called, "Ferguson Effect," and the impact of organizational justice found a number of officers that reported reduced motivation, feeling that law enforcement has become more dangerous, believing that their colleagues were negatively impacted, and feeling that citizens' view of the police has worsened (Nix & Wolfe, 2016). However, the authors also found that a sense of organizational justice, and feelings of being treated fairly by their administrative staff appeared to buffer the officers' responses, demonstrating the importance of organizational justice.

Common Mental Health Conditions in Police Officers

Mental health conditions such as anxiety, depression, and posttraumatic stress disorder have been identified as a common outcome of occupational stress in a number of studies. Police officers are repeatedly and continuously exposed to trauma throughout their careers, and on a regular basis (Fox, Britten, Lucas, Rosenthal, & Rosenthal, 2012; Arble, Lumley, Nnamdi, Blessman, Arnetz, & Bengt, 2016; Maguen, Metzler, McCaslin, Inslicht, Henn-Hasse, Neylen, & Marmar, 2009; Velden, Rademaker, Vermetten, Portengen, Yzermans, & Grievink, 2013).

On any given day, the average officer can be exposed to human remains, contact child victims, watch people die, get attacked, or be faced with exercising deadly force. Any one or combination of those events can lead to the development of mental health conditions and have been known to hinder an officer's resilience to mental illness (Conn & Butterfield, 2013). Some

studies have shown numbers as high as 40% of police officers meeting the diagnostic criteria for PTSD. Even officers that do not meet the diagnostic criteria for PTSD are not immune to other common conditions that result from stress, such as depression and anxiety. A strong link has been identified between the stress that comes from job demand, and the development of depression and anxiety (Maria, Woerfel, Wolter, Gusy, Rotter, Stark, Kleiber, & Renneberg, 2018; Arnetz, Arble, Lynch, Backman, & Lublin, 2013). As a result of their exposure to trauma, police officers are also at a risk of major depressive disorder, panic disorder, generalized anxiety disorder, and social anxiety disorder (Carleton, Afifi, Tailieu, Turner, El-Gabalawy, Sareen, & Asmundsen, 2018). The link between occupational stress and mental health conditions found very often in research in mental health in law enforcement illustrates the need to adequately accommodate the mental health needs of law enforcement personnel. Studies have also shown that job resources such as social support from colleagues, shared values, and positive leadership climates have creates a buffer against the effects of emotional exhaustion commonly seen in law enforcement (Maria, et al., 2018). There is a great deal of evidence in the existing literature and research to support the fact that positive intervention from law enforcement agencies can have a significant impact on mental illness in police officers.

Mental health conditions in law enforcement may account for a number of other issues such as police suicide, high divorce rates in law enforcement marriages, domestic violence among law enforcement couples, and alcoholism. The current literature suggests that law enforcement is one of the most stressful occupations, and that police officers are at a significantly increased risk of developing mental illness (Karaffa & Koch, 2013). It would appear that, not only are officers in the United States in danger of mental illness, but also all over the world. Studies conducted with police officers from various countries such as Australia,

Brazil, Iraq, and Canada yielding results on the prevalence of mental health problems illustrate a world-wide epidemic (LaMontagne, Milner, Allisey, Page, Reavlev, Martin, Tchernitskia, Noblet, Purnell, Witt, Keegel, & Smith, 2016; Maia, Nobrega, Marques-Portella, Mauro, Volchan, Coutinho, & Figueira, 2015; Snell, Etter, Carlson, & McCaslin, 2016; Marchand, Nadeau, Beaulieu-Prevost, Boyer, & Martin, 2015). As a result of this widespread issue, the problems that arise from mental health conditions in law enforcement can be observed as well.

Critical Incidents

A critical incident in policing context is usually an event that resulted in death, life-threatening injuries, or involves the intentional use of force, but may also be described as an event that was significantly traumatic to those involved (City of Columbia, Missouri, 2018).

Police officers are repeatedly exposed to a wide variety of critical incidents immediately after beginning field training. These incidents could involve exposure to human remains, interviewing child victims, or even a critical incident that involves being required to use lethal force (Chopko, Palmieri, & Adams, 2015). On any given day, any officer can experience what they perceive as an intense, traumatic incident at least one time. In Chopko, Palmieri, & Adam's (2015) study, officers were asked to rate the intensity they perceived in a number of different events that officers commonly experience. Among the most intense were making a mistake that lead to the death or serious injury of another officer, watching someone die, and exposure to human remains. This study illustrated how officers can be negatively impacted by the events their job entails.

Common Departmental Mental Health Provisions

Police Psychologists Role in Police Functions and Mental Health

After a critical incident or traumatic event has transpired, a staff psychologist may or may not become involved in the form of counseling. Staff psychologists, or police psychologists often work with law enforcement agencies and are tasked with providing treatment to officers and their families, evaluating officers for fitness for duty, and other forms of intervention following critical incidents (Brewster, Stoloff, Gupton, Corey, & Roland, 2015). Police officers often avoid these individuals for fear that voicing mental health concerns could lead to termination, as there is an obvious link between the psychology professional and the administrative bodies (Fox, et al., 2012). This person may also be involved in a critical incident stress debriefing (CISD) that often occurs after a police officer has been involved in a critical incident such as an officer-involved shooting (Pasciak & Kelley, 2013).

A CISD can be extremely beneficial to an officer who has experienced a traumatic event. Common outcomes of unresolved trauma following a critical incident are maladaptive coping behaviors, excessive alcohol use, acute anxiety, PTSD, delays in decision-making, excessive use of force, and increased risk-taking (Pasciak & Kelley, 2013). A CISD is held for the purpose of encouraging an officer who has experienced trauma avoid these common outcomes.

The CISD was has been used since the 1990s, but little research has found evidence to support its efficacy, rather, there have been studies that suggest that the use of CISDs have increased the likelihood of officers developing PTSD symptoms, more so than other treatments or the lack thereof (Pasciak & Kelley, 2013). Some studies have suggested that the prophylactic intervention process of the CISD disrupts natural recovery by exacerbating the symptoms during forcing recall of the traumatic event (Bonnano, Brewin, Kaniasty, & La Greca, 2010) (Pasciak & Kelley, 2013). Past research in this lead to the conclusion that the process of CISDs lead to learned helplessness (Addis & Stephens, 2008).

Pasciak & Kelley (2013) set out to examine whether their theory that the CISD is often ineffective is due to police officers' tendency to avoid talking with their peers about their traumatic events. The concepts of the CISD assume that police officers will exhibit a willingness to talk and share painful memories of their traumatic events with their peers. The results of their study supported Pasciak & Kelley's theory and lead to the conclusion that there must be a new method developed to help officers respond to trauma.

Another common resource offered by law enforcement agencies is an Employee Assistance Program (EAP). This program allows police officers and their family to seek mental health care outside of the department (Donnelly, Valentine, & Oehme, 2015). However, officers are often still reluctant to access their EAP due to a perceived link to the department and questionable confidentiality when their healthcare is being sponsored (Fox, et al., 2012). It appears that very little research has been conducted to determine the efficacy of the EAP. However, a study conducted by Donnelly, Valentine, & Oehme (2015), surveying police officers on the use of the EAP found that a small percentage, only 16% of the sample had reported utilizing it. Another important statistic that the authors found was that only 54.6% of police officers surveyed felt they knew enough about their EAP to appropriately access it. This illustrates the importance of police officers not only having access to this resource, but also perceiving an ease of access. If do not know about their EAP or how to access it, they are unlikely to use it (Donnelly, Valentine, & Oehme, 2015).

Peer Support

It is becoming more common for law enforcement agencies to form peer-support teams (Creamer, Tracey, Bisson, Dart, Greenberg, Lau, Moreton, O'Donnell, Richardson, Ruzek,

Watson, & Forbes, 2012). These teams are formed for the purpose of meeting the wellness needs of police officers through a network of other police officers within the department and are often designed to combat the stigma that is common among long enforcement officers (Creamer, et al., 2012). Studies show that supportive social interactions from other police officers following critical incidents have been helpful in preventing mental health conditions (Evans, Pistrang, & Billings, 2013). And while it is common for police officers to avoid mental health professionals, studies have shown that officers are much more likely to seek out some form of help from a peer support network (Wester, Arndt, Sedivy, & Arndt, 2010). But while there likely is a great benefit to officers discussing their mental health concerns with their peers, and while it is still more likely than an officer seeking help from a professional, due to the stigma on mental health that exists in law enforcement agencies, leading officers to feel that they are exhibiting weakness if they admit a mental health concern (Fox, et al., 2012; Smid, McCrillis, Haugen, & Nijdam, 2017; Karaffa & Koch, 2016).

A study aimed to determine what factors helped or hindered officers in coping with trauma revealed that talking with peers was the second most helpful factor that officers identified, citing that it helped to speaking to someone who, “just gets it” (Conn & Butterfield, 2013). Another study that examined various social interactions with officers following traumatic events found that social interactions with peers are very helpful. Even simple information communication with other officers such as humor and banter were found to be helpful for officers experiencing stress (Evans, Pistrangs, & Billings, 2013).

A longitudinal study with police officers involved in the attacks on the World Trade Center on September 11, 2001 aimed to examine social integration. Police officers in this study who engaged in effective social integration were found to be more resilient to mental illness,

suggesting that social integration acts as a buffer to stress (Schwarzer, Bowler, & Cone, 2014). While this study focused on social interactions with people other than other police officers, it does speak to the importance of officers engaging in discussion and interactions, rather than isolating oneself. This concept bleeds into peer support as another outlet for social integration.

Some agencies in the United Kingdom have implemented a program called, Trauma Risk Management (TRiM). TRiM is a peer-support program that is centered around risk assessment and posttraumatic support, that was developed over ten years ago for use in the Royal Navy (Watson & Andrews, 2017). In this program, volunteers are trained in risk assessment and basic trauma psychology and are tasked with carrying out a risk assessment after a traumatic event to identify risk for psychological difficulties. A major goal of the TRiM program was to encourage a movement away from cultural stigma to encourage help-seeking behavior (Hunt, Jones, Hastings, & Greenberg, 2013).

In an effort to determine the efficacy of the TRiM program, Watson and Andrews (2017) conducted a study using five police forces that had both used the TRiM program, and those that had no posttraumatic support programs, and administered surveys to 859 police officers with questions involving trauma exposure and PTSD symptoms. Their first hypothesis was that forces using the TRiM program would report fewer barriers to help-seeking and less stigma than forces that do not use TRiM. Their second hypothesis was that forces that used the TRiM program would report lower levels of PTSD than their non-TRiM-using counterparts. The results showed that groups that used the TRiM program did report fewer barriers to help-seeking than those groups that did not use the program, confirming their first hypothesis (Watson & Andrews, 2017). The study also yielded results that confirmed their second hypothesis that groups using the TRiM program would report fewer PTSD symptoms than groups that did not use the

program. These results suggest that law enforcement agencies can benefit from peer-support programs like TRiM.

Mental Health Training

Offering mental health training to new officers and officers at various parts of their careers is becoming more common as well. These training programs vary from department to department but involve making officers aware of common mental health issues, mental health resources that are available to them, and stress management techniques (Price, 2017). Resiliency training programs are also being considered in academy environments as of late, as well. These trainings involve teaching police officers how to manage their stress responses as a result of and following critical incidents (Ramey, Perkhounkova, Hein, Bohr, Anderson, 2017). Multiple studies have shown that resilience is key in managing occupational stress in law enforcement, avoiding fatigue and burnout, and reducing the likelihood of a police officer developing PTSD and other mental health conditions (Fyhn, Fjell, & Johnsen, 2016; McCanlies, Gu, Andrew, & Violanti, 2018; McCanlies, Mnatsakanova, Andrew, Burchfiel, & Violanti, 2014). There have even been studies on structural elements of resilience involving an association between white matter integrity in the brain and the skill of positive reappraisal, which is critical in enabling individuals to adapt successfully to stressful life situations (Van der Werff, Van der Wee, Elzinga, & Smit, 2017). Studies have also been conducted on cortisol responses and their relation to resiliency that demonstrate the importance of stress management to promote protection against mental disorders (Galatzer-Levy, Steenkamp, Brown, Qian, Inslicht, Henn-Haase, Otte, Yehuda, Neylan, & Marmar, 2014). Psychological resilience is known to be a predictor of mental health disturbances among first responders, meaning that improved psychological resilience can be effective in protecting police officers from mental health conditions such as PTSD (Van der

Meulen, Van der Velden, Setti, Van Veldhoven, 2018). Since police officers are most often reluctant to seek help from mental health professionals, resilience training can be extremely beneficial to help officers treat their own exposure to trauma. Education on potential mental effects of the chronic stress and trauma exposure that comes in the field, the normalization of help-seeking behavior, and the various benefits of peer support could be useful if they were implemented in modern training programs (Papazoglou & Andersen, 2014).

There are many studies that have investigated how new or improved mental health interventions could benefit law enforcement agencies. A study conducted with 36 police academy trainees in Milwaukee, Wisconsin aimed to observe the impact that a resilience training program had on recruits. These officers were given a program to help them learn to self-regulate by altering breathing and managing their heart rate with biofeedback and improve decision-making by focusing on positive emotions. Each of the recruits then attended four mentoring sessions with mental health professionals. At the end of the study, researchers compared the sample with a control group using a questionnaire. The results showed a higher level of coherence, which is a powerful contributor to resilience, in the recruits that went through the training (Ramey, et al., 2017). Further, from the feedback provided by the recruits, researchers found that the trainees valued the training they received.

Mental Health Stigma and Ease of Access

Due to the elements of police culture and the expectations that exist on what is required of a person to be a police officer, there has been a very long-standing stigma on mental illness in law enforcement. Police officers are often expected to suppress affect, discouraged to discuss emotions, and maintain a high degree of control. There also exists a fear that voicing mental health concerns will result in the loss of their job or being passed over for career advancements.

And these fears are not completely unfounded. Many officers in the history of research have admitted that they felt betrayed and ostracized by their departments after making their mental health concerns known (Stuart, 2017) One study where officers were surveyed yielded results that 62% of police officers would expect to be discriminated against after disclosing mental health concerns, and the same number said that they would not those will mental illness in supervisory roles (Stuart, 2017). 59.4% of officer surveyed stated that having a mental illness was an indication of personal failure, also stating that they would not seek help if they felt they had a mental illness.

While officers may have access to a variety of mental health resources, the stigma on mental health and the fear of negative repercussions on their jobs leads to barriers to care (Smid, et al., 2017; Price, 2017). Officers may feel that resources are too difficult to access or that they are experiencing too much risk if they seek help. As a result of their perception of poor ease of access to departmental mental health provisions, or hesitation to seek care that is provided due to negative repercussions, police officers often choose not to address their mental health concerns at all (Fox, et al., 2012). The stigma, difficulty in finding available resources, fear of negative repercussions, and perceived difficulty in accessing resources each alone are detrimental to an officer's likelihood of seeking help, but collectively these issues create a very strong barrier that all but promises that police officers will avoid any method of treating their mental health concerns.

As the prevalence of mental health conditions among law enforcement officers becomes more obvious, some law enforcement agencies are taking preventative measures against mental health conditions. These departments are implementing mental health focus in their training environments, specifically in the police academy. The Stockton Police Department in Stockton,

California was the 2017 winner for Officer Wellness, awarded by the National Law Enforcement Memorial Fund, and is one example of a law enforcement agency that is making strides to address the problem that is mental illness in law enforcement officers. (National Law Enforcement Memorial Fund, 2017). These programs are commonly implementing methods of preventing and addressing mental illness in training environments, and are often geared toward mental health awareness, education on mental health provisions, and in some cases, resiliency training (National Law Enforcement Memorial Fund, 2017). This attention paid to mental health in academy environments offer officers the opportunity to tend to their mental health from the start of their career, focusing on prevention, rather than attempting to address mental health conditions that arise due to accumulative trauma.

Alcoholism as a Coping Strategy

As a result of occupational stress, it is not uncommon for police officers to choose negative coping strategies to handle occupational stress and exposure to trauma such as self-blame, behavioral disengagement, denial, or substance abuse (Maran, Zedda, & Ieraci, 2015). A common negative coping strategy that impacts one's likelihood of developing PTSD is alcoholism. A study by Chopko, Palmieri, and Adams (2013) found a significant link between alcohol use and subjective work-related stress, as well as PTSD avoidance symptoms.

Another study aimed to examine relationships between maladaptive coping strategies, trauma symptoms, critical incidents, and officer demographics. Menard & Arter (2013). Similarly, to the Chopko, et al., study, Menard and Arter found a significant link between alcohol use as a coping strategy and PTSD symptomology. This study suggests that police officers who turn to alcohol as their only method of addressing trauma increase their likelihood of developing mental illness. The results of the Chopko et al., and Menard and Arter studies illustrate the

commonality of alcohol use as a coping strategy in police officers being a significant problem resulting from trauma exposure and occupational stress.

The findings of a study by Lee, Lee, Choi, Chung, and Jeong (2015) can help to explain why this is a problem among police officers. This study examined alcohol use and sleep disturbances with PTSD symptom clusters as a mediating factor. The results suggested that alcohol as a method of self-medication leading to avoidance as a coping strategy. Unfortunately, the perceived medicating effects of alcohol use often can lead away from seeking appropriate mental health care. While police officers are using this strategy, they are failing to appropriately respond to their mental health concerns, effectively exacerbating the condition. In aftermath of a traumatic event, the officer is being repeatedly, and frequently exposed to new trauma, continuing to add to the severity of the condition (Andersen & Papazaglou, 2014).

Acute Stress Disorder

The average person who is exposed to trauma is at risk of developing acute stress disorder (ASD) which presents symptoms that are similar to the symptoms of posttraumatic stress disorder (PTSD). Some of these symptoms could include panic attacks, intrusions, dissociation, depressive episodes, and others, and can appear within minutes of a traumatic event and last up to one month (American Psychiatric Association, 2013). The difference between the two disorders is that ASD is a temporary condition that could later develop into PTSD. Not only do police officers commonly fail to seek adequate mental health treatment within the one month following a traumatic event (Fox, et al., 2012), they also are very likely to have been exposed to trauma a second or third time within that time, further complicating opportunities for treatment, and making them more likely to develop PTSD (Chopko, et al., 2015). This time-period

represents an important opportunity for officers to seek out and accept appropriate mental health care to avoid ASD developing into a PTSD.

One study that examined the occurrence of various mental health conditions in rescue workers in existing following traumatic events and disasters in existing literature found that ASD occurred in as much as 25.6% of the sample (Mao, Fung, Loke, & Hu, 2018).

Marital Problems as a Result of Occupational Stress and Mental Illness

Marital strife and divorce are also common outcomes of law enforcement marriages that result from occupational stress (Arnetz, et al., 2013). The work of a law enforcement officer often puts a great deal of strain on his or her home life. A study conducted and referenced in *The Family Journal* (Karaffa, Openshaw, Koch, Clark, Harr, & Stewart, 2015) found that stress and burnout, work factors such as long hours and shift work, personality changes, and negative or avoidant coping strategies were some of the factors that lead to marital problems in law enforcement marriages. Police officers often have a conflict with the concept of having one set of expectations at work, that are difficult to transition away from at home (Karaffa, et al., 2015). Habits that police officers have adopted at work to do their job effectively do not appropriately carry over to their relationships at home. This can create discord in a relationship between a police officer and his or her spouse. Communication skills are extremely different between what is required to maintain control of a situation at work, and to be an effective spouse (Kirschman, 2013). Occupational stress that is not effectively managed can create difficulty in managing this work-family conflict.

Unfortunately, domestic violence is also not an uncommon result of marital strife that is caused by the occupational stress that accompanies law enforcement work. While there is little

research on officer-involved domestic violence (OIDV), some studies suggest that police officers are 40% more likely to exhibit intimate partner violence (Saunders, Prost, & Oehme, 2016). This commonality could be a result of occupational stress, negative coping strategies, and the personality changes that occur after repeated exposure to trauma. Another study conducted by Blumenstein, Fridell, & Jones (2012) examined traditional police sub-culture and found that officers' tendencies to adhere to that sub-culture of authoritarianism, burnout, and cynicism relate to increased frequency of intimate partner violence. Appropriately managed occupational stress that leads to properly negotiating work-family conflict could possibly aid in reducing the frequency of this occurrence.

Outcomes of Occupational Stress on Performance and Officer Safety

Another side effect of occupational stress and fatigue that police officers are burdened with is the negative impact on operational response. Both short-term arousal from stressful situations, as well as long-term stress and fatigue from accumulative stress and fatigue as a general result of the work itself can lead to a negative impact on shooting accuracy, decision-making skills, and cognitive and perceptual motor performance (Hope, 2016). These important skills are necessary for officers to do their job in both an effective and safe fashion.

Fatigue has been found to lead to negative effects such as decreased vigilance, motor control failure, errors in perceiving hazards, and other cognitive issues (Fang, Jiang, Zhang, & Wang, 2015). In law enforcement, where vigilance is vital and the ability to appropriately perceive hazards is a daily necessity, fatigue and occupational stress can be deadly.

A study that aimed to study chronic fatigue in police officers found that 40% of the sample of police officers reported signs of fatigue (Fekedulegn, Burchfiel, Ma, Andrew, Hartley, Charles, Gu, & Violanti, 2017). This study also showed a relationship between fatigue scores and

on-duty injuries, suggesting that chronic fatigue leads to a higher risk of injury. Chronic fatigue also makes sufferers four times more likely to experience depression (Fekedulegn, 2017).

Physical Health Problems as a Result of Mental Illness and Occupational Stress

Occupational stress that officers experience is also known to lead to a variety of health problems. Cardiovascular disease, sleep disruption, metabolic disorders, type 2 diabetes, coronary artery disease, and gastrointestinal complaints are all common ailments that plague police officers who suffer from occupational stress (Wirth, 2017; Zimmerman, 2012)

The increase of cortisol during stressful events is a defense mechanism to help the body return to homeostasis following a stressful event, which would normally be a beneficial response. However, the nature of police work causes officers to routinely sustain elevated levels of cortisol over time has a number of negative effects to include osteoporosis, immunosuppression, hypertension, depression, and anxiety (Arnetz, et al., 2013).

Occupational stress in shift-workers, including police officers, has even been linked to cancer. The nature of shift-work, sleep deprivation and sleep disorders that are common in police officers, fast food consumption, occupational stress, and mental health issues are all connected to officers commonly falling victim to physical medical ailments (Tewksbury & Copenhaver, 2015).

A study conducted in Sweden with police academy students was designed to test the impact of a prevention program to reduce the negative effects caused by work-related stress. These officers attended an initial psychoeducation session, followed by 10 sessions that involved relaxation training, guided imagery, and mental practice of police tactical skills. Officers participated in tests prior to the initiation of the training, after completion of the training, and once more after 18 months of service as a police officer. These tests measured somatic

symptoms, coping strategies, mental well-being, sleep quality, exhaustion, and blood hormones. Police officers that participated in this study experienced a number of positive results to include decreased occurrences of stomach ailments, decreased sleep difficulties, less vital exhaustion, and increased use of coping strategies (Arnetz, et al., 2013). This study strongly highlights the potential benefits of implementing training programs that are designed to mitigate the effects of occupational stress.

Sleep Disturbance and Inadequate Sleep

The quality of police officers' sleep is already commonly disrupted by the nature of shift-work. However, sleep disturbances resulting from stress are highly common and create a significant health risk that must be addressed (Ramey, Perkhounkova, Moon, Budde, Tseng, & Clark, 2012). While lack of sleep and sleep disturbance in police officers is common, it is extremely important that police officers make it a habit, as the it is necessary for recovery from the trauma they are exposed to each day, as well as to ward off fatigue, to achieve a proper work-life balance, to protect their physical and mental health (Lammers-Van der Holst & Kerkhof, 2015). Despite the importance of adequate sleep, police officers very commonly do not sleep for the recommended 7-8 hours. This appears to be the consequence of occupational stress suffered by police officers leading to sleep disorders, and sleep deprivation. The nature of shift-work in emergency services often requires a sleep restriction, leading to a misalignment in the circadian rhythm of physiological functions (Wolkow, Ferguson, Aisbett, & Main, 2015). For police officers, this is generally caused by overtime, working overnight, and being required to disrupt sleep due to being on call. Further, when officers are finally off work and able to sleep, they often suffer from hyper-vigilance, making it extremely difficult to fall asleep and stay asleep.

One study that examined sleep quality in urban police officers found a prevalence for poor sleep quality of 53.9% between officers that worked both night and day shifts (Fekedulegn, Burchfiel, Charles, Hartley, Andrew, & Violanti, 2013). When studying officers that work night shift alone, the prevalence for poor sleep quality was 69.1%.

Lack of adequate sleep has a number of dangerous outcomes for police officers to include reduce awareness, decreased job performance, and threats to public safety (Tewksbury & Copenhaver, 2015). While health problems in law enforcement arise from a variety of factors, appropriate mental health care to reduce stress and facilitate more quality sleep could make a positive contribution to law enforcement.

Police Suicide

An issue that has become more common as an outcome of mental health conditions among law enforcement officers is suicide and suicide ideations. Milner, Spittal, Perkis, & LaMontagne (2013) examined rates of suicide across a variety of occupations. Police officer were found to be at an elevated risk for suicide, authors citing stressful working conditions and access to lethal weapons as a factor. Hopelessness has been found to be a significant contributor to suicide risk. Not only are officers exposed to trauma, and at risk of death or injury on a regular basis, but they also must cope with a perception of futility of their work (Violanti, Andrew, Mnatsakanova, Hartley, Fekedulegn, Burchfiel, 2015).

Another study conducted and referenced in *Policing* (Chae & Boyle, 2013) was focused on identifying risk, and protective factors in police suicide. The authors found that their results also showed that occupational stress and common work factors of police officers were significant contributors to the elevated risk of suicide experienced by police officers. Further, they identified

a number of factors that could aid in preventative measures, some of those involving the outreach of officers' respective departments (Chae & Boyle, 2013).

The presence of an elevated risk of suicide simply by being a member of law enforcement, coupled with the frequency in which officers have committed suicide calls indicates a need for each police department to offer appropriate and adequate mental health provisions.

In Montreal, Canada, a suicide-prevention program called, *Together for Life* was implemented for members of the Montreal Police Department (Mishara & Martin, 2012). This program involved four main components: Training for the officers, offering resources, training of the supervisors, and a publicity campaign. The program was initiated in 2001 but was evaluated to observe the efficacy in 2010. After evaluating the suicide rates, it was discovered that there was a 78.9% decline, demonstrating that this suicide-prevention program was highly effective (Mishara & Martin, 2012). *Together for Life* involved and impacted all members of the Montreal police force, offered training on mental health and methods of preventing suicide, and made mental health resources known and easily available to officers, setting an example for other police departments who wish to make an effort to prevent suicide.

Administrative Responsibilities and Considerations

One of the issues that has to be considered in mental health is liability. Police administrative bodies are in a precarious position and face liability issues both if they address mental health concerns and if they do not. If they make a point to place attention on mental health with their officers, and in doing so they discover mental health problems, they are faced with a decision of letting an officer go or allowing them to stay. If an officer that is known to have mental health conditions is engaged in a questionable use-of-force incident, this could

become a problem for the agency (Price, 2017) Whereas, if the department takes on a “don’t ask, don’t tell” position on the matter, they are not liable for damages because they were not aware of a mental health concern. However, the risks of mental illness manifesting in injury or death to other officers or citizens are ever-present if mental illness in the police force is ignored. An officer that is of sound mental health, may run a lower risk of becoming involved in use-of-force incidents (Achim, 2014).

While police departments do have to consider liability issues as a possible consequence of addressing mental illness, they also must consider the financial cost of choosing not to do so as well. Police officers with unaddressed mental health issues are more likely to suffer a decrease in productivity (Fox, et al., 2013). Police officers with mental illness will be more likely to suffer from burnout and emotional exhaustion, will engage in less proactive policing, leading to less arrests and citations, which ultimately leads to decreased revenue for the administration (Maria, et al., 2018). Further, the cost incurred to pay overtime wages to officers put in place of those that are absent due to illness also is a cost to be considered. Further, studies show that the perception of social support from colleagues, shared values, and a positive leadership climate will mitigate the effects of repeated exposure to trauma and have been known to contribute to a negative association with mental illness (Maria, et al., 2018)

Many studies in industrial and organizational psychology have revealed the strong connection between job satisfaction and increased productivity. Police officers that experience lower levels of job-related stress are more productive, perform more effectively, make less mistakes, and are less likely to get injured (Frank, Lambert, Qureshi, 2017; Kaur, Chodagiri, Reddi, 2013).

Law enforcement agencies that make a point to address mental health and occupational stress stand to benefit. Many insurance providers offer a lower workers' compensation premiums to agencies that implement programs designed to reduce work-related injuries (United States Department of Labor, 2012). Further, reduced work-related injuries lead to reduce financial costs related to paying overtime to accommodate those paid overtime in the place of those that are absent, training new employees to replace those that are medically retired, and wages paid for employees that must handle the burden of injury cases. This is especially true in law enforcement, as it is a field that runs a very high risk of injury both physical and mental, making it exceptionally important for administrative bodies to appropriately manage occupational stress (Randall & Buys, 2013).

Summary and Conclusions

One of the most significant themes in the research is the prevalence of mental health conditions in police officers who are repeatedly exposed to trauma. While this fact is clear, as evidenced by the quantity of literature on occupational stress and mental health in general, what is missing from the literature is the perspective of the officers themselves. This study fills that gap by allowing police officers to voice their opinions about mental health resources provided by their agencies. By learning what common perceptions about mental health provisions are, more can be done to evaluate how mental health resources can be improved to address the prevalence of mental health conditions among law enforcement officers. The results of this research may serve to give law enforcement agencies a starting point for their efforts to evaluate and determine whether enhancement of their current provisions is necessary.

Chapter 3: Research Method

Law enforcement officers are at a higher risk of developing mental health conditions as a result of repeated exposure to trauma throughout their careers (Conn & Butterfield, 2013). With that being the case, it is important that police officers are provided with ways to help them manage their stress. The purpose of this study was to identify to what extent law enforcement officers are satisfied with mental health resources they are commonly offered. Specifically, to determine if age is a predictor of satisfaction levels. The study also highlighted what resources police officers themselves find helpful in mitigating the effects of repeated exposure to trauma.

Research Design and Rationale

This study aimed to determine the overall perspective of law enforcement officers in the United States on common mental health resources offered by their respective agencies. The data for this study was archival in nature. Participants in this study were comprised of sworn law enforcement officers across the country who participated in training with the National Police Suicide Foundation. The National Police Suicide Foundation was founded in 1997 and works to help police officers by providing education and training, peer support, and other mental health resources (NPSF, 2018).

Since this study was aimed toward learning about the commonalities in police officers' perspectives of mental health provisions, a quantitative study was chosen to identify frequencies and relationships in responses to a simple survey that resulted in a composite score to determine officers' overall satisfaction with the resources provided to them by their agencies. Using a quantitative design allowed for an overall illustration of how officers in the United States commonly view what mental health resources are provided to them. The output from the analysis showed how police officers commonly feel about their employee assistance programs, peer

support teams, counseling programs, and other common provisions. Interpretation of the descriptives created an understanding what common mental health provisions are helpful to officers, and which may stand to benefit from improvement.

Methodology

Officers who participated in the initial study were given a short, anonymous survey in a packet they received during a training with the National Police Suicide Foundation. The survey was regarding their perspectives of various mental health provisions they may or may not have access to in their department.

Each officer was assigned a number and was not required to give any identifying information. They were asked if their departments offer various mental health resources which included EAP, mental health-focused training initiatives, counseling services from a staff psychologist, and a peer-support network. If they answered yes, they were asked to rate their satisfaction with the service using a Likert scale indicating numbers 1 through 5, 5 representing, “very satisfied.” They were each also asked if they had ever been involved in a critical incident. The survey also asked officers to rate how satisfied they were with the ease of access to care they required.

Each of the surveys’ scores were calculated to generate a composite score that represent their overall satisfaction in their common mental health provisions. Satisfaction in efficacy of resources, as well as satisfaction in ease of access are combined due to the fact that overall satisfaction is believed to encompass both whether or not an access is useful in helping with mental health concerns, and if they felt that the resources could be accessed without drawing the attention of other officers and administrators. Studies have shown that officers often will only access resources if they feel that they are safe from repercussions and stigmatization in doing so

(Fox, et al., 2012) The composite scores were reflective of officers overall satisfaction with the way their departments set up, offer, and execute mental health provisions as a whole. It is believed by the researcher that officers' satisfaction in ease of access and efficacy are on the same level. The composite score encompasses all factors that impact how an officer regards the provision. Each of the officers' ages and composite scores were entered into SPSS and analyzed using a linear regression using age as the independent variable and composite score as the dependent variable to identify how an officer's age impacts how satisfied he or she is with mental health resources provided. The independent variable in this case was age, and the dependent variable to be analyzed will be the composite score on each officers' survey.

There was one research question in this study:

RQ 1: How does an officers' age impact his or her satisfaction in mental health resources?

H₁1: Police officers over 35 years of age will have lower composite scores than their younger counterparts

H₁2: There will be no significant difference in composite scores between older and younger police officers.

Population

The National Police Suicide Foundation provides training and support to police officers and family members across the country on police suicide (National Police Suicide Foundation, 2016). There are approximately 750,000 sworn law enforcement personnel in the United States at the time of this study. These officers are divided among rural agencies, suburban agencies, and suburban agencies in municipalities, county agencies, state agencies, and federal agencies.

According to DATA USA (2016) on police officer diversity, 86.7% of the police force are male, 79% are white, 13% are African/American, 5.9% are Asian, and 5% are Hispanic, with an average age of 39.6.

Sampling and Sampling Procedures

This study uses archival data retrieved from surveys given to police officers during training by Robert Douglas, director of the National Police Suicide Foundation.

Unfortunately, the beta weights are not available to calculate G Power. Calculating sample size is dependent on information regarding beta weights drawn from other studies utilizing this instrument, therefore G Power could not be accurately calculated.

Procedures for Recruitment, Participation, and Data Collection (Primary Data)

The National Police Suicide Foundation distributed over 100 packets to police officers attending a training on suicide in law enforcement. Officers who participated in the study were informed that by participating in the study, they were agreeing to have the data from their surveys to be used for research purposes. No specific identifying data was collected beyond basic demographic information. Demographic information collected included their age, rank, time in service, size of their agency, type of agency, and if it was urban, suburban, or rural.

Data Analysis Plan

SPSS was used to analyze the data for this quantitative study. A linear regression was used to analyze the responses to the surveys, independent variable of age and dependent variable of composite score. By using this analysis, it became clear how older and younger officers regard their mental health resources.

Validity

External Validity

The most significant threat to external validity was that there was no control over how many participants have or have not been involved in critical incidents. The experience of a critical incident may have a significant impact on the response an officer has about his personal level of satisfaction in mental health resources he has used. If an officer has not experienced a critical incident, he may not have used many resources, therefore having no opinion on how effective they might be.

There was also no control over how accurately the sample reflected the demographics of the population. Those completing the study were anonymous, so there was no screening process. The details of the sample were not known until completion of the survey.

Once data was received, and incomplete surveys were removed, it was entered into SPSS. The independent variable was age. Other data that will be collected will be genders of the officers, and descriptive details of their agencies such as whether their agency is rural, urban, or suburban, and whether they are county, state, municipal, or federal. The dependent variable analyzed was the composite score of each survey.

The descriptive statistics from the linear regression was first analyzed to see the mean and median composite scores. A linear regression analysis using age as an independent variable and composite score as a dependent variable followed.

Internal and Construct Validity

Since this was a preliminary study, there is no questionnaire to compare with. That being the case, construct and internal validity cannot be proven. This questionnaire was designed solely for use in this study.

Face Validity

The questionnaire designed for this study included questions with high face validity. The questions included focused on satisfaction on each type of individual resource offered, ease of accessing them, personal opinions on efficacy, and whether or not resources were ever accessed.

Ethical Procedures

The Police Suicide Foundation agreed to providing archival data to use for this study. In order to protect their privacy and to make them feel comfortable to answer honestly, officers who participated were offered complete anonymity, ideally reducing any possible fears of repercussions to their employment. Further, the researcher will have no contact with those completing the survey and therefor will not hinder the purpose of offering anonymity.

In order to ensure there are no ethical concerns in this research, the researcher did not have any contact with those completing the survey. Officers were only asked if they used certain resources, and if they found said resources effective, but were not asked to divulge sensitive information about any critical incidents that they may have experienced. However, officers were given every opportunity to withdraw from the study at any time without further questions, simply by declining to hand in their packet should they feel uncomfortable with the questions on the survey. After responding to the survey, the identity of the participants were anonymous even to the researcher, so as to ensure that there is no possibility of personal and sensitive information being discovered by other officers or administrative bodies within each officers' department.

It is conceivable that officers chose to answer questions in such a way to illustrate a need for more attention in the area of mental health resources provided to law enforcement personnel. In the informed consent section of the packets, officers were given information about the importance of the study yielding accurate information about officers' perspectives of mental

health resources so that researchers could learn more about where attention must be paid in evaluating mental health provisions.

Summary

The purpose of this quantitative study was to determine to what extent police officers are satisfied with the mental health resources provided by their agencies. The study involved representatives from all types of agencies with diverse demographics that appropriately represent the population of police officers in the United States. The statistical analysis being used for this study allowed for understanding, not only how officers view their resources, but also what variables drive that satisfaction. Officers involved in this study were able to participate knowing that their honest answers would not lead to negative repercussions on their careers, or identification of any mental health issues they might suffer from.

Chapter 4: Results

The purpose of this research was to identify to what extent officers are satisfied with departmental mental health resources, specifically as to how it relates to their age. The hypothesis was that older officers would express an overall dissatisfaction regarding the mental health services provided by their department. Answering these questions would allow for administrative entities having an opportunity to evaluate their own existing resources, and enhance them if they see fit, more specifically, how their resources effect their older officers.

Data Collection

This study used archival data provided by an organization called the National Police Suicide Foundation (NPSF). The data was taken from a survey that was administered to police officers undergoing training with the NPSF. Data from 48 surveys was collected.

Surveys completed included police officers with a mean age of 45 with a mean years of service in law enforcement of 20. Of the 48 participants, 41 were male, and 7 were female.

The data was not entirely representative of the population of police officers, as none of the participants had less than 8 years in service, and the youngest officer was 32 which is eleven years older than the cut-off for eligibility for a number of departments.

Subjects filled out a survey asking if they had access to certain resources, whether or not they had accessed them, and then were asked to rate their experience on a Likert scale. Those scores were then added up to come up with a composite satisfaction score. Those that stated they had never accessed a resource were given a neutral score. That data was then analyzed using a linear regression model to determine whether age was a predictive factor in the satisfaction levels of police officers.

Study Results

The mean years of time in service was 20 years with a standard deviation of 20. The mean age was 45 with a standard deviation of 7. The officers' age ranged from ages 21 to over 50, however, this sample represented the older, and more experienced officers.

A linear regression was executed using age as the independent variable and composite score as the dependent variable. Confidence intervals were set at 95%. The output from the analysis showed a significance score of .958 suggesting that there is no statistical significance to suggest a positive correlation between officer's age and composite score. Frequencies of responses were also analyzed. Many of the officers lacked particular resources. While most officers (46 out of 48) stated that they did have an EAP, only 6 said that they had ever accessed it. Many officers did not have access to peer support (20 out of 48), with only 13 stating that they had accessed their peer support network. 37 stated that they had received training in mental health, with 30 of them stating that they had participated in their departments' mental health training programs. Surprisingly, 24 officers, nearly half the sample, stated that they had no access to a counselor. Of those that did have access, only 7 had accessed their counseling resource. The survey also asked if officers had ever been involved in a critical incident protocol, 23 of them said that they had. Of those that accessed their resources, there was a wide variety in responses with respect to satisfaction. This was true in all areas with one exception. Those who had participated in mental health training had mostly "neutral" and "somewhat satisfied" responses, making up 71% of the sample.

Those officers that either did not have access to a resource or had access but never accessed them were given neutral scores.

When composite scores were observed, most of the officers returned a neutral score of between 14-17 out of 25 possible points, suggesting most officers felt neutral about their resources, had no access to resources, or had never accessed available resources.

Summary

The research question was how does age impact an officer's satisfaction in mental health resources. The hypothesis was that older officers would have composite scores suggesting a lower level of satisfaction than their younger counterparts. The results of the analysis were that there is not enough statistical significance to reject the null hypothesis and suggest that age is a predictor variable for satisfaction.

Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this quantitative study was to find to what extent officers are satisfied with their department-provided mental health resources, using a sample of police officers from various types of agencies, with varying ages. There are a number of problematic outcomes of mental health issues in law enforcement, leading to the idea that there could possibly be room for improvement with respect to mental health provisions offered by law enforcement agencies. For example, the alarming rate in which police officers are dying by suicide would suggest that resources are either lacking or not being accessed by officers on the verge of committing suicide ideations. Repeated exposure to trauma, risk of death or serious injury on a regular basis, and a perception of the futility of police work are all factors that are believed to lead to suicide and suicide (Violanti, Andrew, Mnatsakanova, Hartley, Fekedulegn, Burchfiel, 2015)... This alone suggests that police departments have a need to examine their existing resources to determine adequacy.

The goal of the study was to gain a better understanding of how satisfied officers are with the mental health services provided by their department, in order to create a baseline for agencies to evaluate their own mental health program to determine if their services needs to be enhanced.

Interpretation of Findings

Officers were given a survey during a training through the National Police Suicide Foundation. The survey was designed to measure officers' satisfaction in each resource as well as an overall satisfaction in their mental health provisions. Officers were all given survey that measured overall satisfaction with department offered mental health services. The survey questions included whether or not they had access to particular resources, whether or not they had accessed them, and then how they rated their satisfaction. A composite score was obtained to

gage their overall satisfaction of the resources made available to them. A neutral score was given for those answers that indicated that a resource was either not available or not accessed. The mean composite score of 15 may have suggested that officers share mostly neutral opinions about their mental health resources and how mental health provisions are package.

The analysis ultimately did not yield any statistically significant results. It was interesting, however, that so many of the voluntary participants had more than 15 years of experience serving as law enforcement officers, in fact, 26 of the respondents stated that they had more than 20 years of experience. This calls into question whether or not older, more experienced police officers are more invested in issues revolving around mental health and resources. It also should be noted that more than half of the respondents stated that they either did not access particular resources such as mental health training, peer support networks, counseling, or employee assistance, or did not have access to them at all. For example, only 27 of the 48 subjects stated that their agency had a peer support team, and only 24 subjects stated that their agency offered counseling. Finally, 14 officers stated that their agency offered them no mental health training. While the survey did not measure how the officers felt about the lack of resources provided, it does call into question how satisfied or dissatisfied they would be, had they had access to such a resource.

It was also interesting to see that only 23 of the officers had been involved in a critical incident, even with 26 of these officers having more than 20 years of experience as a law enforcement officers. It was expected that officers with that much experience would have had much more contact with mental health resources, therefor having more to say about their satisfaction in those contacts. Chopko, Palmieri, and Adams' (2015) study determined that officers will experience their first critical incident in the first 3 years of their job. However, the

research also includes particularly traumatic calls such as, exposure to human remains or crimes involving children as critical incidents. These are incidents that police departments do not regard as critical. It may have been beneficial to ask if any of the officers had ever been involved in traumatic incidents that were not considered, “critical” and whether or not they accessed any resources thereafter.

Limitations of the Study

There were several limitations in this study. Aside from the sample being too small, it also lacked an accurate representation of the target population, in that there were only 4 officers with less than 10 years of experience. For analysis, the sample required a balance between younger, inexperienced officers, and senior officers.

The study may have benefitted from a more complex instrument. The survey asked respondents if they had access to peer support, employee assistance programs, counseling, and training, and whether or not they had accessed them. It also asked if the respondent had ever been involved in a critical incident. They were then asked to rate their satisfaction if they had accessed any of the resources. Neutral answers were assumed when an officer did not have access or chose not to access a resource. Had there been a question allowing officers to rate their satisfaction in the fact that resources were not available, it may have better illustrated officers’ overall perception of their programs in their entirety.

Recommendations

Future research should include a larger sample size with a more precise measurement of officer attitudes. In future studies, the participant pool should include additional participants with less than 10 years in law enforcement experience. Inclusion of newer officers would assist in

determining whether there is a difference between the more seasoned officers and their less-experienced counterparts in how they view their mental health resources

A qualitative study with self-report measures may also be beneficial in observing the overall satisfaction officers experience regarding their current provisions. A study where officers are prompted to explain how they feel about certain resources, lack of resources, or how resources are delivered and accessed would greatly benefit both the field of police psychology, as well as law enforcement operations.

Implications

The result of the linear regression were not statistically significant to suggest that police officers who are older would have higher satisfaction levels than their younger counterparts.

The surveys showed that there are departments that do not offer access to all types of resources which may be beneficial to their officers. This research, combined with future studies that focus on the importance of the provision of mental health services to law enforcement personnel, may provide departments with information on how to enhance the services of their department.

Family and marital strife is a problematic outcome of inappropriately addressed mental illness in law enforcement (Arnetz, et al., 2013). As each individual's mental health is appropriately addressed moving forward as a result of agencies finding that programs can be improved, families of officers reap the benefits from the impact. Further, happier, more well-adjusted police officers are more productive, and more effective at enforcing the law, boosting the morale of each law enforcement organization (Frank, Lambert, Qureshi, 2017; Kaur, Chodagiri, Reddi, 2013), as well as having an impact on society, as it benefits from effective policing. With the relationship between police officers and citizen being as tense as it is in

today's climate, efforts made to boost morale., manage mental health, and improve officer's satisfaction would likely benefit the relationship between officers and their communities.

Conclusions

The linear regression was an ideal test to use to determine what types of issues might impact a police officer's satisfaction in their mental health resources, and showed that results were not statistically significant to show that age was a contributing factor.

Further, according to the organizational justice theory, employees of an organization are more likely to develop a mental illness when they feel they are not being treated fairly (Devonish & Coyne, 2008). In a career field where there exists a heightened risk for mental illness, it is important that officers feel their well-being is considered and addressed appropriately (Conn & Butterfield 2013).

Mental illness in law enforcement poses a significant detriment to police officers. Suicides (Violanti, Andrew, Mnatsakanova, Hartley, Fekedulegn, Burchfiel, 2015), high rates of mental illness (Conn & Butterfield, 2013), intimate partner violence (Blumenstein, Fridell, & Jones, 2012), and a high divorce rates (Arnetz, et al., 2013) have impacts on not only the individual police officers, but also the community he or she serves. More research is needed to get a better picture of what officers need and want to address their mental health concerns.

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