

February 2018

Theoretical Implementation of a Police Officer Suicide Prevention Program

Abby Lokkesmoe
Liberty University, alokkesmoe@liberty.edu

Follow this and additional works at: <https://digitalcommons.liberty.edu/kabod>



Part of the [Counseling Commons](#)

Recommended Citations

MLA:

Lokkesmoe, Abby "Theoretical Implementation of a Police Officer Suicide Prevention Program," *The Kabod* 4. 2 (2018) Article 6.

Liberty University Digital Commons. Web. [xx Month xxxx].

APA:

Lokkesmoe, Abby (2018) "Theoretical Implementation of a Police Officer Suicide Prevention Program" *The Kabod* 4(2 (2018)), Article 6. Retrieved from <https://digitalcommons.liberty.edu/kabod/vol4/iss2/6>

Turabian:

Lokkesmoe, Abby "Theoretical Implementation of a Police Officer Suicide Prevention Program" *The Kabod* 4 , no. 2 2018 (2018) Accessed [Month x, xxxx]. [Liberty University Digital Commons](#).

This Individual Article is brought to you for free and open access by Scholars Crossing. It has been accepted for inclusion in The Kabod by an authorized editor of Scholars Crossing. For more information, please contact scholarlycommunications@liberty.edu.

Theoretical Implementation of a Police Officer Suicide Prevention Program

Abby Lokkesmoe

Liberty University

Theoretical Implementation of a Police Officer Suicide Prevention Program

Problem

Since 1990, the Los Angeles Police Department has lost 52 of its valuable officers: 30 of these were killed in the line of duty, and a stunning 22 (42.31%) took their own lives. While the reasons why these officers ended their lives prematurely vary, the implications of their deaths remain the same; it is of paramount importance to take action to address this problem. This department has made efforts in recent years to decrease the number of police officer suicides, but the officers who have taken their own lives since then are a testament to the failure of those efforts. The problem, therefore, persists. There is a need for intentional and evidence-based initiatives in the LAPD to improve officer well-being and decrease officer depression and suicide rates.

Factors

Stress. Within the topic of police officer suicides, there is a host of alternative factors that play into the problem. One significant correlate of suicide and suicidal ideation is stress (Chae & Boyle, 2013; Larned, 2010; Pienaar, Rothmann, & Van de Vijver, 2007). “Stress” is a broad term, referred to here as the mental and physiological response to one or more stressors, including organizational stressors, relational stressors, and physical stressors. Aspects of stress play out in functional ways, including disruption of circadian rhythms as a result of erratic or long work hours, and the physical and mental toll of being injured while on duty (Burke & Mikkelsen, 2007; Chae & Boyle, 2013; Chopko, Palmieri, & Facemire, 2013; Violanti et al., 2008). Stress also is commonly found following high-stakes events characteristic of the law enforcement job, resulting in stress in the form of PTSD, alcohol abuse, and suicidal ideation (Chae & Boyle, 2013; Swatt, Gibson, & Piquero, 2007; Violanti, 2004). There is also evidence

that men and women experience and handle stress in different ways (Kim, Wells, Vardalis, Johnson, & Lim, 2015; Maran, Varetto, Zedda, & Ieraci, 2015; McCarty, Zhao, & Garland, 2007; Violanti et al., 2016).

Lifestyle. On a very related but slightly different note, the presence or absence of unhealthy habits in the life of a police officer may affect his or her risk for suicide or suicidal ideation (de Barros, Martins, Saitz, Bastos, & Telmo, 2012; Pompili et al., 2010; Violanti, 2004). This is an important group of factors to identify, for they will play into proposed solutions for the current problem of LAPD officer suicide rates. Examples of lifestyle factors that relate with the increased risk for suicide include poor coping skills or methods, substance or alcohol abuse, and poor sleep routines (Chae & Boyle, 2013; Fortes-Ferreira, Peiró, González-Morales, & Martín, 2006; LeBlanc, Regehr, Jelley, & Barath, 2008; Lindsay & Shelley, 2009; Richmond, Wodak, Kehoe, & Heather, 1998; Rouse et al., 2014; Violanti, 1992).

Depression. The last major factor that contributes largely to the presence or absence of suicidal ideation in police officers is clinical depression (Chopko, Palmieri, & Facemire, 2013; Price, 2017). This is a factor which is contributed to by many other, smaller, factors and which contributes to other factors of its own. It is best thought of as a linking factor, between suicide and a host of other things. This topic is vitally important to the problem at hand because of how strongly it is associated both with the law enforcement career and with suicidal ideation (Balázs et al., 2006; Hawton, Cornabella, Haw, & Saunders, 2012; Lépine, & Briley, 2011; Price, 2017; Werth, 2004).

Prevalence of Officer Suicide

While the specific scope of this proposal is the prevalence of LAPD officer suicide, the problem of police officer suicide is not limited to this department. For example, in 2015 alone,

roughly 102 law enforcement officers took their own lives (“2015 Police Suicide Statistics”, 2016). Precise statistics are hard to find, and researchers argue over whether the suicide rate for police officers is significantly higher than the general rate, but the underlying concern remains the same (Hern, Berg, & Ekeberg, 2001; Loo, 2013). In a job characterized by long hours, little sleep, high stress, and depression, it is not surprising that suicide amongst police officers is such a problem today.

Significance

Significance to Agency

Unlike other department proposals which, while well-intentioned, may be of secondary or tertiary importance, the problem and proposed solution to that problem outlined here is of utmost importance, for it is not only the reputation of the department at risk but the lives of LAPD officers themselves. Beyond the actual number of police officers who commit suicide is the much larger, much darker number of police officers who struggle with any number of the factors listed above. These officers have not and may never take the step to violence against themselves or others, but the toll upon them—mentally, emotionally, physically—is heavy nonetheless. There is a considerable degree of significance in addressing the problem of suicide within the Los Angeles Police Department, but, similarly, there is also a degree of significance in addressing the factors behind suicide in the LAPD: factors such as stress, unhealthy lifestyles, and depression. For these factors, there is a host of literature explaining the significance and implications of addressing or failing to address each of them.

Stress. The different areas in which stress can be found has already been discussed, including stress within an organization, stress within relationships, and physical stress related to lack of sleep or type of job. For police officers, stress can and does have significant negative

consequences on job performance, well-being, and job satisfaction (Chen, 2009; Gershon, Barocas, Canton, Li, & Vlahov, 2008; Knowles & Bull, 2004). These findings suggest that every police agency interested in maintaining officers who have high job performance, high well-being, and high job satisfaction should be considerably interested in those officers' stress levels and what they as an agency can do to minimize those stress levels.

Lifestyle. From alcohol consumption to relationship issues, the lifestyle any given police officer leads contributes to the type of police officer he or she will be on the job, which in turn contributes to his or her job performance, job satisfaction, and occupational well-being (Chae & Boyle, 2013; Richmond et al., 1998; Violanti, 2004). Furthermore, when an officer begins to take the stress of his work home with him, and allows it to change or corrupt his lifestyle, the implications go beyond his job performance and how sound he is while on the job; The threat of violence within the home in the form of domestic assault constitutes another dark figure of the consequences of not addressing this problem (Chae & Boyle, 2013; Johnson, Todd, & Subramanian, 2005). While the exploration and solution to domestic violence perpetrated by police officers—especially LAPD officers—is a topic for another day, it is worth noting as yet one more connecting strand to the web of factors and implications surrounding police officer mental health and well-being. A police officer's lifestyle, as well as how he deals with or does not deal with the everyday stress of the job, in many ways affects how he thinks, speaks, and acts not only as a police officer, but also as a spouse or parent (Chae & Boyle, 2013; Johnson, Todd, & Subramanian, 2005).

Depression. The issue of depression in the police environment is immense. Studies suggest that depression in employees is associated with poorer work quality and performance deficits (Adler et al., 2006; Lerner & Henke, 2008; Wang et al., 2014). Furthermore, those

police employees with depression tend to have lower quality of life than those without depression (Chen et al., 2005). Not only do depressed employees tend to produce poorer work, but they swing between costing the organization they work for as a result of absenteeism and working far longer and far more than is necessary (Lerner & Henke, 2008). It seems that, on the organizational level, paying for the availability of treatment to employees actually saves the organization money with the benefit of fewer clinically depressed employees (Wang et al., 2014). On the individual scale, conversely, depression costs the individual their well-being and overall quality of life (Chen et al., 2005; Rapaport, Clark, Fayyad, & Endicott, 2005). Well-being directly and depression indirectly feed into suicidal ideation, which brings the topic back to the original problem: suicide rates of LAPD officers.

Significance to Industry

The significance of police officer suicide prevention programs is clearly obvious within the Los Angeles Police Department. However, the problem is not one that affects only the LAPD or only California police departments. Failing to address the problem of poor police officer mental and physical health, which too often results in suicide, has implications for the nation, and the law enforcement industry as a whole. On the one hand, if every police department throughout the nation fails to implement programs to protect their officers, the toll of officer suicides will only worsen, and the numbers of police officers who struggle with stress, poor lifestyles, and depression will not cease to rise. From a coldly logistical standpoint, this poses significant problems to police departments around the nation, as they deal not only with the heartbreaking reality of police officer suicide but also with burnout, turnover, and poor quality policing—which has implications into the lives of those with whom the officers deal on a daily basis.

On the other hand, the failure of the LAPD to address this problem will impact the industry by association. Current times—if not ethical duties—mandate the careful protection of the people by the police within the strict confines of the law. Rising tensions between racial and political groups constitute pressures on police leaders and officers to do better than their best in all interactions with civilians. By not treating the poor mental condition of its police officers, the LAPD is sending a signal to the community and subsequently the nation that it doesn't care firstly about its officers and their well-being and secondly about their officers' performance in the community. In conclusion, the problem of police officer suicide and poor mental health, as a result of poorly functioning coping strategies and the daily stress of the job, is a significant one, not only to the LAPD for the reasons discussed in prior sections as well as this one, but also to the nation's police departments as a whole.

Solution

With the problem and its significance in mind, it should be clear that action must be taken. There are, therefore, three possible routes of action that can be taken. The first of these is no action: do nothing. The second of these is a partial implementation of a police officer suicide prevention program. The third option is a full implementation of a police officer suicide prevention program. All three of these options will be weighed carefully, with their benefits and consequences discussed

Do Nothing

The first possible action step would be to do nothing about the problem: to continue in the minimal efforts that are already in place to prevent or respond to LAPD officer suicide.

Budget Implications. The budget implications of this plan of action would be minimal. The current prevention programs that are in place would remain in place, and no further expense

would be added to the budget to either improve upon the programs already in place or create new programs entirely. The money saved by not being spent on new suicide prevention programs could go to provide protective equipment or technology to LAPD officers, such as body cameras, or it could be spent on improving public relations, which would mitigate both subsequent categories of implications for this lack of action.

Public Relations Implications. With regards to the public, choosing to do nothing about this problem may or may not have long-lasting implications. Currently, the topic of police suicide in the LAPD is not widely known or published on. However, as mental health becomes a focus of increasing research and interest, it is likely that the public will begin to increasingly take notice of the rising number of officer suicides in their department. By failing to take action now to prevent further deaths, the LAPD would be sending a signal to the community that it does not care significantly about the mental health and well-being of its officers, even when it affects not only the officers but also all those interacting with the officers as they go about their policing duties. It is likely that the public relations implications of the ‘do nothing’ strategy would not immediately show, but they would appear with time as a long-lasting stain upon the reputation of the LAPD and its leaders.

Officer Well-Being Implications. The implications of failing to take action to prevent further officer suicides as a result of poor well-being would have no effect on current officer well-being within the department. There is research to suggest that witnessing trauma, even second-hand, has a significant effect on police officers’ well-being—trauma, which certainly includes the knowledge of one’s fellow officers’ suicides (Carlier, Lamberts, & Gersons, 1997; Fincham, Scourfield, & Langer, 2008). At the end of the day, doing nothing in response to the

problem of LAPD officer suicide rates will only make the problem worse. It is clear that this is a problem that cannot and will not solve itself.

Partial Implementation

The second proposed solution to this problem is partial implementation of a police officer suicide prevention program. This includes three parts: initial information to new hires, maintenance of opportunities for current officers, and availability of resources to current officers and upper management. Initial information given to new hires would include effective ways to manage stress and cope with trauma on the job, resources and plans for creating and sustaining a healthy lifestyle, and data-driven methods of dealing with depression. This threefold initial dissemination of information to new hires would make clear the department's intent to take care of their mental and physical well-being, as well as ensure that they are aware of the resources at their disposal to handle their stress, lifestyle, and potential depression, clinical or otherwise, in healthy ways.

Maintenance of opportunities for current officers would include both initial information to those officers who are already employed at the implementation of this program and the initiation of several strategies to hold officers accountable to themselves and to others regarding their mental health. Mandated monthly appointments with one of the department's psychologists would ensure that those needing such appointments would not be shamed into never seeking them; weekly exercise reports and monthly meetings with a physical trainer would ensure that all officers are actively involved in their physical health, which relates to psychological health; and the assignment of accountability partners to every officer, with the encouragement or enforcement of regular meetings would ensure that every officer is following up with his or her coping methods, emotional regulation, and well-being to somebody else who cares. In this way,

officers' stress, lifestyle, and depression would be managed and followed up with, so that each officer's mental health would be known to at least one other person.

Finally, the availability of resources involves resources on diet and appropriate foods to eat and avoid, including micronutrients; sleep and how to process dreams; stress, stress management, and coping strategies; the making and breaking of habits; substance abuse and opportunities or groups to help manage and break addiction—i.e. alcohol; and relationships and how to not bring stress home, at the cost of relationships with loved ones. These resources would be available in the form of fliers, posters, and regular emails or announcements and ought to be easy to access and low-cost. Where anonymity is present, it should be made clear, so as not to discourage involvement for fear of identification.

Budget Implications. Partial implementation involves more budget space than no action involves. However, the financial implications of this solution are not beyond the realm of reasonable possibility. Many of the resources and opportunities mentioned are already available for officers, such as psychologists or resources on coping strategies. The primary shift between no action and partial implementation is the effort to normalize mental health in a subculture where it is often seen as unbecoming weakness to seek help (Rose & Unnithan, 2015). By being upfront with new hires that the culture of the LAPD does not shy away from talking about mental health, by mandating certain appointments and reports from all active-duty officers, and by making access to resources on stress, lifestyle, and depression readily and anonymously accessible, the LAPD would send the signal that it cares, and it cares enough to set aside a portion of the budget to invest in its officers' health and well-being.

Public Relations Implications. Just as a failure to take action would send a message to the community, so too would implementing a partial solution. This option would signal to the

media and the community that the LAPD is aware of the problem and is beginning to address it, even in small ways through subtle changes that bring already available resources more into focus. Instead of weakening public image by highlighting poor officer well-being, the LAPD would strengthen its public image by highlighting the changes it is implementing to help its officers and, in doing so, help the community at large.

Officer Well-Being Implications. The implications for individual officers as a result of partial implementation would likely include increased overall officer well-being, increased levels of effective coping strategies, a de-stigmatization of seeking help for mental health struggles, and a new generation of police officers who, instead of ignoring their emotional processes and secondary trauma, deal with them in healthy ways to improve their performance and general well-being. Similar programs, intended to address the same factors of stress, lifestyle, and depression, have shown encouraging results (Arble, Lumley, Pole, Blessman, & Arnetz, 2016; Arnetz, Arble, Backman, Lynch, & Lublin, 2012; Knox et al., 2010; Phil, Milner, Allisey, Davenport, & LaMontagne, 2017).

Full Implementation

The final option involves a full implementation of the police suicide prevention program outlined. This includes the two latter facets of partial implementation, that is, maintenance of opportunities and availability of resources, but instead of giving new hires initial information in an abbreviated format, full implementation includes a course for probationary officers to instruct them on the formation of healthy habits—i.e. exercise routines to relieve stress, healthy diets to improve mental and physical functioning, a crash course in sleep studies, the psychology behind it and its significance, and effective coping strategies and stress-management options. Full implementation is everything partial implementation is, with an additional emphasis on training

new officers in how to handle their mental and physical well-being in order to prevent future problems.

Budget Implications. Beyond capitalizing on available resources, like partial implementation does, full implementation includes the addition of a new course for probationary officers, with all the costs of planning and executing such a course. Full implementation is the most expensive solution and will have the biggest effect on the budget. From a financial perspective, full implementation may be best utilized as a five-year plan, with partial implementation as the pilot plan, intended to test effectiveness and change small aspects as needed to make best use of department resources.

Public Relations Implications. Just as for partial implementation, full implementation will send a message to the community that the LAPD cares deeply for its officers and intends to do its best to ensure their physical and mental well-being, not only for their good, but also for the good of the community. Like partial, full implementation will allow the LAPD to get a step ahead of the media and propose a solution to a problem that the media hasn't fully picked up on yet. Doing so will increase public perception and strengthen public relations as the LAPD seeks to be proactive, and not reactive, to all areas of its domain.

Officer Well-Being Implications. Full implementation will mimic the results that partial implementation will have, except with an emphasis on prevention instead of reaction. Full implementation deals with officers already in the LAPD and already struggling with mental health-related symptoms, but it takes an extra step to cease the flow of emotionally constipated officers by equipping all new officers with the tools they need to handle the stress of the job and thrive. All of the research supporting the results of partial implementation apply to full implementation, as well as additional research supporting proactive measures even as far back as

probationary officers (Moriarty & Field, 1990; Scully, 2011). This is the most well-rounded solution that addresses not only current police officer well-being but also the well-being of future police officers.

Christian Worldview Perspective

From a Christian worldview perspective, the issue of police officer suicide and well-being is very important. The second greatest commandment given to Christians, according to Jesus Christ himself, is to “love your neighbor as yourself” (Mark 12:31, ESV). With this in mind, the whole issue of emphasizing the mental health of either those working alongside or under oneself comes into focus. For police leaders, it is imperative to seek what is best for those under them, loving them as they serve them and, with them, serving the community. As a police officer, it is imperative to hold each other accountable and serve one another by loving and supporting each other—which sometimes may mean getting a fellow officer the help he or she needs but doesn’t necessarily want. This is not an issue that can be allowed to go to the wayside as a police officer, for all of the reasons listed above, but this also cannot go to the wayside for Christians, for the easy way out—the do nothing approach—is nothing but unloving towards the hurting officers alongside and under them. Arguably the most oft-repeated command to Christians is to love one another: “A new commandment I give to you, that you love one another: just as I have loved you, you also are to love one another.” (John 13:34, ESV). The question, therefore, is not so much “ought I to love?” but “how can I love?”. The problem discussed here, that is, LAPD officer suicide and related well-being, is nothing but an excellent opportunity to love through the implementation of either of the two latter proposed solutions.

References

- Adler, D. A., McLaughlin, T. J., Rogers, W. H., Chang, H., Lapitzky, L., & Lerner, D. (2006). Job performance deficits due to depression. *The American Journal of Psychiatry*, *163*(9), 1569-1576. doi: 10.1176/ajp.2006.163.9.1569
- Arble, E., Lumley, M. A., Pole, N., Blessman, J., & Arnetz, B. B. (2016). Refinement and preliminary testing of an imagery-based program to improve coping and performance and prevent trauma among urban police officers. *Journal of Police and Criminal Psychology*, *32*(1), 1-10. doi: 10.1007/s11896-016-9191-z
- Arnetz, B. B., Arble, E., Backman, L., Lynch, A., & Lublin, A. (2012). Assessment of a prevention program for work-related stress among urban police officers. *International Archives of Occupational and Environmental Health*, *86*(1), 79-88. doi: 10.1007/s00420-012-0748-6
- Balázs, J., Benazzi, F., Rihmer, Z., Rihmer, A., Akiskal, K. K., & Akiskal, H. S. (2005). The close link between suicide attempts and mixed (bipolar) depression: Implications for suicide prevention. *Journal of Affective Disorders*, *91*(2), 133-138. doi: 10.1016/j.jad.2005.12.049
- Burke, R. J., & Mikkelsen, A. (2007). Suicidal ideation among police officers in Norway. *Policing: An International Journal of Police Strategies*, *30*(2), 228-236. doi: 10.1108/13639510710753234
- Carlier, I., Lamberts, R. D., Gersons, B. (1997). Risk factors for posttraumatic stress symptomatology in police officers: A prospective analysis. *The Journal of Nervous & Mental Disease*, *185*(8), 498-506. doi: 10.1097/00005053-199708000-00004

- Chae, M. H., & Boyle, D. J. (2013). Police suicide: Prevalence, risk, and protective factors. *Policing: An International Journal of Police Strategies & Management*, 36(1), 91-118. doi: 10.1108/13639511311302498
- Chen, H-C., Chou, F. H-C., Chen, M-C., Su, S-F., Wang, S-Y., Feng, W-W., ... Wu, H-C. (2006). A survey of quality of life and depression for police officers in Kaohsiung, Taiwan. *Quality of Life Research*, 15(5), 925-932. doi: 10.1007/s11136-005-4829-9
- Chen, Y-F. (2009). Job stress and performance: A study of police officers in central Taiwan. *Social Behavior and Personality*, 37(10), 1341-1356. doi: 10.2224/sbp.2009.37.10.1341
- Chopko, B. A., Palmieri, P. A., & Facemire, V. C. (2014). Prevalence and predictors of suicidal ideation among U.S. Law Enforcement Officers. *Journal of Police and Criminal Psychology*, 29(1), 1-9. doi: 10.1007/s11896-013-9116-z
- de Barros, V. V., Martins, L. F., Saitz, R., Bastos, R. R., & Ronzani, T. M. (2012). Mental health conditions, individual and job characteristics and sleep disturbances among firefighters. *Journal of Health Psychology*, 18(3), 350-358. doi: 10.1177/1359105312443402
- Fincham, B., Scourfield, J., & Langer, S. (2008). The impact of working with disturbing secondary data: Reading suicide files in a coroner's office. *Qualitative Health Research*, 18(6), 853-862. doi: 10.1177/1049732307308945
- Fortes-Ferreira, L., Peiró, J. M., González-Morales, M., & Martín, I. (2006). Work-related stress and well-being: The roles of direct action coping and palliative coping. *Scandinavian Journal of Psychology*, 47(4), 293-302. doi: 10.1111/j.1467-9450.2006.00519.x
- Gershon, R. R. M., Barocas, B., Canton, A. N., Li, X., & Vlahov, D. (2008). Mental, physical, and behavioral outcomes associated with perceived work stress in police officers. *Criminal Justice and Behavior*, 36(3), 275-289. doi: 10.1177/0093854808330015

- Hawton, K., Cornabella, C. C. I., Haw, C., & Saunders, K. (2013). Risk factors for suicide in individuals with depression: A systematic review. *Journal of Affective Disorders, 147*(1), 17-28. doi: 10.1016/j.jad.2013.01.004
- Hern, E., Berg, A. M., & Ekeberg, Ø. (2001). Suicide in police—A critical review. *Suicide and Life-Threatening Behavior, 31*(2), 224-233. doi: 10.1521/suli.31.2.224.21513
- Johnson, L. B., Todd, M., & Subramanian, G. (2005). Violence in police families: Work-family spillover. *Journal of Family Violence, 20*(1), 3-12. doi: 10.1007/s10896-005-1504-4
- Kim, J. L., Wells, W., Vardalis, J. J., Johnson, S. K., & Lim, H. (2016). Gender differences in occupational stress: A study of the South Korean National Police Agency. *International Journal of Law, Crime, and Justice, 44*(1), 163-182. doi: 10.1016/j.ijlcrj.2015.09.001
- Knowles, S. R., & Bull, D. F. (2004). Investigating the affect of stress on police officer psychological and physiological well-being. *Canadian Journal of Police and Security Services, 2*(2), 83. Retrieved from Questia
- Knox, K. L., Pflanz, S., Talcott, G. W., Campise, R. L., Lavigne, J. E., Bajorska, A., Tu, X., & Caine, E. (2010). The US Air Force suicide prevention program: Implications for public health policy. *American Journal of Public Health, 100*(12), 2457-2463. doi: 10.2105/AJPH.2009.159871
- Larned, J. G. (2010). Understanding police suicide. *Forensic Examiner, 19*(3), 64-71. Retrieved from ProQuest
- LeBlanc, V. R., Regehr, C., Jelley, R. B., & Barath, I. (2008). The relationship between coping styles, performance, and responses to stressful scenarios in police recruits. *International Journal of Stress Management, 15*(10), 76-93. doi: 10.1037/1072-5245.15.1.76

Lépine, J-P., & Briley, M. (2011). The increasing burden of depression. *Neuropsychiatric Disease and Treatment*, 7(1), 3-7. doi: 10.2147/NDT.S19617

Lerner, D., & Henke, R. M. (2008). What does research tell us about depression, job performance, and work productivity? *Journal of Occupational and Environmental Medicine*, 50(4), 401-410. doi: 10.1097/JOM.0b013e31816bae50

Lindsay, V., & Shelley, K. (2009). Social and stress-related influences of police officers' alcohol consumption. *Journal of Police and Criminal Psychology*, 24(2), 87-92. doi: 10.1007/s11896-009-9048-9

Loo, R. (2003). A meta-analysis of police suicide rates: Findings and issues. *Suicide & Life-Threatening Behavior*, 33(3), 313-25. doi: 10.1521/suli.33.3.313.23209

Maran, D. A., Varetto, A., Zedda, M., & Ieraci, V. (2015). Occupational stress, anxiety and coping strategies in police officers. *Occupational Medicine*, 65(6), 466-473. doi: 10.1093/occmed/kqv060

McCarty, W. P, Zhao, J., & Garland, B. E. (2007). Occupational stress and burnout between male and female police officers: Are there any gender differences? *Policing: An International Journal*, 30(4), 672-691. doi: 10.1108/13639510710833938

Moriarty, A., & Field, M. W. (1990). Proactive intervention: A new approach to police EAP programs. *Public Personnel Management*, 19(2), 155-61. Retrieved from Academic OneFile

Phil, K. W. D., Milner, A., Allisey, A., Davenport, L., & LaMontagne, A. (2017). Effectiveness of suicide prevention programs for emergency and protective services employees: A systematic review and meta-analysis. *American Journal of Industrial Medicine*, 60(4), 394-407. doi: 10.1002/ajim.22676

- Pienaar, J., Rothmann, S., & Van de Vijver, F. J. R. (2007). Occupational stress, personality traits, coping strategies, and suicide ideation in the South African Police Service. *Criminal Justice and Behavior, 34*(2), 246-258. doi: 10.1177/0093854806288708
- Pompili, M., Serafini, G., Innamorati, M., Dominici, G., Ferracuti, S., Kotzalidis, G. D., ... Lester, D. (2010). Suicidal behavior and alcohol abuse. *International Journal of Environmental Research and Public Health, 7*(4), 1392-431. doi: 10.3390/ijerph7041392
- Price, M. (2017). Psychiatric disability in law enforcement officers. *Behavioral Sciences & the Law, 35*(2), 113-123. doi: 10.1002/bsl.2278
- Rapaport, M. H., Clark, C., Fayyad, R., & Endicott, J. (2005). Quality-of-life impairment in depressive and anxiety disorders. *The American Journal of Psychiatry, 162*(6), 1171-1178. doi: 10.1176/appi.ajp.162.6.1171
- Richmond, R. L., Wodak, A., Kehoe, L., & Heather, N. (1998). How healthy are the police? A survey of life-style factors. *Addiction, 93*(11), 1729-1737. doi: 10.1046/j.1360-0443.1998.9311172910.x
- Rose, T., & Unnithan, P. (2015). In or out of the group? Police subculture and occupational stress. *Policing: An International Journal of Police Strategies & Management, 38*(2), 279-294. doi: 10.1108/PIJPSM-10-2014-0111
- Rouse, L. M., Frey, R. A., López, M., Wohlers, H., Xiong, I., Llewellyn, K., Lucci, S. P., & Wester, S. R. Law enforcement suicide: Discerning etiology through psychological autopsy. *Police Quarterly, 18*(1), 79-108. doi: 10.1177/1098611114563083
- Scully, P. J. (2011). Taking care of staff: A comprehensive model of support for paramedics and emergency medical dispatchers. *Traumatology, 17*(4), 35-42. doi: 10.1177/1534765611430129

- Swatt, M. L., Gibson, C. L., & Piquero, N. L. (2007). Exploring the utility of general strain theory in explaining problematic alcohol consumption by police officers. *Journal of Criminal Justice, 35*(6), 596-611. doi: 10.1016/j.jcrimjus.2007.09.005
- Violanti, J. M. (1992). Coping strategies among police recruits in a high-stress training environment. *The Journal of Social Psychology, 132*(6), 717-729. doi: 10.1080/00224545.1992.9712102
- Violanti, J. M. (2004). Predictors of police suicide ideation. *Suicide and Life-Threatening Behavior, 34*(3), 277-283. doi: 10.1521/suli.34.3.277.42775
- Violanti, J. M., Charles, L. E., Hartley, T. A., Mnatsakanova, A., Andrew, M. E., Fekedulegn, D., Vila, B., & Burchfiel, C. M. (2008). Shift-work and suicide ideation among police officers. *American Journal of Industrial Medicine, 51*(10), 758-768. doi: 10.1002/ajim.20629
- Violanti, J. M., Fekedulegn, D., Hartley, T. A., Charles, L. E., Andrew, M. E., Ma, C. C., & Burchfiel, C. M. (2016). Highly rated and most frequent stressors among police officers: Gender differences. *American Journal of Criminal Justice, 41*(4), 645-662. doi: 10.1007/s12103-016-9342-x
- Wang, P. S., Beck, A. L., Berglund, P., McKenas, D. K., Pronk, N. P., Simon, G. E., & Kessler, R. C. (2014). Effects of major depression in moment-in-time work performance. *The American Journal of Psychiatry, 161*(10), 1885-1891. doi: 10.1176/ajp.161.10.1885
- Werth, J. L. (2004). The relationships among clinical depression, suicide, and other actions that may hasten death. *Behavioral Sciences & The Law, 22*(5), 627-649. doi: 10.1002/bsl.616
- 2015 Police Suicide Statistics. (2016). *Cygnus Business Media*. Retrieved from General OneFile