

THE SILENT DISEASE OF LAW ENFORCEMENT OFFICERS: THE STIGMA OF
MENTAL HEALTH IN LAW ENFORCEMENT IDENTITY AND MENTAL HEALTH
OUTCOMES

by

Timothy Lavelle Myles

Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Education

School of Behavioral Sciences

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ABSTRACT

The purpose of this transcendental phenomenological study was to understand the organizational and personal factors affecting law enforcement officers' willingness to seek mental health assistance following a stressful/traumatic experience from the perspective of the law enforcement officer. The effect of stigmas associated with mental health-seeking behaviors and its impact on the reluctance of law enforcement officers' willingness to seek assistance is the central phenomenon of this study. Study participants included twelve active and retired law enforcement officers from the northern part of the state of Minnesota in an effort to elicit rich narratives and lived experience from this target population. Data were collected through the uses of semistructured one-on-one individual interviews. Great efforts have been made in the law enforcement community to bring awareness to and foster the mental health needs of law enforcement officers. The law enforcement community joined forces with the mental health community, in an attempt to counter the stress and trauma associated with the law enforcement profession.

Keywords: Law Enforcement Officers (LEO's) PTSD, help-seeking behaviors, mental wellness, stigma, counseling.

Dedication

First, I want to thank my Lord and Savior Jesus Christ. I know that through him, all things are possible. I wish to dedicate this dissertation to my amazing and supportive family who unconditionally loves and accepts the ever evolving me: To my loving and supportive wife, Jennifer, the love of my life, and my best friend, thank you for being my biggest fan, for motivating me, and for reminding me of my potential when I doubted myself. Thank you for being ears that listened, hands that wiped tears, and laughs that healed. To my strong supportive son's Al, Timothy Jr., Jordan, daughter in-law Danielle, and grandchildren Nyssa, Kyara, Emery, and Dru, thank you for providing me with unconditional love and encouraging me to be a doctor. Your sheer presence is what motivates me. I love you guys with all of my being!

To my parents Levie and Martha Myles who are no longer here, thank you for showing me the value of hard work and for instilling such a strong work ethic – the way you raised me has allowed me to be the person I am today. I hope I've made you proud. To my sisters Katherine, Brenda, Joyce, and Tamiko, I love you all dearly and I want you to know that anything is possible as long as we maintain our values and unity. To my in-laws, Robert and Carolyn Hosking, thank you for supporting me and my family during school and for showing me what selfless love is. To my best friend, Chris, thank you for your endless support and for always believing in me. I am forever grateful for my village of support. You all are the foundation and reason for my achievements, and I am forever grateful that you were a part of my life.

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List of Abbreviations

Diagnostic and Statistical Manual (DSM-5)

Cardiopulmonary Resuscitation (CPR)

Secondary Traumatic Stress (STS)

Employee Assistance Programs (EAP)

New York Police Department (NYCD)

Correctional Peace Officers Foundation (CPOF)

Liberty University Institutional Review Board (LUIRB)

Census of State and Local Law Enforcement Agencies (CSLLEA)

Law Enforcement Officers (LEO's)

Crisis Intervention Team (CIT)

Emergency Medical Technicians (EMT)

Perceived Organizational Support (POS)

Veteran's Administration (VA)

Department of Defense (DoD)

Uniform Crime Reporting (UCR)

Annual Survey of Public Employment and Payroll (ASPEP)

CHAPTER ONE: INTRODUCTION

Some vocations require benevolence and kindness as an attribute as a part of their application and resumé process. These noble and selfless vocations are humanity-centric professions that thrive on making a positive difference in the world through hearing, understanding, moving, and acknowledging problems with calmness, compassion, empathy, and nurturing through an interactive approach to both finding and solving problems (Walker & Katz, 2012). These vocations include but are not limited to: first responders such as law enforcement officers (LEO's), firefighters, emergency medical workers, military personnel, and 911 dispatchers. These professions are deliberately designed and constructed to equitably address human needs without prejudice or harm to any person or people (p. 68). Of the trauma-sensitive protective services vocations mentioned, LEO's are most vulnerable to chronic exposure to dangerous situations, occupational hazards, and trauma at a higher rate than other first responders due to (a) their continuous exposure to violent encounters, (b) the atrocities committed by fellow humans, and (c) being forced to make split-second life and death decisions (p.98).

The physical and psychological impact of LEO's has been investigated and compared by researchers with the physical and psychological impact that American soldiers face in various war zones around the world (Hartley, Violanti, Sarkisian, Andrew, & Burchfiel, 2013). A significant difference in the comparison is that soldiers have a period of adjustment once they return from deployment, though LEO's are repeatedly exposed to the same dangerous conditions, during the length of a career (Hartley, Violanti, Sarkisian, Andrew, & Burchfiel, 2013). For example, in the United States, some may believe that the crime rate is highest in major

metropolitan areas such as Cleveland, Ohio, Detroit, Michigan, or Oakland, California, but states such as Alaska, New Mexico, and Nevada have been identified as being the highest-ranking states among violent crime within the United States. That is Alaska currently has a rate of 804.2 violent crimes per 100,000 individuals (Dillinger, 2019). More, Albuquerque, New Mexico has been deemed the driving force behind the states increase in crime, and Nevada helps top the list with 678.1 violent crimes per 100,000 people (see table 1.1) (Dillinger, 2019).

Table 1.1

Violent Crime Rate By State

Rank	State	Violent Crime Rate Per 100,000 Inhabitants
1	Alaska	804
2	New Mexico	703
3	Nevada	678
4	Tennessee	633
5	Louisiana	566
6	Arkansas	551
7	Alabama	532
8	Missouri	519

9	Delaware	509
10	South Carolina	502
11	Maryland	472
12	Arizona	470
13	Michigan	459
14	Oklahoma	450
15	California	445
16	Illinois	436
17	Texas	434
18	Florida	430
19	South Dakota	418
20	Indiana	405
21	Georgia	398
22	Kansas	380

23	Massachusetts	377
24	New York	376
25	North Carolina	372
26	Montana	368
27	West Virginia	358
28	Colorado	343
29	Pennsylvania	316
30	Hawaii	309
31	Wisconsin	306
32	Washington	302
33	Ohio	300
34	Nebraska	291
35	Iowa	291
36	Mississippi	281

37	Oregon	265
38	North Dakota	251
39	New Jersey	245
40	Wyoming	244
41	Utah	243
42	Minnesota	243
43	Rhode Island	239
44	Kentucky	232
45	Idaho	230
46	Connecticut	227
47	Virginia	218
48	New Hampshire	198
49	Vermont	158
50	Maine	124

Given the increasing amount of crime nationally, potentially, LEO's can serve their entire careers in these cities with the same law enforcement agency (Dillinger, 2019; Federal Bureau of Investigation, 2015). Left untreated, this repeated exposure to acute stress, violence, and danger could continue to grossly affect LEO's physical and psychological wellbeing adversely (Komrad, 2012). According to Komrad (2012), studies have illustrated how LEO's with frequent exposure to stressors and trauma had an increased risk of developing serious mental illnesses and chronic medical conditions, including depression and -stance abuse. More LEO's were reported to have a shortened life span of nearly 25 years because of these risks (Komrad, 2012; National Alliance of Mental Illness, 2013; Tucker, 2015).

Nearly every level of government has allocated resources to making educational programming, counseling, and mental health assistance readily available to first responders, yet LEO's continue to underutilize these services significantly (Shallcross, 2013). Despite the efforts of experts to investigate and address LEO's attitudes towards seeking mental health care, subsequent studies have revealed LEO's continue to recapitulate the cycle of negative thought in this area (Shallcross, 2013). Experts have put a significant amount of effort into developing theories explaining why this profession largely underutilizes available resources (Karaffa & Tochkov, 2013). An unparalleled number of resources and programs were created to assist LEO's in coping with stressors and trauma as a result of these studies, despite the rejection from the majority of LEO's nationwide (Karaffa & Tochkov, 2013; Kirschman, Kamena, & Fay, 2014; Tucker, 2015).

Societally, we have progressed in the understanding and treatment of mental illness, which is evident by the number of resources and education placed in the areas of training on crisis intervention offered to first responders, attorneys, health care workers, behavioral health

organizations, and advocacy groups (Watson, & Fulambarker, 2012). In contrast, LEO's have continued to be oppositional to change in their approach to seeking mental health assistance despite the demands of society, thrusting LEO's into new, unfamiliar missions and responsibilities (Scrivner, 2014). There are several unknown aspects regarding the offering of care to this target population, and much of what is known has been provided through the publishing's by the dedicated experts inside the fields of psychology and psychiatry (Kirschman, 2014). Moreover, to encourage help-seeking behaviors among LEO's, the development of a clearer understanding of the matter from the perspective of LEO's and peer group leaders is essential to the process of maintaining positive mental health and personal balance among LEO's.

Background

From the beginning of the law enforcement profession, American policing has consistently been intimately recognized as one of the most dangerous and stressful professions worldwide (Walker & Katz, 2012). Researchers have devoted a significant amount of time, effort, and resources on the impact of work stress, exposure to trauma, and the negative consequences the profession have on LEO's (i.e., administrative/professional pressure, physical/psychological danger, or organizational support). Despite studies investigating the mental well-being of LEO's leading to the conception of various awareness movements and assistance programs, the law enforcement side of first responders organizations still underutilizes available resources, which contributes to cardiovascular disorders, including myocardial infarction, ischemic stroke, shortened life span, increased risk of illnesses, and elevated suicide rates (Ma et al., 2015). The research studies examining the factors affecting the well-being of

LEO's further appear to coincide with the added roles and responsibilities being forced onto the profession of law enforcement. Therefore progressions of policing and mental health in America must first be reviewed.

History of Policing in America

The development of policing in America has been traced back to the colonial period and said to mimic the development of policing in England (Potter, 2013). Policing in the early colonies took on two forms (i.e., informal and communal). Police were composed of community volunteers from various settlements as a watch system whose principal mission was to alert the community of impending danger (Potter, 2013). During the early 1700s, great emphasis was placed on the night watch, which was not a particularly useful crime control device. Watchmen often slept or drank on duty, were attempting to evade military service, were pressed into serving their town, or were performing watch duties as a form of punishment (Potter, 2013). The early informal modalities of police continued after the American Revolution with community-oriented tasks such as lighting gas street lanterns and assisting intoxicated citizens with returning to their homes (Potter, 2013). A more modern approach to policing emerged in the United States in the mid-1800s. This centralized municipal approach to policing focused on law and order, deterring crime, and attending to the social welfare of the communities they served. The modern police force was overseen by constables, law enforcement officers who were usually paid to perform other duties such as land surveys, and verifying the accuracy of weights and measures (Potter, 2013).

Modern Policing

Law enforcement in the United States has drastically changed since its inception. In 1838 Boston created the first centralized, municipal police department, to be followed by the

creation of agencies in major cities throughout the United States such as New York City, Chicago, and Philadelphia. Nearly every major city in the country was equipped with some manner of a formal police force by the late 1800s (Potter, 2013). Today, with more than 18,000 local, state, and federal law enforcement agencies in the American system of law enforcement, and nearly 420,000 officers, with the majority of departments being local municipalities, LEO's have witnessed the accelerated evolution of modern community policing (Potter, 2013; Reaves, 2008). Given the evolving roles and expectations bestowed upon police officers today, there is no surprise that police work is highly stressful, due to their effort to counter, combat, and thwart emerging threats, trends, crimes, and disasters (Balko, 2013). In modern policing, officers are thrust into ever-revolving responsibilities and situations that span far beyond the scope of traditional community policing, while being expected to perform outside of their usual roles as their list of duties continues to grow (Balko, 2013).

It is these new and developing roles that have left LEO's exposed to emerging and escalating dangers, threats, and stressors that took the law enforcement community by surprise while exposing their lack of preparedness regarding training and oversight. Adverse consequences of these changes in roles and responsibilities have ultimately been detrimental to the personal and professional lives of LEO's (Potter, 2013; 21st Century Policing 2015). Over the years, the focus of policing in the United States has emerged. That is, the idea of communities being policed by unmotivated community volunteers has far been replaced with full-time employed law enforcement officers. Departments now have permanent fixed rules and procedures, focused on public order (Potter, 2013).

Today modern policing has advanced into the war on cybersecurity and terrorism, as focus moves away from the war on drugs, despite the increase in opioid abuse. The focus on the part of the law enforcement community, as well as society as a whole, is on the treatment of those affected (Baker, 2017; Balko, 2013). Law enforcement communities are not the only ones confused by the continuous modifications of the roles and priorities of LEO's; confusion and controversy have been generated amongst Americans nationwide (Perez, 2010). The public's perception of the roles LEO's play in society does not align with the police authority, as social media, and major media events or trends have continuously contributed to society's expectations and demands on the role law enforcement officers should play in the communities they are sworn to protect and serve (Walker & Katz, 2012).

The landscape for modern LEO's as first responders has a far different appearance for the communities they are sworn to protect, which creates discord between LEO's and the community. That is, LEO's as first responders are now exposed to terrorist attacks, rampage shootings, and public uprisings. In their effort to enforce the law, LEO's began training and using tactics, gear, and weapons used by soldiers on the battlefield (Walker & Katz, 2012). The Pentagon's 1033 program enacted in 1997, following the North Hollywood shootout, allowed law enforcement agencies to acquire military hardware. The new-look military style of policing became scrutinized for using paramilitary tactics and the use of force to enforce the law (Miller, 2019). The militarization of policing shifted the focus of policing from one who keeps the peace, to one who enforces the law, building a more significant divide between LEO's and communities that they are sworn to protect (Miller, 2019).

Police Characteristics

There are many reasons that people are attracted to the field of law enforcement. Some of the attractions may include the ideas of helping people, keeping the community they serve safe, continuing family traditions, and placing their own lives in jeopardy to keep the peace (Archbold, 2013). Because of the realities of the profession and exposure to the stressors, violence, and trauma, LEO's sometimes lose sight of the mission that prompted them to pursue a career in law enforcement in the first place. Based on these realities, the role of law enforcement officers in this free society has evolved (Archbold, 2013). That is, to prepare LEO's for the emerging threats they face in their line of work, law enforcement communities have adopted paramilitary styled training centered on retaining control under volatile circumstances through tactics, self-defense techniques, and mastery of several weapons systems (Gharibian, 2015; Violanti et al., 2017). It is often through this style of training that LEO's emerge with the indoctrination of police culture or subculture. LEO's begin to observe the world through a unique cultural lens, leading to behavioral, values, and personality shifts in LEO's (Violanti et al., 2017).

Comparisons through empirical research have been drawn between subcultures of law enforcement and military soldiers. Both subcultures center on their fortified bonds of tradition and solidarity created through their training methods which stresses the importance of discipline, punctuality, responsibility, teamwork, and decision-making skills. Both law enforcement and military subcultures share in the experience of chronic exposure to trauma at a greater rate than the general population (Goodman-Delahunt, & Howes, 2019; Miller, 2019). The subcultures created by this occupation pit the law enforcement community against the communities they serve. LEO's, because of the nature of their profession and continuous exposure to adverse

trauma, become secretive, hypervigilant as a self-preservation tactic, untrusting of outsiders, and dependent upon each other for survival (Miller, 2019).

The Impact of Trauma and Stress

According to the DSM-5, trauma requires actual or threatened death, serious injury, or sexual violence (p. 271). In addition, the American Psychological Association (2016), defines trauma as an emotional response to a terrible life event (i.e., natural disasters, terrorist attacks, and accidents). Stress is identified in a medical or biological context as a physical, mental, or emotional factor. Stress can activate bodily or mental tension, or come from an external source (i.e., psychological, environmental, or social situations). Stress can also activate the "fight or flight" response, a complex reaction of neurologic and endocrinologic systems (McFarlane, 2013). Because of their routine exposure to stress and trauma, the Bureau of Labor Statistics (2013), identifies first responders as being in professions that are recorded as existing among the most stressful and dangerous occupations in America.

For the majority of the working population, the worst thing that they may face in their occupation is their employer getting angry, the loss of a client, or misunderstandings with coworkers (Gharibian, 2015). For law enforcement officers and other first responders, work may involve danger, chaos, and tragedy daily. Still, of all the high-risk occupations, the law enforcement profession is one of the most trauma-sensitive in the field of first responders, partly due to their frequent exposure to violence and emotionally distressing events (Sack, 2017). It is this chronic exposure to stress, violence, and trauma LEO's face that place them at an increased risk of being detrimentally impacted at a physical and psychological level for both LEO's and their family members (Sack, 2017). LEO's who fail to take advantage of assistance, lack the coping mechanisms, or are not offered assistance with treatment, are at an elevated risk of

experiencing behavioral or psychological disorders such as Post Traumatic Stress Disorder (PTSD), but they are also at an increased risk of forming physical health complications as well (Sack, 2017; Tucker, 2015).

Law Enforcement Officers and Mental Health in the Community

Given the many roles and responsibilities expected of LEO's in association with their relationship with society today, LEO's roles have increased due to the decline in social service availability. LEO's have long been labeled as community gatekeepers, addressing general problems occurring in the community (Walker & Katz, 2012). However, as community-based resources for mental health assistance has diminished, LEO's have been thrust into the role of the aid for citizens in a mental health crisis (Carter, 2010). There has been an increase in the task of LEO's responding to issues related to citizens experiencing a behavioral crisis. Because LEO's are often first and sometimes the only ones to make contact with citizens during a mental health crisis, LEO's are forced to use their authority and discretion regarding the immediate future of these citizens (Carter, 2010).

Moreover, because of the increase in response rates to mental health calls nationwide, the law enforcement community has teamed up with the mental health community to form partnerships to reduce the consequence of a mental health crisis becoming a criminal offense (Franz & Borum, 2011). The result of this partnership is the creation of the Crisis Intervention Team (CIT) program as an innovative, community-based strategy for improving the outcomes of these encounters (Rosenbaum, Tinney, & Tohen, 2017). CIT has been implemented in over 2,700 communities nationwide. Because of the connections between law enforcement, social workers, mental health providers, hospital emergency services, courts, and the mentally ill and

their families, these partnerships have proven productive in the LEO's ability to absorb and understand the methods required to identify the signs and symptoms of mental health crisis in individuals, fellow officers, or themselves after experiencing a traumatic event or stressor (Rosenbaum, Tinney, & Tohen, 2017).

Without the benefits provided through these partnerships, LEO's would not have the resources or receive adequate training to meet the demands of mental health crises in the communities they serve. It is through these collaborative community partnerships and the intensive training through CIT that improves communication and identifies resources for the mentally ill and those in crisis while ensuring officer and community safety (Police Executive Research Forum, 2012).

History of Mental Illness, and Diagnosis in the United States

The history of mental illness and care has persistently evolved nationally. Mental illness has continued to be the best representation of how trends in psychiatry and cultural understanding of how mental illness influences national policy and attitudes towards mental health. Through the development of new medical advances and treatments, the field of mental health care has also transitioned from in-patient, asylum styled care of treatment to an out-patient community-based setting aided through experimental prescription medications and alternative counseling methods (Novella, 2010).

To accompany the changes in how mental illness has evolved throughout history, the terms for mental health disorders have changed from terms such as insane or madness to less stigmatizing labels such as the identification of psychological disorders as neurological-related conditions (Herman, 2015). Moreover, the social pressures and negative associations of mental illness have been the driving force behind the change in terms and societal views on the disorders

nationally (Herman, 2015; Novella, 2010). Today with nearly one in four adults in the United States suffering from a diagnosable mental health disorder, mental illness has become the leading cause of disabilities among individuals in the United States, Canada, and Western Europe (Carter, 2010).

Once viewed by many cultures as a form of divine punishment or demonic possession, modern mental health concerns are now openly discussed. Mental illness has been recognized in the general population as inflicting more damage than cancer, heart disease, or diabetes (Carter, 2010; Novella, 2010). Carter (2010) suggests that the most significant deterrents to seeking mental health assistance include stigma, misinformation, stereotyping, and the fear of living with a diagnosed mental illness. Additionally, despite advancements in the field of mental health care, less than 60 percent of Americans diagnosed with a mental health condition seek assistance for their diagnosis (Komrad, 2012).

Help-Seeking Behavior and Perceived Barriers

There has been extensive research investigating the role societal stigmas may play as barriers to an individual's willingness to seek needed mental health treatment across diverse populations. Some researchers support the assertion that national policymakers have in identifying mental illness stigmas as an essential barrier to help-seeking for mental health (Eisenberg, Downs, Golberstein, & Zivin, 2009). This help-seeking behavior is often predicated on the individual's perception of the impact stigma has on them. This can affect a person's responses to distress and help-seeking (self-stigma) and discernment of others' negative responses (perceived stigma) (Barney, Griffiths, Jorm, & Christensen, 2006). The outgrowths of this idea are that stigmas associated with mental illness are more severe than those with any other

health conditions, and has significant influences on how others might handle an individual with a stigmatizing condition, as well as a reduced probability of hiring individuals who have been labeled mentally ill (Barney, Griffiths, Jorm, & Christensen, 2006). Good mental and psychological health is equally as essential to the law enforcement community in the effectiveness of securing the safety of the community they serve as good physical health (Tucker, et al., 2013, p.523).

Therefore, the stigma experienced by a law enforcement officer with a mental illness is more likely to decrease the occurrence of help-seeking behaviors (Herman et al., 2011). Some studies indicate that the majority of people with mental health concerns delay doctor visits related to physical issues for many years. Yet, resistance to seeking help for psychological problems is much higher (Komrad, 2012, p. 51). Furthermore, one reason for these outcomes may involve the measure of stigma experienced when individuals engage in help-seeking behaviors, leading to psychological stress between LEO's (Ajzen, 2011; Insel, 2013). This form of stress can have severe health consequences for individual LEO's (Ajzen, 2011). The majority of resistance for seeking assistance amongst LEO's is attributed to one's desire to control both themselves and the environment around them, hence the tendency to delay health-seeking aid, which increases the potential for psychological issues to develop into serious illnesses if left untreated (Komrad, 2012, p.55).

Furthermore, other perceived barriers to help-seeking behaviors of LEO's include the daily stressors of the job. That is, the health and wellness of LEO's can also be affected by daily work stressors such as the constant need to be vigilant, shift work, long hours, and regular contact with people in crisis, or show hostility toward them (Gharibian, 2015). Before joining the force, all LEO's bring to the job their ethnocentric values. That is, the LEO is in a state of

relying on his or her own paradigms based on his or her cultural heritage. When we are ethnocentric, we view the world through narrow filters and only accept information that fits our paradigms, and we resist and discard any others. For example, one of the commonest and most enduring myths about schizophrenia is that all people suffering from this disorder are violent (Hodgins, 2008). If a LEO carries this myth into his or her interaction with a schizophrenic person without having moved out of this stage, it is likely that the interaction with the schizophrenic person will be a negative one. The LEO has the option to reject societal views, attitudes, stigmas, and negative connotations associated with mental health disorders and diagnosis (Gharibian, 2015).

Theoretical Framework

Empirical research has been reviewed in the area of stressors in the workplace. Research suggests that law enforcement officers, firefighters, Emergency Medical Technicians (EMTs), corrections officers, and other first responders are at a heightened risk of chronic exposure to occupational stressors due to their exposure to violence and trauma, as well as aspects of the job itself, such as physical work demands and nonstandard schedules, extended work hours, and lack of administrative support, placing greater urgency on the need for coping mechanisms and available resources (Violanti et al., 2017). Researchers have made genuine attempts at identifying ways of reducing the stress of first responders such as (a) self-regulation skills training to reduce negative emotions, improve sleep, and increase the use of effective coping strategies. (b) Relaxation training to decrease stress and increase sleep quality. (c) Resilience training to minimize the impact of operational stress on health and behavioral outcomes (Rineer, 2018).

Research suggests that being equipped with the above coping mechanisms can profoundly impact LEO's ability to overcome their stressors and regain balance and control over their lives (Rineer, 2018). Mastering these coping mechanisms allows LEO's to cope with different experiences, self-stigmas, and biases that cause LEO's to perceive events differently to address their mental health needs at a pace that is appropriate for them.

Gaps in Literature

There has been significant attention placed on the study and investigations into the overlooked and undercounted role of sober clinically significant mental health assistance for law enforcement officers. Notwithstanding, the overly cautious reaction from the subculture within law enforcement, such as the distrust of outsiders and laden concerns of confidentiality, has created barriers such as limited sample sizes of past studies, consequently generating mixed findings (Zundel, 2010). Historically, a wealth of resources has been placed on the focus of the cause of stressors within the LEO community to determine if the causes of stress were internal (police administrative organization), or external (frequent exposure to trauma) (Violanti et al., 2014; Zundel 2010). Nevertheless, neither the isolation of the sources or stressors or the development of services to aid the LEO community will solve the lack of utilization of available resources without the trust in the process by LEO's. One clear gap in the literature through the examination of the benefit available services have on LEO's is the absence of LEO feedback and experiences after receiving treatment to measure its usefulness.

An upshot of past studies has been the selection process of the target population. The recruitment process resulted in a sample from an isolated microcosm of LEO's within specific geographic areas (e.g., agencies, counties, or states), due to the extraordinary amount of full-time law enforcement officers listed nationally (708,569) in 2018 alone, (Dillinger, 2019).

Nevertheless, the roles and services of LEO's are just as diverse as the many levels of government and populations of people they serve (e.g., county, state, federal, and military). Therefore, the experiences and exposure to stress and trauma may vary based on geographic location, level of government, and assignments. In order to acquire greater insight into the matters that affect the mental and physical wellbeing of LEO's, gathering LEO's perceptions is paramount to the treatment process. Therefore, a broader sampling of the law enforcement population is necessary.

This study falls under the same rationale. That is, sampling LEO's from various departments throughout the state of Minnesota only offers much-needed insight from LEO's in the geographical area. Sampling LEO's from multiple departments statewide could contribute to the identification of universal patterns, trends, and effective models of treatment. A host of prior studies presents a substantial amount of data illustrating why first responders avoid seeking mental health care. There is also information describing the differences between first responders such as LEO's and the majority of first responders, such as military personnel regarding their response to mental health care treatment. However, what is unclear is if LEO's perceive more comprehensive biases, barriers, and fears of seeking mental health assistance versus the rest of the first responder population.

Statement of the Research Problem

With the growing changes in climate on how LEO's are perceived in the communities they serve, as well as the increasing violence, civil unrest, and scrutiny of those in the law enforcement community, LEO's are at a higher risk of increased exposure to occupational stress, trauma, and violence. Thus, the more significant concern for LEO's to receive viable therapeutic

options and meet the growing demands for well-functioning officers (Komrad, 2012). As critical incidents such as violent crimes, shootings, and mass disasters increase, society will profoundly rely on the service of LEO's to restore order, render aid, and secure their safety. The psychological byproduct of prolonged or increased exposure to cumulated stressors includes constant job-related risk, the need for adherence to often restricting and conflicting regulations, and what may be inaccurate public perceptions of LEO's. This has shown to have an overwhelmingly negative effect on the health and wellness of LEO's and their families and in some cases leading to issues such as psychological problems, including substance abuse, marital problems, anxiety, depression, or post-traumatic stress disorder (Komrad 2012; Martin, Marchand, Boyer, 2009).

Despite the implementation of interventions intended to improve the psychological health and wellness of LEO's, research shows that LEO's significantly underutilized available services in comparison to other first responders (National Alliance of Mental Health, 2017; Shallcross 2013). Though a great deal of criminal justice literature suggests there has been enormous focus placed on examining LEO's attitudes and positions on seeking mental health assistance, study results reveal occupational exposures to critical incidents and stressors continue to take a toll on this subset of the population with no reprieve in view (Gharibian, 2015; Karaffa, 2013; Sink, 2015).

One factor, in particular, that has been pertinent for this specific study, is perceived organizational support (POS). That is, POS is based on the degree that an employee believes their organization cares, supports, and values their contribution to the organization. There has been a lack of data supporting the influence of perceived organizational support (POS) on LEO's willingness to use services. Critical to the profession of law enforcement is the LEO's ability to

understand what shapes the LEO's desire to use stress intervention services, ideally to address the adverse effects of police stress (Kirschman et al., 2014). Another factor is the lack of literature on the perceptions and experiences of mental health professionals specializing in counseling law enforcement officers (Kirschman et al., 2014). Because of the relationships and rapport built between counselors and the LEO's they treat, the counseling profession can offer valuable perspectives on how to approach, connect with, and treat LEO's at a level conducive to their success while eliminating the fear of the stigmas attached to seeking mental health care.

There has been success on the part of psychologists, counselors, and peer group leaders with offering assistance or coping mechanisms when treating LEO's suffering from occupational stressors or recovering from critical incidents. Despite the success generated by psychologists, counselors, and peer group leaders in the area of trauma treatment, addressing real or perceived factors affecting the help-seeking behaviors of law enforcement officers is paramount to the help-seeking process (Kirschman et al., 2014).

Purpose Statement

The goal of this phenomenological study is to identify and characterize the organizational and personal factors supporting and limiting LEO's seeking mental health assistance following a stressful/traumatic experience. This study aims to examine the relationship between LEO's frequent exposure to violence and traumatic events, and its effect on the long-term mental health of LEO's. Finally, it is the purpose of this study to identify the stigma associated with mental illness in law enforcement and its impact on the reluctance of LEO's to seek treatment. As well as identifying organizational methods for reducing barriers and increasing awareness and support for health-seeking behaviors within the communities of all stakeholders.

Significance of the Study

Some studies suggest that there is a lack of contrast between the mental health stigmas in the military with comparison to the mental health stigma among first responders, particularly that of law enforcement officers (Acosta et al., 2014; Marmar, et al., 2015). According to Marmar, et al. (2015), the Veteran's Administration (VA) and the Department of Defense (DoD) found that soldiers returning from war were experiencing psychological issues, negatively affecting their personal and professional lives, and failing to resolve these issues themselves, nor were the issues getting better with time. This phenomenon mirrors that of law enforcement officers struggling to cope following a critical incident or chronic exposure to on job stressors, because the impacts on the target demographic are closely related (Shallcross 2013). All stakeholders, that is, officials with the DoD, VA, and all levels of law enforcement, have focused on spending countless resources to explore the reason why their available mental health resources are being underutilized, and mitigate the impact that mental health has on this population and their families (Acosta et al., 2014; National Alliance of Mental Health, 2017).

According to Acosta et al. (2014), some stakeholders in an attempt to be proactive have embedded psychologists and peer group leaders within departments and units with the idea of destigmatizing the act of seeking mental health care. More, some departments have created a system where LEO's and other first responders can set up appointments to meet with psychologists with the security of total anonymity, the psychologist then bills the department for the services without identifying the counseled (Acosta et al., 2014). Despite the valiant efforts of stakeholders to create a culture where seeking mental health care is acceptable behavior, LEO's continue to be plagued by anxiety, depression, self-medication, PTSD, and suicide (Acosta et al., 2014; O'Hara et al., 2012).

The LEO's subculture, and attitudes toward mental health assistance have been characterized as a significant potential barrier to LEO's willingness to seek mental health care (Karaffa, 2013; Tucker, 2015). There have been limited studies focusing on cultural factors affecting LEO's mental health-seeking behaviors (Kirschman et al., 2014). For example, the effectiveness of counseling programs geared toward the support of mental health care for LEO's, or if LEO's are equipped with adequate information regarding the availability of mental health care resources for this unique subset (Tucker, 2015). This study focused on the perspectives of law enforcement officers in an effort to investigate further on the best methods of promoting the importance of effective counseling strategies, and an attempt to elicit the lived experiences of LEO's related to their reluctance to seeking treatment for mental health care. Prior research in this area has produced mixed results and have failed to generate viable options or sustainable changes (Karaffa, 2013; Gharibian, 2015). Eliciting the perspectives of LEO's allows this study to focus on the rich narratives and lived experiences of this target demographic. Comparing the literature, data, and descriptions collected from this study, along with data from past studies on the law enforcement profession, could potentially identify gaps in mental health assistance programs as well as provide LEO's with critical tools for managing and treating their mental health care.

Research Questions

1. Is there a relationship between law enforcement officer's frequent exposure to violence/traumatic events and its effect on the long-term mental health of officers?
2. What role does stigma play in officer's reluctance to seek treatment?

Research Sub-questions

1. What are the personal factors supporting LEO's seeking mental health assistance following a stressful/traumatic incident?
2. What are the personal factors serving as barriers to LEO's seeking mental health aid following a stressful/traumatic incident?
3. What are the perceived organizational factors (i.e., policies, programs, crusades) serving as barriers to LEO's mental health-seeking behaviors?
4. What are the perceived organizational factors (i.e., policies, programs, crusades) supporting LEOs mental health-seeking behaviors?
5. What are the consequences of supporting and or limiting factors influencing LEOs seeking mental health assistance?

Definitions

Law Enforcement Officer: Any individual having served in the realm of protective services as an officer, agent, or employee of the local county, state, and federal levels of government, authorized by law to engage in the prevention, detection, or investigation of any violation of criminal law or permitted by law to supervise sentenced criminal offenders, or have general arrest power (Census of State and Local Law Enforcement Agencies, 2008).

First Responders: Individuals with specialized training who is among the first to respond to a natural or man-made emergency, such as a police officer, firefighter, or Emergency Medical Technician (EMT), who provides urgent medical care, basic life support, and other emergency procedures and are prepared to respond and assist at the scene of an accident, natural disaster or terrorist attack (First Responders/Homeland Security, nd).

Stress and/or Stressors: The process by which an individual experienced a perceived threat to their well-being or position in life, called stressors which they appraise as threatening or challenging, particularly if the challenge of coping with it exceeds an individual's perceived available resources (Understanding and Managing Stressors, nd).

Trauma: The emotional response to damage to the mind that befalls as a consequence of distressing experience. Trauma is often the consequence of an overwhelming measure of stress that exceeds a person's ability to cope or integrate the sensations associated with that experience (Trauma and Shock, nd).

Help-Seeking Behavior: A set of behaviors and intentions regarding seeking out assistance from others related either to illness or health (Umubyeyi, Mogren, Ntaganira, & Krantz, 2016).

Stigma: Public stigma is generally viewed as the adverse reaction the general population has toward people with mental illness, while self-stigma is the negative a person with mental illness holds toward themselves. It is a label imposed by others, which leads to devaluation, discrimination, and humiliation and generates stereotypes, fear, and rejection (Corrigan, & Watson, 2002).

Police Psychologists, Counselors, and Peer Group Leaders. Any individual trained or certified to offer counseling, consoling, and treatment specifically to LEOs (Census of State and Local Law Enforcement Agencies, 2008).

Summary

Chapter I provided an overview of the scarcity of research associated with the prevalence rates of law enforcement officer's reluctance to seeking mental health treatment, as well as a lack

of understanding of the factors surrounding LEO's resistance to help-seeking. The significance and premise of this study are to understand the factors related to the reluctance of LEO's to seek treatment by offering LEO's a platform to share their perceptions and perspectives on their underutilization of available service. This project has three aims, aim one is to identify and investigate diagnosable symptoms of most common psychological disorders found among the LEO community (i.e., anxiety, depression, PTSD, alcohol addiction). Aim two included the examination of the severity of said diagnoses on the LEO's ability to seek treatment, particularly for LEO's who experience clinically significant mental health problems. Aim three was to create a theoretical model depicting barriers to care and treatment seeking at the individual level.

CHAPTER TWO: LITERATURE REVIEW

Daily, law enforcement officers (LEO's) nationwide witness scenes of violence, trauma, and tragedy incomprehensible to the general public. LEO's are exposed to extreme stressors throughout the course of their careers, which is on average 30-35 years. Hence, law enforcement agencies nationwide screens potential applicants through hours of cross-examining, comprehensive personality tests, and extensive background checks to eliminate those that may be susceptible to mental illness or unfit for the demands of this type of work (Papazoglou, & Tuttle, 2018; Violanti, Owens, McCanlies, Fekedulegn, Andrew, 2019). Yet, despite the effort placed on the screening of potentially mentally healthy candidates, LEO's still commit suicide at a higher rate than the general public according to Badge of life, a nonprofit organization seeking to prevent police suicides (Papazoglou, & Tuttle, 2018; Violanti, 2013). At this time there is not a federal clearinghouse that keeps a record of how many LEO's have committed suicide on any scale, though according to the Bureau of Justice Statistics (2016), three national data resources collect law enforcement employment statistics within the United States (i.e., FBI, U.S. Census Bureau, and the Bureau of Justice Statistics).

All three data collection agencies gather comprehensive information for different purposes. For example, the FBI collects data as part of its Uniform Crime Reporting (UCR) Program. The Census Bureau collects data on all government agencies as part of its Annual Survey of Public Employment and Payroll (ASPEP). The BJS collects data through its periodic Census of State and Local Law Enforcement Agencies (CSLLEA). Many states, local and national law enforcement agencies voluntarily report the information provided to all three data collection sources. Including information regarding arrest information such as the number and

type of crimes reported to these agencies. Additionally, the FBI receives data on the number, type, and characteristics of these employees as well as the number of LEO's killed and assaulted, including demographics, patrol assignments, and other characteristics related to LEO's (Bureau of Justice Statistics, 2016). However, the number of LEO's who commit suicide through state, local, and federal law enforcement agencies are not among the data collected.

Ironically, the FBI will go as far as to collect data on LEO's killed and assaulted on the job, through a program that has been in existence since 1972, recording the LEO's who were feloniously killed, accidentally killed, and assaulted in the line of duty and the weapons used in the incidents, whether they were carried out with firearms or knives, or something other. For example, in 2018, 55 LEO's were feloniously killed and 51 LEO's died as the result of accidents that occurred while in the line of duty (U.S. Department of Justice-Federal Bureau of Investigation/Criminal Justices Information Services Division, 2018).

According to The Badge of Life, in 2016, 108 LEO's across the country took their own lives. A 2018 study found that more LEO's die of suicide than die of shootings and traffic accidents combined in the line of duty. Recent data collected from a study conducted by Badge of Life indicated that on average a rate of 130 LEO's every year, or eleven per month commit suicide (Mishara & Martin, 2012). Despite the alarming number in the data collected, and the efforts of law enforcement agencies to hire mentally healthy officers, LEO's are still suffering in silence and dying at an alarming rate. Clearly there is not enough dialogue surrounding mental health within police, fire, corrections, and first responder agencies. There is growing speculation about stigma related to mental health as the motivating force behind the fear that addressing mental health with LEO's will reflect negatively on an agency or result in liability claims by stakeholders. Recently, in a conversation with members of a Northern Minnesota law

enforcement department, an officer made the statement that “there is no crying in policing.” At the time of his statement, he was referring to a rookie officer who had started crying from the anxiety after going on her first domestic violence call. (Thompson, personal interview March 21, 2019).

When on a call, police officers are expected to use force to arrest criminals. It is also expected for police officers to suppress certain emotions (i.e., LEO's are not expected to cry) in the presence of others, even fellow officers while responding to calls for service. However, suspecting LEO's not to show emotions is like calling LEO's subhuman. That is, officers, have families, (e.g., children, parents, grandparent, siblings, and spouses) and are subject to experiencing emotion. LEO's are expected by the general public to have the dexterity to transitions from law enforcement officer to parent, spouse, or family member after responding to service calls, for example, with a sexually or physically abused child and show no residual effects (Papazoglou, & Tuttle, 2018). The ability to manage multiple roles for the majority of the general population is difficult, (i.e., not taking work home with you or vice versa). For first responders such as LEO's, who generally are the first to respond to the scene of a critical incident, managing roles can be mentally straining.

Much like an athletic team, law enforcement agencies are fraternal, but also like athletics, there is also a competitive and demanding aspect to policing. That suck-it-up mentality is common amongst officers. This culture is a product of centuries of perceived weaknesses of any kind as being stigmatized. LEO's know their fellow brothers in blue have their back, no matter the situation, though you don't want to be perceived as the vulnerable LEO. That perception comes with labeling, and with the enormous amount of weight that labels carry, LEO's don't

want to be on the wrong side of labeling that could lead to professional repercussions, such as being passed over for promotions or removal from patrol work on the street (Opotow S. 2016).

Johnson (2016), suggests that stressors related to the law enforcement profession have been linked to increases in the risk for sleep disorders, heart disease, absenteeism, burnout, aggression, alcohol/drug abuse, and suicide. Furthermore, Johnson's research found that there is a broad range of chronic, organizational stressors related to the LEO community that doesn't include the unique inherent stressors LEO's face in the field. That is, the common stressors seen in other professions such as, shift work, inadequate support from supervisors, inadequate support from the department, competition for advancement, insufficient personnel, and excessive discipline. More, this research found that lost productivity cost agencies at least \$4,489 per officer annually due to poor physical and psychological health (Fox et al., 2012).

The culture associated with LEO's often values stoicism and self-reliance, coupled with a career-long work environment of investigating reports of sexual assault, homicide, and armed robbery, it is not surprising that the mental health of LEO's is adversely impacted (Fox et al., 2012). The fallout of these conditions can result in at-work productivity loss, substance use, and a high suicide rate between LEO's. With a sizable amount of literature indicating the increased experience of poor physical and psychological health of LEO's compared to that of the general population, and armed with the knowledge of knowing that there is a large number of underreported cases of LEO's experiencing mental health issues because of fears tied to the stigma, it isn't surprising that the numbers would be skewed due to a scarcity of research with this population.

Risk Factors of PTSD for LEO's

Hartley, Violanti, Sarkisian, Andrew and & Burchfiel, (2013), have linked PTSD to individuals physical and psychological health, due to prolonged exposure to chronic potentially traumatic incidents, extreme stressors, and loss affecting the health and well-being of LEO's (Papazoglou, & Tuttle, 2018). The study addressed the signs and symptoms related to reports of LEO's as an increase in poorer physical health-related quality of life, greater frequency, and severity of chronic musculoskeletal pain, and gastrointestinal complaints. Other gradual emergence of symptoms following exposure to a traumatic event includes hypertension, hyperlipidemia, obesity, and cardiovascular disease (Franke, Kohut, Russell, Yoo, Ekkekakis & Ramey, 2010).

Research suggests that due to the inordinate amount of time LEO's spend in a physiologically aroused state, LEO's experience disproportionately higher rates of cardiovascular disease and metabolic syndrome (Franke et al., 2010; Hartley et al., 2011; Joseph et al., 2009; Wright et al., 2011). Due to the higher rates of poor physical health, LEO's also experience relatively higher risk of death compared to the general population. (Larson, Eyerman, Foster, & Gfoerer, 2007). Researchers also believe this cumulative body of literature suggests that the effects of traumatic stress need not be misconstrued as anything less than a major environmental challenge that places the physical and psychological health of LEO's equally at risk (Shane, 2010).

Compassion Fatigue/Secondary Traumatic Stress

As indicated in the research provided by Shane (2010), the 1960's and 1970's focused on the notion of life events literature and the of brought-forward time, emphasizing a window of approximately six months following a life event stressor as a time frame leading to the onset of

acquiring PTSD (McFarlane, 2013). This literature is not supported by countless studies that address PTSD and link the effects of compassion fatigue/secondary trauma to the onset of PTSD with social workers, counselors, and 911 dispatchers. For example, a 911 dispatcher described a call where she had to follow a script. She said the call was about a baby who had fallen from a six-story window. She said when the call came through, she could hear the screaming in the background from family. More, she said the script called for her to tell the family to start cardiopulmonary resuscitation (CPR). She said though she knows the child was dead, she still had to stick to the script. She said she couldn't help but picture the scene and think about her own child. Yet two years and countless numbers of calls went by before she started to experience PTSD at a level that started to affect her work performance (p.4).

Secondary traumatic stress is described as the emotional stress that results when an individual hears about the firsthand trauma experiences of others over a period of time, through vicarious traumatization and intense countertransference reactions (Levers, 2012; Shoji et al., 2015). This form of trauma would affect child-service professionals and 911 dispatchers, as well as others serving those in crises. For therapists, child welfare workers, case managers, and other helping professionals involved in the care of traumatized children and their families, the fundamental price of listening to stories of trauma may take an emotional toll that compromises professional functioning and diminish one's quality of life (Levers, 2012).

Shoji et al., (2015), suggest that secondary traumatic stress (STS) accounts for three clusters of symptoms. That is, intrusion, re-experiencing, and avoidance, while vicarious traumatization is associated with core elements such as the professional's interactions in the workplace and cognitive effects of indirect exposure to the emotional residue from traumatic events. Professionals become witnesses to the pain, fear, and terror that trauma survivors have

endured. Additionally, it is believed that exposure to traumatic narratives of others makes stakeholders more susceptible to experiencing symptoms of PTSD, such as feelings of terror, grief, anger, intrusive thoughts, nightmares, insomnia, fatigue, and difficulty concentrating.

According to the DSM-5 criteria for PTSD, in addition to exposure to a traumatic event, the individual must experience symptom clusters of intrusion, avoidance, negative alternations in cognitions and mood, and alternations in arousal and reactivity. The other three criteria are associated with the duration of symptoms, the degree of functional impairment, and any potential exclusion of symptoms related to substance use or medical conditions (American Psychiatric Association, 2016). Left unaddressed, these symptoms can have an impactful effect on the work relationship, personal life, and profession of stakeholders. Shoji, Lesnierowska, Smoktunowicz, Bock, Luszczynska, Benight & Cieslak (2015), found that the term vicarious trauma is used interchangeably with the term secondary trauma, despite others in the scientific community seeing an important distinction between the two. Though overlapping, these constructs are not identical in content or theoretical foundations.

Chronic Organizational Stressors

Organizational stressors can have a debilitating impact on the physical and psychological health of LEO's because it is high in frequency and continuous (Gobble, 2013). Organizational stressors ranging from turnover, overtime cost to cover absent officers, to civil liability can have a lasting impact (Brough, Brown & Biggs, 2016). For example, a Northern Minnesota Sheriff's department stated the department was down in personnel. Further, as the department went through the process of hiring, they struggled to find quality applicants based on the rigorous

screening process. The prices of the lack of eligible candidates to LEO's, is more overtime, shift changes, lack of much needed rest, and departmental support.

A study performed at the University at Buffalo, suggested that LEO's over the age of 40 were at higher risk for heart attack compared to the national average standards. This study also indicated that LEO's on average experienced higher cholesterol levels, blood pressure, and pulse rates (Goldbaum, 2012). This study also found that LEO's reported more thoughts of self-harm ideations/suicide than the general public. The common denominator found in these studies on organizational stressors has been agency administrators as a top-ten stressor reported by LEO's. Recently, the state of Minnesota corrections division has unfortunately witnessed the affects of organizational stressors firsthand.

In July 2018, an inmate at Stillwater Prison killed a Minnesota correctional officer. The officer was bludgeoned and stabbed in the shop area of the prison. The inmate used a hammer that he checked out of the prison shop area as well as a homemade knife to commit the murder. The inmate was already serving a 29-year prison sentence for the 2002 murder of his girlfriend. The officer was a 16-year veteran of the Department of Corrections. Following the murder of the officer, union leaders representing corrections staff called for more prison officers and changes to inmate discipline rules. Also reported was that state prisons are understaffed and officers are not properly equipped for the job, with needs for corrections officers topping 150 additional officers needed statewide (Divine, 2018).

In September 2018, a 37-year old corrections officer on Oak Park Heights Minnesota died after aiding a fellow officer attacked by an inmate. After returning to his post, the officer suffered a medical emergency and was later pronounced dead. A month before the murder in July, an officer was slashed repeatedly with a razor in the face, hands, and scalp. In March of

2018, 10 officers were injured in the same week after two fights broke out among inmates. All 10 were treated and released from a hospital that same day. These are some great examples of the affects of organizational stressors leading to inherent job stressors (Divine, 2018).

This form of organizational stressors, because of the lack of qualified candidates, puts LEO's at greater risk when in the field. For example, sleep deprivation is comparable to excessive drinking. According to Rajaratnam, Barger, Lockley (2011), sleep deprivation among LEO's may adversely affect their health and safety and pose a risk to the public. The study indicated that not sleeping for 17 hours impaired an individuals motor skills to the equivalent of alcohol toxicity of 0.05 percent. 24 hours was comparable to a toxicity level of 0.10 percent. These levels of deprivation can affect speech, balance, coordination, and mental judgment.

Inherent Stressors

Inherent stressors are stressors consistent with that of being a police officer. These stressors include events that involve potential danger, as well as everyday events characteristic of police work (e.g., negative interactions with the public, witnessing death, and witnessing child abuse (Johnson, 2016). Recently when talking with T. Thompson, personal communication, (June 2019), about the current public perceptions of LEO's, he talked about the stressors he faces in the field and the impact of his daily life. For example, he said he was on the way back to the office from an event. He said he was dressed in a shirt and tie. The LEO said that there was a car driving all over the road, crossing the centerline and riding the shoulder. He said he pulled the car over, and it was a minority college instructor.

The LEO said he informed the male of the reason he was stopped and asked if he had been using his cell phone. The instructor said he had, but during the traffic stop the instructor

was visibly shaking and stated he was in fear of his life. The LEO said he assured the instructor that the only reason he was stopped was because of his driving all over the road and that he only wanted to make sure he made it to his destination without injuring himself or anyone else on the road. The LEO said that the instructor almost reached the point of a panic attack in fear of being shot. The LEO said he wanted to give him his service weapon, just so he would calm down and get the stop over with.

The LEO said that after September 11, 2001, the cultural climate was different. He said people looked at policing different. He said LEO's were looked at as heroes. He said people would ask what he did for a living and say, "Police Officer, cool!" He said after the shooting of Michael Brown in Ferguson, MO on August 9, 2014, LEO's are viewed by the public as villains. He said now when people ask about his line of work the response is, "oh, police officer?" Every day, LEO's around the country are witness to scenes of violence, trauma, and tragedy on a much grander scale than most citizens (Brown, 1988). According to Johnson (2016), LEO's are more likely to use deadly force against another individual than the general population, or to witness their partner or fellow LEO's injured or killed in the line of duty.

Armed with the information gathered throughout this research process, it would be natural to surmise that LEO's would operate on a higher level of arousal than non-LEO's. According to research provided by Johnson (2016), LEO's experience disproportionately higher rates of cardiovascular disease and metabolic syndrome, due to the inordinate amount of time spent in a physiological aroused state. Martin, Marchand, Boyer & Martin (2009), address the possible risk factors (e.g., physical or sexual abuse) for the development of PTSD and other mental health disorders, such as depression, anxiety, and bipolar disorder.

Martin, Marchand, Boyer & Martin (2009), also concluded that the logical and beliefs obtained in one's path of intercultural learning can have an impact on their susceptibility to increased pathological symptoms following a traumatic experience. For example, consider an officer who had been physically abused as a child for a number of years by a stepparent, before being removed from the home by the primary parent. The officer makes it through the screening process and eventually makes it out on to the street. Martin, Marchand, Boyer & Martin (2009), suggest that with added exposure in the field coupled with past experiences raise the probability that the officer will develop and continue to suffer from PTSD symptoms.

Some in the field of study would agree with Martin, Marchand, Boyer & Martin (2009). That is, there are a number of triggers that could potentially increase the probability of undesired reactions from a LEO. For example, imagine this LEO going on a domestic disturbance call. He/she could have been on several calls of the same nature since becoming an officer, but this time there was some transference involved. This could be in relation to the child or the accused perpetrator. This scenario could create a situation, bringing suppressed memories to the forefront and if ignored it could increase behaviors.

PTSD

Posttraumatic-stress disorder (PTSD) was introduced as an official diagnosis in the Diagnostic and Statistical Manual-3 (American Psychiatric Association, 1980). Posttraumatic-stress disorder (PTSD) has evolved since its inception. For instance, once known as battle fatigue, shell shock, or combat stress reaction, PTSD was associated with service members who had experienced traumatic stressors from deployment. Currently, PTSD has been linked with other areas of the human life span. For example, the witnessing or experiencing life-threatening

events such as child physical or sexual abuse, rape, domestic violence, car accidents, and natural disasters (Pai, Suris, & North, 2017). Post-traumatic stress disorder was initially categorized as an anxiety disorder in the Diagnostic and Statistical Manual-3. Today PTSD has been relocated to a new category under Trauma and Stressor-Related Disorders in the Diagnostic and Statistical Manual-5 (American Psychiatric Association, 2013).

Furthermore, some modifications were made in the diagnostic category for PTSD under the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5). Those changes include narrowing of qualifiers for meeting the diagnostic criteria for PTSD. An example of this would be heart attacks and cancers are now categorized as a non-catastrophic life-threatening illness (Pai, Suris, North, 2017). According to Pai, Suris & North (2017), 60% of the cases that met former diagnostic criteria for PTSD in the DSM-3 no longer meet the criteria under the DSM-5. The reason for the dramatic change is because only self-reported traumatic events involved only nonviolent deaths. The most significant change in the diagnostic category for PTSD for LEO's was the addition of the fourth exposure in the DSM-5: repeated or extreme exposure to aversive details of a traumatic event because of the impact, it has on front-line service professionals who face the consequences of traumatic events as part of their work-related responsibilities (American Psychiatric Association, 2013; Pai, Suris, North, 2017).

According to Hicks, Lenard, and Brendle (2016), negligence in the identification and treatment of PTSD among LEO's could have a significant impact on their ability to effectively communicate, trust, critically-think, and bond emotionally in personal relationships (e.g., spouses, children, parents, family members, partners, coworkers, and friends). The DSM-5 is clear in identifying what is and what is not considered trauma as it pertains to stressors. For example, psychosocial stressors (i.e., job loss or divorce), are not considered trauma under this

definition because all stressful events do not involve a non-immediate threat to life or physical injury and therefore fail to qualify for the level of trauma necessary to qualify for PTSD (American Psychiatric Association, 2013; Pai, Suris & North, 2017).

Moreover, women appear to be at a greater risk of vulnerability than men for developing PTSD according to a study by Karaffa & Tochkov (2013). Furthermore, despite the fact that males experience more traumatic events on average than do females, females are more likely to meet the diagnostic criteria for PTSD (p.78). According to the American Psychological Association (APA), PTSD has been relocated to the Trauma and Stress or related disorders, triggered by exposure to actual or threatened death, serious injury or sexual violation. The diagnosis must be precipitated by a traumatic event and characterized by symptoms of re-experiencing the trauma, avoidance and numbing and hyperarousal (Kilpatrick et al., 2013). Provided this information, the question posed is what increases women's prevalence rates of PTSD? The American Psychological Association suggest, though speculation is that women's higher PTSD rates are attributed to their higher risk for adult sexual assault and child sexual abuse.

The American Psychological Association states that this higher risk of exposure isn't solely attributable to women's higher risk for adult sexual assault and child sexual abuse. Additionally, the American Psychological Association believes that the criteria used to define PTSD may favor women because their cognitive and emotional responses to traumatic events make a diagnosis of PTSD more likely (Olf, 2017). For example, during Crisis Intervention Team training, a female officer in a role-playing session with actors was supposed to talk a suicidal man from jumping from a bridge. The group was made up of one instructor and

six participants. The female officer did a great job of showing empathy with the suicidal person and talking the suicidal man from the edge. When he turned around, the female LEO took a big noticeable step back and reached for her service weapon, (Elliott, A., personal interview September 12, 2017).

Her reaction had a huge impact on the rapport she had just built with this suicidal person. This LEO was in a safe controlled environment despite her reaction. This left the suicidal person with questions about trust among other things. When asked about her reaction, the LEO said that she didn't know why she had the response she did. She said the only thing she did take notice of was the way the male looked at her. She said it was unsettling and she felt he was sizing her up by looking her up and down. The officer had been on the job for five years at the time of the training. After further conversation with one of her supervisors (B. Jones, personal communication, September 2017), during the debriefing process, it was revealed to this instructor that the officer had been a part of an officer-related shooting that resulted in great bodily harm to the suspect, and the officer had spent some time out of the field.

According to O'Hara & Violanti (2009), Lilly & Pierce (2013), peritraumatic distress, peritraumatic dissociation, and emotional and physical reactions during trauma are predictors of PTSD. Lilly & Peerce (2013) supports this claim with further studies indicating that exposure to death during the traumatic experience the existence and of a threat to human life or to the personal safety of the officer or the officer's partner, and the severity of the exposure are also risk factors in the development of PTSD. There are also studies challenging the validity of this study. Studies indicate that the development of PTSD isn't associated with the perception of one's proximity to death. That is, traumatic experiences such as witnessing child abuse, death, including homicide victims, or victims of serious traffic accidents – appear to have a major

impact on the development of posttraumatic symptoms in the police population. Furthermore, according to Lilly & Pierce (2013), LEO's who work outside of their normal duties (e.g., performing the duties of a firefighter, or EMT) are at higher risk of developing PTSD than those who carry out their usual police duties. For example, during a shooting with an armed suspect, an officer is shot, and though trained, the partner is responsible for stopping the bleeding because the unavailability of a medic due to safety concerns. The participating officer may experience trauma symptoms following the event, after having to pack the wound and apply a tourniquet.

Based on the impact of situations such as this on the mental psyche of LEO's, many law enforcement agencies have sought to provide mental health services through Employee Assistance Programs (EAPs), (Fox et al., 2012). Despite the effort on the part of departments to establish peer-support groups, provide cognitive-behavioral therapies, and conduct critical incident debriefings after events, LEO's are not taking advantage of provided services and officer debriefings and as a result, continues to experience significant psychological distress (Fox et al., 2012). According to Papazoglou, K., & Tuttle, B. M. (2018), clinicians have the added stressors of dispelling the stereotypes placed on them by LEO's as being perceived as softies and bleeding hearts, helping to free corrupt criminals because of wussy excuses or overcomplicated psychobabble.

On October 1, 2013, the Minnesota State Legislators showed their support of first responders who have PTSD by changing workers' compensation laws, allowing workers with PTSD to recover workers' compensation benefits without an accompanying physical injury (In the Line of Duty Archives, 2019). This change means that LEO's diagnosed with PTSD, as a result of lawfully causing death or substantial bodily harm in the line of duty, are benefit eligible

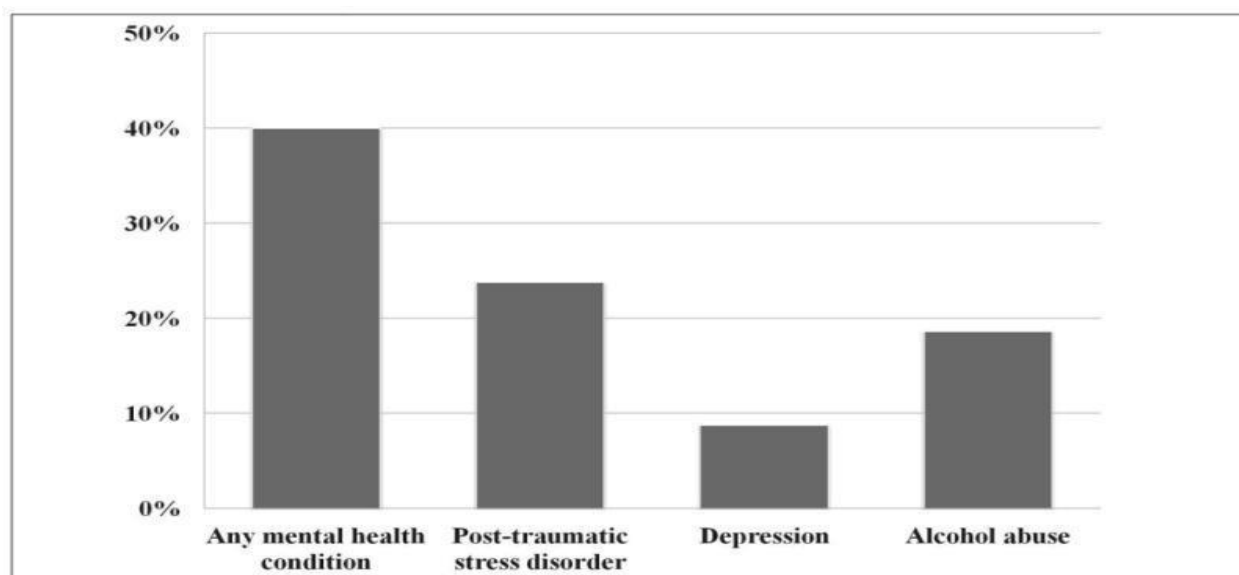
under Minnesota Statute section 299A.475. (In the Line of Duty Archives, 2019). First responders identified under this change in law include police officers, sheriff's deputies, corrections officers, state troopers, firefighters, paramedics, and others defined as "first responders." The motivation for this change in legislation was to eliminate barriers to quick, medical care for Minnesota State first responders diagnosed with posttraumatic stress disorder. For the officers, these changes could include up to a year's worth of access to unreimbursed medical expense benefits for treatment related to their PTSD diagnosis, and a year's worth of unreimbursed wage loss benefits.

Notwithstanding the change and the new law that took effect as of January 1, 2019, indemnifying LEO's against wages lost through a diagnosis of PTSD, insurance companies are still fighting to deny PTSD claims. Despite the stipulations that submissions of claims must be made by a Doctor of Psychology or a medical doctor practicing in a related field for the presumption of PTSD to be work-related. Covered individuals must also fall under one of the following positions for the presumption to apply: 1) the individual must have been on active duty, 2) the individual must not have a previous PTSD diagnosis, and 3) the claimants PTSD injury was claimed on or after January 1, 2019 (In the Line of Duty Archives, 2019).

In the study conducted by Fox et al. (2012), symptoms of PTSD were identified in the target demographic. For example, 30% of the participants reported having intrusive thoughts or nightmares, while 22% reported avoiding situations or places of reminders of the traumatic event. More, 14% of LEO's in the study believed their drinking needed addressing as 3.3% reported drinking, first thing in the morning as a wake-me-up. Table 2.1 provided below provides detail indicating the makeup of the three conditions assessed. PTSD made up of 23.8% in this study, while alcohol abuse made up 18.7% and depression rounded to study off at 8.8%.

The study revealed that 40.0% of participating LEO's had a least one of the three mental-health conditions (Fox et al., 2012).

Table 2.1



Behavioral Intention

Behavioral intention is referred to as the motivational factors that influence a given behavior where the stronger the intention to perform the behavior, the more likely the behavior will be performed (Ajzen, 2011). The concept behind this theory is that no matter how people arrive at their behavioral, normative and control beliefs, their attitudes towards the behavior, their subjective norms and their perceptions of behavioral control follow automatically and consistently as a result of their beliefs.

Motivational Factors

LEO subculture is a specific set of beliefs, attitudes, and behaviors exhibited by those in law enforcement. Because of the nature of their work, LEO's tend to have a distorted view of the general public. That is, LEO's look at others as untrustworthy and potentially

hostel. Because of their view of others, LEO's tend to look to other fellow brothers in blue for support and unity (Ajzen, 2011). This type of behavior creates an "us verses them" mentality. A con of the "us verses them" mentality is that it can deviate from what is acceptable in society. For example, because LEO's are looked at as an extension of the government their behaviors are scrutinized and criticized, feeding into the, us verses them mentality (Galva, Atchison, & Levey, 2005).

For example, when talking with a LEO, he said over the years that he had encouraged new LEO's to create relationships outside of the uniform. He said when LEO's get together, they tend to talk about work, never leaving it behind, and when interacting with others outside of the uniform it becomes difficult to engage in meaningful dialog because of the odd sense of humor that is often created as a coping mechanism for on job stress (Thompson, T., personal communication, June 2019).

Policing in the 21st century

According to the American Psychological Association (APA), and studies they provided to the President's Task Force on 21st Century Policing, there is a mutual mistrust between LEO's and the general public, including people of color following events such as Ferguson, Missouri, and Staten Island, New York. The study discussed the suspicious nature of LEO's toward members of the community. This added validity to the information provided earlier from the conversation with the LEO where he talked about his encounter with an educator on a traffic stop and his thoughts about the change in the way LEO's are perceived by the general public between 911 and Ferguson, Missouri. Moreover, low trust on the part of the community leads to high conflict in LEO, and community interactions (President's Task Force on 21st Century Policing, 2015, p.9).

The American Psychological Association (APA) 21st century policing report found that there is not enough research out there to support that repeated stopping, questioning, frisking and often detaining and arresting members of the community, as a tactic to create fear and minimize crime on the street is an effective method of 21st century policing (p.8). Other issues with this method of policing is that the lack of trust on the part of the community creates a barrier between LEO's and the communities they are sworn to protect, making controlling crimes more difficult because it lowers the willingness of community members to help LEO's solve crimes or identify offenders. In the absence of trust, interactions between LEO's and members of the community are likely to escalate into violence (Balko, 2013).

Battlefield mentality amongst LEO's

Is it possible for LEO's to change their mindset from the warrior mentality to a guardian's mentality? O'Neill, Marks & Singh (2007), suggest that if LEO's were trained to aid gunshot victims, even those shot by LEO's it may affect the numbers of LEO involved shootings nationwide. The idea behind this research is to focus on bettering LEO and community relations. That is, through reengineering police procedures and training as a method of encouraging LEO's to focus on saving lives rather than taking them. One solution would be to take time out of the equation. That means, allowing LEO's to slow things down when interacting with the public, and carrying hemostatic bandages in all patrol cars were LEO's are trained to administer aid to prevent shooting victims from bleeding to death (O'Neill, Marks & Singh, 2007).

Again there just isn't enough data to support this claim though some agencies are training to be first responders in the event that EMT's aren't available to render aid. This methodology can be the difference between warriors or guardians mindset in policing, as well as create

opportunities where community members feel valued and respected (O'Neill, Marks & Singh, 2007). The study examined the idea of incorporating changes into a broader political ecosystem within United States policing that rewards LEO's for perceiving their jobs as protecting societies' most vulnerable members, rather than just apprehending bad guys (O'Neill, Marks & Singh, 2007).

Perception/Stigma

Stigma can have an indirect effect on LEO's treatment-seeking behaviors, emotions, coping methods, and ideology toward help-seeking and interpersonal upshots, (i.e., the LEO's self-efficacy), (Acosta et al., 2014). In the law enforcement profession, LEO's have historically refrained from seeking professional mental health services, despite the risk factors for a variety of personal and mental health-related concerns (Karaffa & Koch 2016). Furthermore, this study indicated that public stigma and self-stigma were negatively correlated with attitudes toward seeking psychological help.

For example, some law enforcement agencies require that officers report the use of psychotropic medications and/or therapy sessions to the department. Failure to self report could result in loss of job or reprimand, while self reporting can lead to the LEO being taken off the street and placed on desk duty. The only alternative for some LEO's is to not seek mental health support, opting to self-medicate with alcohol and or drug abuse (Johnson, 2016; Violanti, et al., 2011). Silence can be costly for LEO's because of the implications it provides. That is, silence can be interpreted as a lack of approval and therefore forming barriers that prevents LEO's from accessing potentially life-saving mental health services. There is a large body of LEO's that believe that seeking mental health support could result in the loss of their service weapons,

worse, some believe that there is also a chance that after coming forward about needing help for mental health they may not get the help they need (Johnson, 2016).

Though in the wake of the mounting number of LEO related suicides, there has been a paradigm shift in the way departments are addressing officer-related suicides (Badge of Life 2016). For example, on April 2, 2019, the Police Executive Research Forum and the New York police department (NYPD) co-hosted a symposium on preventing suicide among members of law enforcement. The Police Executive Research Forum (PERF) was founded in 1976 as a nonprofit organization. The purpose for which it was created was to provide management services, technical assistance, and executive-level education in support of law enforcement agencies. This police research and policy development organization focused on the delivery of police services through the application of strong national leadership (Larned, 2010; Tumulty, 2019). The April 2nd symposium, held at the NYPD headquarters was attended by more than 325 LEO's, researchers and mental health and social service professionals (Tumulty, 2019).

Suicide was identified as a long-standing problem in policing. Suicide is reported to claim the lives of more LEO's every year than the number of LEO's whose lives are claimed in the line of duty (Tumulty, 2019). The group of professionals that met on the ground floor of the New York Police Department headquarters referred to officer suicide as the leading cop killer. During the eight-hour meeting, NYPD Commissioner James O'Neill was reported to have said that nobody wants to be branded, as he and the group discussed moving past that stigma and addressing the issues surrounding police officer suicide (Tumulty, 2019). Former New York state trooper and now University at Buffalo epidemiology professor John Viloanti revealed some disturbing numbers in the meeting regarding the risk of suicide among police officers as being as

much as 54 percent higher than it is for the population at large. The question now becomes, at what point should the alarms be sounded nationally, and is an hour-long conversation enough or just the tip of the iceberg. With no uniform standard for reporting LEO suicides, there is no way of measuring the magnitude of this growing problem.

Moreover, can LEO suicide be considered a problem? For example: if a Chicago school district experienced six student suicides in the second half of 2018, and three more in the first part of 2019, one would surmise that this would be newsworthy information. Yet, these numbers are precisely the number of suicides the Chicago police department faced at the end of 2018 through the early part of 2019, with no alarms sounded (Tumulty, 2019). Anthony Riccio, the First Deputy Superintendent of the Chicago police department, told of a female LEO who showed up for roll call, only to then go out to her patrol car and take her life (Tumulty, 2019). There are many questions surrounding how LEO suicides should be addressed within departments because of the potentiality of the contagion effect. The conundrum is, how should the suicides be classified? Should LEO suicides be classified line of duty, or should the LEO receive an honorable funeral? Charles Ramsey, former police chief in the District of Columbia and Philadelphia, believes that recognizing suicide as an occupational hazard and burying a suicide victim with full police honors can run the risk of romanticizing the act (Tumulty, 2019).

In 2019, Chicago's police department implemented a policy whereby LEO's who surrender their firearms because of mental-health reasons are reassigned to desk duty and allowed to retain their pay and benefits (Tumulty, 2019). The article did not specify the length of time the officer would be eligible to remain on desk duty, or what it would take for the officer to return to the streets. So, what would this policy, enacted to assist LEO's suffering with PTSD look like if the State of Illinois follows States such as Minnesota and Wisconsin with trying to

past the red flag law? The Red Flag Law would allow families, friends, and police to obtain court orders to temporarily remove guns from people in crisis who are thought to be mentally ill or at imminent danger to themselves or others. Could the law, along with the policy mean that LEO's would have to surrender not only their service weapon but also any other registered firearm they have access to? There are 17 other states and Washington, D.C. who have enacted risk protection laws, which include Connecticut, Colorado, Indiana, Massachusetts, Maryland, Illinois, California, Rhode Island, Florida, Washington, New Jersey, New York, Oregon, Delaware, Nevada, Hawaii, and Vermont though there's little data on the effectiveness of red flag laws preventing mass shootings or it's effect on individuals constitutional rights (Reality Check, 2019).

Moreover, is it agreeable that the most important thing is the safety of the LEO, and if so would LEO's fall under this law, our receive exemptions? According to studies on red flag laws, Connecticut and Indiana have shown reduced suicides within their population (American Psychological Association, 2019). There is no correlation between mental illness and mass shootings. In fact, fewer than 5% of all gun-related killings are linked to mental illness. Violence and mental illness are viewed as inextricably linked through myths and stigmas that everyone labeled mentally ill are dangerous. But research indicates that people receiving adequate treatment for mental illness are more likely to self-harm or at higher risk of being harmed than to harm others (Rueve & Welton, 2008).

Gaps

The issues associated with research gaps in this area of study is how LEO deaths are disseminated. That is, with no official measuring process for gathering and recording data on

LEO suicides it is unclear how significant this issue is among LEO's nationally. There are many organizations currently working to continue collecting data on LEO suicides, and one of the most notable organizations is Blue H.E.L.P. The 501 (c) 3 organization was founded in 2015 following the publication of the book, *The Price They Pay*, written by two of Blue HELP's founders. The founders of Blue HELP were concerned about the state of care for the families after the suicide of their loved one not being addressed. Blue HELP prides themselves as being the only organization in the country that collects law enforcement suicide data (Solomon, K. (2017).

Blue HELP focuses on the reduction of mental health stigmas through education and advocacy for those in law enforcement who have post-traumatic stress disorder. The HELP stands for, Honor, education, lead and prevent. According to Blue HELP, through their verification process, verified suicides to date are as followed:

2016 – 143

2017 – 168

2018 – 172

2019 – 228

2020 – 60

These numbers include retired LEO's (24 in 2019). As of January 1, 2016, through June 31, 2019, verified LEO suicides reported to Blue HELP were at 578 throughout that period. Of those reported suicides 534 were male officers, and 44 were female officers. The number of reported LEO suicides has climbed from 578 to 637 an increase of 59 suicides since June 31, 2019, to September 25, 2019. More, with 14 suicides reported in September 2019, there is a call for more vigilance among stakeholders, including coworkers, spouses, parents, family members,

hospital emergency departments, and other first responders (Blue HELP, n.d.). Below are graphs identifying state totals, age of officers, and years of service as reported to Blue HELP.

Table 2.2 State Totals					
Alabama	8	Louisiana	6	Ohio	21
Alaska	1	Massachusetts	25	Oklahoma	9
Arkansas	2	Maryland	17	Oregon	4
Arizona	8	Maine	2	Pennsylvania	20
California	55	Michigan	11	Rhode Island	2
Colorado	18	Minnesota	11	South Carolina	6
Connecticut	15	Missouri	10	South Dakota	2
Delaware	3	Mississippi	3	Tennessee	6
Florida	32	Montana	5	Texas	40
Georgia	12	Nebraska	3	Utah	4
Hawaii	3	Nevada	7	Virginia	12
Idaho	5	New Hampshire	3	Vermont	3
Illinois	26	New Jersey	37	Washington	6
Indiana	6	New Mexico	4	Wisconsin	9
Iowa	4	New York	53	West Virginia	4
Kansas	7	North Carolina	20	Wyoming	3
Kentucky	2	North Dakota	3		

Table 2.3

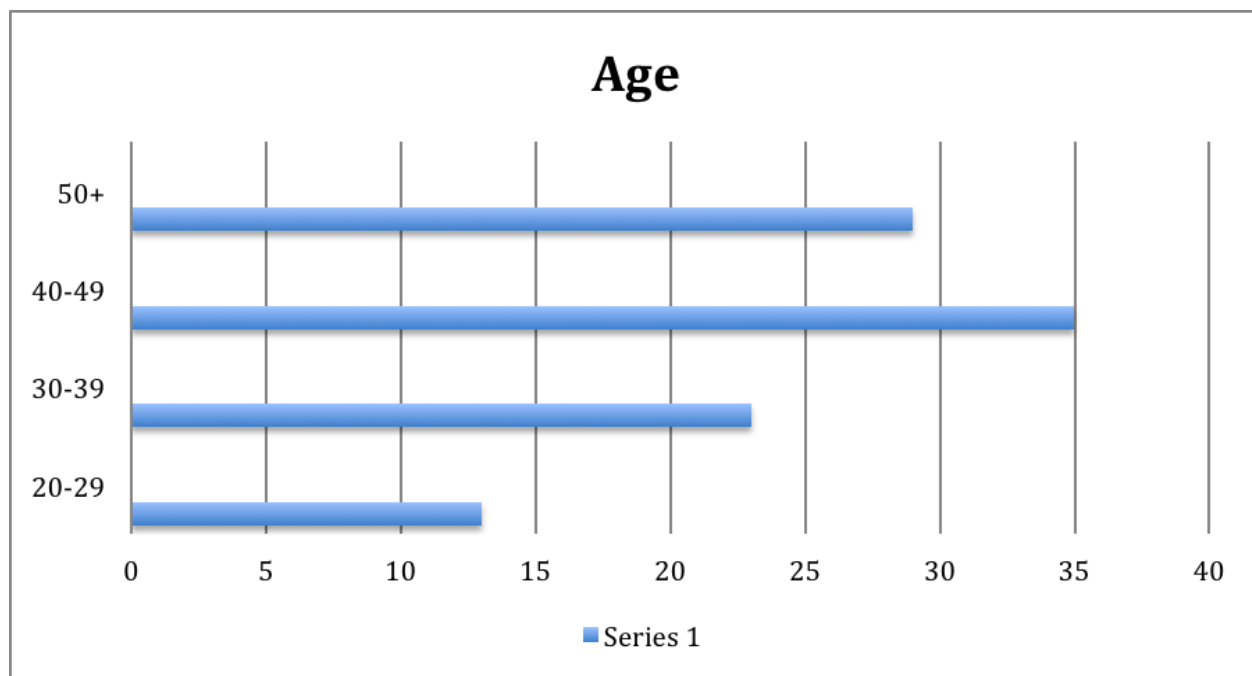
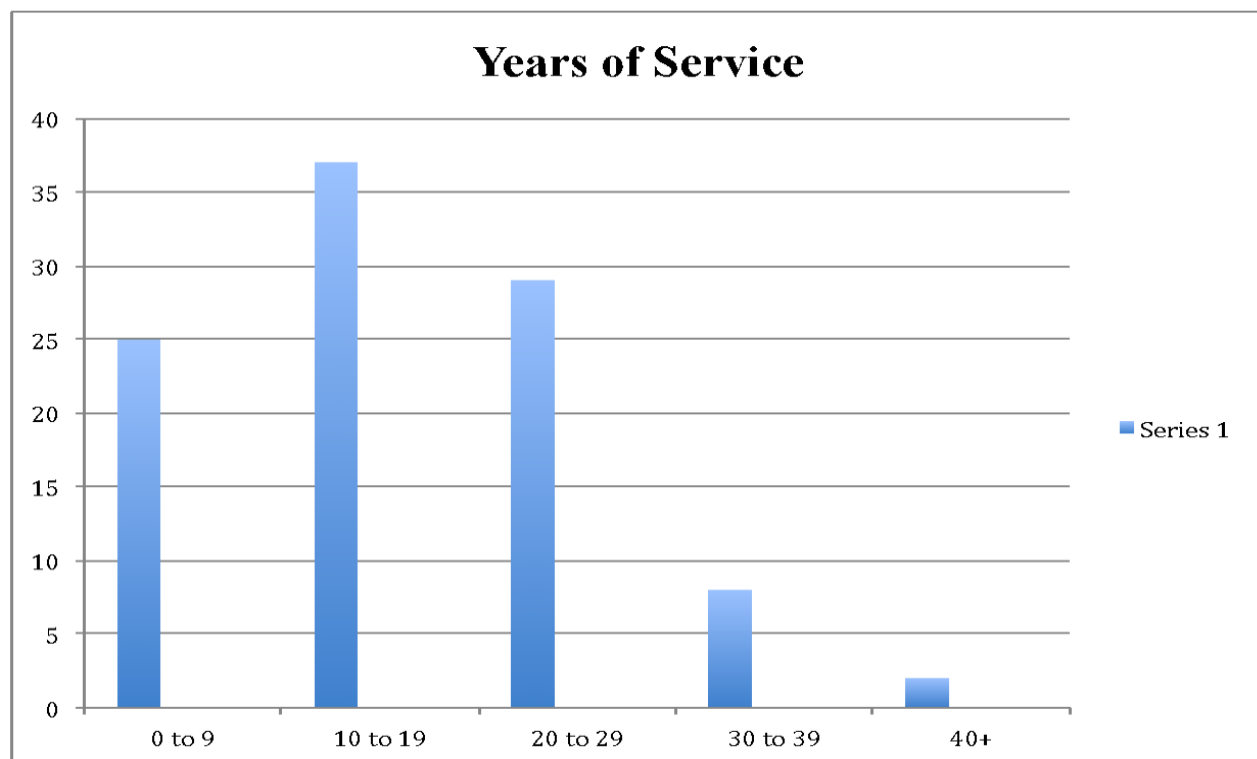


Table 2.4



Blue HELP described their method of verifying officer suicides, which consists of providing an on-line submission form for family, co-workers, and friends to submit about a person who

completed suicide. The forms are also regularly published on social media such as Facebook, LinkedIn, Twitter, and Google+. Blue HELP also focused on disseminating information to all public, private, local, national, and international law enforcement pages, and sponsors, along with written articles through various on-line publications. Blue HELP had a team of volunteers who use social media (i.e., Facebook posts, emails, and Facebook messenger), to search for officer suicides. More, follow-up calls or emails were made to 100% of the submissions of those who checked "contact me for further information" on the submission form. Blue HELP created weekly Google alerts with keywords such as cop suicide, corrections officer suicide, officer kills self, and former cop kills self.

Blue HELP merged with Badge of Life in 2018 after Badge of life decided to end the collection of data on officer suicides. Badge of life had collected data in 2016 and 2017 and shared identities with Blue HELP to ensure the data on all suicides were collected. Blue HELP also received data from Correctional Peace Officers Foundation (CPOF) in 2016, 2017, and 2018 on monthly basis. Due to staffing issues in 2019 (CPOF) was unable to provide data to Blue HELP. Every suicide was re-verified on a three-month rotation through Internet searches on keywords.

Moreover, Blue HELP's process for re-verification is done through the soliciting of assistance from volunteers. Volunteers split a list of 10-15 officers each, scouring the Internet and verifying information re-merging lists and comparing the list again by the Blue HELP team. An email is sent out by Blue HELP to the chief, deputy chief, and administrative assistant of 1,150 police departments and 150 correctional facilities. The emails focused on any suicides from the previous year and receiving a response of 77%. Blue HELP also reached out to 163

organizations throughout the United States that support first responders for any information related to officer suicide. Blue HELP also attempted to solicit data from the department of public health in five states with very little information provided, so they had to abandon that method (Blue HELP, n.d.).

Mental health patients are running out of places to go for help and overwhelming hospital emergency departments. Psychiatric boarding is typical throughout hospitals Nation wide. Psychiatric boarding befalls when a person with a mental health condition is held in an emergency department of a hospital because of the lack of appropriate mental health care resources (Jayatilleke, Hayes, Chang & Stewart, 2018; Knaak, Mantler & Szeto, 2017). The length of stay for many can last for hours, or a few days and still failing to receive the care they need. This crisis has profoundly overwhelmed those working in emergency departments and the entire health care system as a whole (Knaak, Mantler & Szeto, 2017). Can this be a contributing factor in the oversight when it came to the case of officer Hernandez Fox's suicide, despite the plea from her husband?

Another example of the failure to communicate in a collaborative effort to meet the needs of an officer struggling with mental health was recognized on August 14, 2019. 56-year-old NYPD officer Robert Echevarria completed suicide by shooting himself in his home in Laurelton, Queens, and later died at the hospital (Sandoval, 2019). For more than two months, Officer Echeverria's younger sister Eileen Echeverria alerted superiors of the NYPD to her brothers failing mental health. Eileen Echeverria pleaded with supervisors of the New York Police Department that her brother's service weapon be taken away out of concerns that he was dangerously unraveling due to emotional problems and crippling debt.

The suicide of officer Echeverria marks the ninth LEO suicide this year in New York City, prompting the department to look at taking a more aggressive mental health initiative to lower the number of suicides in their police forces (Sandoval, 2019). An added question would be what impact would laws such as the Red Flag law have in this case? Also, according to Sandoval (2019), nationally, departments had been turning to their chaplain for mental health needs due to not having therapist's readily available to struggling officers.

Conclusion

It is clear that the focus surrounding this area of study is well under examined, mainly because of the stigma and fear associated with mental health treatment. The term stigma stems for a lack of understanding, rather than facts about a particular topic. The growing contributions of literature in this area of study throughout the field of behavioral health has no limits because of the revolving outlook on policing and the increasing willingness of administrators to discuss the importance of seeking mental health with LEO's and first responders. Because LEO's are committing suicide at such a higher rate from that of the general public, the stigma associated with mental health and the consequences of LEO's and first responders for seeking help are being widely examined (Larned, 2010).

With over 637 officer suicides since 2016, there must be greater awareness surrounding the need to support the mental health of LEO's nationwide (Blue HELP, n.d.). Moreover, an effort to collect data on suicides among officers must be universal, if the culture of policing and how law enforcement views mental health is going to change. The most difficult problem when working with this population is the "superman mentality" of officers, and unwillingness for smaller departments to engage in identifying LEO suicides as a problem. Smaller departments

(i.e., departments smaller than 200 officers have higher rates statistically and in most cases, lack resources (Sandoval, 2019).

That is, no one knows how big of problem suicide surrounding LEO's are because the numbers are so inconsistent. For example, according to Sandoval (2019), the Los Angeles Police Department recorded just one LEO suicide in the past two years. As one of the largest police departments in the nation has the LAPD created a blueprint for addressing this epidemic. If so, there have been some astounding changes in numbers. That is, according to Blue HELP (2018), California has the most significant state totals for officer suicides at 55 among states from January 2016-to-January 2019.

What is also evident is that in order to overcome stigmas it is important that those suffering with mental illness learn to understand and treat it in order to decrease barriers and increase the intention and behaviors of help seeking within the LEO community. Crisis Intervention Team Training (CIT), is being implemented nation wide, in order to assist first responders, LEO's, and other professionals with the skills necessary to improve empathy, communication skills, and the ability to de-escalate situations when interacting with members of the community suffering with mental illnesses (Watson, & Fulambarker, 2012).

A lot must be done in the effort to change policing in the 21st century before great lengths can be made toward the perception of LEO's in the community and in turn change the culture of policing from within. The continued efforts to gain greater insight into the mental health of LEO's and first responders are promising for the physical and psychological wellbeing of this target demographic. The focus of my contribution to this research gap is in the area of examining the relationship between law enforcement officers (LEOs) frequent exposure to violence and traumatic events, and its effect on the long-term mental health of (LEOs). That is,

how are LEO's choosing to cope with the stressors they face on the job? Further contributions include examining what role stigmas associated with mental illness play in the reluctance of LEOs to seek treatment.

CHAPTER THREE: METHODOLOGY

The purpose of this chapter is to explore the research methodology to be utilized to conduct this study. The rationale for the methods employed is described in greater detail and based on the best evidence synthesis approach. Provided in this chapter is the in-depth description of the research design and the procedures for data collection and analysis, through the systematic examination and integration of the most empirically sound available research on the topics under investigation. This chapter also examined the research limitations and implications related to the population, samples, and study. This chapter also includes a clear problem and purpose statement and concludes with a summary of the material presented.

Purpose Statement

The goal of this phenomenological study is to identify and characterize the organizational and personal factors supporting and limiting LEO's seeking mental health assistance following a stressful/traumatic experience. This study aims to examine the relationship between LEO's frequent exposure to violence and traumatic events, and its effect on the long-term mental health of LEO's. Finally, it is the purpose of this study to identify the stigma associated with mental illness in law enforcement and its impact on the reluctance of LEO's to seek treatment, as well as identifying organizational methods for reducing barriers and increasing awareness and support for health-seeking behaviors within both the mental health and law enforcement communities.

Research Questions

1. Is there a relationship between law enforcement officer's frequent exposure to violence/traumatic events and its effect on the long-term mental health of officers?
2. What role does stigma play in officer's reluctance to seek treatment?

Research Sub-questions

1. What are the personal factors supporting LEO's seeking mental health assistance following a stressful/traumatic incident?
2. What are the personal factors serving as barriers to LEO's seeking mental health aid following a stressful/traumatic incident?
3. What are the perceived organizational factors (i.e., policies, programs, crusades) serving as barriers to LEO's mental health-seeking behaviors?
4. What are the perceived organizational factors (i.e., policies, programs, crusades) supporting LEOs mental health-seeking behaviors?
5. What are the consequences of supporting and or limiting factors influencing LEOs seeking mental health assistance?

Research Design

A qualitative, phenomenological methodology was employed in the implementation of this study to explore and elicit law enforcement officers, perspectives, perceptions, and lived experiences related to the factors influencing LEO's mental health-seeking practices. Qualitative methods are categorized into five separate groups (i.e., ethnography, narrative, phenomenological, grounded theory, and case study). Ethnographic research is likely the most familiar and applicable form of a qualitative method for most researchers, due to the emergence of the researcher into the participants' environment in an effort to understand the purposes, cultures, challenges, motivations, and themes that emerge (Levinson, Sutton, & Winstead, 2009 p.768). Because of the population and requirement, it would take to interject a researcher into the law enforcement culture. This qualitative method would not be ideal for this study.

Narrative research uses a variety of analytic practices, has many forms, and is rooted in different social and humanities disciplines (Creswell, Hanson, Clark Plano, & Morales, 2007). A narrative study can be a method study. For example, a methodological narrative study begins with the experiences as revealed in lived and told stories of the individuals. This approach weaves together a sequence of stories derived from a collection of data through the lived experiences of one or two individuals, and chronologically using their life course stages to deduce the meaning of those experiences (p.54). This approach is conducted through in-depth interviews, documentation, and identifying themes. For this study, narrative research would not be ideal because of the sample size. The intended target population for this study is eight to twelve law enforcement and corrections officers.

Moreover, because of the intended sample size, the grounded theory would not be an ideal method for this study. Sample sizes for grounded theory are often between 20 to 60 subjects to better establish a theory and understand how a community of subjects currently performs tasks (Creswell, Hanson, Clark Plano, & Morales, 2007). A case study may be explanatory, exploratory, or descriptive. A case study would be ideal for explaining an organization, entity, company, or event (p.55).

Therefore, for the purpose of this study, this researcher opted to employ a phenomenological study. A phenomenological study is an appropriate qualitative method for describing an event, activity, or phenomenon (p.56). This qualitative approach emphasizes the perspectives and lived experiences of those being studied (Creswell, Hanson, Clark Plano, & Morales, 2007; Roberts, 2010). A phenomenological study allows the researcher to use a combination of methods (i.e., conducting interviews, document reading, watching videos, or attending events) as a means of understanding the significance participants place on the topic of

examination. The researcher is then allowed to rely on the participants' perspectives to provide insight into their motivations (Roberts, 2010).

Qualitative research methods have been used for applied social policy research to explore and understand diverse social and public policy issues (Ritchie, Spencer, n.d.). This qualitative study will use a theoretical lens to take an independent research strategic approach in an effort to understand the complex behaviors, systems, needs, and cultures associated with LEO's frequent exposure to violence (p.22). This study will also identify social and public policies in need of addressing to improve the failing mental health of LEO's. This study will center on data in the framework of rich narratives and lived experiences from the sampled population to explore the phenomenon of LEO's underutilization of the available counseling services accessible to first responders. The researcher is afforded an alternative platform to elicit valuable narratives and lived experiences from law enforcement and correctional officers, through the formation of words to explore the phenomenon of LEO's unwillingness to seek mental health services (McMillan & Schumacher, 2010, p.321).

Furthermore, through the use of a phenomenological approach, the researcher was able to examine perceptions of the target demographic to acquire insight into LEO's lack of help-seeking behaviors relative to how and when they utilize programs designed for supporting the mental health needs of LEO's. Based on this approach, the researcher seeks to gain a greater understanding of the lived experiences of the group and or the individual and examine how these individuals perceived and interpreted their experiences (p.322). Given the nature in which phenomenology focuses on exploring how people make sense of their experience and consequently convert the experience into conscious awareness on an individual level, this

researcher sought to involve sworn police officers for their perspectives, perceptions, and insights relative to finding mental health support following a traumatic event (Ritchie, and Spencer, n.d.).

According to McMillan and Schumacher (2010), to obtain the data needed for this study, this researcher must engage in in-depth interviews with the target population who have directly experienced the phenomena of interest. More, intricate, internal knowledge and details of the phenomena being studied must be addressed during the process of these interviews. Law enforcement policy and therapeutic approaches could potentially be shaped if this information is offered to policymakers and other researchers to help them design future studies on topics relative to this understudied population.

Population

McMillan and Schumacher (2010) define a population as an entire group about which some information is required to be ascertained containing all members of a group of individuals or events from which a generalized sample is derived from a more substantial target population (p.129). Qualitative researchers can use general qualitative sampling methods to draw their samples based on its size, complexity, and contingency of every member to willfully participate in the study (Asiamah, Mensah, and Oteng-Abayie, 2017 p.1611). The incumbency falls on the researcher to identify any individuals who are unwilling to participate in the study entirely or will not be available at the time of data collection. If the researcher finds the target population to be small enough to select participants from and all its members are both willing and available to participate in the study, there will be no need specifying the accessible population (p.1612).

The target population for this study was made up of sworn law enforcement officers from the State of Minnesota. This study focused on data collected from this population within the

State with 448 state, county, and local law enforcement municipalities, with over 9,667 sworn officers and 185 full-time sworn personnel per 100,000 residents (Reaves, 2008. p.15). The purpose of targeting this state is because of the lack of willingness of LEO's to seek specialty support and or the availability of resources for law enforcement officers in the State of Minnesota.

Target Population

According to Asiamah, Mensah, and Oteng-Abayie (2017), there is a hierarchical specification of the general, target, and accessible population as an effective way of making a relatively large study population handy for qualitative sampling. Based on this viewpoint, it is the responsibility of this researcher to establish a process for sifting through large populations for the most reliable and most convenient group of participants. That is, avoiding bias choices of participants by becoming adequately familiar with the characteristics of the study population through knowledge of the general, target, and accessible populations. The target population for this study was a target group of the general population of sworn retired or employed law enforcement officers from the State of Minnesota, who has been employed as a full-time law enforcement officer for more than five years.

Sample

McMillan and Schumacher (2010), defines a sample in research terms as a population of people, objects, or items derived from a larger population for measurement. For example, an accessible population sample would be representative of the general population sample. The sample is a subset of a population that is used to represent the entire group as a whole. Because the sheer number of the target population is so large, inferences about the characteristics of the

population needed to be drawn from a random sample of LEO's. For the purpose of this study, a form of probability sampling was used. That is, stratified random sampling was used because of its impact on the accuracy of the statistical data taken (Asiamah, Mensah, & Oteng-Abayie, 2017; Lavrakas, 2008).

Stratified random sampling allowed the researcher to separate the population into subgroups then randomly choose a sample from each of the subgroups. This researcher was able to divide the population into subgroups based on gender, ethnicity, and years of service. Stratified random sampling often offers the best statistical accuracy of probability sampling. Also known as proportional random sampling, stratified random sampling treats all members of the population as equals, providing the population with an equal likelihood of being sampled (Lavrakas, 2008). An appropriate sample size for a qualitative phenomenological study is between eight to 25 participants (Creswell, 2008). The targeted sample size for this study is from 15 to 20 active and retired law enforcement officers.

Sample Selection Process

Guided by the idea of collecting particular characteristics and elements of the sample, purposeful sampling was utilized during this process, which aligned with the scope of this study (McMillan & Schumacher, 2010). For a broader spectrum of responses from the 12 study participants, the researcher selected four representatives from each of the following areas: gender, ethnicity, and age, as related to the target population of LEO's. The sample of participants was screened and selected based on their number of years of service, which needed to be more than five years of service and met the following criteria: (1) be a sworn law enforcement officer, (2) serve as a full-time law enforcement officer, and (3) be employed as a full-time law enforcement officer for more than five years.

The following process was used for participant selection: (1) all LEO's who met the selection criteria were identified and placed on a list by numerical grouping to ensure each of the participants remains anonymous, (2) the researcher contacted all potential participants via email or phone for confirmation of their willingness to participate in the study, (3) of the potential participants, who confirmed their desire to participate, four were purposefully selected from each of the categories (i.e., gender, ethnicity, and age), by accessibility, and (4) materials were sent to each of the participants concerning the nature and extent of the study, participant rights, as well as informed consent documents assuring, confidentiality.

Instrumentation

The instruments appropriated for this study was a list of qualitative interview questions. The list consists of standardized, open-ended, semi-structured interview questions developed by the researcher, and based on a variety of variables of this study. Also provided was a demographics/biographical questionnaire to assist with categorizing the target population. An interview guide/protocol was used to conduct one-on-one, semi-structured interviews. The interviews followed a pattern of a predetermined set of interview questions see Appendix b; Patten & Newhart, 2018)

According to Patten, and Newhart (2018), an exact sequence of questions is determined in advance. The researcher has proposed the same basic questions in the same corresponding order. Interviews may follow the flow of dialog in each individual interview alternatively. The open-ended format allowed for further dialog with each participant about the subject matter (p.163). The instrument's selected provided the researcher with the best ability to elicit sharp narratives from the study participants that otherwise would have been unattainable without first-

hand experience (p.163). This method also generated opportunities for the researcher to pose follow-up or clarifying inquiries. The process also provided participants with the opportunity to elaborate on their responses. They were allowing the researcher to inquire about specific examples of referencing circumstances affecting the way LEO's view their mental health care needs. The primary data collection instrument is the researcher, as the one who conducted the interviews. Accordingly, measures were taken to eliminate bias and pre-conceived notions in the administration of the interviews to the greatest extent feasible.

Reliability

Golafshani (2003), defined reliability in qualitative research as the extent to which results are consistent, and an accurate representation of the total population wherein if the study was reproduced, similar outcomes would be obtained. Research literature suggests that if the results of the study reproduce consistency in the data under a similar methodology, the research instrument is deemed to be reliable (Golafshani, 2003 p.601; Patten, and Newhart, 2018). To improve the reliability of the study, the researcher carefully constructed the instrument to align with the scope of the study (p.166). An interview script, along with interview questions, was mimicked using the same method for each individual participant interview. The researcher employed additional strategies to increase the reliability of the study. First, the use of voice recording devices to document the participant's statements accurately, and second, participants review of researchers' synthesis of interview data (McMillan & Schumacher, 2010, p. 330). Great emphasis was placed on ensuring participants' responses were accurately documented to ensure the reliability of the data collected by the researcher.

Pilot Test

Prior to conducting the study, the interview instrument was piloted with law enforcement officers who were not participants in the study. Feedback was solicited from these LEO's related to the clarity of questions, directions, and presentation of the interview instrument to gain insight into the clarity of the instrument as a means to improve the instrument and edit questions to better align with the study.

Validity

Validity in qualitative research determines whether the research measures that which it was designed to measure or how accurate the research results are (McMillan, and Schumacher, 2010). That is, the research instrument must allow the research to reach the target of its research object to be considered valid. Research variables extracted from the literature review to create the survey questions were used as the primary means to assure content validity in this study. Validity is generally determined through the researcher asking a series of questions as well as seeking answers in the research of others (p. 331).

Data Collection

Prior to any data collection, the researcher received approval of the study from the Liberty University Institutional Review Board (LUIRB) (see Appendix D). The researcher also sought and obtained approval from the following law enforcement departments: Anoka County Sheriff's Office, Carlton County Sheriff's Office, Hennepin County Sheriff's Office, Itasca County Sheriff's Office, Koochiching County Sheriff's Office, Pine County Sheriff's Office, Saint Louis County Sheriff's Office, Anoka Police Department, Duluth Police Department, Hermantown Police Department, Hibbing Police Department, Minneapolis Police Department, and Moose

Lake Police Department to conduct a research study involving their sworn law enforcement officers.

Furthermore, each participant was required to sign an informed consent form (see Appendix C) to participate in the study and provide consent to being recorded. All data collected and deemed to be potentially sensitive was redacted from all notes and documentation within this study. The researcher solely controlled all data collected, as the protection of the rights and privacy of all participating LEO's were a priority throughout this study.

Data Analysis

A considerable amount of raw data was collected and analyzed from the various one-on-one interviews conducted with participants. Cooper (2020) Suggests that reporting standards such as data interpretation, experimental manipulation, structural equation models, clinical trials, and analysis should be considered in the absorption process of making sense of what participants have said (p.139). Cooper believes this is an integral part of the process when scanning for patterns and combining similar participant responses.

This researcher captured and transcribed the audio recording from the interview sessions to aid in the coding process. McMillan & Schumacher (2010, p. 370), states that the transcription process is one of taking notes from the interviews and other invocation and converting the data into a format that will facilitate analysis. Therefore, the act of taking these notes and additional information and converting them into a format is necessary for the process of identifying the true nature of the interviews.

Positive identifying themes can emerge from the coding process. To avoid researcher bias, the researcher, as a crosscheck and triangulation measure, used a colleague who was familiar with the study, but with no participation in the study, to review the data and data

analysis. Through this process, the overall interpretation and description of the themes from the data were increased. A relevant cross-analysis was employed to show connections and patterns to assist in further understanding these themes. According to McMillan & Schumacher (2010), this model allows the data to be placed in categories to be compared. The researcher, for each research question, then created a theme model below the research questions. The researcher utilized the items along with sub-questions to identify the themes. All subsequent charts and tables related to the themes are presented in Chapter four.

Limitations

Robertson (2010) described limitations in a study as being characteristics of design or methodology that negatively impact or influence the interpretation of the findings from research or the researcher's capacity to generalize the conclusions (p.162). The law enforcement officers interviewed for this study serve as a small representation of the overall population of LEO's; therefore, drawing generalizations to the greater population of law enforcement officers was challenging since lived experiences varied so much. Moreover, the researcher could not ensure the participants answered the interview questions honestly or provided an accurate representation of their lived experiences.

This study focused on law enforcement professionals in Northern Minnesota to identify a purposeful sample size. Additionally, the sampled size for this study was a limitation due in part to the lack of willingness of agencies and individual law enforcement officers to participate in the study actively. Further, this study elicited lived experiences, perceptions, and perspectives from LEO's who agreed to participate in the study. However, the LEO's could not attest to the factors affecting the help-seeking behaviors of those LEOs who opted not to share there lived

experiences. Furthermore, the participants were asked if not seeking care for prior events/issues, and the factors which may have precluded their seeking mental-health assistance to address this issue.

Finally, as a first responder, the researcher had to acknowledge and be mindful of any personal biases present during the interviews (Patten & Newhart, 2018). Mitigating this potential problem, the researcher was able to gain advantage from previous interview experience and training, maintaining objectivity, and neutrality throughout interview sessions, allowing for the focus to remain on the participants' responses and lived experiences. Former interview training and experience allowed for the compartmentalization of biases and subjectivity during the interviews, which allowed for the researcher to be engaged during the interview sessions and to elicit rich dialogue. Also, as a safeguarding measure and to ensure the researchers objectivity, the interview sessions were recorded with the participants' consent.

Summary

The objective of this chapter was to explain the qualitative model used in this study. The identifying target population included retired or active sworn law enforcement officers with five or more years of full-time employment. The targeted study sample was defined and also addressed were the specific requirements the participants needed to meet. A fully detailed research design resulted from data collection and analysis derived from information generated during the one-on-one interviews. Finally, the limitations were identified and reviewed. The following two chapters present the principal findings (Chapter Four), recommendations for future research, and (Chapter Five) concluding remarks.

CHAPTER FOUR: FINDINGS

Chapter four introduces the principal themes and findings of this study. This chapter opens with a review of the purpose statement and research questions, followed by a summary of the research design, population, sample, and participant demographics. The presentation of the findings for the research questions will follow the review before ending with the conclusion of the chapter with a summary of the results.

Overview

LEO's continue to experience frequent exposure to critical incidents, traumatic events, and stressful situations at an increased rate. Never the less, LEO's continue to underutilize available mental-health services. Moreover, this chapter examines the perceptions and lived experiences of LEO's who have experienced or had first-hand knowledge through witnessing peers requiring or seeking assistance with their psychological or emotional needs. Personal one-on-one interviews were conducted with law enforcement officers, revealing recurring themes which provided a more profound understanding of the individual and organizational determinants affecting LEO's help-seeking behaviors and of the impacts of these determinants on the law enforcement profession. These dedicated law enforcement professionals were solicited for their insight on the promotion and awareness of the value of mental health within the law enforcement community, for reducing barriers to LEO's seeking mental health assistance, and for providing methods to best support the needs of LEO's.

Purpose Statement

The purpose of this qualitative phenomenological study is to examine the relationship between police officers' frequent exposure to violence and traumatic events, and its effect on the

long-term mental health issues of LEO's. This study aims to identify and describe personal and organizational factors promoting and/or limiting Law Enforcement Officers (LEOs) seeking mental health assistance following a critical incident from the perspective of law enforcement officers (LEO's). This study explores the lived experiences of the participants and captures their rich narratives to describe the factors LEOs may encounter when seeking mental health assistance.

Research Questions

1. What the correlation is linking the relationship between law enforcement officer's frequent exposure to violence/traumatic events, and its effect on the long-term mental health of officers?
2. What role does stigma play in officer's reluctance to seek treatment?

Research Sub-questions

1. What are the personal factors promoting LEOs seeking mental health assistance following a stressful/traumatic event?
2. What are the personal factors acting as barriers to LEOs seeking mental health assistance following a stressful/traumatic event?
3. What are the perceived organizational factors (policies, programs, campaigns) acting as barriers to LEO's mental health seeking behaviors?
4. What are the perceived organizational factors (policies, programs, campaigns) promoting LEO's mental health seeking behaviors?
5. What are the impacts of the promoting and/or limiting factors affecting LEO's seeking mental health assistance?

6. What recommendations do law enforcement officers have for promoting awareness and support for health seeking behaviors within both the mental health and law enforcement communities?

Research Methods and Data Collection Procedures

This researcher utilized a phenomenological approach through one-on-one interviews to identify and describe the perceptions and lived experiences regarding the factors affecting LEO's mental health help-seeking behaviors from the law enforcement officers' perspective. According to Mueller (2019), to obtain rich narratives associated with participants' lived experiences," one must undertake in-depth interviews with the people who have directly experienced the phenomena of interest." The criteria for study eligibility required of the target population comprised of a group of Minnesota-based, certified active and retired law enforcement officers from various municipalities, including state, county, and city, participation also required each law enforcement officer to be 25 years of age or older and employed as a full-time law enforcement officer for five years or more.

The researcher reached out to various departments around the northern and central parts of the state of Minnesota by email contacting the sheriff and chief of police of each department to gain approval and seek interested participants. A total of thirteen agencies statewide were contacted and invited to participate in the study. Five departments accepted the invitation. Law enforcement officers from three of the five departments made contact with the researcher to schedule interviews. The sheriff and chief became the person of contact for each department. Fliers were sent to each point of contact to distribute throughout each department.

Furthermore, each point of contact was asked to have their shift commanders announce the recruitment information to potential participants during shift briefings, and post researcher's contact information in the briefing room. Interested parties were asked to contact the researcher via email to set up interview times. Following the initial contact with each of the departments, 17 participants were identified. Of the 17 interested participants that met the criteria, 12 followed through with participation in the study. Each participant was sent a consent form in which they returned prior to the agreed-upon interview times. Each interview was conducted at a time that fit the need and schedule of the individual participant. Due to the COVID 19 virus, all interviews were conducted via Web-Ex and audio recorded. Each interview was recorded with the participant's consent; the recordings were later transcribed and were used to identify common themes. The interview process took approximately three weeks to conduct. All participants were assigned a pseudonym to maintain anonymity among participants. The names of each department were redacted from the study nor referred to for the sake of confidentiality.

Population

The population of participants consisted of ten male and two female law enforcement officers. The ethnic make-up of the participating population consisted of eleven Caucasian Americans and one Caucasian/Asian American. The following is a comprehensive description of each participant. Again, to protect the identities of all participating officers, pseudonyms, and age ranges have been used. Officer Kelly is a married male in the age range of 40-50. Officer Kelly's highest level of education is an associate's degree. Officer Kelly has been a law enforcement officer between 20-30 years. Officer Thompson is a married male in the age range of 40-50. Officer Thompson's highest level of education is an associate's degree. Officer Thompson has been a law enforcement officer between 20-30 years. Officer Smith is a married

male in the age range of 50-60. Officer Smith's highest level of education is a bachelor's degree. Officer Smith has been a law enforcement officer between 10-20 years.

Officer Anderson is a single male in the age range of 50-60. Officer Anderson's highest level of education is a bachelor's degree. Officer Anderson has been a law enforcement officer between 20-30 years. Officer Jackson is a married male in the age range of 40-50. Officer Jackson's highest level of education is an associate's degree. Officer Jackson has been a law enforcement officer between 20-30 years. Officer Johnson is a married female in the age range of 30-40 years of age. Officer Johnson's highest level of education is an associate's degree. Officer Johnson has been a law enforcement officer between 0-10 years. Officer Larson is a married male in the age range of 40-50 years. Officer Larson's highest level of education is an associate's degree. Officer Larson has been employed as an officer between 20-30 years.

Officer Olson is a married male in the age range of 30-40 years. Officer Olson's highest level of education is a bachelor's degree. Officer Olson has been a law enforcement officer between 10-20 years. Officer Simmons is a married female in the age range of 40-50. Officer Simmons's highest level of education is a bachelor's degree. Officer Simmons has been a law enforcement officer between 10-20 years. Officer Peterson is a married male in the age range of 40-50. Officer Peterson's highest level of education is an associate's degree. Officer Peterson has been a law enforcement officer between 20-30 years. Officer Roberts is a divorced male in the age range of 30-40. Officer Roberts's highest level of education is an associate's degree. Officer Roberts has been a law enforcement officer between 0-10 years. Officer Dobson is a divorced male in the age range of 50-60. Officer Dobson's highest level of education is an

associate's degree. Officer Dobson has been a law enforcement officer between 20-30 years.

Table 4.1 describes the data profile on the participants.

Table 4.1

Profile of Participants

Name	Sex	Marital Status	Age	Highest Education	Service Years
Kelly	Male	Married	40-49	Associate's	20-30
Thompson	Male	Married	50-59	Associate's	20-30
Smith	Male	Married	50-59	Bachelor's	20-30
Anderson	Male	Single	50-59	Bachelor's	20-30
Jackson	Male	Married	40-49	Associate's	20-30
Johnson	Female	Married	30-39	Associate's	0-10
Larson	Male	Married	40-49	Associate's	20-30
Olson	Male	Married	40-49	Bachelor's	10-20
Simmons	Female	Married	40-49	Bachelor's	20-30
Peterson	Male	Married	40-49	Associate's	20-30
Roberts	Male	Divorced	30-39	Associate's	0-10
Dobson	Male	Divorced	50-59	Associate's	20-30

Demographic Data

The 12 LEO's involved in this study represent two levels of the government (county and city municipalities). Each of the participating LEO's was encouraged to share details related to their years of service and apprised that the demographic information would be used for statistical

purposes only. Collectively, the participants had over 233.6 years of law enforcement experience ranging from six years to more than 28 years of personal experience (see Table 4.2).

Table 4.2

Participant Demographics: Average Years of Law Enforcement Service

Years of Law Enforcement Service				
Participant Group	N	0-10	11-20	21+
County	87.15	1	3	6
City	12.84	1		1

Note. N=233.6

Presentation and Analysis of Data

Data collection transpired in May of 2020 and consisted of 12 one-on-one interviews with active and retired participating law enforcement officers. The interview process allowed the researcher to use probing, refining questions to derive a vibrant narrative from personal experiences. The researcher used a semi-structured interview protocol. The researcher used a script for each interview to elicit specific information surrounding the research questions and sub-questions. With the consent of each participant, all conversations were recorded and transcribed. The transcriptions from each interview were reviewed for accuracy. Through the analysis of the data collection process, a set of themes and codes were generated based on the literature and preliminary review of the data. Subsequently, the data was coded using inductive and deductive methods. The researcher then reviewed the Themes and codes for predominating patterns expressed by the participants.

Significant findings were derived from the common themes and categorized by research questions and corresponding sub-questions. The following sections present themes that are the basis of the data collected and are presented based on the recurrence of which they emerged from the interviews. The collected data from each interview were coded, compared, and added to the patterns, illuminating emerging themes. Rubin and Rubin (2011) identify the emergence of multiple themes and concepts that derive from the interview process. Therefore of the many themes identified throughout the cross-analysis of the data, the researcher noted additional themes as less consistent among the participant responses and focused on themes that at least eight participants mentioned in their interviews.

The researcher targeted on the two principle and six additional categories associated with the research questions: the first principal question states: *“Is there a relationship between law enforcement officer's frequent exposure to violence/traumatic events and its effect on the long-term mental health of officers?”* The second principal question is: *“What role does stigma play in officer's reluctance to seek treatment?”* (a) personal factors promoting LEOs to seek assistance, (b) personal factors limiting LEOs from seeking assistance, (c) organizational factors promoting LEOs to seek assistance, (d) organizational factors limiting LEOs from seeking assistance, (e) these factors' impact on LEOs, and (f) recommendations to reduce barriers, promote awareness, and support help-seeking behaviors within both the mental health and law enforcement communities (Haecker, 2017).

Research Question One

Research Question one asked: *“Is there a relationship between law enforcement officer's frequent exposure to violence/traumatic events and its effect on the long-term mental health of officers?”* Participants stated, at the start of their careers, each was well trained on requirements,

expectations, and roles of the law enforcement officer's in the communities they served. Each LEO also noted the absence of training on the impact of prolonged exposure, and the toll it might take on their mental health throughout the tenure of their careers. According to Anderson and Lo (2011), law enforcement officers throughout their career will be exposed to more violent or traumatic events/images than the majority of citizens will encounter in a lifetime. Therefore, the majority of participants noted that LEO's fail to understand the meaning of long-term mental and psychological effects of the frequent exposure to traumatic events (i.e., death of a fellow officer, stabbing/shooting incidents, violent sexual crimes, traffic accidents, child crimes, suicide, and murder). As a result, LEO's frequently begin their careers inexperienced and unaware of the possible consequences to their mental and physical well being as a result of their frequent exposure to victims of trauma.

For example, officer Thompson explained that when starting out as an LEO, not wanting to be seen as weak, helped to conceal LEOs' mental health issues. He noted, "Back when I first started, it was almost like it was taboo. You didn't really talk about it. You know the mental issue with ourselves." He said, "you know you see things, and you dealt with it on your own, which we all know was usually through alcohol and what not." Participants also talked about the effect social media have on the profession and the effect of national exposure of critical incidences with law enforcement officers and the fear for officers and citizens alike.

That is, Officer Thompson noted that post-Ferguson; officers nationally had become the enemy of the people. He stated that he lost confidence that LEO's could do anything right in the eyes of the people, even if they were justified. Officer Thompson stated, "Why the fuck do I even come to work? I can't do anything right, and if I have to pull my gun and kill somebody

who is trying to kill a member of the public or me? Why the fuck am I even here? Law enforcement officers started getting hurt because they were refusing to use force. Instead, they were afraid of the media scrutiny and losing their jobs or their families being harassed." Officer Thompson believes that hesitation in decision making has led to more officer assaults, stabbings, and worse because they were not pulling the trigger when they should have to save their lives or the lives of others.

It is this continued fear that creates additional stress for LEO's as they serve their communities. That is, 62% of those surveyed in a study by Kachurik, Ruiz, and Staub, (2013) believe the media coverage of shooting by LEO's inspires people to attack LEO's. One example that adds validity to the fear that participant Thompson shares with fellow LEO's was July 7, 2016, the Dallas, Texas ambush of LEO's by Micah Xavier Johnson, Killing five LEO's and injuring nine others (Fernandez, Pérez-Peña, and Engel-Bromwich, 2016). Despite fear of having their decision making in the field come back to have some sort of bearing on their careers due to media coverage, many of the participants believe that there has been a shift in how LEO's are portrayed statewide. As one participant stated, "I think that it cycles and we will pull out of it. I think we get support right now in Minnesota." Officer Thompson also noted that he has received a show of support from people in the community such as people shaking his hand and thanking him for his service to the community.

Research Question Two

Research Question two asked: "*What role does stigma play in officer's reluctance to seek treatment?*" Interestingly, the majority of participants spoke about the current shift in the sub-culture associated with LEO's fear of addressing help-seeking behaviors and the stigma that accompanies it. Officers talked about the law enforcement community's push to address the

mental health care needs of LEO's mainly in the last four to seven years, compared to when the majority of the participants started their law enforcement careers. Despite the positive cultural shift toward mental health awareness in the law enforcement community, each of the officers interviewed admitted that there is still a culture that exists. Where officers have a fear of labels such as weak, unreliable, and vulnerable, among other titles.

For example, Officer Dobson noted, "The biggest issue I think for most officers is how you are going to be perceived by your coworkers and by the administration." Officer Dobson also feels that admitting that they are struggling is a sign of weakness and that there is something wrong with them. He said so they tend not to come forward. Furthermore, Officer Johnson said you always look to be the strong person, (i.e., to go through things and go to the next type of call the next day). Officer Johnson admitted that he believes that a lot of LEO's worry about the stigma associated with LEO's seeking mental health assistance. He said LEO's fear the department would place a target on the backs of LEO's if they found out officers were seeking mental health care from professional providers. He said there is also a fear between LEO's that their seeking assistance would become apart of their employment file.

Officer Peterson touted similar views as Officer Dobson and other participants. He stated that he also believes that there is a stigma in the minds of LEO's that if they ask for help, they are not cutting it, and that they're not mentally strong enough. Officer Peterson said that the second piece to the puzzle is that LEO's are "afraid if you get into that boat, the department may ask for a fitness evaluation to see if you're worthy of staying on as an officer." Moreover, Officer Roberts also believes stigma plays a role in the reluctance of LEO's to seek treatment following a traumatic event. Officer Roberts noted that the "possibility of partners who have not experienced

a traumatic event might feel that they're kind of above it or their minds would react differently to trauma." He said he believes that would be a barrier for some people to seek the help they need.

Despite the paradigm shift the participant noted that were taking place among the younger generation of LEO's regarding mental health self-awareness and wellness, stigma continues to create a barrier for the majority of law enforcement officers' help-seeking behaviors. That is, among the younger officers interviewed with 0-10 years of service, they noted stigma as being a barrier, despite being more self-aware and open to seeking mental health assistance. Similar themes can be found in Table 4.3 and are described in greater detail below.

Table 4.3

Data Matrix and Narrative for Research Question Two by Years of Service

Theme Years	0-10	11-20	21+
Stigma still exist	2/2	5/5	4/4
Subtle culture shift	2/2	5/5	4/4
Support/encourage others	2/2	5/5	4/4
Seek assistance/self	1/2	1/5	1/4

Personal Factors Promoting LEO's Seeking Mental Health Assistance. Sub-question one asked: "What are the personal factors promoting LEO's seeking mental health assistance following a stressful/traumatic event?" Nine of the twelve participants collectively noted department/agency-wide support had played a significant role in officers' willingness to seek help following a stressful/traumatic event. One LEO stated that his department had provided a mental health provider with a background in law enforcement. He noted that talking with

someone who understands what LEO's go through from the law enforcement perspective is priceless. Participants also added from an organizational perspective, having a top-down viewpoint on the importance of mental health management, supported by team debriefings, has created a paradigm shift in the way the law enforcement community views mental health care.

The second combined significant draw from the data collected was the use of the peer-to-peer support program. One LEO noted that after a critical incident, someone from his agency's peer-to-peer program reached out to him. The LEO said, "Typically, we're not the type of people who jumps to talking with someone after something happens." He said LEO's are trained to keep it all in and go to the next call. The participant said he appreciated the peer support team member reaching out to him because it was effective. The LEO said, otherwise he would not have sought out support on his own. Similarity of themes can be located in Table 4.4.

Table 4.4

Data Matrix and Narrative for Research Sub-Question One by Years of Service

Theme	0-10	11-20	21+
Agency Support	1/2	3/4	4/4
Peer-to-Peer Support	2/2	4/4	4/4

Personal Factors Limiting LEOs Seeking Assistance. Sub-question two asked: *“What are the personal factors acting as barriers to LEOs seeking mental health assistance following a stressful/traumatic event?”* The participants provided a collective consensus that the major personal factor acting as a barrier to LEO's seeking assistance was the policing sub-cultures of

stigma towards counseling, labeling, and the lack of trust of counselors and administration. The participants provided a collective consensus that the significant personal factor acting as a barrier to LEO's seeking assistance was the policing sub-cultures of stigma towards counseling, labeling, and the lack of trust of counselors and administration. The participants acknowledged that their fear is motivated by the fear of being labeled weak, inferior, or unreliable by fellow LEO's. One participant went as far as to say that, "not only is it a fear of stigma from others but really even from yourself as well." He noted that the perception of weakness and not being able to handle the job could kill confidence and any aspirations for advancement.

Moreover, the participants raised concerns about their lack of trust in the counseling process, the counselor, and the confidentiality aspect of the therapeutic process. Officer Smith (participant) stated that, "there is a stigma that you are an ironman. Yeah, you cause PTSD, you don't get PTSD." Participants noted that terms associated with the policing sub-culture include rescuer, invincibility, and self-sufficiency versus weak, dependent, and unreliable. Another critical barrier to LEO's seeking assistance was the fear of how seeking assistance could impact their careers and their ability to be promoted. Officer Larson (participant) explained the following,

There is still a question with life or death situations and carrying a firearm that if a LEO started saying, oh geez I'm having trouble with this, could it affect your future in your chosen occupation. Yeah, I really would like some help I'm having a little difficulty, OK, well we will take your gun, and sit at the desk here for the next 15 years. So, I think there was perhaps that stigma or the reluctance to know how it would play out (Larson, personal communication, May 2020).

Officer Anderson (participant) noted a professional negative, stating if an ambitious LEO wanted to move up the food chain, seeking mental health support could inhibit them. Officer Anderson said that the belief on the part of the LEO that there would be consequences could be a major barrier to help-seeking behaviors.

Organizational Factors Promoting LEO's to Seek Assistance. Sub-question three asked, "*What are the perceived organizational factors (policies, programs, campaigns) promoting LEOs mental health-seeking behaviors?*" Participants noted the progressive shift and partnership between neighboring organizations to address LEO's mental wellness. Participants reported significant factors as the emergence of critical incident stress debriefings (CISD), peer-to-peer support programing, and annual counseling sessions. Participants explained that neighboring agencies have been able to share best practices through the support and sharing of resources. That is, local agencies began taking advantage of shared collaboration when running critical incident stress debriefings. Officer Dobson (participant) described critical incident stress debriefings as the process that allows for all of the first responders involved in the critical incident to gather together to process, reflect on their experience, and support each other. This form of psychological first-aid is intended to mitigate the impact of a traumatic event, facilitate healthy recovery, and screen people who may benefit from professional support services (Davis, 2013).

Officer Dobson explained, "those are the people you went through the incident with, and they are the only ones that may be able to understand what you're feeling and what you experienced because they were there." Officer Dobson said that the opportunity to share if you want or not means something to LEO's. He said he believes that by the department or

administration, recognizing that you went through a critical incident and making a concerted effort to give you the support sends a message to people that were involved that they care about you and your mental health. Officer Dobson talked about his apprehension about participating in the CISD. Dobson noted,

Getting in that setting a lot of times, even going into it sometimes you may have the attitude that, I'm going to go, I'm going to see what this is about, but then once you get there and it's incredible the number of people who do open up. We'll talk and express what they are feeling. A lot of times, just talking about it is therapeutic in and of itself (Dobson, personal communication, May 2020).

Research indicates that tactical critical incident stress debriefings (CISD) after incidents that are psychologically and physically taxing can aid in the prevention of post-traumatic stress disorder (PTSD), (Davis, 2013). Officer Roberts (participant) also spoke about his reluctance to attend his tactical critical incident stress debriefings following his critical incident. Officer Roberts noted that his original thoughts were that he did not want to sit in a room full of people reliving everything that just happened. Officer Roberts said he intended to be present because his agency said that he had to, but said he had no intentions of speaking. Officer Roberts said that his experience with CISD following his critical incident was supported by a neighboring agency that provided a psychologist who arrived with a support team of professionals. He said he found himself engaged in the conversation, opened up, and found his experience pleasant.

The second campaign addressed by participants was the development of the peer-to-peer support program. Peer counseling among law LEO's is designed to train LEO's to help their colleagues deal with stressful situations in a positive, structured manner (Digliani, 2015). According to the participants interviewed, the neighboring peer-to-peer support teams of each

agency are similarly formatted and operate under the oversight of a licensed mental health professional. Furthermore, each of the peer support team members was initially trained within the law enforcement Peer Support Team Training Program. When questioned, twelve out of the twelve participants stated peer support helped address the issues discussed or managing the stress associated with related issues. Eight out of the twelve participants interviewed reported that they would seek assistance from peer support team members. In comparison, eleven out of the twelve participants interviewed noted that they would recommend the peer-to-peer support program to fellow law enforcement officers. These themes can be found in Table 4.5.

Table 4.5

Data Matrix and Narrative for Research Sub-Question 3

Theme	0-10	11-20	21+
Peer support helps address issues	2/2	5/5	4/4
Would seek assistance from peer support team members.	2/2	3/5	3/4
Recommend the peer-to-peer support program to others	2/2	5/5	4/4

Of the twelve participants involved in the study, 100% agreed that the peer-to-peer support program is a helpful program when addressing issues. 75% of the participant agreed they would seek assistance from peer support team members, while 100% of the participants said they would recommend the peer-to-peer support program to fellow LEO's. 25% of the

participants felt that though the peer support program helped address the issues discussed or managing the stress associated with related issues, the program was something that they admittedly were not ready to use themselves.

LEO's from one of the law enforcement agencies participating in the study said their department had turned to annual counseling sessions for all LEO's. Officer Johnson said that the department has recently implemented a yearly mandatory counseling session for all its law enforcement officers. Officer Johnson said she had not been scheduled for the overall wellness check, but said it was a great idea. Officer Johnson noted that though the appointment for the wellness check was mandatory, the only requirement is to attend. LEO's did not have to engage. She said the goal of the department is to get LEO's in front of the therapist. Officer Johnson also noted that anything discussed remains confidential and would not go back to the department. Officer Johnson said this process reduces the wary of stigma. Everyone must attend the appointment and may decide to engage and get the help they would not usually seek.

Organizational Factors Limiting LEO's Seeking Assistance. Sub-question four asked, *"What are the perceived organizational factors (policies, programs, campaigns) limiting LEO's from seeking mental health assistance?"* Participants struggled to answer this question, with the majority of the participants stating that there are no perceived boundaries from the organizational perspective. That is, many of the participants citing the officers themselves as barriers. Officer Kelly said, "I don't think that there are any barriers because I believe my department does an excellent job of promoting mental health and getting LEO's the help that they need." Officer Dobson echoed Officer Kelly's sentiments with regards to his department, stating, "I don't believe that they have any barriers anymore with my department."

Furthermore, officer Dobson said that his department hired a full-time psychologist to care for their LEO's mental health needs. Officer Thompson noted, his agency has made it so easy and assessable that it would be the LEO's vices that would prevent them from getting the help they need or deserve. Moreover, he stated, "There are flyers all over the offices now, emails are coming out to encourage people, and the county is willing to pay for it. There are not many barriers anymore. If you want the help, it's there for you." Collectively, each of the participants found themselves hard-pressed to name a barrier on the part of their departments.

Factors Affecting LEO's Seeking Mental Health Assistance

Sub-question five asked, "*What are the impacts of the factors affecting LEOs seeking mental health assistance?*" Several Participants raised concerns about the negative impact of promoting mental health care within the law enforcement community. For instance, as one participant said, "if you do this job long enough, you're going to see and do things in this job." Officer Kelly noted that across the state of Minnesota, a large amount of LEO's is going out on PTSD. He also stated that he believes a lot of LEO's have it but deal with it differently. Officer Kelly said he believes that, with all of these cops going out on PTSD, it will hurt their retirement. Officer Kelly stated his fear of seeking assistance for his mental health is that he is afraid that he would be told, "no officer Kelly you should not go back to work," and that his career would be over. He noted that it is one of the limitations or factors why a lot of LEO's are not seeking help. Officer Kelly said that if a doctor thinks you're not mentally sane, it could hold you back from your career.

Moreover, officer Thompson's concept of the negative impact of promoting mental health care within the law enforcement community coincides with officer Kelly. Officer Thompson

stated, "some of the bad is that I think some people are using it as an excuse to retire early." His comments were,

Two years ago, they had made penalties harder for us to retire. Retirement at age 50 used to be a six percent cut on my pension, and now it is 25 percent if I leave at age 50. I am almost forced to go the extra five years. I think there is a group of people out there taking advantage of this and using PTSD as an excuse to retire early and have somebody pay for their medications until they are age 65 and have tax-free retirement (Thompson, personal communication, May 2020).

Despite the fear of fellow LEO's miss using this benefit, officers believe that there are positive impacts on the LEO community. There are a reported number of resources in place to assist LEO's, such as the peer-to-peer support program, annual counseling sessions, and critical incident stress debriefings (CISD). Officer Smith noted that his department has a psychologist on contract who bills the department under anonymity for the deputy. Officer Smith said that what every insurance doesn't cover is charged to the department. He said the department has a pool of money to cover what insurance does not, so the LEO pays nothing out of pocket. For instance, if officer Thompson were to make an appointment to be seen by the psychologist, the psychologist would bill the department for services and use a code such as client 001 to maintain the officers confidentiality.

Recommendations on the Reduction of Barriers. Sub-question six asked, *"What recommendations would you offer to reduce barriers, promote awareness, and support help-seeking behaviors within both the mental health and law enforcement communities?"* The major theme surrounding this particular question for the participants was confidentiality and understanding the law enforcement profession. Officer Olson offered his recommendation to the

mental health community. He stated, "it would help if and when the law-enforcement officer goes to talk to someone in a professional setting, that the person has experience working with first responders." Officer Olson said he believes that demographic is different from other professions in society. He believes officers are going to feel a bit more comfortable if the professional they are talking to understands where they are coming from and the type of job they have.

Officer Dobson noted that confidentiality between the client and clinician is an important factor in the client clinician relationship. Officer Dobson has little faith that clinicians, though bound by the Health Insurance Portability and Accountability Act (HIPAA), would maintain confidentiality. Officer Anderson agreed with the statements made by officer Dobson. Officer Anderson said he believes that after every eighteen months or so, LEO's should meet with a therapist. He said that is what he did with a local therapist unrelated to his department, for the sake of confidentiality. Officer Anderson said before long, a fellow LEO, and relative by marriage to the therapist disclosed that he knows of the therapy sessions. Officer Anderson said that he trusted the fellow LEO, but lost all trust in the therapist.

Anderson said,

You do this for top-secret reasons, and you don't want this to get out. So, nobody's going to go to him again. I mean if somebody in my agency decides to go to him, I may say, hey, let's find somebody else. I'm not going to wreck the guy's license, but I would discourage it because we don't trust anybody anyway. We are paranoid by nature right; you know everybody's out to get us. We're paranoid, I understand that, and that's something I have to guard against all of the time. So, if there is an issue that might

increase that or make it worse, exacerbate it, then I am going to try to stop that (Anderson, personal communication, May 2020).

The participant's recommendations for reducing barriers and promoting awareness for the law enforcement community offered a collective focus on creating a uniform policy for LEO's and making sure that the policies are followed across the board. That is, LEO's stated that reactions to critical incidents had looked different from case to case and person to person. Participants have indicated that though the policy is written, it is not always carried out collectively. For instance, one agency had similar officer-related critical incidents that were handled differently under the same policy. Participants state that one officer was required to undergo a wellness check before he could return to duty. Under the same policy, it was merely suggested that the other officer undergo the wellness check. Participants noted that the officer ordered to participate in the wellness check benefited greatly from his experience, while the other was slow to recover cognitively.

Summary

This chapter presented the purpose of this study from a qualitative approach in its presentation of the research questions, methodology, and findings to capture the lived experiences of law enforcement officer's willingness to seek mental health care support. The study focused on eight principal findings: (a) What the correlation is linking the relationship between law enforcement officer's frequent exposure to violence/traumatic events and its effect on the long-term mental health of officers, (b) What role does stigma play in officer's reluctance to seek treatment, (c) personal factors promoting mental health assistance, (d) personal factors acting as barriers to seeking assistance, (e) organizational barriers to seeking assistance, (f) organizational factors promoting assistance, (g) impacts of organizational and personal factors on

LEOs, and (h) recommendations to reduce barriers, promote awareness, and support help-seeking behaviors within both the mental health and law enforcement communities. A larger poll of thirteen agencies was contacted around the central and northern parts of the state of Minnesota to participate in the study. Of the thirteen agencies contacted, six agreed to participate. From the six participating agencies, law enforcement officers from three departments made contact with the researcher. The researcher had no issues confirming, gathering consents, and setting up interview times and dates with participants. Due to the COVID 19 pandemic, each interview was conducted via Web-Ex and audio recorded with consent for participants.

Chapter five is comprised of a comprehensive analysis of the data associated with the theories addressed in the review of the literature. It also includes summary of findings, discussion, implications, recommendations for further research, and concluding remarks.

CHAPTER FIVE: DISCUSSION

Overview

The purpose of this phenomenological study is to examine the relationship between law enforcement officers, frequent exposure to traumatic events and images, and its effect on their long-term help-seeking behaviors. This chapter summarizes the findings from the interviews conducted with twelve active and retired participating law enforcement officers. This chapter elaborates on the itemized data from Chapter Four and its association with related literature from chapter two. Research questions and sub-questions analyze a comprehensive summary of the significant findings and principal themes. To amass this information, this study was guided by two principal research questions and six sub-questions.

Unforeseen findings derived from this study are discussed, followed by conclusions drawn from the literature associated with the significant findings, which are presented from the perspective of the researcher. Furthermore, this chapter reviews and presents approaches and measures mental health professionals and the law enforcement community can take to meet the additional needs of LEO's and their families. This chapter also contains recommendations for further research and closes with concluding remarks and reflections by the researcher.

Summary of Findings

Findings associated with the law enforcement officers' lived experience were generated with a phenomenological methodology for this study. Participants of the study shared their personal and professional lived experiences as law enforcement officers who received assistance with mental health wellness and as colleagues supporting fellow LEO's. The data, derived from the semi structured interviews, were organized and examined by the following research questions:

Research Question One: Is there a relationship between law enforcement officer's frequent exposure to violence/traumatic events and its effect on the long-term mental health of officers?, Research Question Two: What role does stigma play in officer's reluctance to seek treatment?, Sub-Question One: What are the personal factors promoting LEO's seeking mental health assistance following a stressful/traumatic event?, Sub-Question Two: What are the personal factors acting as barriers to LEOs seeking mental health assistance following a stressful/traumatic event?", Sub-Question Three: What are the perceived organizational factors (policies, programs, campaigns) promoting LEOs mental health-seeking behaviors?, Sub-Question Four: What are the perceived organizational factors (policies, programs, campaigns) limiting LEO's from seeking mental health assistance?, Sub-Question Five: What are the impacts of the factors affecting LEOs seeking mental health assistance?, and Sub-Question Six: What recommendations would you offer to reduce barriers, promote awareness, and support help-seeking behaviors within both the mental health and law enforcement communities? (Haecker, 2017).

Research question one: Personal promoting factors - was designed to elicit the effect that a career of accumulative exposure to violence and traumatic events as on the mental wellness of law enforcement officers. Several principal findings frequently surfaced in responses to this question. The most significant theme for many of the participants was their understanding of the consequences of their profession. That is, participants spoke about the driving force behind their academy training was that you are going to do and see some things, and you needed to put it behind you, refocus, and move on. The participants noted that the stereotypes that LEO's have for themselves hold strong. Stereotype-a mental picture developed as a result of a myth. It is a

characteristic that grows out of a myth and placed on people (Del Pinal, Madva, and Reuter, 2017).

In charge of maintaining and restoring order, law enforcement officers hold a controversial image in diverse social groups. Because of their uniform, the nature and frequency of their intervention LEO's are, like many other salient categories (e.g., gender or race), a privileged target of stereotypes, including self-stereotyping (Gatto, et al., 2010). Participants viewed themselves as being mentally, physically, and emotionally strong warriors, capable of handling any situation.

The findings related to Research question two: What role does stigma play in officer's reluctance to seek treatment, was overwhelmingly identified by participants as the number one roadblock to LEO's seeking assistance with their mental health. Furthermore, participants linked self-stigma with sub-question two and three: What are the perceived organizational factors (policies, programs, campaigns) acting as barriers to LEO's mental health-seeking behaviors, and what are the personal factors serving as barriers to LEO's seeking mental health aid following a stressful/traumatic incident? That is, the participants collectively agreed that because of the historical culture within their profession, LEO's could not get out of their own way and allow themselves to receive that help they need, in fear of the labeling that comes with seeking mental health care.

Participants that have sought assistance related to their mental wellness stated some concerns about anonymity and their decision to seek assistance coming back to bite them if they were engaged in a critical incident. Across the board, participants discussed their fear of non-law enforcement officials such as County or City officials failing to understand their need for mental health care. The vast majority of the participants believed that their department had gone

through great lengths to assist them, and helping to understand that there are resources available to aid their mental health needs. Despite the efforts of the departments, LEO's remain fearful that treatment for mental health issues could lead to administrative leave, desk duty, service weapon being taken from them, or passed over for promotions due to lack of trust toward non-sworn administrators (Violanti, et al., 2011).

Discussion

Each account of trauma is different. Car accidents, shootings, child abuse, child death, suicide, spousal abuse, rape, or murder are observable experiences and coincide with the literature of traumatic events leading to PTSD in LEO's. According to Violanti et al., (2011), it is suggested that individuals who maintain negative or traumatic information in long-term memory are vulnerable to mental health issues. LEO's exposed to long-term memory issues can also be susceptible to a decrease in empathy, interpersonal problems, unstable emotional and behavioral responses, and an increase in aggressive behaviors. These symptoms could also derive from cumulative PTSD. Cumulative PTSD can be common in law enforcement officers because it tends to manifest over time due to multiple stress-related experiences, and it is difficult to point to just one incident as the inciting event.

Cumulative PTSD appears to be the most prevalent theme among the conversation with the participants in this study. As one shared, not being able to travel around the County without memories of incidences. Another officer explained nearly losing his career because of substance abuse and having to hit rock bottom before coming to terms that if he did not get help, he not only risked the chance of losing his job but losing his life. An officer shared that after the line-of-duty death of his partner, he and his wife struggled to communicate, leading to their

divorce. Another LEO spoke of just wanting to drink with fellow LEO's after work instead of going home to his family. He said that his choices nearly cost him his family because when he was home, he did not treat them very well. These five stories shared by law enforcement officers described glimpses into their trauma exposure and the results of the trauma. They reported how they advanced through support and resiliency to have normalized family lives and careers.

There are many events that may cause PTSD in law enforcement officers, for instance, shooting or motor vehicle accidents involving fatalities, hostage situations, drug raids, domestic dispute calls, child abuse investigations, as well as other situations that involve exposure to serious injury or death. As of October 1, 2013, the Workers Compensation Act recognized PTSD as a compensable injury under Minnesota Statute §299A.475 (Heyman, Dill, and Douglas, 2018). That is, according to the Diagnostic and Statistical Manual of Mental Disorders Five, a related incident that falls under the diagnosis of PTSD, and relative to law enforcement officers and first responders is: Experiencing repeated or extreme exposure to aversive details of the traumatic event (American Psychiatric Association, 2013). Law enforcement officers exposed to details of child abuse and or first responders exposed to human remains are more likely to experience PTSD under this form of exposure over the course of their career.

Most impressive was the conflicted thoughts related to how officers might have developed PTSD and how significant the exposure to traumatic events must have been to be diagnosed. That is, an unexpected number of participants discussed their concerns regarding fellow LEO's taking advantage of the idea of retiring early with full medical benefits and no penalty by using a diagnosis of PTSD as a means to do so. During interviews, participants spoke about other officers going out on PTSD and the wave it made around the department. One LEO noted that due to conversations around the department bashing officers who had gone out, she

would never want to be seen in that way. Therefore she would be hesitant to seek assistance. Another officer noted he was sure that he would benefit from therapy, but also said that he was not going to have his name associated with those that have gone out on PTSD. He also noted that he did not want to have to go out on PTSD, and harbored a fear that he may be forced to leave a career that he loves.

Chapter two of the study addressed the perceived barriers to help-seeking behaviors of LEO's, consisting of daily stressors of the job, for example, the constant need to be vigilant, shift work, long hours, and regular contact with people in crisis, or hostile toward them (Gharibian, 2015). During interviews, LEO's addressed the same topic. That is, LEO's spoke about other stressful situations that have contributed to their on the job stressors and, in some cases leading causes of deterioration in their mental health. Their concerns included long work hours, politics within the department, anticipation, and involvement of the next call or when it will come, and managing the attitudes and behaviors of others.

Moreover, participants expressed concerns about the criticism and scrutiny they are under when being investigated for the decisions they must make within a split second. Participants noted that they understood that criticism was a part of the job. Still, several participants said they feared any history of help-seeking behaviors could result in a lawsuit, unemployment, or worse being taken into custody. Participants stated while these factors likely contributed to an LEO's mental fitness, they were cognizant that work stressors such as these are not events that lead to PTSD.

Implications

The implications of this study are addressed in the following sections in addition to the necessary actions needed from policymakers within the law enforcement and mental health communities to promote psychological awareness and mental health wellness for law enforcement officers. Given the literature, findings, and conclusions associated with this study, additional implications for actions are discussed to enhance the overall wellness of law enforcement officers and their families, through a theoretical and practical lens.

Theoretical

One significant theoretical framework derived from this study on the mental wellness of LEO's is education addressing mental wellness at the academy level. In Minnesota, one must have a two or four-year degree to become a law enforcement officer. As a part of that educational process, officer mental health wellness, and the importance of seeking assistance should be an essential part of the curriculum. The research implies that if met early, the stigma associated with fulfilling one's mental health care needs can be helpful to the longevity of one's career, and not a detriment. This action can prove to be essential in their success as a law enforcement officer.

Another implication is the need for culturally competent counselors. There are many sources out there that speak about the blue code of silence. One implication is that LEO's share a tight-knit network that lacks trust in those outside of their community or is built on their suspicions of others. Therefore, there is a need for culturally competent counselors if LEO's are expected to open up about mental health needs. With nearly one million full-time LEO's serving communities, nationwide in various municipalities (i.e., Government, State, and Local), (BJS, 2016; U.S. Census Bureau, 2016), and 60 LEO suicides as of May 22, 2020 (Blue HELP), there is a growing need to address LEO's concerns related to culturally competent counselors. LEO's

noted their trust for sworn officials who had served as officers because there was a sense that those officials would understand the daily duties and operations of LEO's.

In contrast, LEO's discussed their disdain for working with a mental health community who has no idea what an officer experience daily. To address this issue, the law enforcement and mental health community must form a collaboration to establish trust and bridge the gap within their perspective communities. To address the need for both preventive and post-traumatic treatment for LEO's, agencies must be proactive with offering retreats for LEO's and their families, addressing issues associated with the job.

Practical

The research study revealed the need for education on the stressors of the law enforcement community at an earlier stage in the educational process, as well as a need for culturally competent counselors embedded within the law enforcement community that can address their specific needs, from the visual and social lens of law enforcement. That is, clinicians and law enforcement agencies must be mindful of the appearance of their relationship with one another through the lens of the LEO. If clinicians create the appearance that they are an extension of leadership, or that they are reporting information such as which LEO sought assistance or additional information from sessions to department administration, the integrity and confidentiality of the relationship between agencies can be compromised. To avoid this appearance, the clinical and law enforcement community should be mindful of the following: (a) the locations of the clinicians' offices; (b) the clinicians' relationships with administrators, and human resources; and (c) whether or not the clinician work directly with or report to agency leadership.

Delimitations and Limitations

Both delimitations and limitations were involved in this study to clarify the boundaries. Purposeful decisions were made to limit as well as define this study. The first delimitation was the participant population for this study. The study was limited to active and retired law enforcement officers with five years or more of service. The purpose of this intentional act was to identify and characterize the organizational and personal factors affecting law enforcement officers' willingness to seek mental health assistance from the perspective of the law enforcement officer through one-on-one interviews. This approach allowed the researcher to focus on the rich narratives and lived experiences of this target demographic. The research did not value the need to seek the experience of officers with fewer than five years of experience. An added delimitation was the geographic selection of law enforcement agencies. The research focused on the state of Minnesota, due to it being a qualitative phenomenological study and the population size required.

Limitations aim to identify potential uncontrollable weaknesses of the study. This study has identified several limitations. The first limitation was that the majority of the participants were male: Ten law enforcement officers were male, and two were female. The second limitation was the lack of diversity among the participants: Eleven of the twelve participants self-identified as Caucasian with one self-identifying minority. The identifying limitations prevented data saturation because participant participation fails to meet a diverse population representative of the target demographic.

Recommendations for Further Research

In this study, various areas were identified where further research was needed, or a more comprehensive review of the document developed for this study. The recommended areas of

further research on LEO's help-seeking behaviors include a recommendation that the law enforcement and mental health communities are presented with data on the influence and effectiveness of the various forms of departmentalized and non-departmentalized counseling. Secondly, for law enforcement and mental health communities to fully understand the prevalence of LEO suicides, a comprehensive focus must be placed on the accuracy of the statistics documenting this phenomenon. The statistics would provide law enforcement leaders, the mental health community, and LEOs with accurate suicide statistics affecting this population.

Furthermore, innumerable studies have been the focus of identifying why LEO's consciously do not seek assistance for mental health care more frequently. Because of the untrusting nature of law enforcement officers, researchers have been unable to access significant data associated with their perceptions of barriers addressing their lack of willingness to seek mental health assistance. Insight into available services would offer researchers a divergent glimpse of the phenomenon of law enforcement officer's underutilization of mental health services. Another recommendation includes conducting replication studies in other states to increase the geographic area of elicited data, to compare and contrast the different and similar needs of LEO's.

Summary

The purpose of this phenomenological study was to identify and characterize the organizational and personal factors supporting and limiting law enforcement officers seeking mental health assistance following a stressful/traumatic experience from the lived perspective of the LEO while examining the relationship between LEO's frequent exposure to violence and traumatic events, and its effect on the long-term mental health of LEO's. Finally, it was the goal

of the researcher to identify the stigma associated with mental illness in law enforcement and its impact on the reluctance of LEO's to seek treatment. The data demonstrated that notwithstanding the availability of counseling services afforded to law enforcement officers, LEO's disproportionately underutilized these services in contrast to the vast majority of first responders. The underutilization of these services must be at the forefront of the topic of conversation within the law enforcement and mental health communities if they hope to promote wellness among LEO's and decrease the impact of trauma on the long-term mental health of law enforcement officers.

This research focused on and explored the major themes that arose from the interview process to gain greater insight into the phenomenon of the underutilization of counseling services by LEO's. The obtained information from the interview process with participants exposed several barriers that LEO's faced when ascertaining rather or not to seek mental health assistance. The most significant barrier for LEO's is education on PTSD. Participants in the study revealed that ten years ago, many officers had no concept of what PTSD was. Today, many of them struggle to associate themselves with PTSD, have no idea what PTSD looks or feels like, or how to treat the disorder. PTSD is now treatable through benefits that are available for Minnesota law enforcement officers and first responders who develop the disorder on the job, under the Minnesota PERA Police and Fire Plan Duty Disability benefits Act. All twelve participants were unaware of the Minnesota PERA Police and Fire Plan Duty Disability benefits Act when it was enacted, and what it meant to their profession (i.e., support in the areas of wage loss, rehabilitation, and medical care and treatment).

Despite the training that law enforcement officers undergo or societal expectations and ideas that LEO's are impervious to psychological injuries, LEOs mental wellness must be at the

vanguard of the law enforcement and mental health community's priorities because of the influence wellness plays on LEO's decision making, hypervigilance, and paranoia. Martinelli (2010) implies that social expectations of LEO's continue to increase, further expanding the roles of policing. LEO's are routinely encountering incidences they were not trained to address, and yet they are expected to respond without incident. Despite the added expectations, LEO's are required to make critical decisions with minimal information regardless of the impact their decisions have on the community, the LEO's, and their families.

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APPENDIX A

Interview Protocol and Script

Interviewer: Timothy Myles

Interview time planned: Approximately 45-60 minutes

Recording: Digital Audio Recorder

Opening Comments: Based on the call, email, or flyer you received, you understand this study is to identify and explore the factors affecting the help seeking behaviors of LEOs. I would like to thank you for your participation in this study. Information and themes from this interview will be included in my dissertation. For privacy concerns, your identity and any sensitive information disclosed will not be revealed and will remain confidential. Although you have signed the consent form to participate in this study, you may elect not to answer certain questions or withdraw your consent at any time. Do you have any concerns or questions before we begin?

You have signed and returned the consent form as part of the email you received. It explains much of the information I just shared, as well as outlines the potential risks and benefits for your participation. Please take a moment to read over the form.

[Collect the signed forms].

Biographical Questions

1. What is your age?
2. What is your gender?
3. What is your highest level of education attained?
4. How do you identify yourself?
5. What is your ethnicity?

6. What is your marital status?
7. How long have you been a law enforcement officer?
8. How long have you been employed with this particular department?
9. What is your law enforcement role?
10. What is your rank within this department?
11. Do you work a rotating shift (i.e., swing shift)?

What information/services have you received as a LEO supporting your mental health needs?

What are the personal factors promoting LEOs seeking mental health assistance following a stressful/traumatic event?

-What, in your opinion, is the personal factor promoting LEOs to seek mental health assistance?

-What additional factors promote or create an environment encouraging LEOs to seek mental health assistance?

-How did you come to the conclusion about these promoting factors you provided? (i.e.,) advised by LEOs who sought assistance, personal observations, told by fellow law enforcement officers, etc.

What are the personal factors acting as barriers to LEOs seeking mental health assistance following a stressful/traumatic event?

-What, in your opinion, is the main personal factor acting as a barrier to LEOs seeking mental health assistance?

-What other personal factors act as barriers or roadblocks to LEOs who are contemplating seeking mental health assistance?

-How did you come to the conclusion about the factors you provided? (i.e.,) personally experienced, were told by fellow LEO's etc.

What are the perceived organizational factors (policies, programs, campaigns) acting as either barriers or promoting LEO's mental health seeking behaviors?

-What if any are the organizational factors, procedural and/or programmatic elements that are factor in to LEO's seeking assistance?

-Are there advocates, informational campaigns, programs, policies, etc. that promote LEO's to seek mental health assistance?

-Are there positions, programs, policies, etc. that act as barriers to LEO's seeking mental health assistance?

-How have these factors been brought to your attentions? (i.e.,) were advised by LEO leaders, personally observed, were told by fellow LEO's, read policies, etc.?

-What are the root causes of some of the barriers that you perceived or observed?

What are the impacts of the promoting and limiting factors affecting LEOs seeking mental health assistance?

-Based on factors you provided that promote or act as barriers to LEOs seeking assistance, what are the impacts on the LEOs mental health?

-What impacts do the factors you offered have on the law enforcement community?

What recommendations do law enforcement officers offer to reduce barriers and promote awareness and support for health seeking behaviors within both the mental health and law enforcement communities?

-What recommendations would you offer to law enforcement leaders or mental health professionals and their communities to promote mental health seeking behaviors of LEOs?

-What advice would you offer to LEOs regarding the process of seeking mental health assistance?

-What advice would you offer to those embarking on a career to assist LEO's with mental health matters?

Closing Comments: Again, I want to thank you for volunteering and participate in this study. Before we conclude are there any additional comments or thoughts you would like to add to this discussion that you feel are relevant, but were not addressed?

APPENDIX B

The Liberty University Institutional
Review Board has approved
this document for use from
4/1/2020 to --
Protocol # 4120.040120

CONSENT FORM

The Silent Disease of Law Enforcement Officers: A Transcendental Phenomenological Study of the Stigma of Mental Health in Law Enforcement Identity and Mental Health Outcomes.

Timothy Lavelle Myles
Liberty University
School of Behavioral Sciences

You are invited to be in a research study aimed to identify and generate an accurate picture of the potential barriers and items promoting LEO's to seek mental health assistance following a traumatic event from the lens of the law enforcement officer. You were selected as a possible participant because you are 25 years of age or older, are a fulltime or retired law enforcement officer with more than five years of service. Please read this form and ask any questions you may have before agreeing to be in the study.

Timothy Lavelle Myles, a doctoral candidate in the Doctor of Education in Community Care and Counseling/Traumatology program, School of Behavioral Sciences at Liberty University, is conducting this study.

Background Information: The purpose of this study is to examine the relationship between police officers' frequent exposure to violence and traumatic events/images, and its effect on the long-term mental health issues of officers. This study aims to identify and describe personal and organizational factors promoting and/or limiting Law Enforcement Officers seeking mental health assistance following a stressful/traumatic event from the perspective of law enforcement officers. This study explores the lived experiences of the participants and captures their rich narratives to describe the factors law enforcement officers may encounter when seeking mental health assistance.

Procedures: If you agree to be in this study, I would ask you to do the following things:

1. Participate in a recorded interview. This should take approximately one hour to complete.
2. Allow the researcher to reach out to you for follow-up interview questions, clarifications, or to provide additional information after the interview has been transcribed. This process may take approximately two weeks. The researcher will contact you by email with any follow-up inquiries. The follow up questions will take approximately 20 minutes to complete.
3. Review the interview transcript for accuracy. This should take approximately 45 minutes to complete.

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4/1/2020 to --
Protocol # 4120.040120

Risks: The risks involved in this study are minimal, which means they are equal to the risks you would encounter in everyday life. Participants may experience psychological stressors attributed to recall of a traumatic event. If this occurs, you can contact Sonya Eastham Sonya@MNchiefs.org at First Call for Help. First Call for Help is a private, nonprofit community organization whose mission is to provide free, confidential services 24 hours a day 365 days a year.

Benefits: Participants should not expect to receive a direct benefit from taking part in this study.

Benefits to society include the collective contribution of data better-informing researchers, policymakers, and law enforcement officers of factors, both promoting and limiting law enforcement officers seeking mental health assistance following a traumatic experience.

Compensation: Participants will not be compensated for participating in this study.

Confidentiality: The records of this study will be kept private. In any sort of report I might publish, I will not include any information that will make it possible to identify a subject. Research records will be stored securely, and only the researcher and the researcher's faculty chair will have access to the records. I may share the data I collect from you for use in future research studies or with other researchers; if I share the data that I collect about you, I will remove any information that could identify you, if applicable, before I share the data.

- Participants will be assigned a pseudonym. I will conduct the interviews in a location where others will not easily overhear the conversation..
- All data collected will be stored on a password-protected device and kept in a safe in my home. After year five, the data will be destroyed. Data will be shredded and erased from the password-protected device.
- Interviews will be recorded and transcribed. Recordings will be stored on a password locked device for five years and then erased. Only the researcher will have access to these recordings.

Voluntary Nature of the Study: Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with Liberty University. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting these relationships.

How to Withdraw from the Study: If you choose to withdraw from the study, please contact the researcher at the email address/phone number included in the next paragraph. Should you choose to withdraw, data collected from you will be destroyed immediately and will not be included in this study.

The Liberty University Institutional
Review Board has approved
this document for use from
4/1/2020 to --
Protocol # 4120.040120

Contacts and Questions: The researcher conducting this study is Timothy L. Myles. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact him at (218) 349-3239 or tlmyles@liberty.edu. You may also contact the researcher's faculty chair, Don Small, Ph.D, at dksmall@liberty.edu.

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA 24515 or email at irb@liberty.edu.

Please notify the researcher if you would like a copy of this information for your records.

Statement of Consent: I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

☐ The researcher has my permission to audio-record me as part of my participation in this study.

Signature of Participant

Date

Signature of Investigator

Date

APPENDIX C

LIBERTY UNIVERSITY
INSTITUTIONAL REVIEW BOARD

April 1, 2020

Timothy Myles

IRB Exemption 4120.040120: The Silent Disease of Law Enforcement Officers: A Transcendental Phenomenological Study of the Stigma of Mental Health in Law Enforcement Identity and Mental Health Outcomes

Dear Timothy Myles,

The Liberty University Institutional Review Board has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds your study to be exempt from further IRB review. This means you may begin your research with the data safeguarding methods mentioned in your approved application, and no further IRB oversight is required.

Your study falls under exemption category 46.101(b)(2), which identifies specific situations in which human participants research is exempt from the policy set forth in 45 CFR 46.101(b):

(2) Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met:

(iii) The information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review to make the determination required by §46.111(a)(7).

Please note that this exemption only applies to your current research application, and any changes to your protocol must be reported to the Liberty IRB for verification of continued exemption status. You may report these changes by submitting a change in protocol form or a new application to the IRB and referencing the above IRB Exemption number.

If you have any questions about this exemption or need assistance in determining whether possible changes to your protocol would change your exemption status, please email us at irb@liberty.edu

Sincerely,



G. Michele Baker, MA, CIP
Administrative Chair of Institutional Research
Research Ethics Office

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APPENDIX D

November 14, 2019
Law Enforcement Officer
St. Louis County Sheriff's Office
100 North 5th Avenue West
Duluth, MN 55802

Dear: Law Enforcement Officer

As a graduate student in the School of Behavioral Sciences at Liberty University, I am conducting research as part of the requirements for a Doctor of Education in Community Care and Counseling/Traumatology degree. The purpose of my research is to examine the relationship between police officers' frequent exposure to violence and traumatic events/images, and its effect on the long-term mental health issues of Law Enforcement Officers (LEO's). This study aims to identify and describe personal and organizational factors promoting and/or limiting LEO's seeking mental health assistance following a stressful/traumatic event from the perspective of LEO's, and I am writing to invite you to participate in my study.

To qualify as a participant you must be over the age of 18, have been employed as a full time law enforcement officer with more that five years of service, and are willing to participate. You will be asked to partake in an interview with the principal investigator. The completion of this interview could take up to approximately one hour. The one-on-one interview session will be held at a location of your choosing to minimize inconvenience. During the process, you will be asked a series of questions designed to allow you to share your lived experiences as a Law Enforcement Officer LEO. Additionally, you will be asked for demographic information in an effort to capture your background, training and experience. It should take approximately one hour for you to complete the interview process. Your participation will be completely anonymous, and no personal, identifying information will be collected.

To participate simply contact the principal investigator Mr. Tim Myles by phone or via email at the listing below. A consent document is provided in the packet sent out to department. The consent document contains additional information about my research, please sign the consent document and return it to me at the time of the one-on-one interview session.

You are encouraged to ask questions in order to help you understand how this study will be performed and/or how it will affect you. You may contact the principal investigator, Mr. Myles, by phone at (218) 349-3239 or via email tlmyles@liberty.edu.

Respectfully,

Timothy L. Myles

Principal Investigator