



Policing through the Pain: How Trauma Impacts Police Officers

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Executive Summary

Law enforcement officers experience traumatic events throughout their career called critical incidents. A study conducted by Chopko, Palmieri, and Adams (2015) found that on average, law enforcement officers experience 188 critical incidents in the course of their career. In response to critical incidents, officers can develop negative coping mechanisms, experience symptoms of and/or develop post-traumatic stress disorder (PTSD) and develop other co-occurring psychopathological disorders.

Additionally, factors such as organizational stress, stigma surrounding mental health within the department, a lack of mental health literacy on the part of the officer, the implementation of practices to address trauma which are not evidence-based, and a lack of leadership surrounding mental health in the department can also lead to an officer developing PTSD and/or using poor coping mechanisms.

Officers suffering from PTSD or PTSD-like symptoms have a higher likelihood of exhibiting violent tendencies towards the community and towards themselves, in part due to patterns such as “death imprint” and “desensitization” commonly displayed by individuals suffering from PTSD (James & Gilliland, 2017). Furthermore, the characteristics of PTSD such as hypervigilance and reliving memories can cause officers to become violent towards themselves and the community. Law enforcement departments must adopt best practices and policies relating to officer mental health to in turn address police violence, thereby reducing officer suicides and preventing traumatized officers from causing harm to the communities they serve.

Key Words: Trauma, Police, Post-traumatic stress, Critical Incident, Police Brutality, Officer Suicide, Cumulative Stress, Stigma

Introduction

Police violence in the United States may be significantly influenced by unaddressed trauma. Police officers experience trauma daily during critical incidents which “frequently involve perceptions of death, threat to life, or involve bodily injury” (Digliani, 2012, p. 4). In addition, researchers have shown that law enforcement officers underutilize available psychological services (Spence, 2017). As a result, officers’ ability to distinguish real from perceived threats may be impaired, causing an overreaction in situations involving threat (Lancaster, Cobb, Telch, & Lee, 2016). Officers may legitimately “fear for their lives,” as they often assert after a use of force, but their fear response may originate from a history of untreated trauma related to cumulative post-traumatic stress disorder and lack of coping skills rather than an actual threat (Beshears, 2017).

The trauma that police officers face on a daily basis during critical incidents, coupled with their lack or under-utility of mental and emotional health training leads officers to be less efficient (Spence, 2017) and have high rates of suicide (Heyman, Dill, & Douglas, 2018). One historical reason for the under usage of job-related psychological services by law enforcement officers of all ranks is fear of reprisal and creating barriers to promotion (Spence, 2017). Studies have shown that individuals struggling with psychological trauma and post-traumatic stress symptoms are more prone to violence (Gillikin et al., 2016; Heyman et al. 2018; Kivisto, Moore, Elkins, & Rhatigan, 2009). Lack of adequate care and training therefore lead to a more violence-prone police force patrolling the streets.

Factors contributing to the ignorance and dismissal of the mental health crisis in the law enforcement community come from mental health stigmas held across the United States and within the law enforcement community (Spence, 2017), the unwillingness to establish a baseline of mental health in currently-operating officers based on the fear of finding some of them are unfit to serve, and the polarization between the police and community which leads each side unwilling to admit any fault. The challenge lies in establishing that police officers are, like all human beings, affected by trauma without implying they are unable to do their jobs. It is imperative to impress upon the law enforcement community that officers might be suffering from post-traumatic stress, impacting the way they do their job. This impairment is a public health concern to the officers and the communities they serve. In the current age of polarization, many officers are concerned that community members will point to the proven trauma an officer experiences as a reason they either should not be on the job, or why the community member should receive a payout in a civil suit as a form of justice. Fear lies with the officers and the community, leading the problem of trauma-impaired law enforcement officers to be unexplored.

Researchers must determine if prolonged exposure to traumatic events throughout a law enforcement professional’s career, which is proven to increase aggression and violence (Gillikin et al., 2016; Heyman et al. 2018; Kivisto, Moore, Elkins, & Rhatigan, 2009), can be offset by mental and emotional health training at the beginning and throughout said law enforcement professional’s career.

Another piece of this puzzle is the California Peace Officers’ Bill of Rights, which prevents the public from examining law enforcement professionals’ records, to protect officers from being adversely labeled (PORAC, 2019). Although some view this is an important safeguard, it can prevent important research from being done without the consent of the officers or the department. In the wake of new transparency laws, such as Senate Bill 1421 in California, law enforcement agencies must decide what steps they will take to engage with researchers on the issue of PTSD and mental health in law

enforcement. SB 1421, Peace Officers: Release of Records, requires “certain peace officer or custodial officer personnel records and records relating to specified incidents, complaints, and investigations involving peace officers and custodial officers to be made available for public inspection pursuant to the California Public Records Act” (California Legislative Information, 2018).

As more records are made accessible to the public about law enforcement transgressions, law enforcement agencies must take a proactive approach to ensure their officers who are struggling with and addressing their mental health issues are not adversely labeled, while still being transparent with the public. Steps must be taken to ensure that officers who seek out mental health counseling are not targeted for obtaining help in court during cross examinations, as this will further exacerbate the stigma they face for receiving help. SB 1421 has the potential to change the culture inside law enforcement agencies which have been resistant to change and accountability; however, departments must be diligent to not sacrifice officers by discharging them without attempting to provide them support and address behavioral issues.

While the issue of police violence can be polarizing and complex, it is not hopeless. There are concrete ways that police departments can begin to navigate away from this problem. One such way is for departments to collect data on the suicide rate of officers in each department, and contribute to the new data platform, part of the new National Consortium on Preventing Law Enforcement, a partnership between the Department of Justice’s Bureau of Justice Assistance (BJA) and the International Association of Chiefs of Police (IACP) (IACP, 2019, par. 4). With this data, researchers and law enforcement officers will be able to work together to analyze the risk factors and implement solutions. Another way departments can address police violence is by improving their organizational culture. Research has shown that organizational stressors have an equal or greater impact on law enforcement officers than critical incidents (Shane, 2010). Thus, it’s imperative that departments contract with an organizational consultant to assess and address issues which could be negatively impacting the department. Researchers also have a role in changing police violence. Researchers and counselors must partner with police departments to develop safety protocols for officers who are suffering from PTSD and other mental health issues. Law enforcement officers have a large fear of being “de-gunned.” At the same time, having their weapon can be a risk to them while suffering from PTSD. Researchers and counselors must work with law enforcement departments to create safety plans to address an officer’s access to lethal means while placating their fear of not being able to work.

Literature Review

Officer Violence: Self-Inflicted

Since 2016, the number of officer suicides in the United States have outnumbered those killed in the line of duty (Blue H.E.L.P., 2018). This type of self-inflicted officer violence is largely ignored by the public, and while there has been significantly more attention given to the topic in the last few years than the previous decade, the numbers are not decreasing. In fact, the rate of officer suicide has been rising and almost triples the rate of officers killed in the line of duty in recent years (Heyman et al., 2018).

According to Heyman et al. (2018), the statistics available showed that officers were more likely to commit suicide as opposed to the general population (11-17/100,000 vs. 13/100,000) (p. 19). However, the statistics for law enforcement suicide and the statistics for suicide in the general population should not be anywhere close to each other, as law enforcement officers are screened in the beginning of their careers to ensure they are fit for duty. On the other hand, the high rate of completed suicides by officers could be attributed to personality traits which led them to join the force in the first place. Either way, the fact that law enforcement officers are dying of suicide at a similar or higher rate than civilians should be a cause for concern among law enforcement agencies.



In a national mental health survey distributed by Beyond Blue (2018), an Australian mental health organization, a topic of concern raised is the inability for law enforcement to recognize the signs of mental illness within themselves, or as the report states, their lack of “mental health literacy” (p. 16). This inability for officers to identify their internal struggle with mental health could be a contributing factor to the high number of officer suicides, whether in Australia or the United States. If law enforcement officers believe the symptoms, they experience are a standard part of their job and do not warrant seeking help, the responsibility lies with the department to teach their officers about the mental health struggles particular to the profession. Along these lines, in a report created by the International Association for the Chiefs of Police (IACP), it was recognized that law enforcement officers have been trained to focus on the physical but not mental health of their fellow officers, which creates another large barrier to receiving care (IACP, 2014).

Law enforcement officer suicides are an incredibly important phenomenon to record, as the data could shed light on common factors preceding the suicide and provide a clearer picture on the phenomenon. An organization, Badge of Life, stopped the collection of suicide data based on their methods of web-surveillance in 2018 because of the inaccuracy of the data. Another organization, Blue H.E.L.P., has an

online submission form for individuals to report an officer suicide, and this has become the most accurate form of reporting to date. During the IACP National Symposium on Law Enforcement Officer Suicide and Mental Health (2014), protocols were provided for departments to follow an officer suicide, however no mention of reporting the suicide to a federal agency or organization were mentioned (p. 23). Unfortunately, until a convening in April 2019 of the New York Police Department and the Police Executive Research Forum to discuss the causes and severity of law enforcement suicide, there had been no formal mechanism where the statistics were recorded because the federal government did not mandate the disclosure of the data. At the convening, it was announced that the U.S. Department of Justice's Bureau of Justice Assistance and the International Association of Chiefs of Police would create a nationwide initiative, in which data collection would be one of the deliverables, starting in late April 2019.

Aside from the personal value of each officer and the psychological toll the suicide has on the officer's family, friends and department, another incentive to curb officer suicides and increase mental health in law enforcement comes from the financial burden this loss of life places on the department. According to Deputy Chief Meade, "the standard cost to recruit, hire, equip and fully train a police officer from the time they submit their initial application to the time they can function independently may exceed \$100,000 and take up to eighteen months" (Meade, 2016).

In addition to the initial costs of hiring and training an officer, other costs may be accrued from the lack of addressing mental health in the department such as paid leave while healing from a traumatic event, transferring out of the department, or training imposed to address behavioral issues stemming from trauma. According to Torchalla and Strehlau (2018), "PTSD has...been linked to reduced work performance and productivity such as increased work loss and cut back days, reduced ability to manage job demands, and failure to return to work (RTW) after trauma exposure." (p. 274) These financial costs resulting from an officer suffering must be prevented by adequate training in mental health in the beginning and duration of an officer's career.

Community Impact

While violence perpetrated by officers towards themselves goes largely unnoticed by the public, verbal and physical violence – including sexual violence – perpetrated by officers towards the community has received an increasing amount of attention in recent years. However, even though there has been a call for an increasing amount of scrutiny in officer-related deaths, there is still no federal mandate requiring departments to submit their data on their usage of fatal force (U.S. Commission on Civil Rights, 2018). Similar issues arise from this lack of centralization of the data that arises from the lack of data on law enforcement officer suicides: a lack of accountability, an inability to see trends, and therefore a harder time making any meaningful changes to policy.

Arising out of this gap in the data, the Washington Post created a Fatal Force database, in which they provide statistics which show that from 2015 to 2018 law enforcement officers in the United States fatally shot at least 3,943 civilians (Washington Post, 2018). A pro-law enforcement nonprofit from California, Protect California, has asserted that, according to the Washington Post Fatal Force data, the number of fatal shootings by police has declined by 40% since 2015 (Protect California, 2019). However, as Nichols (2019) notes, the database shows the numbers dropping in 2016 to only rise again in 2017.

One reason that officer violence towards the community has received an increasing amount of attention is because of the differences in treatment that minorities receive. A report required from legislation created by California Assemblymember Shirley Weber, AB 953 - the Racial and Identity Profiling Act, showed that San Diego Police and San Diego County Sheriff's deputies have major discrepancies in their manner of conducting traffic stops: "The difference was most dramatic for Black people in the city of San Diego, who make up 6 percent of the population, but were stopped 18 percent of the time by participating city police" (McGlone, 2017, par. 1).

Additionally, a new type of study was conducted in Oakland, analyzing officer tone of voice and use of language based on body camera footage, finding that "officers speak with consistently less respect toward Black versus White community members, even after controlling for the race of the officer, the severity of the infraction, the location of the stop, and the outcome of the stop" (Voigt et. al, 2017). Aside from the explicit actions by the police, Amnesty International "reviewed U.S. state laws regarding the use of lethal force and found the following: 'All 50 states and Washington, D.C. fail to comply with international law and standards on the use of lethal force and law enforcement officers'" (Price & Payton, 2017). Furthermore, a less-discussed method of police use of force, sexual misconduct, or when a law enforcement officer abuses his power to have any sort of sexual contact with another person, resulted in 6,724 arrests involving more than 5,500 officers between 2005-2011, according to the Associated Press (Sedensky, 2015). Officers in major cities like San Diego, New York, and Los Angeles have been placed under investigation by their departments for sexual misconduct, fired, and sentenced to prison within the last two years (Cohen & Saul, 2018; Hamilton, 2018; McDonald & Jones, 2018).

Aside from the personal value of each community member and the psychological toll the loss of life has on the community member's family, friends and community, another incentive to decrease officer violence towards the community and increase mental health in law enforcement comes from the lessened ability to solve crime due to the decreased trust the community has in law enforcement. Police departments nationwide are viewed by the community and themselves as a cohesive unit; therefore, when one member of that cohesive unit commits an act of violence, legally defensible or not, the community is likely to attribute that act not only to that entire police department but to the entire force. This phenomenon has led to a serious breakdown in trust between law enforcement and the communities they serve. A consequence arising out of the breakdown of trust is law enforcement's decreased ability to solve crime, as community members are less likely to come forward with necessary information when trust is damaged.

In addition to the breakdown in trust, police violence places a large financial burden on taxpayers. With the "average civil settlement in a wrongful death case in the United States [remaining] between \$1 million and \$6 million" (Lumsden, 2017, p. 175) and "[officers'] contributions amounting to just .02% of the over \$730 million spent by cities, counties and states" (Schwartz, 2014, p. 890) between 2006 and 2011, police violence is a problem that taxpayers, researchers and legislators cannot afford to ignore.

Additionally, the economic costs of police brutality far exceed what police departments have spent on settlements and court-ordered reparations. Each life lost, whether a case was brought or not, most likely has a potentially large economic value, and each person injured or traumatized also affects economic productivity. Again, all of these also ripple through the system in other ways, most notably by undermining trust in police and thereby allowing generally higher levels of crime to persist in cities than otherwise would.

There are situations where using force to detain a suspect or protect oneself is deemed acceptable by the law; at the same time, it is not outlandish to argue that any number of these officers' actions were influenced by trauma. If the officers had not been suffering in silence from the cumulative trauma they experience, if they had been provided adequate resources, and if they had their trauma taken seriously by their department, it is reasonable to believe that a number of officers' and civilians' lives may not have been negatively affected or lost.

Critical Incidents

Police officers face trauma daily during critical incidents. Digliani (2012) defined critical incidents as “often and unexpected”, can “disrupt ideas of control and how the world works”, can “feel emotionally and psychologically overwhelming”, “can strip psychological defenses”, and “frequently involve perceptions of death, threat to life, or involve bodily injury”. Chopko et al. (2015) found that on average, law enforcement officers experience 188 critical incidents in the course of their career.

In the Critical Incident History Questionnaire, used by Weiss et al. (2010) and Chopko et al. (2015), among the 34 items officers were surveyed for include: “mistake that injures/kills colleague”, “being taken hostage”, “trapped in a life-threatening situation”, and “seeing someone dying”. During the Weiss et al. (2010) and the Chopko et al. (2015) studies, the most common critical incidents officers reported experiencing were seeing the “body of someone recently dead” and seeing a “badly beaten adult”. The self-purported severity of these incidents remained similar throughout the studies as well. In departments with officers from large agencies and from small to midsize police agencies, “making a mistake that kills or injures a colleague” had the highest possibility of potentially impacting an officer, while “encountering a recently dead body” was ranked second lowest in the study from 2015 with the small to midsize police agencies, and lowest in the study from 2010, which was from a sample of officers from larger police departments (Chopko et. al. 2015; Weiss et. al. 2010). Chopko et al. (2015) found that “the influence of traumatic incidents on PTSD symptoms may be stronger among officers from smaller agencies” (p. 160). As described by Chopko et al. (2015), law enforcement officers from smaller departments might have an intensified reaction to critical incidents than officers from a larger agency. One proposed reason for this is that officers from smaller agencies might be experiencing these events less, therefore they are perceived as more severe (Chopko et al., 2015).

This variance can have consequences for law enforcement agencies who frequently receive lateral transfers, if the incoming officers are from smaller agencies and are not provided with extra training in the beginning and throughout their adjustment period.

Law enforcement officers will not always develop PTSD after experiencing critical incidents. Furthermore, experiencing a major critical incident is not the only way in which law enforcement officers can develop PTSD. Cumulative PTSD entails the scenarios “that add up; one or two may be tolerable but, as they add up, the pain increases to the breaking point” (Badge of Life, *n.d.*).

Regarding law enforcement, cumulative PTSD could look like experiencing several critical incidents or even unpleasant experiences that do not amount to critical incidents, and this trauma building up over the course of time.

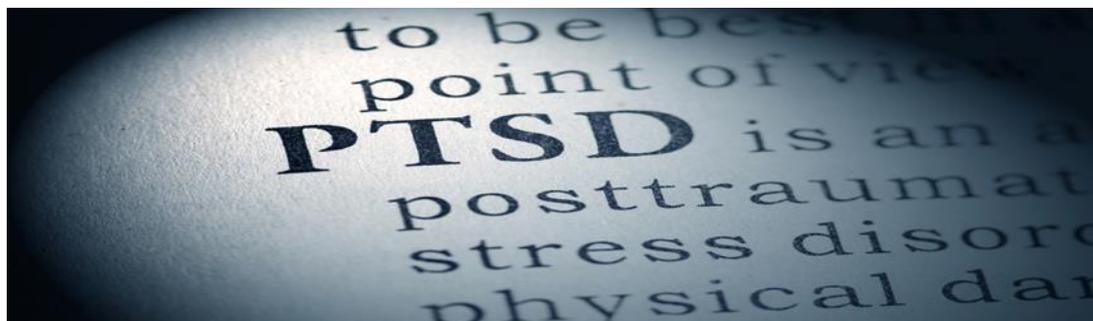
Digliani (2012) explained that officers can have many different reactions to a critical incident, such as having no or experiencing some post-traumatic stress (PTS), developing PTS and not post-traumatic stress disorder (PTSD), and/or meeting the criteria for acute stress disorder (ASD) (p. 5).

While there are not exact calculations for whether or not an individual will develop a psychopathological disorder such as PTSD, as each individual brings their own trauma to the job as well as their own resiliency and coping mechanisms, there are factors which are known to contribute to the development of PTSD in law enforcement.

One criterion shown to create a heightened risk in an individual to develop PTSD is perceived threat. In a study by Lancaster et al. (2016), conducted with combat-exposed military personnel, the authors found “that it is the perception of stressors, and not just their occurrence, that contributes to the development of psychopathology during deployment” (p. 532). This finding can be applied to the field of law enforcement in two important areas: the implicit bias officers hold towards communities of color and the fear of ambushes officers experience. Threat perception is important when discussing officers’ ability to police minority communities, because if officers think that minorities are more dangerous, they may unnecessarily increase their use of force when responding and develop PTSD at a disproportionate rate as well.

Threat perception is important when discussing ambushes, because officers face a realistic threat of violence from the community, which was on the rise between 2015 and 2016 according to the Federal Bureau of Investigations (FBI, 2017). Following the two high profile ambushes of law enforcement officers in 2016, Clifton et. al. (2018) conducted a study of officers’ coping mechanisms, and found that even officers who reached out to their support networks in the wake of the ambushes experienced a decrease in motivation, signaling that “the severity of these events caused more stress than what traditional coping strategies can effectively manage” (p. 881).

Another factor contributing to law enforcement officers developing PTSD following a critical incident is the frequency and recency of the critical incidents they experience.



In a study conducted by Hartley et al. (2013) using the 9-item Police Incident Survey developed by Violanti and Gehrke (2004), the authors found “significant associations...between frequency of traumatic events and PTSD symptoms in female officers” (p. 7). However, the authors found that male officers were more affected by “severely assaulted victims” they had seen in the past months than female officers or male officers who had seen the victims two or more months prior (Hartley et al., 2013). There also seems to be a correlation between events which happen less often, and the higher likelihood of an officer being affected by it. In a study conducted by Violanti et al. (2016), examining stressors, their ranking and their frequency among officers, “four of the five top rated stressors involved

acts of violence, yet...some of these stressors had a high rating but low prevalence". It should be mentioned that the stressors found to be most affecting officers in the Violanti et al. (2016) study were similar to those found by Weiss et al. 2010 and Chopko et al. 2015. This information is crucial for police departments to understand and incorporate into their policies, as someone suffering from PTSD should not be required to operate as usual and should be handled with a greater amount of care. Identifying the different ways in which law enforcement officers react to critical incidents is important, as it can help departments to realize what types of resources should be provided to their officers.

PTSD Symptomatology

According to the National Center for PTSD, if an individual experiences a traumatic event and is struggling with “intrusive thoughts, avoiding reminders, negative thoughts and feelings, and arousal and reactive symptoms” a few months after the event, then that individual may have PTSD (U.S. Department of Veterans Affairs, *n.d.*). An individual suffering from PTSD can be impacted both physically and psychologically. In Police Chief Magazine, Sara Denning (2017) described how cumulative PTSD can produce chemicals which harm the body:

The buildup of daily stress hormones into what is referred to as allostatic load shows that when the body produces an overload of cortisol, epinephrine, and norepinephrine, it changes manageable stress into anxiety, which, over time, causes damage at the cellular (neuron) level of the nervous system (p. 35).

The stress an officer experiences from PTSD is physically damaging their body. Studies show that increased stress over prolonged periods of time can lead to brain shrinkage and memory loss in middle-aged adults (Echouffo-Tcheugui et. al., 2018).

Hypervigilance

Law enforcement officers’ jobs require that they are vigilant and ready to run into the line of fire. However, when officers suffering from PTSD are hypervigilant, a common effect of the disorder, their fear response can translate into harm towards the community (McFarlane, 2010). Whereas an officer might normally respond to a stressful situation using de-escalation techniques learned in training, the officer might disregard this training once they are experiencing symptoms of PTSD. During the Officer Safety and Wellness Group Meeting convened by the Office of Community Oriented Policing Services in 2016, the group identified warning signs for officer suicide such as “experiencing anxiety, agitation, sleeplessness, or mood swings, feeling rage or anger frequently [and] engaging in risky activities without thinking” Spence (2017). These warning signs, specifically rage and engaging in risky activities, leads one to believe that there is a greater chance the officer will not use their de-escalation training and could respond with excessive force while they are suffering from PTSD. Additionally, the strain of prolonged hypervigilance on the body could lead to a higher propensity for law enforcement officer suicides. Agnew asserted in general strain theory (GST), that “the experience of strain or stress tends to generate negative emotions such as anger, frustration, depression, and despair. These negative emotions, in turn, are said to create pressures for corrective action, with crime or delinquency being one possible response” (Brezina, 2017, par. 1). Through the lens of GST, officers experiencing elevated stress levels, prolonged hypervigilance, and intrusive memories from PTSD would look to suicide as a way to escape these negative experiences (Bishopp and Boots, 2014).

Reliving Traumatic Memories

According to McFarlane (2010), “a primary component of the symptomatology of PTSD is the reexperiencing or reliving of the traumatic memory, that has both elements of psychophysiological reactivation and psychological distress” (par. 15). An officer suffering from PTSD is likely to experience

intrusive memories related to their qualifying incident(s), and considering the officer is likely to return to the job, this creates an even higher likelihood for officers to be re-traumatized as they are likely to be subjected to the same environment where the trauma initiated. This retraumatization creates a heightened risk for violence towards the self, as one maladaptive coping strategy would be suicide (Bishopp & Boots, 2014). Additionally, the officer reliving their traumatic memories and experiencing environmental triggers is likely to begin suffering from a co-occurring disorder such as depression, anxiety and substance abuse disorder if they are not receiving therapeutic treatment to address the PTSD. In measuring the impact of stress on an officer, “Violanti (2003) reported that when assessing mortality risk for officers, at least one quarter of officers queried had reported utilizing alcohol as a result of on-the-job stress” (Austin-Ketch et al., 2011, p. 28). The tendency to utilize negative coping mechanisms, such as mind-altering substances, is supported by the fact that in 85% of police officer suicides, alcohol was involved (Heyman et al., 2018, p. 18). This is an important factor to address, as substance abuse is a common mediating factor to suicide.

PTSD Translating into Violence

Unfortunately, because of the critical incidents’ officers experience and the PTSD they can develop, there is a possibility the chemical and psychological impacts of PTSD can lead officers to exhibit aggressive tendencies. While many police officers undergo training in the beginning of their career on de-escalation and mental health, this training does not counteract human emotional responses, such as a heightened fear response from PTSD, or inoculate law enforcement officers from the other harmful effects of PTSD. According to James and Gilliland (2017), there are “maladaptive patterns characteristic of PTSD” which an individual can adopt that could lead them to be violent, such as “death imprint and desensitization.” James and Gilliland (2017) described death imprint as a time when individuals’ boundary with death is no longer clear, and “the only way they have of testing the boundary between life and death is to seek sensation even if it means danger and physical pain” p. 162). This type of behavior can be extremely dangerous for law enforcement officers, as their firearm is easily accessible and in 2017, suicide by gun was the most common method (American Foundation for Suicide Prevention, 2017). Another pattern described by James and Gilliland (2017) is desensitization, where an individual becomes accustomed to traumatic events, and may experience “feelings of guilt and fear...over pleasurable responses to physical violence against others.” These types of bipolar emotions can become a liability when the officer is on duty and experiencing trying situations with civilians.

Multiple studies have been conducted on the linkage between PTSD and violence. One such study, conducted in an urban environment by Gillikin et al. (2016), found:

Perpetrating interpersonal violence was associated with a history [of] childhood and adult trauma history, and with PTSD symptoms and diagnosis. An association between violent behavior and PTSD diagnosis was maintained after controlling for other pertinent variables such as demographics and presence of depression (p. 1).

Bearing in mind officers typically spend more time in the communities they serve rather than at home and are typically called to address the violence occurring in the community, this study is particularly relevant to the police field, as they are exposed to the same type of violence that the residents in the urban community in this study were. Moreover, considering the power distance that exists between law

enforcement officers and the community, the potential for officers to express their aggression while restraining a community member is large.

The connection between PTSD and aggressive tendencies has been maintained throughout multiple studies. In a controlled laboratory setting with undergraduate students, Kivisto et al. (2009) found that “increases in PTSD symptomatology were associated with increases in aggressive responding” (p. 346). Additionally, studies have shown that individuals in Sydney, Australia suffering from PTSD and co-occurring substance abuse disorder have an increased propensity for violence (Barrett et al., 2011; Barrett et al., 2014), and that war veterans from Iraq and Afghanistan showed elevated levels of hyperarousal which was correlated with violent tendencies (Elbogen et al., 2010). In a system where an officer will be responding to multiple calls a day, leaving from one critical incident and heading to another, law enforcement agencies must begin to pay attention to this propensity for violence and aggression.

Barriers to Receiving Help

Law enforcement officers face the challenge of coping with stress from critical incidents while responding to traumatic incidents in real time. Further compounding these challenges are the stigmatic barriers to receiving help for PTSD and other psychopathological disorders, and the under-utility of the mental health programs available.

Stigma for Receiving Care

In the United States, the public has historically held stigmas towards receiving help for mental illness. While Angermeyer, van der Auwera, Carta, and Schomerus (2017) show that negative attitudes towards psychiatry, psychologists, medication and psychotherapy have decreased over the last twenty-five years, some of these attitudinal barriers still exist, and in certain professions, such as law enforcement, more than others. The reasons for this are complex. In police departments, there seems to be a stigma towards receiving help, as officers fear that seeking help could prevent a future promotion, signal they are weak to their counterparts, or not remain confidential. The anti-mental health sentiment held in some law enforcement agencies has led to the development of negative coping mechanisms such as substance abuse disorder, PTSD, and depression, captured by Bishopp and Boots (2014) when discussing the “police subculture that encourages silence and denial of serious mental health issues” (p. 539). An interesting finding in the literature, nonetheless, is that the stigmas held in law enforcement towards receiving help are predominantly held inward rather than against their colleagues. In the Australian law enforcement survey done by Beyond the Blue (2018), it was found that:

Employees held notable levels of stigma surrounding their own mental health (self-stigma), such as the amount of shame they had about their mental health condition (33%), the amount of burden it causes those around them (32%) and avoiding telling people about their mental health condition (61%) (p. 40).

However, the numbers were much lower when officers were asked whether or not they would be unwilling to work with someone who had a mental illness (18%) (Beyond the Blue, 2018).

Under-Utility of Resources

The stigma in law enforcement agencies could be deterring officers from seeking out professional help. Copenhaver and Tewksbury (2018) conducted a study on the willingness of officers to seek help for depression, diagnosed or undiagnosed. In their study of a department, “34% of the officers stated that they had experienced depression since they began working in law enforcement...however, only 56% of officers stated that they would seek professional help if they experienced an episode of depression (p. 66)”. However, while studies have documented the unwillingness of officers to seek professional help, their inability to recognize symptoms of mental illness within themselves identified by Beyond the Blue (2018) could be a key factor, in addition to a general unwillingness, to seek out help. Officers might be keen on getting help, but are unsure of where to go to receive it. In the Officer Safety and Wellness Group meeting convened by the Office of Community Oriented Policing Services in 2016, a participant noted that “she regularly hears from officers who don’t know where to go for assistance” (Spence, 2017,

p. 34). Officers might still feel there are stigmatic barriers lingering in their departments; thus, leadership must be proactive in ensuring their officers are confident in where to go if and when they want to confidentially receive help.

Additional barriers noted by Copenhaver and Tewksbury (2018) related to law enforcement officers' willingness to seek out professional help were related to the amount of sleep they receive and feelings of control in relation to their job.

When an officer received an extra hour of sleep, they were 28.4% more likely to get help, and when an officer felt "in control of their job" they were 101.6% more likely (Copenhaver & Tewksbury, 2018). There are many ways an officer might feel out of control in relation to their job, such as the schedule they have, the amount of negative feedback they receive from community members, and the amount of paperwork they are required to do. This phenomenon has incredibly important implications for shift work, perceived threat, and the amount of input that officers have in the work they participate in. While law enforcement is like the military in its hierarchical format, if officers' willingness to seek out professional help increases by 101.6% when they feel more in control of their jobs, it is time to make a change.

While the previous sections have been dominated by stressors in law enforcement related to the "job-content", the next section will describe stressors related to "job-context" including the finding of Copenhaver and Tewksbury (2018) of officers feeling out of control in their job (Shane, 2010).

Additional Factors

Critical incidents, which law enforcement officers experience while on the job, have been shown to affect officers' propensity to develop PTSD and other psychopathological disorders and therefore are an important phenomenon to study. However, while critical incidents are an important factor in the relationship between PTSD, aggression and violent tendencies, there are other relevant factors which police departments must recognize in order to decrease the stress their officers are facing and address the impact that stress has on their relationship with themselves and the communities they serve.

Organizational stress

Many researchers have found that organizational stressors, or stressors “arising from ‘job context’” have an equal or greater impact on law enforcement officers as do critical incidents (Shane, 2010). In a study conducted within the Newark, NJ police department, researchers found that organizational stressors such as “being ‘second-guessed’ in field work, punishment for minor infractions, lack of reward for a job well done, fear of being ‘degunned’ and low morale” were their highest sources of stress (Shane, 2010). The sentiment of organizational stressors having a larger and more lasting effect on officers than critical incidents is further echoed by Huddleston et al. (2007), where the researchers found after one year that “traumatic events were modestly predictive of intrusions and avoidance reactions...but interestingly organizational stressors were stronger predictors” (Yzermans, van der Velden, Kleber, & Grievink, 2010). In the study done with Australian police and emergency personnel, 85% of the participants interviewed who were former personnel stated that they had experienced a “stressful event or series of events at work...that deeply affected them” (Beyond Blue, 2018). Among those participants, 55% attributed their stress to “issues of poor management or being treated badly by managers” (Beyond Blue, 2018, p. 110). Recognizing the impact of organizational stress on officers is imperative for police departments, as many studies show it can debilitate the officer at an equal or greater rate as critical incidents. The stress law enforcement officers experience within their organization is something much easier to control and change than the stress the officers face from traumatic incidents. With strong leadership, outside direction and help, and anonymous feedback mechanisms for officers to submit a complaint when these issues are arising, this is an issue each department can easily take steps to resolve.

Ongoing Mental Health Training

Prior to being sworn in as a law enforcement officer, recruits go through an immense amount of training. In California, over 600 agencies take part in the Peace Officers Standards and Training program, which designates the standard amount of time each officer must spend learning about issues such as de-escalation or how to conduct a traffic stop. (Commission on Peace Officer Standards and Training, 2019).

However, not enough time or resources have been allocated to officers learning about mental health within themselves, which is why legislation has been enacted nationwide and introduced at the state level in many states to remedy this. H.R. 2228, the *Law Enforcement Mental Health and Wellness Act of 2017*, was signed into law and provided for the Department of Veterans Affairs and Defense to report on what mental health practices could be adopted by law enforcement agencies, and directed the Office of

Community Oriented Policing Services to report on programs currently addressing psychological and mental health needs of officers, among other things (Congress.gov, *n.d.*). This is an important step in recognizing the mental and psychological needs of the officers, and while national legislation has been implemented, and large departments such as the New York Police Department have held symposiums on officer suicide, it is imperative that this sentiment is spread into smaller departments across the nation, as the research shows they are significantly impacted by traumatic incidents and organizational stress, sometimes to a greater extent (Chopko et al., 2015).

Critical Incident Debriefs

Critical incident stress debriefing (CISD), developed by Jeffrey Mitchell, is a method many police departments use to allow officers to discuss the critical incident they have experienced. Commonly referred to as the “Mitchell model”, CISD consists of a “7-phase, structured group discussion, usually provided 1 to 10 days post crisis, and designed to mitigate acute symptoms, assess the need for follow-up, and if possible provide a sense of post-crisis psychological closure” (Everly & Mitchell, *n.d.*, par. 6).

While CISD is a practice being used by police departments, it has been argued by some that the practice is not evidence-based, does not reduce the impact of critical incidents on officers, and can in fact do more harm than good. In an article published by the American Society of Evidence-Based Policing (ASEBP), Renee Mitchell (2018) argues the approach is faulty, not grounded in evidence, and that “at best CISM/CISD is ineffective and at worst, it leaves our employees worse off than if we would have just left them alone”. Mitchell (2018) asserts the studies which support the usage of CISD are either funded by the creators of the practice or are weak in the quality of the research. Her claims are further supported by studies that find the practice of CISD to be detrimental to the health of first responders, many times increasing symptoms of PTSD (Mitchell, 2018).

In a study conducted by Carlier, Voerman, and Gersons (2000), the researchers gathered 243 police officers who had experienced a critical incident and applied the CISD method to one group of them. The results from the study showed that “one-week post-trauma, debriefed subjects exhibited significantly more post-traumatic stress disorder symptomatology than non-debriefed subjects” (Carlier, Voerman, & Gersons, 2000). A possible reason for this was provided by an officer from the San Diego Police Department as he remarked that during their critical incident debriefs, they would commonly be critiqued on their actions, which he felt exacerbated the impact of the trauma.

After taking away a technique that was held as useful in the minds of officers and departments, it will be important to continue research into evidence-based practices on coping after traumatic incidents to determine the best practices for debriefing officers and helping to restore them to their functionality prior to the traumatic incident. According to Mitchell (2018), attempting to treat the trauma in an officer prior to them showing symptoms of PTSD is problematic; instead, treatment should only be provided once they begin to exhibit PTSD symptomatology. Furthermore, she discussed the need for departments to administer “psychological first aid” to the officers impacted by trauma as “practical help rather than psychological help improves PTSD symptoms after a critical incident” (Mitchell, 2018, par. 12). CISD is just one example of why police departments must utilize evidence-based practices. Without ensuring the methods being used to keep law enforcement officers and the broader public are safe, both groups become the victims of unintended consequences.

Operational and Policy Implications

Utilizing Evidence-Based Practices

The importance of utilizing evidence-based practices in treating mental health problems cannot be overstated. As learned about CISD, if methods are being used which have not been thoroughly tested and re-tested by researchers, there is a chance the methods are obsolete at best or at worst, do harm. The ASEBP is composed of law enforcement officers and researchers who are working in the field of policing, and this organization and others like it must be utilized to ensure the health and safety of the law enforcement personnel serving and protecting our country.

Leadership Emphasizing Officer Mental Health

With obstacles like stigmatic barriers and ignorance of available mental health resources impeding law enforcement officers' ability and willingness to seek out mental health assistance, leaders in each department have a unique opportunity to change the culture of law enforcement which has been historically silent surrounding mental health issues. Department leaders can play a positive role in demonstrating that seeking out assistance for mental health problems is not a weakness, but rather a strength. To that effect, law enforcement leaders can also create gaps in the department surrounding mental health education which can have negative effects on their officers. At a 2018 convening on Officer's Physical and Mental Health and Safety, participants noted that a "...lack of leadership around mental health wellness is perpetuating a culture of silence around mental health issues" (Strategic Applications International, 2018, p. 9). Department leaders must ensure they create a space for their officers to cope with the critical incidents they are having, provide resources for when they are struggling, and address issues inside their organization which could be creating additional stressors for their officers. One department who has worked to address this complex problem is the San Diego Police Department (SDPD). The SDPD worked to centralize their programs for officer mental health, such as "peer support, stress management training, and access to psychologists and police chaplains" by creating a Wellness Unit and housing it on the same floor as the Chief's office (Community Policing Dispatch, 2018, par. 4). Housing it on the same level as the Chief's office not only sends the message that there is a buy-in from the leadership on seeking help for mental health issues, but the leadership also sent its message of commitment by staffing the unit with full-time officers. While this could be a deterrent for some officers to come into the Wellness Unit, this doesn't seem to be reflected in the survey data from the department. According to a 2013 Employee Survey by SDPD's Wellness Unit, officers within SDPD "reported a reduction in the stigma associated with asking for help, and said they would feel comfortable walking into the Wellness Unit regardless of the reason for the visit" (Community Policing Dispatch, 2018, par. 8).

Discussion

As stated by Bishopp and Boots (2014), within police departments exists a “police subculture that encourages silence and denial of serious mental health issues” (p. 539). This silence and denial results in reactive policymaking rather than departments proactively addressing issues which could arise.

What commonly occurs is that an issue presents itself and becomes a large enough problem for the department that eventually the leadership creates a solution, but not before officers become casualties of poor leadership and planning. Police departments must put an end to this reactive nature of addressing problems regarding the issue of officer mental health. With officers dying by suicide at a higher rate than in the line of duty for the last three years, this is an issue that departments must take every measure to address before more officers succumb to the impact their jobs are having on them. Not only is investing in officers morally responsible, but it is financially responsible as well.

According to Meade (2016), departments are investing up to eighteen months and over \$100,000 in officers to train them, but if departments are not valuing their investment, these costs are not being wisely spent. Without providing adequate resources and care to trauma-impacted officers, departments are likely to experience a financial strain from lawsuits, early retirement, paid and/or unpaid leave, a psychological toll from officers impacted by officer-involved shootings and officer suicides, and physical toll from officers working overtime to cover for the officers who are on leave while dealing with trauma.

Community members also have a large stake in this issue. If officers are policing without addressing the factors leading to their propensity to develop PTSD, they are more likely to be violent towards the community, which degrades relations and decreases the ability to solve crime. This increase in crime is likely to create an environment where an officer is then more likely to develop PTSD, creating a vicious cycle when no action is taken to address trauma and organizational dysfunction within the department.

Limitations

There is more research to be done in this field, with one area being the analysis of officer suicide data which will begin to be gathered in the end of April 2019 as part of the National Consortium on Preventing Law Enforcement, a partnership between the Department of Justice's Bureau of Justice Assistance (BJA) and the International Association of Chiefs of Police (IACP) (IACP, 2019, par. 4).

Additionally, with the recent enactment of SB 1421 in California and other police transparency bills enacted nationwide, attention must be paid to the records being released, how to protect officers who seek counseling from being attacked in court, and what actions departments are going to take to remain accountable to their officers and the community when police violence occurs.

Recommendations

For Police Departments

Centralize Mental Health Resources: Develop an area within the department where resources pertaining to officer mental health and wellness are centralized and easily accessed. This will accomplish two goals simultaneously: reducing the stigma of and ensuring officers know where to go when seeking help.

Partner with Mental Health Organizations: Partner with mental health organizations such as the National Alliance on Mental Illness, and/or former law enforcement officers who have overcome mental health issues to deliver presentations on how to recognize signs of mental illness within themselves.

Collect Data on Officer Suicides: Collect data on the suicide rate of the officers in each department, and contribute to the new data platform, part of the new National Consortium on Preventing Law Enforcement, a partnership between the Department of Justice's Bureau of Justice Assistance (BJA) and the International Association of Chiefs of Police (IACP) (IACP, 2019, par. 4).

Prepare Lateral Transfers for Critical Incidents: Lateral transfers coming from a smaller department to a larger one may be more severely impacted by critical incidents (Chopko et al., 2015). Ensure they receive appropriate training and aid these officers as they integrate into the department.

Understand the Impacts of Understaffing on Officers: During the ongoing nationwide staffing shortage, it is important to emphasize mental health awareness and self-care for officers. Copenhagen and Tewksbury (2018) found that officers were 28.4% more likely to seek help for symptoms related to mental illness when they had received an extra hour of sleep; thus, it is imperative to understand the impact of shift work and sleep deprivation on officers.

Improve the Organizational Culture: Research has shown that organizational stressors have an equal or greater impact on law enforcement officers than critical incidents (Shane, 2010). Contract an organizational consultant to assess and address issues which could be impacting the department.

Establish Partnerships with Research Organizations: Partner with research organizations to integrate evidence-based practices in the department. Without coordinating these partnerships, the department, officers, and surrounding communities have the potential to be negatively impacted.

For Researchers:

Conduct Research inside Departments: Develop relationships with law enforcement departments to conduct research with officers and determine their level of mental health literacy, attitudes towards mental health treatment, and begin to determine how many officers are struggling with PTSD/PTSD-related symptoms.

Develop Safety Protocols for Officers: Law enforcement officers have a fear of being “de-gunned.” Concurrently, having their weapon can be a risk while suffering from PTSD. Researchers and counselors must work with law enforcement to create safety plans to address officer’s access to lethal means while placating their fear of not being able to work.

Educate Departments on Evidence-Based Practices: Departments have been utilizing CISD even though this practice has not been found to accomplish what it claims (Mitchell, 2018). Researchers must develop partnerships with law enforcement to routinely update them on the latest evidence-based practices and ensure a robust flow of knowledge surrounding best practices in the field of law enforcement.

References

American Foundation for Suicide Prevention. (n.d.) Suicide Statistics. Retrieved from: <https://afsp.org/about-suicide/suicide-statistics/>

Amnesty International. (2015). "Deadly force: police use of lethal force in the United States." *Amnesty International*. Retrieved from: <http://www.amnestyusa.org/deadlyforce>

Angermeyer, M. C., van der Auwera, S., Carta, M. G., & Schomerus, G. (2017). Public attitudes towards psychiatry and psychiatric treatment at the beginning of the 21st century: a systematic review and meta-analysis of population surveys. *World psychiatry: official journal of the World Psychiatric Association (WPA)*, 16(1), 50–61. doi:10.1002/wps.20383

Austin-Ketch, T., Violanti, J., Fekedulegn, D., Andrew, M., Burchfield, C., & Hartley, T. (2012). Addictions and the criminal justice system, what happens on the other side? Post-traumatic stress symptoms and cortisol measures in a police cohort. *Journal of Addictions Nursing*, (23): 22-29.

Badge of Life. *Cumulative PTSD - A Silent Killer*. (n.d.) Retrieved from: <https://www.badgeoflife.org/blog/cumulative-ptsd-a-silent-killer>

Barrett, E., Mills, K., & Teesson, M. (2011) Hurt people who hurt people: Violence amongst individuals with comorbid substance use disorder and post-traumatic stress disorder. *Addictive Behaviors* (36) 721-728.

Barrett, E., Mills, K., & Teesson, M. (2014) Associations between substance use, post-traumatic stress disorder and the perpetration of violence: A longitudinal investigation. *Addictive Behaviors* (39) 1075-1080.

Beshears, M. (2017). Police officers face cumulative PTSD. *Police One*. Retrieved from: <https://www.policeone.com/health-fitness/articles/323686006-Police-officers-face-cumulative-PTSD/>

Beyond Blue Ltd. (2018). Answering the call national survey, National Mental Health and Wellbeing Study of Police and Emergency Services -- Final report.

Bishopp, S. & Boots, D. (2014) General strain theory, exposure to violence, and suicide ideation among police officers: A gendered approach. *Journal of Criminal Justice* (42) 538-548.

Blue H.E.L.P. (2018). *American Police Officers Died By Suicide In 2018*. Retrieved from: https://bluehelp.org/158-american-police-officers-died-by-suicide-in-2018/?fbclid=IwAR0eCgLUQ0zrmtf75B_mWHQqMH6eccmluYT-J3eoJomclckdPF7pCwgAcM

Brezina, T. (2017). General strain theory. *Criminology and Criminal Justice*. Retrieved from: <http://oxfordre.com/criminology/view/10.1093/acrefore/9780190264079.001.0001/acrefore-9780190264079-e-249>

California Legislative Information. (2018). SB-1421 Peace officers: release of records. Retrieved from: https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201720180SB1421

Carlier, I., Voerman, A. & Gersons B. (2000). The influence of occupational stress debriefing on post-traumatic stress symptomatology in traumatized police officers. *British Journal of Medical Psychology* (73): 87-98.

Chopko, B., Palmieri, P., & Adams, R. (2015) Critical Incident History Questionnaire Replication: Frequency and Severity of Trauma Exposure Among Officers from Small to Midsize Police Agencies. *Journal of Traumatic Stress* (28), 157-161

Clifton, S., Torres, J., & Hawdon, J. (2018). Whatever gets you through the night: Officer coping strategies after the high-profile line of duty deaths in Dallas and Baton Rouge. *Am J Crim Just* (43): 871-885.

Cohen, S. & Saul, E. (2018). Teen sues NYPD, city and officers over alleged cop rape. *New York Post*. Retrieved from: <https://nypost.com/2018/01/04/teen-sues-nypd-city-and-officers-over-alleged-cop-rape/>

Commission on Peace Officer Standards and Training. (2019). Peace Officer Training Annual Report. Retrieved from: http://lib.post.ca.gov/Publications/PO_Training_Annual_Report.pdf

Community Policing Dispatch. (2018). The San Diego Police Department's Officer Wellness Program. Vol. 11 (6). Retrieved from: https://cops.usdoj.gov/html/dispatch/06-2018/sdpcd_wellness.html

Congress.gov. (n.d.) H.R. 2228 - Law Enforcement Mental Health and Wellness Act of 2017. Retrieved from: <https://www.congress.gov/bill/115th-congress/house-bill/2228>

Copenhaver, A. and Tewksbury, R. Predicting State Police Officer Willingness to Seek Professional Help for Depression, 19 *Criminology, Crim. Just. L & Soc'y* 60 (2018).

Denning, S. (2017). Humanizing the Stress of Policing. A non-diagnostic approach to teaching stress resilience. *Police Chief Magazine*. May 2017. Retrieved from: http://www.policechiefmagazine.org/wpcontent/uploads/PoliceChief_May2017_F2_LOW-RES.pdf

Digliani, J. 2012. Law Enforcement Critical Incident Handbook. United States. Retrieved from: <http://post.nv.gov/uploadedFiles/postnvgov/content/Training/Critical%20Incident%20Handbook.pdf>

Dutton, S. (2019). Study reveals roadblocks to mental health counseling in first responders. Retrieved from: https://www.policeone.com/health-fitness/articles/482645006-Study-reveals-roadblocks-to-mental-health-counseling-in-first-responders/?platform=hootsuite&fbclid=IwAR2fQyOtIdlaWPPdVa0C-3moQHjbiMgGlf_obQfLHZwLDu0rJphKSemkf1I?utm_source=email-to-friend&utm_medium=email

Echouffo-Tcheugui, J., Conner, S., Himali, J., Maillard, P., DeCarli, C., Beiser, A., Vasan, R. & Seshadri, S. (2018). Circulating cortisol and cognitive and structural brain measures. *Neurology* Nov 2018, 91 (21) e1961-e1970; DOI:10.1212/WNL.0000000000006549

Elbogen, E., Wagner, H., Fuller, S., Calhoun, P., Kinneer, P., Beckham, J. (2010). Correlates of Anger and Hostility in Iraq and Afghanistan War Veterans. *Am J Psychiatry* (167) 1051-1058.

Everly, G. & Mitchell, J. (n.d.) A primer on critical incident stress management (CISM). Retrieved from: <https://icisf.org/a-primer-on-critical-incident-stress-management-cism/>

Federal Bureau of Investigation. (2017) Law enforcement officers killed and assaulted 2016. Washington, DC: U.S. Department of Justice. Retrieved from <https://ucr.fbi.gov/leoka/2016>.

Framingham Police Department Assessment. (2018) Retrieved from: <https://www.framinghamma.gov/DocumentCenter/View/33239/Framingham-Police-Department-report-web-version>

Gillikin, C., Habib, L., Evces, M., Bradley, B., Ressler, K. J., & Sanders, J. (2016). Trauma exposure and PTSD symptoms associated with violence in inner city civilians. *Journal of psychiatric research*, 83, 1-7.

Hamilton, M. (2018). Two LAPD officers plead no contest to sexually assaulting women while on duty, receive 25-year prison terms. *Los Angeles Times*. Retrieved from: <https://www.latimes.com/local/lanow/la-me-ln-lapd-officers-rape-plea-20180226-story.html>

Hartley, T., Sarkisian, K, Violanti, J., Andrew, M., & Burchfiel, C. (2013). PTSD Symptoms Among Police Officers: Associations with Frequency, Recency, and Types of Traumatic Events. *Int J Emerg Ment Health*, 15(4): 241-253.

Heyman, M., Dill, J., & Douglas, R. 2018. The Ruderman White Paper on Mental Health and Suicide in First Responders.

IACP (International Association of Chiefs of Police). 2014. IACP National Symposium on Law Enforcement Officer Suicide and Mental Health: Breaking the Silence on Law Enforcement Suicides. Washington, DC: Office of Community Oriented Policing Services.

IACP (International Association of Chiefs of Police). 2019. *Breaking the Stigma of Law Enforcement Suicide*. Retrieved from: <https://www.theiacp.org/news/blog-post/breaking-the-stigma-of-law-enforcement-suicide>

James, R. & Gilliland, B. (2017). *Crisis Intervention Strategies*. 8th ed. Cengage Learning.

Kivisto, A., Moore, T., Elkins, S., & Rhatigan, D. (2009). The effects of PTSD symptomatology on laboratory-based aggression. *Journal of traumatic stress*, vol. 22, No. 4, August 2009, pp. 344-347.

Lancaster, C., Cobb, A., Telch, M., & Lee, H. (2016). The Role of Perceived Threat in the Emergence of PTSD and Depression Symptoms During Warzone Deployment. *Psychological Trauma: Theory, Research, Practice and Policy* (8), 528-534

Lumsden, E. (2017). How Much is Police Brutality Costing America? 40 *Hawaii L. Rev.* 141 (2017).

Malcolm, A., Seaton, J., Perera, A., Sheehan, D., & Van Hasselt, V. (2005) Critical Incident Stress Debriefing and Law Enforcement: An Evaluative Review. Retrieved from: doi:10.1093/brief-treatment/mhi019

McDonald, J. & Jones, J. (2018). Sheriff's deputy arraigned on 14 charges related to sexual misconduct allegations, pleads not guilty. *The San Diego Union Tribune*. Retrieved from: <https://www.sandiegouniontribune.com/news/watchdog/sd-me-fischer-plea-20180222-story.html>

McFarlane A. C. (2010). The long-term costs of traumatic stress: intertwined physical and psychological consequences. *World psychiatry: official journal of the World Psychiatric Association (WPA)*, 9(1), 3–10.

McGlone, A. (2017). San Diego law enforcement pulled over minorities disproportionately during two-week data trial run. *Voice of San Diego*. Retrieved from: <https://www.voiceofsandiego.org/topics/public-safety/san-diego-law-enforcement-pulled-minorities-disproportionately-two-week-data-trial-run/>

Meade, B. (2016). Recruiting, Selecting, and Retaining Law Enforcement Officers. *National Police Foundation*. Retrieved from: <https://www.policefoundation.org/recruiting-selecting-and-retaining-law-enforcement-officers/>

Mitchell, R. (2018) The harmful effects of Critical Incident Stress Debriefing (CISD): Why police departments should stay up to date on evidence-based practices. Retrieved from: <https://www.americansebp.org/the-harmful-effects-of-critical-incident-stress-debriefing-cisd-why-police-departments-should-stay-up-to-date-on-evidence-based-practices/>

Nichols, C. (2019). Have fatal shootings by police in California dropped 40 percent since 2015? *Politifact California*. Retrieved from: <https://www.politifact.com/california/article/2019/mar/07/have-fatal-shootings-police-california-dropped-40-/>

PORAC. (2019). Peace Officers Bill of Rights. Retrieved from: <https://porac.org/resources/peace-officers-bill-of-rights/>

Price, J. H. & Payton, E. (2017). Implicit racial bias and police use of lethal force: Justifiable homicide or potential discrimination? *Journal of African American Studies* (21) 674-683. doi: 10.1007/s12111-017-9383-3

Protect California. (2019). Fact: 40% Drop in CA Fatal Police Shootings. Retrieved from: <https://www.youtube.com/watch?v=8TmT6rrihoE>

Schwartz, J.C. (2014). Police Indemnification, 89 *N.Y.U. L. Rev.* 885, 890

Sedensky, M. (2015). AP: Hundreds of officers lose licenses over sex misconduct. Retrieved from: <https://apnews.com/fd1d4d05e561462a85abe50e7eae4ec>

Shane, J. (2010) Organizational stressors and police performance. *Journal of Criminal Justice* (38) 807-818.

Spence, Deborah, ed. 2017. Improving Law Enforcement Resilience: Lessons and Recommendations. Officer Safety and Wellness Group Meeting Summary. Washington, DC: Office of Community Oriented Policing Services.

Strategic Applications International. 2018. Officers' Physical and Mental Health and Safety: Emerging Issues and Recommendations. Officer Safety and Wellness Group Meeting Summary. Washington, DC: Office of Community Oriented Policing Services.

Torchalla, I. & Strehlau, V. (2018). The evidence base for interventions targeting individuals with work-related PTSD: A systematic review and recommendations. *Behavior Modification* 42(2) 273-303.

U.S. Commission on Civil Rights. (2018). Police use of force: An examination of modern practices. Retrieved from: <https://www.usccr.gov/pubs/2018/11-15-Police-Force.pdf>

U.S. Department of Veterans Affairs. (n.d.). PTSD: National Center for PTSD. Retrieved from: https://www.ptsd.va.gov/understand/what/ptsd_basics.asp

Violanti, J. & Gehrke, A. (2004) Police trauma encounters: Precursors of compassion fatigue. *International Journal of Emergency Mental Health* 6(2): 75-80.

Violanti, J. M., Fekedulegn, D., Hartley, T. A., Charles, L. E., Andrew, M. E., Ma, C. C., & Burchfiel, C. M. (2016). Highly Rated and most Frequent Stressors among Police Officers: Gender Differences. *American journal of criminal justice: AJCJ*, 41(4), 645–662. doi:10.1007/s12103-016-9342-x

Voigt, R., Jurafsky, D., Camp, N. P., Hetey, R.C., Griffiths, C.M., Eberhardt, J. L., Prabhakaran, Hamilton, W. L., & Jurgens, D. (2017). Language from police body camera footage shows racial disparities in officer respect. *Proceedings of The National Academy of Sciences of The United States of America*, 114(25), 6521-6526. doi:10.1073/pnas.1702413114

Washington Post. (2018) Fatal Force Database. 2016-2018. Retrieved from: https://www.washingtonpost.com/graphics/2018/national/police-shootings-2018/?utm_term=.f8ae3dcf0219

Weiss, D., Brunet, A., Best, S., Metzler, T., Liberman, A., Pole, N., Fagan, J., & Marmar, (2010) Frequency and Severity Approaches to Indexing Exposure to Trauma: The Critical Incident History Questionnaire for Police Officers. *Journal of Traumatic Stress* (23), 734-743.

Yzermans, J., van der Velden, P., Kleber, R., Grievink, L. (2010). Confrontations with Aggression and mental Health Problems in Police Officers: The Role of Organizational Stressors, Life-Events and Previous Mental Health Problems. *Psychological Trauma: Theory, Research, Practice, and Policy* (2) 125-144

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