



MURRAY STATE
UNIVERSITY

Murray State's Digital Commons

Integrated Studies

Center for Adult and Regional Education

Fall 2017

Stress of a Higher Calling

Nicholas Rolens
rolens42@gmail.com

Follow this and additional works at: <https://digitalcommons.murraystate.edu/bis437>

Recommended Citation

Rolens, Nicholas, "Stress of a Higher Calling" (2017). *Integrated Studies*. 83.
<https://digitalcommons.murraystate.edu/bis437/83>

This Thesis is brought to you for free and open access by the Center for Adult and Regional Education at Murray State's Digital Commons. It has been accepted for inclusion in Integrated Studies by an authorized administrator of Murray State's Digital Commons. For more information, please contact msu.digitalcommons@murraystate.edu.

The Dangers of Stress Due to Answering the Higher Calling of Police Work

Nicholas S. Rolens

Murray State University

Abstract

This paper references many studies and articles relating to the stress of being a Police Officer. Being a Police Officer has many positive aspects of the job. I believe it can be considered one of the most fulfilling careers. On the other side there are some very negative aspects of the job as well. Police work involves many high stress situations which affect not only the officers but their family and friends as well. A job alone can be stressful, but police work is considered to be one of the most stressful occupations in America. There are many results from stress caused by police work. Some of these results are; divorce/loneliness, alcohol or drug addiction, and suicide. Besides just these common results of stress there are less subtle ones as well such as; increased work absence, job burnout and dissatisfaction, a weakened immune system, early retirement, increased short and long term illnesses and poor work performance (Anderson et al 2002)

Literature Review

Gibbs Collins discusses the background and knowledge of stress-related illnesses. Prior to researching the stress-related illnesses of police work; she looked into stress-related illnesses in the working industry as a whole. During this time she found that police work is inherently more stressful than many jobs to this date. Therefore, this leads police officers to have some of the highest rates of stress-related illnesses. She completed a smaller scale research of only 1206 officers. However, many of her findings are consistent with those from other articles used in this paper (Gibbs Collins 2002). Carlan and Nored (2008) have a similar approach. The authors believe that police work is regarded as a highly stressful, and to successfully complete their theory on how to help officers, they had to do a study of their own. They found many of the same things caused stress among officers. Day to day activities, supervision, and shift work were some of the more mentioned issues. In the article written by S. Bishopp and D. Boots (2014), they found that violence and suicides were prevalent among challenges facing officers. Their research led them in a different direction as they focused on gender issues.

In Lucas, T., Weidner, N., and Janisse, J. (2012), they take a different approach to how they look into stress issues within police work. They believe there are two forms of stress which

are perceived stress and actual stress. The authors use these two categories to explain how civilians perceive the stress of a police officer's job compared to the actual stress an officer suffers and notices. They discuss approximately 60 different kinds of actual stressors associated with police work.

The article by Clark-Miller, J. and Brady, H.C. (2013), however, looks into how to cope with the different issues associated with police work. Their main goal is to discuss the different coping mechanisms used throughout police work, including those that are working for officers at this time. Carlan and Nored (2008), look into the same things except they only focus on mandatory counseling for police officers. They state this is the most effective and cost effective solution for departments.

In the article written by S. Bishopp & D. Boots (2014), they discuss the growing suicide rate of police officers. This is something that is not covered in any other paper that I have read to this date. The authors explain that the current rate is in the mid 100's for the year of 2014. They state however, that the rate could be in the upper 100's by the year 2020.

Probably the most different from any article I have read would have to be the issues and methods of coping involving religion. Clark-Miller, J. and Brady, H.C. (2013), discuss which religions appear to handle the stress of the job better and who is more apt to suffer post-traumatic stress disorder. They found that officers who are non-religious tend to have better coping skills than officers who devote to a religion.

Introduction

To truly explain the amounts of stress that an officer goes through each shift, it is extremely important to understand what a police officer is and does. According to criminaljusticeusa.com, a police officer has many different responsibilities that include but are not limited to the following; performing traffic stops, responding to domestic disturbances, providing first aid, responding to calls for assistance, making arrest, appearing in court, enforcing the law, and completing paperwork. Without completely understanding what each job task many people may not regard the above job tasks as very stressful.

Besides just the types of received calls, there are many other things that can cause stress on a police officer. Shift work plays a big role in the stress on officers. Many officers do not realize the impact that working shift work can have on them. Night shift or midnight shift as some occupations may call it, can be the worst for the officer. The reason this specific shift can be so bad is because the officers are not getting any sunlight and absorbing the natural vitamins the sun releases. This shift is also detrimental to some families because the officer is usually on a different sleeping rotation than other family members. The main issue with shiftwork for most departments is, unless you are a senior officer you will not be allotted a day time slot. This means, more than likely the officer will be working an afternoon or midnight shift. These two shifts are detrimental to family life because they allow the officer very little time with the family.

Shiftwork however is not the only other stressor in police work. Sometimes officers have issues with their administration. Researchers in one article that studies the stress in law enforcement, they found that 17-22 percent of the individuals surveyed blamed the

organizational issues as their reason for stress (Gibbs Collins 2002). This can happen over the course of a career with policy changes and other factors. If the officer feels that the administration is out to get him/her, it can lead to stress about pleasing the administration each time the uniform is worn. Besides the administration, going to court can be another causer of stress. This is because going to court usually occurs during the officers off time. Therefore, while the officer is trying to relax and prepare for the next shift, instead, they must think about the court case on that particular day.

Paperwork is another causer of stress. Much paperwork is required daily for an officer, including reports, accident reports, citations, written warnings, and domestic violence paperwork. These are just a few of the many different things an officer must complete by the end of a shift. So while an officer is answering calls and making traffic stops, he/she may also have to worry about completing all of their required paperwork on time for that shift.

Lastly, possibly the leading or second most leading cause for stress to police officers, is the high stress or traumatic calls. These types of calls include; murders, mass shootings, physical fights against officers, suicides, foot or vehicle pursuits, and even sexual offenses. Any one of these types of calls can trigger a negative effect on the officer causing them to have stress. The stress from calls like these can eventually results in a stress-related illness. These calls require the officers to increase their awareness which may also increase their anxiety after the call. An officer generally operates on a certain level of awareness while on duty which is much higher than that of a civilian. So, when high stress calls present themselves the officer then goes into a

state of hyper-awareness. The real danger is not so much going into that state of hyper-awareness as is coming back down from that state that can be the dangerous part.

Michelle Perin explains how these simple tasks can cause stress in an article titled “*The Horrors I’ll Never Understand.*” She explains how certain calls can affect each officer differently. She references the possibility of a small child being injured; she notes that if an officer has a child of similar age, he/she may be overwhelmed with emotion. On the other side of that, an officer with no children may not feel the same emotional stress as his partner. Perin quotes Dr. Thomas Gillan and states “When someone comes to you every day with negative things, officers become overwhelmed with all of the negative in life.” This quote is very specific to law enforcement as the majority of the calls received are in reference to something negative or criminal. She continues to quote Gillan, “Compassion fatigue is the cost of caring too much. If officers don’t have a way to replenish the water in their own wells and have someone help them process this it becomes a very heavy burden.” Perin refers to critical events causing trauma in officers. Perin goes on to say that even though work can be left at work the trauma of a critical incident stays with the officer. This causes the officer to bring the trauma home, no matter how bad he or she wants to leave it at work.

Cop Shock: Surviving Posttraumatic Stress Disorder by Allen Kates in 2008 explains that even though a family member or friend may perceive some event to be minor, they should never attempt to lessen what the officer experienced. This is a very valid point in that, the officer, especially if dealing with some sort of upsetting or stressing situation or call at work,

needs to have a good supporting individual in whom they can confide who will reassure them if needed. Many of the calls that an officer will tell their family about will be narrowed down and not usually related in graphic detail. The officer will not tell their family about some of the events at work sometimes to shield them from the evils and also to help them not worry about the officer.

There are many wonderful things about law enforcement. Law enforcement in its own is known to be one of the most rewarding jobs there are. However, where there is good there is usually bad and law enforcement is no different. It is not enough to just know about the negatives though. Knowing what the negatives are also encompasses knowing what warning signs to look for. In the article by Perin, she lists a few of the warning signs commonly associated with stress. They are as follows; easily frustrated, low energy, low self-esteem, and a lack of interest in usual activities. In a paper titled "Physical Evidence of Police Officer Stress" Gregory Anderson lists some of the physical warning signs of someone suffering from stress may display. A few examples of physical stress include; increased blood pressure and heart rate, increased tension, reduced salivary secretion, and indigestion. The issue with so many of the signs listed above is that they are everyday issues that humans suffer and unless the officer comes out and says he is stressed may go unnoticed. Sometimes, the officer may be in denial about their amount of stress and they may not be aware of the warning signs they are exhibiting. Most Officers are Type A personality people. This means the officers tend to want to be in control and commonly deny any implications of stress or stress related symptoms. Those

Officers with Type A personalities feel that if they admit they need help or that they are under stress, they will be looked down upon or judged in some way.

So when does an officer get a break from work related stress? The answer is never. In a book by Dr. Kevin Gilmartin's titled, *Emotional Survival for Law Enforcement*, he describes something known only as the Hypervigilance Biological Rollercoaster. Hypervigilance is the mental state that an officer goes into while on duty. The problem with that mental state is that it takes an officer eighteen to twenty four hours to recover from it. While in recovery, the officer feels tired and isolated. Dr. Gilmartin states in his book that most officers told him they go back to work prior to the eighteen to twenty four hour rest period to be over. This means that the officer is in a state of high awareness all day and when he returns home his body shuts down. When he shuts down this causes problems with the family and with the officer's overall state. Eighteen to twenty four hours is an entire day used for recovery from the hypervigilance of the previous shift. Given the fact that most officers receive two days in a row as their RDO's or regular days off, the officer only may have a full twenty four hours from the heightened state of mind. That being said, what if the officer unable to leave a call and does not come home till a few hours after his regularly scheduled shift, or if the officer picks up overtime and works up to another 8 hours on shift? That means the officer will not even have one full day out of the hypervigilance mind frame. Dr. Gilmartin describes the dangers of always remaining at a heightened state of mind, including increased physical and mental stress.

Discussion

In one study of 873 total officers, approximately 41 percent scored high levels of stress. That is a staggering number of 358 Police Officers. The important statistic is the one that follows: of those 358 police officers, 55 percent stated they are interested in leaving policing all together. That is 194 officers under high levels of stress who were interested in leaving their careers. Thirty-five percent of the ones who scored in lower levels of stress also stated they were interested in leaving policing behind. That is another 180 police officer. Potentially, if the officers followed through with their interest, close to 375 current law enforcement officers could walk away from the field. This study was only completed by 873 officers, which is not even a state's number of law enforcement officials (Collins 2003).

Gender Role

Gibbs, discusses even more statistics regarding gender, and personality. She states, that males responded at a five to one ratio more than females. However, females reported a three to one ratio of stress levels than males (Gibbs 2003). Male officers however, are more likely to commit suicide than their female counterpart (Boots 2014). It is a known fact that for the general population females are more open to their feelings and issues than are to males. Female and male officers also respond differently and suffer from different forms of clinical depression (Boots 2014).

Family and Friends

Friends and family also play a crucial role in officer stress, both in how an officer copes with stress and the impact of stress upon an officer. Some will say police work is a twenty four

hours, seven day a week job. The major reason for this is that on top of working shift work, the officer may still have to report on their off day for paperwork, court, and/or additional overtime. This puts a heavy burden on family life. An officer can expect to miss things like T-ball games, practices, and recitals during their service careers. This will cause issues within the family from time to time.

Bishop and Boots, states, that marriage and close friendships play a big role in how an officer deals with his or her stress. They go on to say that a male who is alone is more likely to begin an early addiction to alcohol and to stay home alone. However, a male who is married to a spouse who asks him about his day will have the opportunity to open up and reveal some of the things that are troubling him. The same is true for females; those who have friends or a family to support them will help them open up about issues that bother them. In another study, Gibbs finds that many of the officers identified as experiencing high levels of stress were commonly either divorced or separated from their significant other. That added more stress to their lives (Gibbs 2003).

Post-Traumatic Stress Disorder, Anxiety, and Depression

There are multiple different kinds of stress related illness but some of the more frequently heard of are; post-traumatic stress disorder, depression, and anxiety disorders. These stress related illnesses are dangerous because the early symptoms of stress may result in more severe and very self-endangering versions.

A 2013 study examined ptsd as it related to what an officer observed during a shift. It was found that over one million officers witnesses some form of violence that year. Of those officers, more than seven hundred thousand officers reported suffering from ptsd.

Webster's Dictionary defines post-traumatic stress disorder as a psychological reaction occurring after experiencing a highly stressing event that is usually characterized by depression, anxiety, flashbacks, recurrent nightmares, and avoidance of reminders of the event. Ptsd is very common in military service members who have deployed to war and is commonly associated with that field of work. However, police officers also suffer ptsd because though they may not be in the negative situation as a military personnel who is at war, they still witness and observe some of the most evil things in today's society. With that in mind, not everyone with depression or anxiety disorders has ptsd.

An article by Gordon Asmundson and Jennifer Stapleton, evaluates the relationship between anxiety sensitivity and ptsd in active duty Police Officers. They state that recent studies have shown a link between anxiety sensitivity and the way it affects ptsd symptom severity. For the purpose of their study they examine 138 active duty police officers. Of those 138 officers, seventy percent were female officers with an average age of 38 years old. All of the officers that participated stated to have been involved in some sort of traumatic experience at some point in their career and forty four tested positive for ptsd. That is 32 percent of those who were tested. Of the entire population in the United States, approximately eighty percent have experienced some sort of traumatic incident in their life time. Of those eighty percent of all civilians, only

seven to twelve percent develop any form of PTSD. The United States Census Bureau currently lists the country's population at 325.8 million people. That means the eighty percent of the population that has experienced a traumatic event is 260.6 million people. Thirty-one million American citizens would be the number approximated to have developed PTSD from their traumatic event (Asmundson and Stapleton 2008). Stated in percentages, thirty one percent of law enforcement to twelve percent of civilians has experienced PTSD, a ratio greater than 2.5 to 1.

The fear of anxiety signs and symptoms because of the belief of consequences is also known as Anxiety Sensitivity or AS (Asmundson and Stapleton 2008). Recent studies have shown a correlation between Anxiety Sensitivity as amplified in those with PTSD or other forms of panic and or anxiety disorders (Asmundson and Stapleton 2008). Anxiety sensitivity is believed to play a role in PTSD that has yet to be researched to this date. Subjects who went through twelve weeks of cognitive-behavioral therapy have shown signs of reduction in both anxiety sensitivity and PTSD (Asmundson and Stapleton 2008). There are three forms of anxiety sensitivity: psychological concerns (the fear of not being able to control one's thoughts), fear of publicly observable symptoms (fear of appearing nervous or not being in control), fear of somatic symptoms (feeling shaky or inability to sit still). It was found that depression and the psychological concerns of anxiety sensitivity are predictors of PTSD symptoms (Asmundson and Stapleton 2008).

Since Police Officers are at a high risk of traumatic events Asmundson and Stapleton wanted to study that group of individuals. They find in their research that less than fifteen articles

addressed PTSD in police work. They conducted two sets of analysis. First, they examined anxiety severity and dimensional scores between officers with and without PTSD. Second, they did an analysis to determine which dimension of anxiety sensitivity was most predictive of PTSD symptoms severity. (Asmundson and Stapleton 2008).

This study lays the ground work for the correlation between law enforcement work and PTSD and anxiety disorders. It also states that of the individuals that replied to their questionnaire thirty four percent of the individuals who were screened in for PTSD also had a panic disorder. PTSD is not the only stress related illness that can be caused by police work. Commonly associated with PTSD is depression. Many individuals every day are diagnosed with some form of depression, a much high number than those who are diagnosed with PTSD. Depression is a form of stress related illness that can cause extreme sadness and a feeling of loneliness. Like PTSD, depression often leads the suffering individual feel that they cannot tell anyone because they may be looked down upon or judged in some way. Depression is often associated with another important topic in police work and that is suicide. Often times stress related illnesses are associated with suicide because the illnesses create the sense of loneliness and a sort of pressure that the individual believes can only be dealt with by ending their lives.

What is it like living with one of these stress related illnesses or anxiety disorders? Very few people will actually ever know how this feels. Most military service members or police officers at some point in their career will suffer from some form of anxiety or stress related illness and although it may not be permanent, it very well could be life altering. Going through a

portion of life with one of these two negative mental issues can result in many negative coping mechanisms or the officer's resignation altogether.

Overall Family Stress

Police families have a heavy burden to live with. Similar to that of their relative, they suffer from certain amounts of stress due to multiple things. Many times the family is asked to give up time with their mother or father, husband or wife, son or daughter, brother or sister. They are also usually forced to watch the stress that the line of work puts on their police officer. The family of the officer must watch their officer leave the house each day, afternoon, or night for work and wonder if their officer is going to come back through the same door unharmed after their shift. In a world of uncertainties, this is a very important one that police officer families must face each day as the profession grows more and more dangerous. This stressor is very important; however it is not discussed in much of the research about police officer family stress. One key reason for this is that the family does not want to think negatively or admit to any fear. The family members want to stay confident and positive about this issue and do not want to mention it for fear that it may come true. For this and many other reasons, the stressors for a police officer family may be a challenge as difficult as being a police officer.

Burke (1993) examine some of the stressors that the family suffers due to the officer's line of work. Burke examined nine things that he believes were the main family stressors for police officers. First, the relationship with their spouse. Police wives and husbands spend a lot of time alone and there are many reasons for this. If the officer works the midnight shift, then it is

expected for him to need to sleep through the day while he is off before going in again that night. If the officer works afternoon shift, then it is expected he will be gone from around the time the spouse gets off work to the time she usually goes to bed. Next is being tired while at home. This is a common feeling among most police officers no matter what shift they work. This is usually because of the stress that an officer experience while at work, when he or she comes home they crashes mentally and are usually tired and appear pre-occupied. Burke discusses reduced social life. He explores how the job makes it difficult to visit with family and friends. Burke talks about how the officer will miss different events in a child's life due to the nature of shift work and the job in general. The family of a police officer will have to make sacrifices and step up around the house for the officer. They also are required to be on their best behavior at all times so as to not affect the officer's career or add to his/her stress level. It is also difficult for an officer to have a normal vacation or normal weekends due to the nature of shift work.

A study conducted by Maynard Et Al (1980) found that some of the major stressors for the family are; trust of the police officer, being thankful for the things they do have, establishing a family routine, and eating together as a family. These are things that at least 42 police officers in this study identified as being the most troubling for them. They stated that one major reason that there is low trust in their police officer is because of the very little time spent together. It is not that they officer has done anything wrong, but that the mind starts to wander with all the separation. The wives stated that it was hard for them to be thankful because of the struggles they experience. This is only one study of police wives/spouses, but it is a major indicator to many of the stressors that both the family and the officer face.

There are multiple sources of study for family of the officer and that also explain what they should expect. Many books cover things to expect in law enforcement and how to cope with issues faced by the family. For every stressor, the officer faces on the home-front, the family faces one, if not two stressors. The family members are the ones who must wait up at night to make sure the officer arrives safely at home. The family members must spend many holidays and other special occasions alone. These issues will make or break some families. The biggest thing is for a family of law enforcement is changing to a set schedule. If a family is accustomed to having a Monday through Friday job working days, then the family may not know how to adjust to the life of shift work and minimal family time that police endure. They may not know how to properly adjust to the new schedule and the inability to see their officer as often as they did in the past. This can lead to many negative things such as verbal arguments, separation and depending on the level of severity, possibly divorce.

Potential for Divorce

As stated above, police officers and their spouses go through multiple different stressors throughout the officer's career. Family withdraws and shift work are two of the biggest stressors for the officer and family. Sometimes these stressors can be too much for either person and can lead to divorce.

Statistics indicate that law enforcement work has a lower than average overall divorce rate. The general public divorce rate in 2010 was approximately 16.69 percent. Law enforcement was 14.47 percent. However, even though this number is below average, the issue still exists in

law enforcement families. Some would say the average percentage for law enforcement is even higher than that. A 1975 study examined officer divorce rates in 3 major cities: Baltimore, Santa Ana, and Chicago. Baltimore came in the lowest of the three at 17 percent, with Santa Ana following at 27 percent, and Chicago with 33 percent (Aamodt 2016.) If these numbers stay true, all three cities would be above the national average today. That being said, is it only the larger cities that experience significant number of divorces? Smaller city officers may not experience some of the same trauma that a larger city experience on a regular basis. Also, smaller cities have fewer officers usually and are closer knit to each other; this helps an officer see when a co-worker may be struggling with some family issues and he/she will be able to step in and assist more easily. The larger cities of 300 to over 1,000 officers may not have the same close knit relationship with their entire precinct. This could play a major role as to why some police officers from the larger cities end their marriages in divorce and officers from the smaller agencies may find ways to work it out. Data was unavailable for law enforcement officers who were separated from their spouse or significant other, but not divorced due to job stress.

So, if statistically speaking the divorce rate is not all that high in law enforcement families according to the recent studies, why bring it up? Even though the divorce rates may be low, the stress that the job puts on an officer and a family is very real. Officers go through immense levels of stress in their day to day activities on the street and coping with issues on the home-front when the officer returns home each night can add to that stress. Officers need a good support channel at home or a close friend or family member whom they can confide in when

needed. If there are issues at home however, it can be very difficult for the officer to have that sense of serenity when he/she walks through their threshold.

Physical Evidence of Police Stress

What happens to the body during a stressful situation and can this have a lasting effect on the officer. This is important to understand about how the human body both physically and chemically reacts to certain high stress situations. Some of these reactions by the body are defense mechanisms designed to keep the individual safe but some of them can also have lasting negative effects on the officer.

The first thing that initially happens during a high stress incident is the release of Catecholamines (dopamine). The release of Catecholamines increases memory consolidation, alertness and arousal (Anderson et al 2002). This is followed by the release of Glucocorticoids; this redistributes blood flow away from organs to the muscles. It is also associated with using the energy reserve and shutting down the digestive system.

Once the sympathetic nervous system is activated, the epinephrine is released into the body. This increases heart rate and like the release of Glucocorticoids, the blood is pushed towards the muscles and away from the internal organs. There is also a release of fatty acids and glucose to support the increase in metabolism. While the levels of epinephrine are increase, there are muscle contractions on both the skeletal and heart muscle tissue (Anderson et al 2002). This increase in muscle contractions will increase both muscle tone and metabolism. As all of this is going on there is an increase in platelet aggregation. This increase I platelet aggregation helps in

blood coagulation in case the body suffers an injury. The bronchial tubes also open up wider during this event to assist with breathing (Anderson et al 2002).

As all of the defense mechanisms are very useful and can help the body to fight back and win the fight, increased levels of any of the above can also be dangerous to the body. This occurs if the event last for a long time or becomes a regular thing on a short period of recuperation. One major negative side effect of this is the increased release of Glucocorticoids. The Glucocorticoids block insulin production, and use the stored metabolites to fuel energy demands. This leaves the body weak and fatigued as well as prone to illness. Excessive overproduction of Glucocorticoids may also lead to memory issues as well.

What does the physiological reactions to stress look like on the physical and measurable side of stress reaction? The four major organ systems have many indicators of stress. There are individuals signs that each of them exhibit during high stress situations. Many of these symptoms of the organ systems occur during what is known as traumatic or critical incidents. These are incidents that have a high likelihood of physical activity or stressful situation.

The first organ system to be discussed is the cardiovascular system. The obvious symptoms of stress for any civilian and or law enforcement are going to be the same, increased blood pressure and increased heart rate. This can be observed as a racing heart rate or someone having a flushed appearance.

The second organ system to be discussed is the digestive system. The major symptoms of this organ system are an increase in acid secretion, reduction in salivary secretion, and increased motility. These symptoms can be experienced in the form of; gas, dry mouth, indigestion, nausea, and even diarrhea.

The third organ system is the muscular system. This system has one major symptom which is increased muscle tension. This symptom can display itself as; a headache, a stiff neck, muscle fatigue, and even the grinding of ones teeth

The last organ system is known as integument. The major symptom for this system is the increase of glandular secretion. This symptom can display itself as; perspiration, oily skin, and body odor.

All the symptoms listed above from the organ systems are things an officer can experience on any given call. Take the scenario of a robbery at a local gas station for example. The officer is either dispatched or close enough that they respond. As they kick their lights and siren on their mouth begins to dry up and they begin to sweat ever so slightly. Their heart starts to race and they begin get a headache. They can feel their blood pressure rise as their ears start to muffle all of the noise around them and all these symptoms are just experienced on the way to the call. Once the officer steps out of their vehicle with gun drawn it can increase all of the symptoms and even bring on new symptoms.

So what causes an officers body to react to stress a certain way and why doesn't everyone respond to stress the same way? There are a several factors that come in to play when talking

about how the body responds to stress. However, of all of those factors there are four main categories that should be used. Initially there is a stressor that causes the body to begin the stress reaction process.

One of the first categories that influence how the body responds to stress is personal attributes. Personal attributes are referred to a person's normal way of thinking or behavior. Someone who is described as being very cynical about most things is perceived to have higher levels of stress than someone who is described to be an optimist. The reason the individual who is an optimist is less stressed is not because they handle the stress better initially but they are willing to seek out the proper social support.

The next major category in the body's respond to stress is cognitive appraisal. Cognitive appraisal is also known as perception. The individuals cognitive appraisal of a situation can dictate how their body responds to stress because, if the individual perceives the stress to be extremely threatening or dangerous they could exhibit higher levels of stress. However, another individual may perceive the situation to be non-threatening or dangerous and may exhibit lower levels of stress.

The third category of how the body responds is known as coping strategy. This is when an individual who is suffering from stress, consciously makes an effort to alleviate some of it. According to the Lazarus and Folkman (1984) this is known as "problem-focused" and "emotion-focused" coping strategies. However, more recently it has been known as "approach" and "avoidance" coping strategies according to Anshel (2000). Problem focused and approach

oriented coping usually refer to gathering information about the current situation and using common coping strategies to work through the stress. Avoidance and emotion oriented coping strategies usually occur when someone feels they cannot control the situation at hand and do not have a good way to handle the stress. Many times when this occurs the individual will attempt to change the situation at hand into one that they feel they have more control over. In 1986 Graf found that two thirds of officers were not confident in their ability to cope and resorted to alcohol, drugs, and isolation from others.

The last category of how your body reacts to stress is social support. This is the use of police department personnel such as a chaplain, supervisor, or co-worker the officer feels comfortable in confiding to. It can also be individuals outside of the police department such as; a minister, a family member, or a close friend. Using this category the individual can get a weight lifted off of their shoulders with issues that may be troubling them. The positive reinforcement or advice from those they seek advisement out of can have a lasting effect on the individual and help in their process of reacting to the stress.

An influx in the human heart rate can be for a couple different things, either physical activity has begun causing the heart to work harder, or stress levels have gone up causing the blood pressure and heart rate to go up. The raise of the heart rate in terms of being due to stress is usually a sign of the Autonomic Nervous System responding to stress. During the study conducted by Anderson et al (2002), it was found that an officer's average resting heart rate prior to starting shift was around 59 beats per minute. Once the shift began the average resting heart

rate rose to an average of 23 beats per minute higher. This of course did not include physical activities, critical incidents or high stress situations. During the study it was found that an officer who rests their hand on their firearm without a suspect present will generally have a lower resting heart rate than the officer who does not do this. There are many theories to why this may be true. The most common theory is that there is a sense of security to the officer that they know their firearm is secure and handy should the time come to use it. Of course the study found that heart rate was raised during an sort of physical encounter with a suspect, this was not only due to the physical activity but the stress levels of the situation as well. There was a similar study who also held similar numbers as results and some of the numbers found in the study were higher than this. They found that once a police pursuit is initiated their heart rate raised over 180 beats per minute. That increased heart rate comes not only with dangers to the body physically but affects eye sight, hearing, and reaction time. This form of stress is increasingly dangerous especially in a time when the body should be functioning at full capacity to ensure the individual can drive at high rates of speed and perform his job to the fullest of his ability. This decrease of sight, hearing, and reaction time lowers the drivers ability substantially. Reaction time in high stress situations increases reaction time from 1.5 seconds to almost 3 seconds in some cases, this fact alone is an example of the dangers in the increased heart rate.

Support after Traumatic Incidents

How can support influence how an individual recovers from a traumatic event? It really depends on the individual and how much it affected them. For the New York City Transit Officer

in Kates (2008) book *CopShock*, the support was very welcomed in the beginning. However, like most good things it cannot last forever. The support eventually became too much for the officer to bear. This was because each time someone came to see her either in the hospital or at home while still in recovery, she would have to relive the traumatic event over and over again through story. The officer eventually told Kates that it seemed like an out of body experience at this point, almost like she was watching a movie about the event or dreamed about it.

What happens when some of the supporters turn into speculators? In the same book as before about the New York City Transit Officer, the author explains more of the struggles the officer faced on her road to recovery. One of the key ones is the stories about the officer that started to develop some time after she left the hospital. She would watch the news and the reporter would get a fact wrong about the night she was attacked and this would not bother her too much. The things that bothered her is what she heard around the office each day she went to work. She heard all kinds of stories where people either exaggerated or said that she wanted to be a hero that night. This caused her to second guess everything she had done and to second guess whether or not she deserved to be held up as a hero as she received a medal some months after the attack. She could not understand how her fellow officers could not support her and why they made up false stories about her. These incidents nearly pushed the officer over the edge as she was still attempting to recover from the stress. For this reason she began to hide her stress and issues from the attack and tell nobody about it.

Repression of Stress

There is an issue with measuring stress and it is an issue that primarily finds itself in the police world. Police officers are trained and skilled in the art of controlling ones emotions enough to be able to control high stress situations. The issue with this skill of police officers is that some officers do not know when to stop hiding their anxiousness and stress from the call and let it out, this in turn is called repression. There are two kinds of people in the world and in police work. These people are low anxiety people or people who don't handle stress well and there are repressors. Repressors are the individuals who instead of dealing with stress and releasing anxiety, they instead bottle the stress up inside of them and act like nothing is bothering them and that nothing has stressed them. This is a major issue because it makes it very difficult to measure who is having issues with stress because these officers are not admitting to their stress levels. It is also increasingly dangerous to the officer. Repressing stress can lead to many forms of stress-related mental illness due to the individual putting the body and mind through increasing amounts of stress on a regular basis without having a relief valve to release some tension.

In Kates (2008) book *CopShock*, he talks about a story of a New York City police officer who was attacked during the line of duty. The officer started to struggle with severe headaches and nightmares for the months after the attack in the subway. The police officer considered speaking with departmental counselor that she was mandated to see. Before she had the chance to she spoke with a co-worker who she was able to trust and confide in. The co-worker told her if she were to tell the counselor that she was suffering from the traumatic incident, they would take her badge and gun away and she would no longer be able to be a police officer. For this reason,

she bottled up her emotions and hid the fact that she was suffering. This actually suppressed the headaches and nightmares for a short time. However, it did not take long for something to trigger a traumatic memory of the night she was attacked and the nightmares and headaches came back, this time they were more severe. Almost two years after the attack she decided to see a non-departmental counselor, one that she paid for privately and did not have to worry about them reporting back to the department. She explained her suffering to him and he told her that she was killing herself, not in a literal sense but mentally. He told her she did not need to return to work because it was too detrimental to her mental health. She threatened him with a law suit if her department ever found out and she never returned to him for counseling. He was right however, only it would take her more time to see how bad things had really gotten. The repression of memories and acting like nothing was bothering her actually increased the nightmares and headaches and brought on new issues like chronic nausea and a lack of appetite.

Negative Coping Mechanisms

What is a negative coping mechanism? The better question to ask is what are coping mechanisms? A coping mechanism is a way that an individual finds to deal with issues in his/her life, either through positive or negative means. A negative coping dealing with stress in a way that is harmful to the individual, often through the use of alcohol or drugs. Individuals generally use negative coping mechanisms because more times than not they are easier to do. It is easier for an individual to get his hands on a bottle of Jack Daniels than it is for the same individual to get motivation to speak with a psychiatrist. It is easier for an individual to get their hands on

some Xanax and numb the pain than it is for them to tell their spouse or friends about having thoughts of harming themselves due to the stress in their life. It is easier for an individual to get mad and assault their spouse, kids, or someone at the bar than it is for them to admit they have a problem with stress at their job. It's also easier for an individual to shun their family away and lock themselves in a room alone than it is for them to have an open conversation with their spouse about the dead child they saw the previous night. These things and these traumas do not go away alone and every day an officer makes the choice for a bottle over going to the psychiatrist or talking to their spouse and friends. Not all the blame falls on the officer though or their family. Part of the blame falls on departments for not having more safety nets in place to make sure their officer's mental health stays as sharp as can be throughout the entirety of their careers.

Self-medication is a term often used to describe someone who tries to use over the counter medication to treat common sicknesses. However, when talking about self-medication for stress of a police officer, the first thing that comes up is alcohol, substance abuse, external marital affairs, and even domestic violence assaults. These are serious and sometimes fatal forms of stress treatments. Anyone of the listed forms of self-medication can result in harming the body and or mind of the officer.

What is the difference between self-medicating with alcohol for stress related issues and occasionally having an alcoholic beverage? The key word to answer that question is in the question itself. Occasionally, this word separates someone that may be having a drink every now

and then, usually with friends and for certain occasions. In a recent study it was found that approximately 23 to 25 percent of police officers suffer with some sort of serious alcohol abuse (Ballenger et al 2011). In a separate study Van Raalte found that out of 200 officers who were surveyed, that approximately 40 percent of them had used alcohol while on duty. From this study almost 100 officers reported to have used alcohol on duty as a coping mechanism to relieve stress. That means that approximately 100 officers who swore to serve and protect were inebriated at some point on duty and could possibly hurt themselves or someone else due to their level of impairment. This is not only the officers fault but a failure on the agency for not ensuring that their officers were not under the influence prior to starting shift and for not checking in on their officers to ensure their mental health is OK. To elaborate on this study, it was only a study of 200 officers, imagine the totals of officers admitting to the use of alcohol on shift if it were a large department or an entire states worth of officers.

How is self-medicated drinking or at risk drinking classified? A study in Australia classified drinking as follows: *Excessive drinking* is nine or more drinks in a row for men and seven or more in a row for women in one months time; *Hazardous drinking* was classified as 28-42 alcoholic beverages per week for men and 14-21 alcoholic beverages per week for women; *Harmful drinking* was classified as 43 or more drinks per week for men and 22 or more alcoholic beverages per week for women (Ballenger et al 2011). A few years later a similar study was conducted using the AUDIT or Alcohol Use Disorders Identification Test to measure alcohol use levels. In that second study, also in Australia, of 4,193 officers, 33 percent of male officers and 24 percent of female officers scored in the harmful drinking category of the AUDIT survey.

Three percent of males and two and half percent of females scored in the alcohol dependence category (Ballenger et al 2011). Those numbers may sound relatively low and percentage wise they are. However, if you add the officers that tested positive for harmful drinking the end product is approximately 1384 male officers and 1006 female officers in that category. The officers that tested into the alcohol dependence category add up to approximately 125 male officers and 105 female officers.

The most dangerous form of drinking however is not listed above. *Binge drinking* is classified as the most dangerous form of self-medicating drinking. According to the Center for Disease Control (CDC), binge drinking is the most deadly form of excessive alcohol use. The CDC defines binge drinking as a pattern of drinking that brings a person's blood alcohol concentration (BAC) to 0.08 grams percent or above. This is a seriously dangerous form of drinking for many reasons. When someone drinks this heavily for a certain period of time they can not only exhibit violent or dangerous tendencies they also can start to have medical issues relating to the excessive alcohol consumption. Binge drinking consistently can be closely associated with different forms of cancer and long term medical issues such as high blood pressure, heart disease, and especially liver disease. The officer adds a lot of stress to their own blood pressure and heart without needing the added issues as a result of binge drinking. Binge drinking also adds a lot of strain on the immune system of the officer because it is commonly associated with lack of sleep that can cause negative health risks to the officer and his or her immune system.

In a study conducted in Australia in 2004, it was found that approximately 40 percent of 954 officers displayed binge drinking behaviors (Weir 2011). According to Ballenger et al (2011), 37.2 percent of males and 36.6 percent of females responded to having a binge drinking incident within the last 30 days. This study was just of 954 officers and almost half of them displayed binge drinking behaviors in the last 30 days. Imagine the statistical numbers if this study was done for even just one complete state in the United States or even the entire United States, the numbers would be through the roof. Binge drinking is a major problem among law enforcement and is most seen directly after a traumatic event that leaves the officer “haunted” or unable to relax. This sort of drinking helps the officer momentarily forget what event they keep reliving and cannot get relief from. The problem with binge drinking in most police officer communities is that it is done at home and there is nobody there to watch out for the officer or help them through their struggles. Binge drinking alone at home can lead to many negative decisions such as; drunk driving, domestic abuse, or even suicide.

So why do so many officers have an issue with alcohol? Alcohol is a depressant that can help numb the mind and help the officer avoid thinking about the long day or night they may have had and the horrors they may have seen. Alcohol is used a lot of ways and differs based on the classification in which the officer drinks. Someone that may use alcohol to get them tired enough to go to sleep may be alcohol dependent but may not be in immediate risk for internal or external danger. However, someone who binge drinks or is drinking in the harmful drinking categories is probably consuming alcohol to numb the pain or stress and anxiety put on their body from day to day. Alcohol is also used by some to mask the side effects of PTSD. By feeling

numb and detached the officer, can for a short while escape the pressures of their traumatic incident or feel that they have forgotten it all together. This is very dangerous though. An officer who drinks to forget or drinks to feel numb tends to drink too much and after too many drinks, negative decisions can be made, putting multiple people at risk.

Binge drinking, harmful drinking and alcohol dependence drinking are all negative coping mechanisms for stress. However, drinking alcoholic beverages does not always have to be a negative thing if done responsibly with knowledge about limits and when one may have a problem. Drugs and the use of drugs to cope with stress however, is a very negative thing, no matter how it is looked at is. Police officers are expected to uphold the law and to enforce drug laws. Unfortunately, some police officers resort to drug use to cope with stress they find themselves encountering because of their job's. Many police officers and addicts in general will resort to drug use when the current or previous coping method no longer helps numb their anxiety, stress, or pain. This happens many times with the argument and alcohol may be a precursor to illicit drugs. The same is true with Marijuana and Tabaco. Many times an individual, who is no longer feeling the effects of the above listed drugs, will move on to something stronger or double up on whatever they are using. This many times can lead to an overdose or the beginning of an illicit drug issue.

Ballenger et al (2011) states of 200 officers, at least 10 percent of them admitted to having a serious drug problem. The major issue in this putting, aside the fact that drugs are illegal for a reason is, the officer who is using the drug has ruined not only his/her credibility as a

police officer but also has scarred their department and the profession. As previously stated, certain drugs are illegal for a reason, they are dangerous and can influence someone to make unclear or bad decisions. The big issue with this for police officers is that making good and clear decisions is a big part of the his/her. An officer on illegal drugs can only not be relied on but also may be at risk for potentially life threatening issues. Many times individuals who use drugs to cope with stress or other issues are at risk for potential overdose if they are attempting to numb a pain. Officers should watch out for their brothers and sisters in blue who may be exhibiting any signs drug problem.

Police officers in general are very strong willed and dependent individuals. Unfortunately this is a negative thing in their profession. A police officer needs to be able to open up to their spouse or significant other if indeed he or she is suffering from some sort of stress related to the job. Many times however, since police officers perform shift work, there may not be much time for family to talk about issues. This is inherently dangerous for the police officer's mental state. If they do not have anyone to fall back on and talk to, police officers may find comfort somewhere else. This means that an officer may go out and to meet another individual who they feel they can express their stress to without being judged; they may even believe the person cares what they have to say. Stress and the need to express that stress to someone is a key reason that police officers resort to having affairs in order to make a connection with someone. This is not all the officers' fault thought as bad as that may sound, the spouse or significant other of the officer has to step up and make some time for the officer so that they know they have someone to turn to. That being said, sometimes it is inevitable and the officer may resort to having an affair

for another reason all together. This is believed to be one of the most common factors that result in police officer affairs.

Domestic Violence

Violence of any nature can be an option for someone who is under immense stress. This happens especially if there is alcohol or other intoxicating substances present. But what does that mean for the families? A study conducted in 1992 found increasingly high numbers of domestic violence assaults by police officers. In fact the numbers came in at nearly ten times greater than the general population (Edwards 2006). In this study it was found that 41 percent of males and 34 percent of males had been involved in some sort of domestic violence assault. In 1994 a separate study was conducted that found 13.85 percent of officers had reportedly used their service weapon to either intimidate or wound their spouse. Domestic violence for years has been known as “law enforcement’s last dirty secret” (Edwards 2006) But how does it go un-noticed for so long?

In the 90’s the LAPD had approximately 227 allegations of domestic violence. Of those 227, 91 were found to be proven cases. Only four of the 91 cases went to any sort of criminal charges. Of those four convictions only one officer was suspended for 15 days and one officer had his record expunged (“Domestic Violence by Law Enforcement Officers - Criminal Justice - IresearchNet,” n.d.) After reading those stats, an important question remains. “Are other officers, society, and the criminal justice system enabling police officer domestic violence?”

Unfortunately that is what it looks like. Without punishment and prosecution can violence ever

be deterred? To answer that question, it cannot. If one officer reads on a website or watches on the news that another officer was incarcerated or fired, it should greatly reduce the chance that he or she commits an act similar to that. Seeing this may also help the officer realize that he may already have a domestic violence abuse problem and help him or her seek help.

Suicide

Each year more law enforcement officers die from suicide than those that are killed in the line of duty (Deal 2014). Easily the one of the worst case scenarios related to police officer stress. Suicide has been at an all-time high among police officers for years. The stats alone from police officer involved suicide are alarming and higher than that of the United States Military Service Members. This is a result of the stress and stress related illnesses such as PTSD. The suicide rate of police officers compared to that of civilians in the United States is alarming and portrays the seriousness of the stress that is put on police officers. The national rate for police officer suicides according to PoliceOne.com is 18.1 to 100,000. That means every 18 in every 100,000 police officers commits suicide. The national rate for civilians is 12 to 100,000. These statistics show the crazy number that 6 more police officers per 100,000 people commit suicide each year.

Suicide numbers have been growing with each year for police officers not only in the United States but all over the world. As stated above multiple times, police officers witness some of the most evil things in the world and must live with the memories of those horrific events every day of their lives. There is an out for these officers however, or at least they think there is a

way out, a way out of the hurt, the painful memories, and the inability to cope with the traumatic or disturbing incident. The way out that many of these police officers find is that of suicide. This is a permanent fix to all of their stress and problems, however, this fix is just that permanent. Although the pain seems like it will last forever, at some point the pain will subside. If the officer commits suicide however, there is no reversing the effects of that. The officer will cease to exist and their family will be left behind to deal with the issues they couldn't deal with.

There are many reasons and ways police officers commit suicide. One of the major reasons that police officers commit suicide is due to on the job stress. This is stress that is brought on by day to day activity or critical and traumatizing events. The stress by critical or traumatizing events usually leads to that of stress-related mental illnesses. Once one of these mental illnesses are developed the officer has a much greater chance to commit an act of suicide thus ending their life. PTSD is a prime example of a stress-related mental illness that causes an officer to commit suicide. PTSD is a major stress-related illness that results in the individual suffering from stress of traumatic events and not being able to handle the stress. This illness should not be taken lightly as it has taken the lives of more men and women in service to this country than any other illness or disease that exist today. The decision to take one's life will never be fully understood because the individual is no longer available to be interviewed about the situation and cannot explain what brought them to that point. Unfortunately, the family of the suicide victim are the ones left to suffer. The officer may have suffered while on the earth but once the act of suicide is committed the family must act quickly to figure out how to cover for

costs of the funeral and other expensive payments. The main reason for this is that officers are not entitled to federal line of duty death funds if the officer dies by suicide.

Suicide in the police profession has increased each year. Since the year 2008 police officer suicides has been on a steady climb. In 2008 there were 41 police officers killed feloniously by criminals, in that same year 141 police officers committed suicide. The following year in 2009 those numbers both increased. The number of officer that had been feloniously killed from 2008 to 2009 rose from 41 to 48 officers. The numbers for police officer suicides rose to 143 in 2009. If these numbers continue to grow at this rate, the number of police officers killed feloniously will be at 125. The more surprising of the two numbers and the more frightening as well is the fact that in the year 2020 if numbers continue, 163 officers will be committing suicide each year. If these numbers hold true then there is big question to be raised about this issue. Is society as a whole doing their part in the mental health of police officers? Are the departments doing their part in making sure to monitor their officers and step in to provide solutions if needed? A study conducted in 2016 of police officer suicides shows that departments and society may be taking appropriate steps to ensure that the individuals who protect them day and night are in a healthy state of mind. The study in 2016 confirmed that the number had dropped significantly since the early 2000's. Then number of police suicides in 2016 dropped to 108. The number drop of that caliber is a substantial amount a good look for the police officer career force at whole.

Though number of police officers fluctuates throughout the years, there is still an issue with measuring the numbers accurately. The reason it is difficult to measure these numbers is because through all the police officer line of duty deaths, one kind of death is questioned many times. The death that is most often questioned are police officer single vehicle collision deaths. These are deaths in which the police officers vehicle was the only one involved in the crash. The reason this is questioned is for many reasons. The first is that the federal stipend for police officer deaths does not pay out to a police officer's family for a suicide. That brings up the second reason it is questioned. Could the single vehicle accidents involving only police officers potentially be suicides? Could their fellow officers write the collision up as accidental or some sort of reasoning to cover up the fact that it could have been on purpose? Are police officers really that bad of drivers? According to NBC News reporter Jon Schuppe, in 2016 the number of police officer single vehicle fatalities rose from three the previous year to ten in 2016. That statistic speaks volumes about what is happening in the world of policing. If the previous year only had three single vehicle fatalities involving police officers what caused the number to rise seven more slots to ten in 2016. 2016 was also the same year that stress-related illnesses caused another spike in police officers death by way of heart attacks and other stress symptoms on the body. As of the first half of 2017 the numbers are in and don't look much better. For the first part of 2017 already 10 officers have been involved in single vehicle fatality collisions. These single vehicle collisions are the real reason that individuals interested in police officer suicides will never have a true number. This is the reason that departments must find a way to measure the

stress and mental health of their officers to save their lives and help them before they become another statistic.

Contemplating Suicide

Contemplating suicide can almost be as bad as committing the act itself. The reason for this is, the level of stress that comes from the thought of suicide is one like nobody could ever know. The thought of hanging the rope, putting the gun up to their head, or emptying the bottle of pills; these thoughts leave permanent scars on the individuals head and can cause each time easier until they are actually “brave” enough to commit the act. When someone has gotten to this point they are not thinking clearly and have a skewed way of looking at things. This is dangerous for the officer to be working the street for many reasons. The primary reason this is dangerous is because the officer has lost the will to live, this means they may be more willing to put their life in danger when there are smarter and safer options to get the job done.

In the year 2010 over 38,000 civilians committed suicide. In 2011 over one million individuals admitted to attempting suicide that year and in the same year over 8 million individuals considered committing suicide. This point is brought up because, if that many civilians considered suicide in that time frame and the ratio for police officer suicide is higher than civilian suicide, then what does that say about the police officer numbers for attempting and committing suicide (Deal 2014).

Warning Signs of Someone Contemplating Suicide

There are several things that the loved ones and co-workers of police officers need to watch out for. Specifically, the loved ones and co-workers need to be watching for signs or symptoms of someone contemplating suicide. A lot of these signs were similarly described in the section about PTSD and stress related mental illness.

One of the first major key signs are absence from work. This indication if persistent can indicate that the individual is trying to distance themselves from others. This is one of the most dangerous indications that someone is contemplating suicide; however, it is very difficult for someone to see. The reason it is difficult for someone to see is because a person could very easily just call in sick and without contact with that person it is hard to determine if they are actually sick or not. That is why it is key to watch for other warning signs and symptoms like; giving away belongings, joking about suicide more frequently, and unproductive work. Of course there are other warning signs such as; expressing hopelessness in life, neglecting hygiene, mentions how they feel out of control or lost, overnight behavior changes possibly exhibiting depressions or anxious tendencies. These are all common warning signs of suicide in not only civilians but in law enforcement officers as well.

Fear of Counseling

So if counseling can be a positive thing for these officers who are struggling, why is there such a negative stimuli around it? Many officers who have thought about going to some form of counseling whether it be peer-counseling or seeing a psychiatrist, but there is a negative stimuli about opening up about their issues. A couple key reasons for this are; the officers is fearful of

being placed on some sort of administrative leave or permanent leave due to what they may say in the meeting, the officer may also fear any judgment from fellow officers for their perception of the on the job stress.

Being placed on administrative leave or being forced to leave are two large fears of police who wish to seek help for their issues. They fear that their department will not stand behind them and the issues they are going through. This is why many officers will not go to meetings or counseling sessions to help them through their stressors. The fear of judgment from other officers is another key reason officers do not go to counseling. Officers fear that their co-workers will belittle them or scrutinize them because they are “weak”. This stigma has followed individuals for many years who seek help through psychiatric counseling. For that reason, many officers will not seek help simply because they fear they will be looked down upon by their co-workers.

Treating the Stress

Mike Bond (2014) of the NSA states, “Preventing police suicide is every officer’s responsibility and obligation as a member of the law enforcement profession. Having the leadership and courage to change a culture of silence does not weaken the profession but strengthens the bonds that make it noble and honorable profession that protects the weak and innocent from harm.” This quote speaks volumes in what is needed in today’s law enforcement families and agencies. However, many of the things stated in this quote do not occur on a regular

basis or police officer suicide would not be at the extremely alarming rates that they are at in today's society.

A big question that is being brought up by many departments is; are we doing enough for the mental health of our police officers to give them a full career in law enforcement? The answer many times is unfortunately, no. This issue is not all the departments faults they can only do so much administratively to make the officers job easier and less stressful, however, the job itself presents a level of stress that for the most part cannot be prevented or avoided. That being said however, there are things the department can do to assist with helping officers cope through critical incidents and working through any issues that may arise due to their time on the force.

Peer assistance is a key way that police officers can find relief and work through issues they may be having. In an article by Carlan et al (2008), they discuss the benefits of peer consulting and assistance for officers that may be having a difficult time with the stress of the job. In the article they break down that an officer may be more apt to speak with someone on their shift who sees the same things they see per shift. For this reason he states that many departments are actually going through peer-counseling training to have their employees trained and ready to deal with their duties to their fellow officers as a peer-counselor. However, it is important to mention that stress affects officers a different way and what caused significant stress to one officer may affect another officer little or not at all. This statement is very true usually of calls involving kids. If an officer responds to a call involving a kid that may be a similar age as their kid, it may affect that officer more significantly than another officer who does not have kids

at all. That being said, it still may benefit the officer to speak with another co-worker, possibly someone they are especially close with on their shift, about the issues that they are having due to the job. It is important for an officer to have an out.

Chaplain or supervision counseling is very important tool of coping as well. Many police departments across the nation have some sort of chaplain service, but are they using these services properly? Do the members of the department know who their chaplains are or what they are for? Many people here the word chaplain and think about something spiritual. This is only part of a police department's chaplain responsibility though. According to Mease (2015), chaplains primary responsibilities are the officers of their department. This includes primarily critical incidents in which the officer may need to talk about what happened. However, Mease also goes on to say that chaplains are not limited to these critical incidents. Chaplains are also on call all hours of the day to deal with any personal or private matters that an officer may need to talk about. Supervision can also play a big role in the mental health of the officers. If an officer feels that they can approach their supervisor and explain issues that may be on their mind, they may be able to relieve some of that stress. As a supervisor, it is important to understand what the officers need and how you can help them get what they need. In the case of mental health, supervisors can be a stepping stone to getting the officer they professional mental health they need.

Maybe the most important of all is professional counseling though some sort of psychiatric professional. Many departments encourage officers to speak with a psychiatric

professional every once in a while to ensure that they are not suffering from any stress that may be manageable. Many other departments who do not push the issue of speaking with a mental health professional offer other services to their officers. One of the most common programs through many of the departments in the United States is some sort of a 1-800-stress number. This is a hotline that patches the officer through to an individual in their area that specializes in mental health and suicide prevention. This number is a don't ask don't tell policy with the department and the officers can get treatment for issues like; substance or alcohol abuse, family and home stressors, and even contemplation of suicide. These individuals can call the number and speak to a professional and even set up meetings that are usually paid for by the city or county they work for up to a certain number of meetings. There are other forms of counseling that police departments employ. One in particular is mandatory quarterly counseling. Nashville Metropolitan Police uses this model of counseling for their officers. Mandatory quarterly counseling is a form of counseling that is mandated so that the departments can monitor mental health of their officers and ensure they are fit to protect and serve the city or county they are assigned. There are many positives that Carlan et al (2008) talks about in their paper. One of the major positive things that mandatory counseling produces is a positive stigma about seeing a psychiatrist. With the meetings being mandated by the city, the officers are more inclined to be more relaxed and open about their issues while in the meetings without fear of backlash or scrutiny. Another key thing that this strategy employs is that the officers have the ability to get help through the city, once again this is done in privacy and the individuals involved do not have to worry about backlash. If an individual does reveal something that is troubling during a

meeting with the psychiatrist, they can be placed on administrative leave by the department and sent to a rehabilitation facility to receive proper treatment for whatever issue they may be suffering from. However, this is not put down on paper as administrative leave. Since the size of Nashville Metropolitan Police Department is so large and transfers occur regularly. The officer who is sent for treatment will be “transferred” to another precinct in the city. However, the officer will receive treatment prior to reporting to their newly assigned precinct. During their time of treatment, the officer will get regular paychecks and will not have laps in any sort of pay or insurance benefits to include retirement.

There is also a positive correlation between physical health and reduction of stress. Collins et al (2003) finds in their article that the use of regular physical training to be a good reducer of stress and helps improve mental health in officers. This is a major selling point to departments that don't test their officers physically each year. If a department was to mandate that the officers be able to complete a physical fitness test each year, it may compel some officers to conduct more frequent physical training. This would hopefully assist those same officers who are attempting to better themselves physically, to become more mentally healthy due to their physical activity.

Lastly, Kates (2008) writes in his book *CopShock* about the usefulness of group meetings for current and former police officers who suffer from PTSD or have had issues battling with suicide or substance abuse. The meetings work similar to that of an Alcoholics Anonymous meetings in the way that individuals show up and express their issues with PTSD, a

current or former battle with contemplation of suicide, or alcohol and substance abuse. These meetings rely on the peer support system. Peer support is a form of consoling and balance checks for members of the group. In this group each member would have another member as a “sponsor” or a prevention coach. It is the job of this individual to answer the phone when called upon to talk to the individual who may be struggling with something very serious in that moment. The very first instance that a Kates (2008) show in his book is that of an New York Police Department Transit Officer story. He recounts the tragic knife of that transit officer through her testimony in the group meeting that he attended to further understand PTSD. The transit officer goes on to say that ever since the night she was attacked in the subway, she has felt powerless and felt like a victim. She explains how this is the worst feeling to have because she feels the man that attacked her took a certain piece of her during the attack. She says all this through group meetings and then accounts to how she has recently contemplated suicide a lot. She is not the only member in this group that has contemplated suicide either so this makes it easier for her to say this dark secret. Doing this gets it out of her mind and off of her chest. The author of *CopShock* explains in the book that holding in the secret of an attempted suicide or thoughts of suicide are very dangerous. The reason for this is because if someone is unwilling to talk about it then they are still contemplating it. Kates states that when someone is ready to talk about suicide, then they are ready to change the cycle of their life for the better.

The fact is that this is an America where the strong and courageous men and women who serve this country in either a military or first responder uniform are not willing to talk about the traumatic events. The individuals who serve this country will bottle it up as much as possible and

even lie about the stress and anxiety. Many researchers have come up with PTSD test or examinations techniques to determine if someone has a form of PTSD. There is a major issue with these test though. If someone were to go to www.google.com right this moment and search PTSD examinations or PTSD quiz they would find quizzes but they would also find something else. In the searches related to PTSD examinations or PTSD quiz at the bottom of the page would be suggestions from people who have search something similar to what you searched and then searched this new topic. Out of those approximately eight searches at the bottom of that page approximately 4 of them would come back with something along the lines of; how to pass a PTSD examination, pass your PTSD examination, questions asked during a PTSD evaluation, and what to say during a PTSD evaluation. Those four search results show the attitude and mindset of our servicemen and women and our men and women of the first responders. Almost none of them want to admit that they have a mind crippling disorder. A disorder that cannot be reversed or cured. The idea of having this disorder terrifies them, it terrifies them to the point that they are taking steps to find out the questions the evaluation prior to being evaluated so that they can pass. However, for the ones that want help, the examination is very thorough and can be healing in itself to get some of the questions out there in the open especially if you are working with a spouse or loved one to fill it out. This will help them understand what you are going through and can empower them to be there for you.

The Department of Veteran Affairs or the VA has an evaluation given specifically to men and women of the military after they get out. It is a very in depth account of their military career to include; home life, family life, and deployment life. The questions asked in the questionnaire

are to help the psychiatrist to determine what events may have caused PTSD. If law enforcement professionals could come up with some sort of law enforcement specific test similar to that of VA's test, maybe the ones who want to be identified with PTSD and receive treatment could have that opportunity. Possibly the departments who cannot afford to send their officers to mandatory quarterly counseling or cannot provide the time needed to their officers who are suffering, this can be their way of still reaching out to their officers and showing they care. A simple test that takes up maybe 3 to 5 pages could be life changing for an individual who is suffering and believes that nobody in the department cares about them. We know this because the majority of police officer stress as discussed earlier is due to administration and believing that the admin is out to get them. Therefore, if the administration asked their officers to take an exam for them maybe quarterly or even once a year, it could help tremendously with officer moral and could be a turning point in an officer's life who may be struggling with PTSD. The test could include similar sections to that of the VA's test, sections such as; family life, home life, critical incident involvement, and on the job stress not related to critical incidents. These four sections could include as little as 10 questions a piece that could be reviewed by the department's chaplain who is trained in crisis intervention or a local area psychiatrist who agrees to help the department for a small fee. The 40 question quiz could be completed in less than an hour and could help change the life of an officer.

Conclusion

The evidence clearly exists that departments need be concerned about the mental well-being of their officers. From extremely high rates of stress-related mental illnesses to record numbers of suicides, the profession is under attack. The attack is a mental game for the officers; it is a battle of everyday life and work life. The attack is the struggle for officers to maintain their sanity while dealing with superior levels of stress while acting as a police officer.

One thing that should be emphasized through this article is that none of these officers can do it alone. No matter how individually strong and mentally prepared they are for their career, they need someone to help support them through their journey in police work. Supporters do not have to be family members either; they can be close friends, a counselor, and the police department's chaplain. Any of these individuals can help in their own way. Support is a key process through all stress related issues, but is extremely important when the individual is suffering from a possible stress-related mental illness or if the individual has contemplated suicide in recently. Identifying issues like this is key for close family and friends to watch out for so they know when the right time is to step in and reach out to the officer.

The warning signs are there in many of our current and former officers. One extremely important note is that this stress and issues with police involved suicide and stress also pertains to retired officers. This is one thing that was not touched on in the article but it is important to be noted. Family, friends and the department should watch out for the warning signs listed above and look for ways to combat those warnings the best they can. The fight is on and it is real no matter how bad the officer may not want to admit it. The battle for sanity begins with the admission of struggling and with the family and friends to be aware of the warning signs. The

hopes of this article is not to just inform individuals but to inform individuals in hopes that they will act before it is too late.

Work Cited

1. Collins, Gibbs (2002). BMI Health Services: *Occupational Medicine*, Vol. 53, No. 4, Pages 256-264.
2. Carlan and Nored (2008). *J Police Crim Psych: An examination of officer stress: should police departments implement mandatory counseling?*, Vol 23, Pages 8-15.
3. Lucas, T., Weidner, N., & Janisse, J. (2012). Where does work stress come from? A generalizability analysis of stress in police officers. *Psychology & Health*, 27(12), 1426-1447.
4. Clark-Miller, J. & Brady, H.C. (2013) Critical Stress: Police Officer Religiosity and Coping with Critical Stress Incidents. *J Police Crim Psych* 28: 26. doi:10.1007/s11896-012-9112-8
5. S. Bishopp & D. Boots (2014), General strain theory, exposure to violence, and suicide ideation among police officers: A gendered approach. *Journal of Criminal Justice* Vol42 issue 6 page 538-548. <http://dx.doi.org/10.1016/j.jcrimjus.2014.09.007>
6. Machell, D. (1989, March). Combat Post-Traumatic Stress Disorder, Alcoholism, and the Police Officer. *Journal of Alcohol and Drug Education*, 38(2), 23-32. Retrieved November 15, 2016, from <http://eric.ed.gov/?id=ED303745>
7. Gross, S. (1993, March 1). Fit for Duty? Cops, Choirpractice, and Another Chance for Healing. *University of Miami Law Review*, 47(4), 6th ser., 1079-1164. Retrieved November 15, 2016, from <http://repository.law.miami.edu/cgi/viewcontent.cgi?article=1878&context=umlr>

8. Goodman, A. (1990). A Model for Police Officer Burnout. *Journal of Business and Psychology*, 5(1), 85-99. Retrieved from <http://www.jstor.org/stable/25092266>
9. Korre, M., Farioli, A., Varvarigou, V., Sato, S., & Kales, S. N. (2014). A Survey of Stress Levels and Time Spent Across Law Enforcement Duties: Police Chief and Officer Agreement. *Policing: A Journal Of Policy & Practice*, 8(2), 109-122.
10. Garbarino, S., & Magnavita, N. (2015). Work Stress and Metabolic Syndrome in Police Officers. A Prospective Study. *Plos ONE*, 10(12), 1-15.
doi:10.1371/journal.pone.0144318
11. Conn, S. M., & Butterfield, L. D. (2013). Coping with Secondary Traumatic Stress by General Duty Police Officers: Practical Implications. *Canadian Journal Of Counseling & Psychotherapy / Revue Canadienne De Counseling Et De Psychothérapie*, 47(2), 272-298.
12. Ma, C. C., Andrew, M. E., Fekedulegn, D., Gu, J. K., Hartley, T. A., Charles, L. E., ... Burchfiel, C. M. (2015). Shift Work and Occupational Stress in Police Officers. *Safety and Health at Work*, 6(1), 25–29
13. Hart, P. M., & Wearing, A. J. (1995). Police stress and well-being: Integrating personality, coping and daily work experiences. *Journal Of Occupational & Organizational Psychology*, 68(2), 133-156
14. Mann, J. P., & Neece, J. (1990). Workers' Compensation for Law Enforcement Related Post Traumatic Stress Disorder. *Behavioral Sciences & The Law*, 8(4), 447-456
15. Brown, J., & Cooper, C. (1996). Occupational stress among senior police officers. *British Journal Of Psychology*, 87(1), 31.

16. Patterson, G., Chung, I., & Swan, P. (2014). Stress management interventions for police officers and recruits: a meta-analysis. *Journal Of Experimental Criminology*, 10(4), 487-513. doi:10.1007/s11292-014-9214-7
17. McCraty, R., & Atkinson, M. (2012). Resilience Training Program Reduces Physiological and Psychological Stress in Police Officers. *Global Advances in Health and Medicine*, 1(5), 44–66.
18. Horan, S. M., Bochantin, J., & Booth-Butterfield, M. (2012). Humor in High-Stress Relationships: Understanding Communication in Police Officers' Romantic Relationships. *Communication Studies*, 63(5), 554-573.
doi:10.1080/10510974.2011.633297
19. Chopko, B. b., & Schwartz, R. C. (2013). The Relation Between Mindfulness and Posttraumatic Stress Symptoms Among Police Officers. *Journal Of Loss & Trauma*, 18(1), 1-9. doi:10.1080/15325024.2012.674442
20. Robyn Gershon, Briana Barocas, Allison Canton, Xianbin Li, David Vlahov . Mental, Physical, and Behavioral Outcomes Associated With Perceived Work Stress in Police Officers. *Criminal Justice and Behavior*, Volume 36, Number 3 (March 2009), pp. 275-289,
<http://ejournals.ebsco.com.ezproxy.waterfield.murraystate.edu/direct.asp?ArticleID=417C98D353FC90A6577B>
21. Beehr, T. A., Johnson, L. B. and Nieva, R. (1995), Occupational stress: Coping of police and their spouses. *J. Organiz. Behav.*, 16: 3–25. doi:10.1002/job.4030160104

22. Maynard, P., Maynard, N., Mccubbin, H., & Shao, D. (1980). Family Life and the Police Profession: Coping Patterns Wives Employ in Managing Job Stress and the Family Environment. *Family Relations*, 29(4), 495-501. doi:10.2307/584464
23. Burke, R. J. (1993), Work-family stress, conflict, coping, and burnout in police officers. *Stress Med.*, 9: 171–180. doi:10.1002/smi.2460090308
24. 2017 Mid-Year Law Enforcement Officer Fatality Report. (2017, June 30). Retrieved from <http://www.nleomf.org/assets/pdfs/reports/fatality-reports/2017/2017-Mid-Year-Officer-Fatalities-Report-FINAL.pdf>
25. Aamodt, M., & Stalnaker, N. (2006). Police Officer Suicide: Frequency and officer profiles. Retrieved from <https://www.policeone.com/health-fitness/articles/137133-Police-Officer-Suicide-Frequency-and-officer-profiles/>
26. Anderson, G., & Plecas, D. (2002, June). Physical Evidence of Police Officer Stress. Retrieved from https://www.researchgate.net/publication/235308304_Physical_Evidence_of_Police_Officer_Stress
27. Ballenger, J., Best, S., Metzler, T., Wasserman, D., Mohr, D., Liberman, A., ... Delucchi, K. (2010). Patterns and predictors of alcohol use in male and female urban police officers. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/21175917>
28. Clark, R. (2017, January 4). 2016 Police Suicides: the NSOPS Study (Badge of Life). Retrieved from <http://www.policesuicidestudy.com/id16.html>
29. Deal, K. (2014, June). Preventing Law Enforcement Officer Suicide. Retrieved from https://cops.usdoj.gov/html/dispatch/06-2014/preventing_officer_suicide.asp

30. Domestic Violence by Law Enforcement Officers - Criminal Justice - IresearchNet.
(n.d.). Retrieved from <http://criminal-justice.iresearchnet.com/crime/domestic-violence/law-enforcement-officers/>
31. Dreadfulwater, E. (2014). Dealing with Divorce on the Home Front - POLICE Magazine.
Retrieved from <http://www.policemag.com/blog/careers/story/2014/01/dealing-with-divorce-on-the-home-front.aspx>
32. Edwards, J. (2006). Law Enforcement Officers Involved in Domestic Violence as Batters: An Integrative Treatment Model: Journal of Couple & Relationship Therapy: Vol 5, No 1. Retrieved from
http://www.tandfonline.com/doi/abs/10.1300/J398v05n01_02
33. Gilmartin, K. (2002). Emotional survival for law enforcement: A guide for officers and their families (1st ed.). E-S Press.
34. Gorta, A. (2009). Illegal Drug Use by Police Officers: Using Research and Investigations to Inform Prevention Strategies. Retrieved from
<http://journals.sagepub.com/doi/10.1350/ijps.2009.11.1.112>
35. Kates, A. R. (2008). CopShock: Surviving posttraumatic stress disorder (PTSD). Tucson, AZ: Holbrook Street Press.
36. KIRSCHMAN, E. L. (2018). I LOVE A COP: What police families need to know. S.I.: GUILFORD.
37. Kohan, A., & O'Conner, B. (2002). Job Satisfaction, Burnout, and Perception of Unfair Treatment: The Relationship Between Race and Police WorkPolice Quarterly. Retrieved from <http://journals.sagepub.com/doi/pdf/10.1177/109861110426978>

38. Roufa, T. (2017, February 5). What Is the Divorce Rate Among Police Officers?
Retrieved from <https://www.thebalance.com/what-is-the-divorce-rate-for-police-officers-974539>
39. Weir, H., Stewart, D., & Morris, R. (2012, February). Problematic alcohol consumption by police officers and other protective service employees: A comparative analysis.
Retrieved from <http://www.sciencedirect.com/science/article/pii/S0047235211001231>
40. Aamodt, M. (2016, September). Law Enforcement Divorce Rates: An Updated Analysis.
Retrieved from
https://www.researchgate.net/publication/308750553_Law_Enforcement_Divorce_Rates_An_Updated_Analysis
41. Bond, M. (2017, May 30). Police Suicide: Recognizing The Early Warning Signs.
Retrieved from <https://www.leelofland.com/police-suicide-recognizing-the-early-warning-signs/>
42. Leino, T., Eskelinen, K., Summala, H., & Virtanen, M. (2011, June 1). Work-Related Violence, Debriefing and Increased Alcohol Consumption among Police Officers. *International Journal of Police Science & Management*. Retrieved from
<http://journals.sagepub.com/doi/abs/10.1350/ijps.2011.13.2.229#articleCitationDownloadContainer>
43. Liliana-Amelia Purda-Nicoară, V., Manolescu, A., Roxana Dorobantu, M., & Lungeanu, E. (2012). Stress Management in the Police Work. Retrieved from
https://www.researchgate.net/publication/265359438_Stress_Management_in_the_Police_Work

44. Lindsay, V., & Shelley, K. (2009, May 26). Social and Stress-related Influences of Police Officers' Alcohol Consumption. Retrieved from <https://link.springer.com/article/10.1007/s11896-009-9048-9>
45. McClure, J. (2012). Suicidal crisis and suicide warning signs. Retrieved from <http://escholarship.org/uc/item/4t25f4jj>
46. Rudd, M., Goulding, J., & Carlisle, C. (2013). Stigma and Suicide Warning Signs: Archives of Suicide Research: Vol 17, No 3. Retrieved from <http://www.tandfonline.com/doi/full/10.1080/13811118.2013.777000>
47. Wolfe, B. (2015, March 31). The Role of a Law Enforcement Chaplain: Part One | US Patriot Tactical. Retrieved from <https://blog.uspatriottactical.com/the-role-of-a-law-enforcement-chaplain-part-one/>