The Impact of a Law Enforcement Suicide on Colleagues

by Christie L. Bogle

B.A. in Psychology, December 1997, North Carolina Central University
M.A. in Forensic Psychology, February 2000, John Jay College of Criminal Justice

A Dissertation submitted to

The Faculty of
The Graduate School of Education and Human Development
of The George Washington University
in partial fulfillment of the requirements
for the degree of Doctor of Philosophy

May 20, 2018

Dissertation directed by

Sylvia A. Marotta-Walters
Professor of Counseling

The Graduate School of Education and Human Development of the George Washington University certifies that Christie Lee Bogle has passed the Final Examination for the degree of Doctor of Philosophy as of March 6, 2018. This is the final and approved form of the dissertation.

The Impact of a Law Enforcement Suicide on Colleagues

Christie L. Bogle

Dissertation Research Committee:

Sylvia A. Marotta-Walters, Professor of Counseling, Dissertation Director

Lionel C. Howard, Associate Professor of Educational Research, Committee Member

Sam L. Steen, Associate Professor of Disability and Psychoeducational Studies, University of Arizona, Committee Member

© Copyright 2018 by Christie L. Bogle
All rights reserved

Dedication

This dissertation is dedicated to my son, Grayson James Bogle, who is the absolute joy of my life and without question is my greatest accomplishment. Grayson is my inspiration – watching his true innocence and joy of being a child inspires me to laugh often, smile always, and love unconditionally!

Acknowledgments

To be at the end of the road …

I owe an immeasurable amount of gratitude to my dissertation committee, Dr. Sylvia Marotta-Walters, Dr. Lionel Howard and Dr. Sam Steen. THANK YOU! Each of you has been a source of inspiration and support since I began this program. Without professors like you this journey would have been insurmountable. I offer my sincerest of gratitude for your encouragement, support, listening ears, and sturdy shoulders on which I leaned quite often. Each of you exemplifies the best education has to offer and your genuine spirits have not gone unnoticed!

To my husband, James … without you none of this would have been possible. I cannot thank you enough for your love, support and encouragement. I love you back! To my adoring "little man", Grayson - Mommy loves you more than I could ever say. Even at such a young age you were always there to support me with a kind word and a positive affirmation. You are a wonderfully thoughtful and caring young man. I love you.

To my Mom, Dad, and (baby brother) Shake … I am grateful for your love, encouragement and support. This has been a long time coming and your unwavering support when I decided to go back go for a PhD with a full time job and a 2 year old made it possible. And yes Shake, my 35 years of schooling has finally come to an official close! Now what to do next? To my unofficial therapist, Kaneka Turner – if you billed me for all of the therapy and "processing" during this adventure I would be broke! So thank you for the pro-bono work (smile). To all the friends and family who supported me mentally, verbally, and who helped out with "G" when I needed to study (or take a mental health break) – each of you was a godsend and are appreciated!

To Dr. Monica Johnson, Dr. Ajita Robinson and Dr. Kharod France – Each of you has been a calming force for me on more than one occasion. Your guidance was invaluable during this entire process and I thank you for always being shining examples of what a mentor and role model should be!

A very big thank you to all whose research and work in this field has helped keep the focus on officer mental health and who has pioneered the way for researchers and clinicians such as myself to hopefully make an impact on the mental wellness and resiliency of law enforcement. Thank you to the men and women of the IACP who have allowed me to blend my personal, professional and academic passions to support officer safety and wellness. An enormous thank you goes to Deputy Commissioner Darryl DeSousa and Lieutenant Stephanie Lansey whose commitment to being outspoken and supportive of law enforcement mental health is a shining example to all who serve. And to my research participants who graciously allowed me to share in your experiences, I am forever in your debt.

And finally, to the countless others who have been in my corner and always expressing support and encouragement, I thank you from the bottom of my heart. Your support, and friendship has been amazing and a solid rock for me to place my weary feet!

Forever grateful,

Christie

Abstract

The Impact of a Law Enforcement Officers' Suicide on Colleagues

The suicide epidemic has impacted individuals from across the globe in staggering numbers. Within the law enforcement community, suicide has been described as one of the most lethal threats to officers with reported officer suicides at two to three times that of officers killed in the line of duty.

The purpose of this study was to explore the lived experiences of law enforcement officers concerning another law enforcement officer's suicide and the impact a law enforcement officer's suicide has on a law enforcement agency/department. Data was collected through the process of in-depth, semi-structured interviews of 11 sworn law enforcement officers who experienced a colleague's suicide within the past 7 years (2010-2016). All interviews were conducted in person using an interview protocol as a guide. The resulting interview data was analyzed using Braun & Clarke's (2006) six step-by-step guide to thematic analysis producing four major themes: (1) Uniqueness of the law enforcement community (2) Lack of available resources regarding mental health services (3) Reactive response to the suicide event and (4) The necessity for consistent mental health services and the promotion of services by the administration. Analysis of the participant responses within each theme produced subsequent subthemes for themes one and two, which are outlined in this study. The findings addressed the two primary research questions of this study: (a) What are the barriers to seeking mental health assistance for law enforcement officers? (b) How do law enforcement officers describe and experience the response after a colleagues' suicide? Recommendations for law

enforcement administrators as well as suggestions for contributions to future research were discussed.

Table of Contents

Dedication iv

Acknowledgements v

Abstract of the Dissertation vii

List of Tables xiii

Chapter 1: Introduction 1

Overview 4

Significance Statement 5

Purpose of Study and Research Questions 7

Theoretical Framework 8

The Transactional Model of Stress and Coping 8

Methodology 9

Study Limitations and Delimitations 10

Definition of Key Terms 11

Chapter 2: Literature Review 15

Suicide 21

Suicide among Law Enforcement 22

Impact of Suicide 25

Stigma Surrounding Mental Health 30

Stigma of Mental Health within Law Enforcement Culture 32

Law Enforcement Culture 35

Law Enforcment Culture and Underreporting of Suicide 38

Law Enforcement Stress 41
Suicide Prevention Programs and Policy 43
Theoretical Framework for Forthcoming Study 46
Gap Analysis of Existing Research 49
Chapter 3: Methodology 51
Overview 51
Philosophical Worldview 51
Qualitative Research Questions 54
Sample Site and Selection 56
Participant Recruitment and Site Selection 58
Data Collection and Procedures 60
Method of Data Collection: Semi-Structured Interviews 60
Participant Profile 63
Participant Demographics (Table) 64
Data Management and Analysis 65
Data Analysis 66
Limitations and Delimitations 69
Essential Considerations 71
Researcher Subjectivity Statement 71
Validity (Trustworthiness) 72
Ethics 74
Summary 75
Chapter 4: Results 76

Overview....76
Thematic Analysis....77
Theme 1: Uniqueness of the law enforcement community....78
Culture of law enforcement influencing the acknowledgement of officer stress....82
Work Structure and Expectations Contribute to Officer Stress....84
The culture and profession of law enforcement hindering officers from seeking mental health assistance....86
Theme 2: Lack of available resources regarding mental health services....89
Lack of available resources regarding mental health services....89
Lack of departmental acknowledgement of officer suicide....95
Negative Perceptions of Administrative Support and Availability of Resources....97
Theme 3: Reactive response to the suicide event....100
Theme 4: The necessity for consistent mental health services and the promotion of services by administration....102
Notable Observations....106
The correlation between the impact of the law enforcement officer's suicide and the relationship of the officer and the surviving colleague....106
The difference in perspectives between male and female law enforcement officers....108
Summary....109
Chapter 5: Discussion....110

Overview....110
Discussion of Findings....111
Finding One....112
Finding Two....114
Finding Three....117
Recommendations....119
Recommendations for Law Enforcement Administrators....122
Recommendation One....122
Recommendation Two....122
Recommendation Three....124
Suggestions for Future Research....125
Suggestion One....126
Suggestion Two....127
Suggestion Three....127
Summary and Conclusions....128
References....130
Appendices....155
Appendix A: Interview Protocol....155

List of Tables

Table 1: Participant Demographics 64

Chapter 1

Introduction

"For reasons we don't fully understand, some people reach such depths of despair and pain that they begin to believe that they would be better off dead"- Dr. John Campo, Chair, Psychiatry and Behavioral Health, The Ohio State University Wexner Medical

Suicide is defined as the act of intentionally causing ones' own death (Stedman's Medical Dictionary, 2006). Suicide is a maladaptive response to perceived intolerable circumstances - personal and/or professional (Miller, 2005). According to the Centers for Disease Control and Prevention (CDCP, 2014) and the National Action Alliance for Suicide Prevention (NAASP, 2014), in 2010 there were 105 deaths by suicide each day in the United States, resulting in over 35,000 deaths that year. In 2012, an estimated 9 million Americans had serious thoughts of suicide and an estimated 1.3 million attempted suicide (CDCP, 2014; NAASP, 2014). The World Health Organization (WHO) estimates over 800,000 people die by suicide every year with one death by suicide happening in the world every 40 seconds (WHO, 2016). Suicide is the 3rd leading cause of death globally for persons between the ages of 15-44 years (WHO, 2016) and is the 10th leading cause of death in the United States (US). Over the past decade, from 2003-2013, the suicide rate has begun to increase to 12.93 per 100,000 (Center for Disease Control (CDC), 2013; American Foundation for Suicide Prevention, 2016). According to the 2015 CDC estimates, suicide costs society over $44.6 billion a year in combined medical costs and lost wages, with the average suicide costing $1,164,499. While those figures are staggering, the emotional and mental impact a suicide has on those left behind is immeasurable. Chopko, Palmieri, and Facemire (2013) investigated the association

between suicidal ideation, work-related traumatic and non-traumatic stress, personal relationship stress, age, depression, posttraumatic stress disorder symptoms, alcohol use, and posttraumatic growth among law enforcement officers. Their investigation concluded that an increase in depression contributed to increased suicidal ideation amongst law enforcement. The cost of an officer's suicide extends beyond the financial estimates and creates a ripple effect in the communities in which they live and serve. Colleagues, friends and families are severely affected, and without appropriate post-incident assistance, they may choose harmful and negative coping mechanisms. Depending on the size of the community served, a close kinship may have existed between the officer and those in society he or she served. It can be argued that colleagues, friends, family and members of the community will require sick and bereavement leave, possibly extending the need for mental health services to help this group adjust to the aftermath of losing a loved and respected member of their social circle to the tragic act of suicide. The strain on work environments as well as work, social, and familial relationships is immeasurable.

Suicide is an occurrence that touches every community. It doesn't matter if it's a small town, a large organization, first responders (firefighters, police officers, emergency medical technicians (EMT)) or the U.S. military (Army, Navy, Air Force, Marines, or Coast Guard). Many law enforcement officers are prior military members, some still remaining in selected reserve status. Selected Reserve personnel are members of a U.S. military unit that are not active military members but are readily available for call-up to active duty. In recent years the military has placed an emphasis on addressing the tragic instances of suicide amongst military personnel, especially in the wake of overseas

conflicts (Iraq/Afghanistan). According to the Department of Defense (DoD) Quarterly Suicide Report Calendar Year 2016 – 1st quarter (2016), military services reported a total of 110 suicides. The report further highlights suicide as a significant public health issue in the military.

It can be said that suicide in law enforcement is also a significant public health issue and is the most lethal threat facing officers. There is a human side to law enforcement officers that can be overlooked by the public. What does the public see when they look at a law enforcement officer? Do they see someone who is there to "protect and serve" and keep "law and order" within their communities? Is that all that they see? Law enforcement officers are just like those living in the communities they serve. They are men and women who have struggles and losses, deaths in the family, divorces, troubled marriages, financial difficulties and work disputes. If the public experiences it, then so does the law enforcement officer; the difference is the occupation and the stresses that are inherent to policing. Good mental health, wellness and resiliency skills are an essential part of the "healthy" law enforcement officer. A major component of policing is "community oriented policing" which entails interactions with the public and building relationships within the community. Many law enforcement officers spend their "off duty" time within the communities they serve. Perhaps the officer is the local soccer or basketball coach, church leader, or Boy Scout or Girl Scout leader. Obtaining a better understanding of mental health in law enforcement departments leads to better community relations. Better mental health support leads to better police officers, which can lead to improved community relationships. When the workday ends and uniforms

are removed, law enforcement officers are human beings. Improving and saving a human life is an endeavor worth undertaking.

Overview

Suicide is a topic not openly discussed in most law enforcement departments (O'Hara, Violanti, Levenson, & Clark, 2013) and discussing feelings of sadness, vulnerability and suicide may awaken feelings of vulnerability (Miller, 2005). When people have unsuccessful suicide attempts there is a chance to explore why they attempted suicide to understand better their thought process and what resources can be implemented to give them support. This study provides a similar opportunity for those who have lost a colleague to suicide by exploring how they were affected, what personal traumas they experienced as a result of their loss, and what resources they need to cope effectively with the loss and (hopefully) prevent them from considering suicide.

A suicide survivor can be defined as "someone who has lost a significant other to suicide" (Scocco, Castriotta, Toffol, & Preti, 2012). Losing a loved one, friend or colleague to suicide can be a more complex grieving process than a death occurring by other means (accident, natural causes, etc.) as the feelings of loss and sadness can be magnified by feelings of guilt, shame, regret, self-blame, abandonment and/or stigmatization by society (Tal Young, Iglewicz, Glorioso, Lanouette, Seay, et al., (2012); Stroebe, M, Stroebe, W. Van de Schoot, Schut, Abakoumin, et al., 2014; Hanschmidt, Lehnig, Riedle-Heller, & Kersting, 2016). Bereavement following a suicide is similar to the grief process for other losses; however, according to the literature, a suicide survivor may be at an increased risk for depression, suicidal ideation and prolonged grief (Tal Young, et al., 2012; Hanschmidt, et al., 2016). Although deemed an important factor in

suicide bereavement, stigma has been thinly investigated and the psychological consequences of stigma for suicide survivors remain largely unrepresented in literature and research (Cvinar, 2005; Hanschmidt, et al., 2016). The stigma surrounding a suicide can have an impact on those left to adjust after the death of their loved one, causing them to refrain from seeking support, although survivors "may require unique supportive measures and targeted treatment to cope with their loss" (Tal Young et al., 2012, p.1). Difficulties in grief after a suicide varies between situations and people, therefore a more in depth look at the impact a suicide has on survivors may lead to more effective ways of support for suicide survivors (Fhailí, Flynn, & Dowling, 2016).

According to Hanschmidt, et al. (2016), more research is needed on understanding the impact of stigma on suicide survivors and their grief processes. Quantitative studies are limited at identifying the why and the how surrounding a phenomenon and are unable to address how someone was affected by said phenomenon. This study can explore the areas of stigma about mental health amongst law enforcement and suicide by exploring these areas from the perspective of an officer. This approach may provide a platform for officers to share their feelings and thoughts about how they were impacted.

Significance Statement

"There are risks and costs to a program of action, but they are far less than the long-range risks and costs of comfortable inaction." - President John F. Kennedy

Suicide impacts organizations by affecting its resources from a financial, policy and personnel perspective. In 2013, the estimated cost of suicide and suicidal attempts in the United States was $58.4 billion dollars with 97.1% representing a loss of productivity (Shepard, D. S., Gurewich, D., Lwin, A. K., Reed, G. A., & Silverman, M. M., 2016).

Officer suicide is an ever-emerging issue in law enforcement. This study addresses the gaps in research relative to the impact of a law enforcement suicide on fellow law enforcement officers (LEOs) and the agencies/departments. More research is needed on those impacted by officer suicide, as policing and the associated stressors of policing may not be the same as those experienced by the general population. It is unknown if the effects that are studied in the general population translate to law enforcement given the unique culture and stressors of the law enforcement profession. Accurate research must go beyond the reporting of statistical data only and explore this phenomenon from a qualitative perspective using the statistical data to guide the explorative areas. Measuring impact is difficult and will require long-term perspective studies to make sense of the exposure (O'Hara & Violanti, 2009).

This study can contribute to research, practice, and policy. Many officers are hesitant to seek mental health services for fear of being viewed as weak or dishonorable. They are also concerned about the possibility of employment repercussions, the possibility that seeking help will impact their ability to be respected in the public domain (media, community), and the uncertainty surrounding the confidentiality and security of their treatment records (Olson & Wasilewski, 2016). The findings from this research may be utilized by leadership in police departments to encourage mental health services amongst law enforcement to enact policies and procedures that provide officers the confidence to seek services without fear of repercussions or loss of professional opportunities. More direct input is needed to provide meaningful prevention programs based on personal accounts from those directly impacted. This study may illuminate this fact thus leading to improved post-event protocols aimed at helping those who were

affected by the suicide, therefore possibly eliminating one more officer death by suicide. This study can also encourage more studies to explore ways to reduce the stigma and open the door for more accurate reporting of LEO suicides. By LEOs being willing to speak about their personal feelings to researchers using qualitative methods, future studies can build on the proposed study to understand the "why" that cannot be understood through statistics alone. Prevention programs can be constructed using the results of this study about what the "survivors" felt and needed. This can be achieved through a study that examines the impact of a colleague's suicide on LEO survivors. Uncovering officer experiences about a colleague's suicide may help develop effective training programs for officers as well as re-stabilize the department after a suicide event.

Purpose of Study and Research Questions

The purpose of this study was to explore the lived experiences of law enforcement officers concerning another law enforcement officer's suicide, and the impact a law enforcement officer's suicide has on a law enforcement agency/department. This study had two primary research questions that guide the study:

- **Research Question 1: What are the barriers to seeking mental health assistance for law enforcement officers?**
    - How do law enforcement officers describe the culture of policing?
    - How do law enforcement officers perceive the culture (of their specific department) in regards to seeking help for personal or professional issues?
- **Research Question 2: How do law enforcement officers describe and experience the response after a colleagues' suicide?**

- How do the officers describe the personal and professional impact after the colleague's suicide?
- How do law enforcement officers (LEOs) perceive the availability of mental health resources from within their departments and from external resources?

Theoretical Framework

"The interpretation of stressful events is more important than the events themselves."

Lazarus

The Transactional Model of Stress and Coping Theory is a framework for assessing the processes of coping with stressful events using an individual's appraisal of the event to evaluate harm, threat and challenges. (Lazarus, 1966; Lazarus & Folkman, 1984). The transactional model of stress and coping is based on two appraisal systems: primary and secondary (Lazarus, 1984). The primary appraisal is when the individual determines if the event affects him or her personally, is a positive or negative encounter, and if the event is threatening, harmful or challenging. The secondary appraisal is when an individual assesses his or her available resources that aid them in combating or coping with the stressor. A colleague's suicide would most certainly be considered a stressful event and would cause one to appraise the event and assess the available resources to cope in the aftermath of the death. Members of the law enforcement profession experience repeated stressors and may be devoid of appropriate outlets to express their emotions and feelings. In some cases, the officers may "protect" their friends and families from the encounters they witness and shield others from the pain they experience. This closes them off from a source of support. The law enforcement

population has its own unique culture combined with continuous exposure to occupational stressors making the Transactional model of stress ideally suited for this study.

Methodology

The purpose of qualitative research is to gain a deeper understanding of an event (Morse & Field, 1995). This study utilized a basic interpretive qualitative method to gain a better understanding of the experiences of law enforcement officers who have experienced the death of a colleague by suicide from the participant's view of the event (Creswell, 2013; Merriam & Tisdell, 2016). This basic interpretive qualitative study was exploratory in nature with the overall goal of understanding how people make sense of their lives and experiences (Meridian and Tisdell, 2016). Study participants selected for this study were chosen from a mid-sized police agency/jurisdiction who had experienced the suicide of a sworn law enforcement officer within the past 7 years.

Interviews were conducted utilizing a semi-structured format. Demographic information was gathered at the outset of each interview. After gathering demographic information, participants were asked a series of open-ended questions to allow them the opportunity to discuss their experiences and opinions without restriction. Once the data was collected, the researcher transcribed the interviews using a professional transcription service. Open coding, axial coding, and selective coding procedures were used to analyze interview data, allowing for emerging themes and patterns in the data to be identified and expanded. For this study, the researcher proposes thematic analysis (TA) as the method of analyzing the collected data. Thematic analysis identifies, examines and develops patterns or "themes" present within the collected data (Braun & Clarke, 2006).

Study Limitations and Delimitations

Intrinsic to research study are limitations and delimitations for which the researcher must identify and make adjustments. Limitations in research are circumstances beyond the researchers' control that would impose restrictions on the methodology and conclusions. In this study the following limitations are to be considered:

1. The circumstance (location, in person or telephonic) by which the participants are interviewed may influence their responses.
2. The lack of access to every member within a police department due to scheduling, retirement, willingness to participate in research, etc. may impact the number of participants in the study.
3. Interview data validity. The content of the research is based on the testimony of the participants and may be hindered by time, loss of memory or limited recollection of events.

Delimitations are limits and/or boundaries that the researcher is able to account for and control. In this study the following delimitations are identified:

1. Population sample (participants). In order to achieve the desired sample size, the researcher may need to identify multiple police departments within the desired geographical area with a larger number of employed officers.
2. Number of participants. The selection will also be open to both male and female officers and no limitations will be placed on rank or position.
3. Research questions and interview protocol. To ensure consistency, an

interview protocol will be developed and each participant will be provided the same background information, disclaimers, and questions.

A more detailed discussion on the limitations and delimitations of the study will be discussed in Chapter 3.

Definition of Key Terms

1. **Suicide** – Suicide is defined as the intentional taking of one's own life.
    a. An act of self-induced annihilation, best understood as a multidimensional malaise in a person who defines an issue for which suicide is seen as the best possible solution (Schneidman, 1985).
2. **Suicidal Ideation** - Also known as suicidal thoughts, are thoughts about how to kill oneself, which can range from a detailed plan to a fleeting consideration and does not include the final act of killing oneself.
3. **Suicide Survivor** - Someone who lost a friend, family member, other loved one, or colleague to suicide.
4. **Law Enforcement Officer** - An employee, the duties of whose position are primarily the prevention, investigation, apprehension, or detention of individuals suspected or convicted of offenses against the criminal laws. This includes an employee engaged in this activity who is transferred to a supervisory or administrative position, or someone serving as a probation or pretrial services officer. (Title 18 of the United States Code (18 USC)).
5. **Sworn Law Enforcement Officer** - Those who have taken an oath to support the constitution of the United States, their state, and the laws of their agency's

jurisdiction. Sworn officers also have the authority to make arrests and carry firearms (Bureau of Labor Statistics, 2008).

6. **18 USC** - Title 18 of the United States Code is the main criminal code of the federal government of the United States. It deals with federal crimes and criminal procedure.
7. **Mid-Size Police Agency/Department** - A police department that serves a US city with a population between 50,000 to 500,000 (IACP, 2014). Examples of such jurisdictions are Overland Park, Kansas; Berkeley, California; Boise, Idaho; Arlington, Virginia; and Winston-Salem, North Carolina (IACP, 2014).
8. **Post-Traumatic Stress Disorder (PTSD) -** The development of characteristic symptoms following exposure to one or more traumatic events. The events can be directly experienced or witnessed by the individual. The disorder is characterized by three main types of symptoms: 1) Re-experiencing the trauma through intrusive distressing recollections of the event, flashbacks, and nightmares, 2) Emotional numbness and avoidance of places, people, and activities that are reminders of the trauma, 3) Increased arousal such as difficulty sleeping and concentrating, feeling jumpy, and being easily irritated and angered (Diagnostic and Statistical Manual of Mental Disorders, 5th ed.; American Psychiatric Association, 2013).
9. **Law Enforcement (LE) Culture** – Police culture has several main characteristics, which include an exaggerated sense of the duty of police work, the importance of stopping crime, a celebration of all masculine traits, a willingness to assume force in situations and a desire for crime-oriented tasks rather than

more menial desk-oriented tasks. A type of organizational culture that contains unwritten roles and social codes that dictate the way that a person within the culture will function, as well as building a strong sense of solidarity among the group and a will to conform.

10. The **blue wall of silence**, also **blue** code and **blue** shield, are terms used in the United States to denote the unwritten rule that purportedly exists among police officers not to report on a colleague's errors, misconducts, or crimes, including police brutality (Chin, 1998; Mullen, 2000, Thurman & Giacomazzi, 2010).
11. **Rank** - "Rank" refers to the level within the organization. The United States law enforcement ranking model is generally quasi-military in structure. Each level of law enforcement (federal, state, and local) has different ranks, which varies from each agency. There is no nationally set law enforcement rank structure.
12. **Stress** - Any uncomfortable "emotional experience accompanied by predictable biochemical, physiological and behavioral changes". Stress generally refers to the psychological perception of pressure and the body's response to it.
13. **Depression** - A state of low mood and aversion to activity that can affect a person's thoughts, behavior, feelings, and sense of wellbeing. Clinical Depression, also called major depressive disorder, is a mood disorder that causes a persistent feeling of sadness and loss of interest and affects how you feel, think and behave. This can lead to a variety of emotional and physical problems (Salman, 1997; Diagnostic and Statistical Manual of Mental Disorders, 5th ed.; American Psychiatric Association, 2013).

14. **Counseling -** A collaborative effort between the counselor and client whereby counselors help clients with the following: identify goals and potential solutions to problems which cause emotional turmoil; seek to improve communication and coping skills; strengthen self-esteem; and promote behavior change and optimal mental health (ACA, 2017).
15. **Peer Support** – The process by which people (peers) provide knowledge, experience, emotional, social or practical help to each other. It commonly refers to an initiative consisting of trained supporters (although it can be provided by peers without training), and can take a number of forms such as peer mentoring, listening, or counseling (Meade, Hilton, & Curtis, 2001).

Chapter 2

Literature Review

"LEOs face many obstacles in their career and none as paralyzing as trying to deal with the daily shit of work, coupled with home, finances, marriage, kids, you name it. We are told we are tough, we are strong and we need to "man-up" (whether you are a man or a woman) and to keep your feelings at bay and under wraps. After all, who wants to hear your sob story? You are the law and you are required to be strong and deal with your stuff on your own. To ask for help would be sacrilege and looked upon with skepticism and shame by many who are supposed to be your leaders." – Author Unknown

The purpose of this study is to explore the lived experiences of law enforcement officers (LEO) who have survived another officer's suicide. Such exploration may help to develop effective training programs for officers, as well as provide strategies to re-stabilize a department after a suicide event. This study is an important step toward understanding the experiences of officers impacted by a colleague's suicide with the goal of strengthening best practices for law enforcement departments grappling with officer suicides. Law enforcement agencies at the tribal, local, state, and federal levels are beginning to discuss law enforcement and mental health. This study will add to the growing body of research supporting the need to take a closer look.

Literature was searched using the following sites and keywords: a) APA PSYC NET, APA PSYC INFO, PSYC EXTRA; keywords: Police, Personnel, Suicide; b) Ebsco host Psychology and Behavioral Sciences Collection; keywords: Loss of colleague and law enforcement, c) National Archive of Criminal Justice Data – NACJD; keywords: Law Enforcement Suicide, d) Google Scholar/ Google; keywords: How suicide affects

police community, Police Suicide Postvention, Police Psychology, suicide impact on police department, e) Google; keywords: police procedure after suicide, how departments handle law enforcement suicide, FBI agent suicide how it's handled, organizational toll after suicide, cost of suicide to police.

The literature review examines the current state of knowledge about suicide, law enforcement officer suicide, the stigmatization of suicide and mental illness, law enforcement culture, barriers to reporting suicide in law enforcement culture, and suicide prevention programs. The literature review illustrates the current research focus on law enforcement suicide, the stressors of the law enforcement profession and the development of suicide prevention programs as it relates to law enforcement professionals (Aamodt & Stalnaker, 2001; Miller, 2005; Bishopp, 2013; Chopko, Palmieri, & Facemire 2013; O'Hara, Violanti, Levenson, & Clark, 2013; Violanti, 1995, 2012, 2014). There is little published research on how a law enforcement officer's suicide impacts those affected by the death. In the absence of an abundance of literature on the topic, current literature was examined in order to be informed and understand suicide as a phenomenon. Limited research is available examining the consequences of a suicide for social or family networks (Cerel, Jordan & Duberstein, 2008). Existing research informed the methodological decisions and designs of this dissertation.

The majority of available studies have focused on family members and are broadly focused on the phenomenon itself. Lindqvist, Johansson & Karlsson (2008) conducted a qualitative study on the aftermath of teenage suicide probing the psychosocial consequences for surviving family members. In this study they found that post suicide support was often delayed and insufficient. They declared there is

significant evidence supporting the need to improve our understanding of what families need following a suicide. Cerel, Jordan, and Duberstein (2008) conducted a review and summarization of the literature regarding the impact of suicide on the family. They concluded that an important "next step" in determining how to help survivors is to focus on the aftermath that occurs within the families. According to the Cerel, Jordan, and Duberstein (2008) study, the majority of studies focus solely on one type of survivor while neglecting to examine family dynamics, previous relationships, or the quality of the relationships prior to the death. This makes it difficult to look at how the death impacted family relationships and communications. The review confirmed findings of several other studies which stated that suicide survivors experienced more guilt and blame (internal and external) than other deaths, and the suicide often has a significant impact on social relationships. The review further concluded that research indicates suicide survivors experience a greater amount of judgment and blame by others that is often more "overtly expressed or covertly communicated through nonverbal cues and social withdrawal, straining and even rupturing the cohesiveness of a family or extended social network as survivors blame each other for the death" (Cerel, Jordan, and Duberstein, 2008, pg. 39). One finding, which may be applicable to the law enforcement environment, is the secrecy that can surround a suicide. There is a desire for more detailed explanations and reasons for a suicide death as opposed to other types of deaths. As many groups may tend to feel uneasy discussing the suicide, communication issues may arise such as avoiding discussion and hesitancy to express feelings; this behavior can lead to survivors withdrawing from their own social networks and other support systems (Cerel, Jordan, and Duberstein, 2008). Many suicide survivors experience guilt

surrounding their inability to have suspected, known, or intervened in the suicide. Overall, the review conducted by Cerel, Jordan, and Duberstein (2008) finds that there are limited studies of familial and extended social network responses to suicide. The research states that there is compelling evidence for subjective studies examining the experience of grief after a suicide as it differs from other losses. The lack of exploration of suicide's effects on the family has existed for decades. A need remains for both quantitative and qualitative studies of the phenomenon of suicide survivor experiences (Cerel, Jordan, and Duberstein, 2008). "Though available literature is a good beginning, much remains to be done before we can really claim that survivors are receiving the help that they need" (Cerel, Jordan, and Duberstein, 2008, p. 43).

McMenamy, Jordan & Mitchell (2008) conducted a pilot study, "*What do Suicide Survivors Tell Us They Need?",* where they noted there are limited studies that examine the coping efforts of suicide survivors or that identify the problems and needs of suicide survivors after the loss of a loved one. In their pilot study, they aimed to examine the effects and coping endeavors of suicide survivors, as well as the self-reported difficulties, available resources and barriers to assistance after the loss. The study utilized a Survivor Needs Assessment Survey, which was developed for their study, to obtain preliminary data about the difficulties experienced by survivors in the following areas: practical, psychological, and social domains. Data also revealed the people and the resources used by survivors to cope (McMenamy, Jordan & Mitchell, 2008). In addition to those broad areas, the researchers were interested in the perceived barriers to support. The results of the McMenamy, Jordan & Mitchell (2008) study supported findings from early studies that the bereavement and coping process for a suicide survivor can be a prolonged and

complicated process. The survivors can be at an elevated risk for negative psychological and social consequences such as depression, guilt, anxiety, trauma and suicidal ideation. Their findings posited that working with suicide survivors is a crucial part of prevention and support required to thwart psychological difficulties and suicide. Survivors indicated that they sought assistance from mental health professionals but they also found comfort and support amongst friends and colleagues. Peer support was highlighted as a particularly helpful supportive resource. The study points out that developing educational efforts aimed at expanding the knowledge base of the 'non-traditional' support systems (caregiver, employer, etc.) will create a promising avenue for intervention efforts (McMenamy, Jordan & Mitchell, 2008). The researchers note that additional studies that explore the kinds of issues experienced by survivors is warranted. Additionally, ways in which survivors cope after the suicide, and the type of interventions most useful in aiding coping efforts, will further encourage "evidence based, effective and compassionate care for individuals experiencing the death of a significant other by suicide" (McMenamy, Jordan & Mitchell, 2008, p. 388).

Research is emerging on law enforcement officer suicide, the etiology of officer suicide and the stressors that accompany officer suicide; as well as more studies exploring the prevalence and predictors of suicidal ideation amongst U.S. law enforcement are surfacing (Chopko, Palmieri, & Facemore 2013; Violanti 2007, 2013). There is limited literature available on understanding the impact a suicide has on fellow officers in the law enforcement agency where the suicide event occurred. More evidence-based research is needed that focuses on the survivors of law enforcement suicide to develop effective prevention strategies. Suicide data is difficult to obtain and is not

easily verifiable due to the sensitivity surrounding the death of law enforcement personnel (Solomon, 2017). Further hindering the accuracy of suicide rates amongst the law enforcement community is the fact that suicides can be dismissed as accidental deaths or misclassified in the reporting. There is also a lack of research on the development of meaningful and useful suicide prevention programs for officers that accurately address risk factors such as post-traumatic stress, stress, and trauma (O'Hara & Violanti, 2009). Research indicates resiliency training is likely to have a positive impact on the overall psychological wellbeing of an officer when not solely based on trauma and stressor related situations. This training provides the best outcome for helping officers handle both traumatic events and occupational stressors while being a factor in improving their overall psychological wellbeing (Violanti, 2014). In order for a suicide prevention program to be effective it would be beneficial to understand how the suicide affected those colleagues who served with the fallen officer. Understanding how colleagues and supervisors experienced the death and how they were affected by the suicide, from a resilience perspective, is a critical element in understanding, and subsequently developing, an effective suicide prevention program.

The literature review provides the support for this dissertation as it illustrates the need for research that focuses on the impact of a law enforcement officer's suicide on surviving coworkers, and highlights the current gaps found in the literature. The search process included a review of relevant literature concerning law enforcement officer suicide, the perception of suicide, available training and programs to help law enforcement personnel and organizations adjust after suicide events. Of note is the lack of available research being conducted as it relates to the impact of suicide on colleagues

(survivors). This study seeks to understand how the suicide of a law enforcement officer impacts his or her colleagues.

Suicide

People commit suicide for an unknown number of reasons. Shared themes expressed by those who have attempted suicide include feelings of hopelessness, despair, and isolation from family and friends (Tal Young et Al., 2012). Research has been conducted that attempts to uncover the predictors of suicide in an effort to mitigate instances of completed suicide. Risk factors for suicide include persons with a family history of suicide, a history of depression, substance abuse, previous suicide attempts, a recent personal or professional loss and/or serious medical issues. Persons with a history of depression or those with a combination of debilitating stressors can begin to feel hopeless and helpless (Miller 2005). Previous suicide attempts are a cause for concern and are a predictive factor for future suicide attempts; and for one reason or another, those suicide attempts have not resulted in a person's death. When a person attempts suicide and is unsuccessful, there is an opportunity to explore the reasons behind the suicidal ideations and subsequent actions in order to gain a better understanding of why people think about suicide and determine what resources can be accessed to give them the support they need (American Foundation for Suicide Prevention, 2013). According to the National Alliance on Mental Illness (NAMI), mental illness is a factor in more than 90 percent of people who kill themselves; many were diagnosed with depression, bipolar disorder or some other mental health condition (Tal Young et al., 2012). Family history of suicide, childhood trauma, those with impulsive aggression behaviors as well as substance abuse issues may also increase one's risk of suicidal ideations or attempts

(Pappas, 2015). Available literature states that the divorce rates and alcohol abuse amongst law enforcement professionals is higher than the general population primarily as a result of occupational stress (Chopko, et al., 2013). Given what is known regarding suicidal risk factors and the stress of the law enforcement profession, it is important to examine suicide amongst law enforcement independent of the general population.

Suicide among Law Enforcement

Research conducted by O'Hara, Violanti, Levenson, & Clark (2013) revealed that suicide is not openly discussed in police culture due to the fact that officers view police suicide as dishonorable to the profession. Suicide amongst law enforcement officers can be an uncomfortable topic. Discussing feelings of sadness, vulnerability and even suicide taps into sensitive areas of vulnerability and fear that almost every officer experiences, yet they make significant efforts to suppress (Miller, 2005). The reasons law enforcement officers commit suicide are in line with the general population, although the prevalence was slightly higher amongst law enforcement and police suicides rates were 52% higher than the general population (Aamodt & Stalnaker, 2001; Chopko, et al., 2013). Research examining police suicide rates report mixed results with some reporting numbers of police suicides at three times greater than the reported suicide for the general public (Chopko, et al., 2013). Chopko and colleagues explored suicidal ideation within law enforcement and were the first to utilize the General Health Questionnaire (GHQ) to measure suicidal ideation amongst law enforcement professionals. The GHQ was designed "to measure somatic symptoms, anxiety, social dysfunction, and depression", and its brevity makes it an attractive option for inclusion into studies that involve law enforcement. Other studies report police suicide rates at equal or less than the general

population but those studies are in the minority. Although the exact number of law enforcement suicides is in question and can vary depending on the study, the fact that law enforcement suicide occurs is an undisputed fact. The mixed results are believed to stem from a lack of demographics accounting (age, race, gender) as the majority of police are white males between the ages of 25 to 54 years (Aamodt, 2008; Chopko et al., 2013). Given the disparate information reported on law enforcement suicide rates, additional research is needed to clarify the significance of the issue using the same psychometric instruments for standardization purposes (Chopko et al., 2013). While law enforcement officers share very similar suicidal risk factors with the general population, there are additional factors that are directly applicable to those in the law enforcement profession. Police work involves exposure to traumatic events increasing one's risk for developing posttraumatic stress disorder [PTSD] symptoms and alcohol use (Violanti, 2004; 2007). The Diagnostic and Statistical Manual of Mental Disorders (5th ed.; American Psychiatric Association, 2013) is the most widely accepted nomenclature used by clinicians and researchers for classifying mental disorders and defines PTSD as "the development of characteristic symptoms following exposure to one or more traumatic events" (APA, 2013, p. 274). Research indicates the impact of PTSD combined with increased alcohol use, all lead to a ten-fold increased risk of suicidal ideation (Violanti et al., 2013). According to the American Foundation for Suicide Prevention (2014), the use of firearms accounts for nearly 50% of all suicides and law enforcement personnel have immediate access to firearms as a mandatory component of their uniforms. Increasing awareness, as it relates to emotional distress and the factors that relate to suicidal ideation, is a critical factor in addressing the issues to reduce and prevent suicide in law

enforcement (Chopko et al., 2013). A deeper examination of the factors that predict SI in officers in the Chopko, et al. study attempts to fill the gaps in the literature relative to the prevalence of suicidal ideation in a small sample of law enforcement and the factors that predict suicidal ideation.

Some studies have reported that suicide is the most lethal threat facing law enforcement officers with reports consistently estimating that an officer is two to three times more likely to take his or her own life than to be killed by felonious assault (Kelly & Marin, Miller 2005; 2006; Violanti, 1996). This means that two to three times as many officers took their own lives than were killed in the line of duty by a perpetrator. The impact of an officer's suicide on fellow officers has not been studied. It is possible that many times the suicides are made to look accidental or even misreported by peers who wish to reduce the officers' or the departments' shame, or so the families can be protected (O'Hara et al., 2013). Many departments do not know how to handle an officer's suicide and are uncertain if the death can or should be considered a line of duty death (IACP, 2014). That is a highly debated topic that has yet to be fully decided or adopted by the majority of officers or departments (IACP, 2014). The preponderance of research on police suicide has focused on larger police departments. Very little research has been conducted within smaller departments, even though smaller police departments reported a significantly higher suicide rate than large departments (Violanti, Mnatsakanova, Hartley, Andrew & Burchfiel, 2012).

> Most members of the law enforcement community—line officers, supervisors, managers, and chiefs—will face the issue of suicide within their ranks at some point in their careers (Cowen, 2008). Even agencies well prepared for these

> tragedies are hit hard by them. Unfortunately, many agencies lack the resources to prevent officer suicide; others are unprepared to respond effectively to it when it does occur (The Police Chief, 2009).

Any officer, given the right set of circumstances, can have their hardened exterior image disrupted by the right stressors or compilation of stressors. This can catch an officer off guard and thoughts of suicide can emerge unexpectedly (Miller 2005). Without solid family and social support and effective prevention programs, an officer can feel as if they have no recourse except a lethal one to end his or her suffering. According to Harpold's (2000) *A Medical Model for Community Policing,* "Police agencies need to be healthy before they can treat the communities' illnesses and injuries".

Impact of Suicide

Although typical grief reactions following any sudden death include shock/disbelief, anger, guilt, sadness, fear, and depression, there is no standard way to react to the loss of a loved one, friend, or colleague who committed suicide. The loss of someone due to suicide can complicate the grieving process (Duke University, 2016). While suicide is an individual act, surviving families are often left feeling bewildered and searching for answers, all the while, attempting to adapt to their new normal (Cerel, et al., 2008; Serani, 2013). Many families may have felt they were unaware the person was struggling with emotional or mental issues and feel completely caught off guard by the suicide. Even if warning signs or indicators are present, it can be difficult for a family to recognize or notice that something is wrong; this is particularly true when the issue is not obvious as it may be with drugs or alcohol. To further complicate the grieving process, those left behind must often endure impacts to their social relationships (Feigelman,

Gorman & Jordan, 2009). One of the most damaging impacts to social relationships is the lack of information surrounding the death thus leading to a need to assign blame (Cerel et al., 2008). Those who were close to the suicide victim appear to be assigned more blame than those who are close to persons who die by other causes; they are judged more harshly by society as "deserving of blame" (Cerel et al., 2008; Range, 1998). It can be difficult to recognize warning signs for family members whose loved ones are in high stress occupations (first responders such as police, firefighters, etc.) because the line between "normal" work stress and concern may not be observed readily. Families have also expressed feelings of guilt and self-doubt, asking what they could have done to change the circumstance (Cerel et al., 2008). In many families, the tough discussions are avoided while members put on a facade that everything is fine. The outcome can be detrimental when family members continue under the pretense that there are no problems, when in fact, there are very significant issues that need to be addressed.

In many ways, co-workers are like extended family because of the amount of time spent with them and the formation of close-knit and special relationships (American Psychological Association (APA), 2011). The suicide of a colleague sets off ripple effects as the death affects everyone in the organization including peers, management, and even the Human Resources (HR) department (White Swan Foundation, 2016). Co-workers may react in ways similar to family members: with shock, disbelief, and anger. The confusion may be deepened further if the co-worker never thought that the person would commit suicide; he was always thought of as a strong individual who was not susceptible to difficulties. Colleagues are left to manage the grief of losing someone with whom they have worked closely, possibly resulting in feelings of guilt ("What if …

Could I have helped? … "If only"), sorrow at the loss of a colleague and friend, and infuriation at both the unknown and suspected circumstances (APA, 2011; Brock, 2003; Magellan Healthcare, 2015; White Swan Foundation, 2016). When the reasons behind the suicide are discovered to have been occupationally related, it can intensify the effect the death has on the colleagues. Co-workers may begin to question themselves and their coping capabilities. Many may wonder if they are vulnerable to such extreme measures, especially if they work in a high stress occupation such as law enforcement. Some colleagues may attempt to delve deeper into work to avoid processing the situation emotionally. This can lead to burnout, a state of intense mental and physical exhaustion. Suicide survivors may even adopt unhealthy coping behaviors such as excessive eating, poor sleep or substance use issues (APA, 2011). As it stands, officers are at higher risk for ineffectively managing stressful situations resorting to self-medicating with drugs, alcohol, violence, anger and/or social withdrawal (Amaranto et al., 2003).

Officers are trained in providing physical safety of their colleagues, but in general, are not provided adequate training in identifying emotional distress or suicidal ideation. An inability to recognize when a colleague is suffering emotionally goes hand in hand with being unable to respond effectively when it may be suspected that a colleague is in need of emotional support or assistance (IACP, 2014). Hesitancy to report concerns may be a protective measure on the part of the observer as they may be afraid to place themselves in a situation where they are reprimanded for their actions. Another consideration is a fear of being incorrect about their concerns. The aftermath of working with someone who may now harbor ill feelings makes for an uncomfortable work environment. Additionally, being unclear or misinformed about privacy or

confidentiality laws and policies can be an additional barrier to a colleague providing help (IACP, 2014). Barron (2010) conducted a document review of statements by family, friends and co-workers of persons who committed suicide. He determined that several organizational elements may have been factored into the suicidal behavior. According to Barron (2010), such factors include a lack of communication surrounding mental health, insufficient or absent training in recognizing self-injurious behaviors, a lack of supervision, especially as it relates to firearms, and lack of continuity of care contributed to the problem.

Literature exploring the impact of suicide on co-workers is scant at best. Many suicide prevention agencies or organizations have limited content relevant to suicide impact. What is available focuses primarily on family, and that information does not appear to be supported by empirically based studies. Some research is available that examines the organizational impact and costs of a worker's suicide (Shepard et al., 2016). Increasing the knowledge and awareness of the factors that contribute to police suicidal ideation may lead to more effective suicide prevention (Chopko, et al., 2013). The Chopko, et al. (2013) study attempts to fill the gaps in the literature relative to the prevalence of suicidal ideation in a small sample of law enforcement and identify the factors that predict suicidal ideation (SI) in law enforcement. The study looked at the prevalence of SI and the association of SI to work-related traumatic stress, personal relationship stress, work-related non-traumatic stress, age, depression, post-traumatic stress disorder symptoms, alcohol use, and post-traumatic growth amongst law enforcement officers. Despite research findings indicating the significant impact personal and familial problems have on officers' mental wellbeing, few studies have

examined SI amongst law enforcement. Depression, post-traumatic stress symptoms, alcohol use and organizational stress within police work have also been linked to SI among officers (Chopko, et al., 2013). Increasing awareness as it relates to emotional distress and the factors that relate to suicidal ideation is a critical factor in addressing the issues to reduce and prevent suicide in law enforcement (Chopko, et al., 2013).

The proposed study will address the lack of attention paid to the impact a suicide has on colleagues. A study such as this one may provide valuable insight into the impact a suicide has on those closely affected (from a professional relationship standpoint) and perhaps uncover factors that can lead to suicidal ideation amongst the law enforcement community. Although the exact number of suicides amongst law enforcement personnel is in question and can vary depending on the study, the fact that suicide occurs in law enforcement is undeniable. A large number of current suicide studies are focused on suicide prevention programs and are often drawn from large departments that serve a major city with a high population count. Few studies, if any, have an "impact' focus and fail to incorporate the effects of the suicide on the colleagues of the fallen officer. The proposed study will focus on mid-sized police agencies/jurisdictions and specifically look to explore the impact of the suicide event on colleagues of the deceased LEO.

When exploring impact on colleagues following a suicide, it would be important to focus on many facets related to mental health. One of these facets is stigma which will be discussed in the following section. Many who would benefit from mental health services either do not seek them or they discontinue participating due to the stigma associated with mental health (Corrigan, 2004).

Stigma Surrounding Mental Health

Perceived stigma or "self-stigma" is described as the internalized experience of shame and perceptions of discrimination by the person affected with mental illness (Perlick, Rosenheck, Clarkin, Sirey, Salahi, Struening & Link, 2001). Mental health is often stigmatized and public stigma is a pervasive barrier that prevents many individuals from receiving mental health care (Parcesepe & Cabassa, 2013). Those with mental illness can experience discrimination and exclusion from familial, social, and occupational circles (Davey, 2013). Link, Cullen, Struening & Shrout (1989) characterized mental health stigma primarily from a social aspect involving prejudicial attitudes of and discrimination by society as it relates to those with mental illness.

Literature on mental health stigma reports three themes in the beliefs held by the public regarding those with a mental illness diagnosis (Corrigan & Penn, 1996; Couture & Penn, 2003). The first theme of "authoritarianism" is the belief that individuals diagnosed with a mental illness are considered to be irresponsible and incapable of caring for themselves. The second theme of "fear and exclusion" supports the belief that society should be fearful of those affected with mental illness and restrict their interactions with society. The final theme is that the public is inclined to view people with psychological issues as unworldly, unsophisticated and even childlike.

There are several factors that contribute to mental health stigma ranging from a lack of knowledge and awareness about psychiatric disorders to misguided beliefs about persons diagnosed with a mental disorder. The current medical model places mental illness in line with physical conditions indicating that mental issues may be a result of a physical or medical ailment; this implies a biological or physiological basis (Davey,

2013). Physicians and other medical professionals further stigmatize mental health in the medical field partly because mental health training and education is not prioritized in medical training curriculum (Wallace, 2010).

Those who may benefit from mental health services could be hesitant to seek assistance due to the stigma associated with mental health. Stereotypes about people with mental illness are often attributed to persons who seek mental health care (Corrigan, 2004). According to the American Psychological Association (APA), 2016), stereotypes are defined as "generalizations about a group of people in which the same characteristics are assigned to all members of a group". According to Corrigan (2004), some research has indicated people fear being labeled "mentally ill" and hold the belief that by seeking mental health services, they will be automatically categorized as such.

Another concern when addressing stigma and mental health is the fear of discriminatory reactions towards those seeking services by associating mental health services, such as therapy and counseling, to the label of being mentally ill. Such discrimination may manifest itself in an occupational setting whereby employers may be hesitant to hire someone with "mental health issues"; this makes the association that all mental health issues are equivalent to dangerous behavior or instability (Corrigan, 2004).

The stigma associated with mental health creates additional barriers to effective programs and treatment (Amaranto et al., 2003). Removing the stigma of mental health is not an easy task, but it is not insurmountable. Departments can begin with incorporating mental health and wellness as a part of the 'routine' of law enforcement. This study aims to address this by exploring the impact a suicide has on those members in

a department and identifying "gaps" in current programs and resources that officers identify as potentially significant.

Stigma of Mental Health within Law Enforcement Culture

"*We need to break the cycle, the silence, and change the culture."*

– Deputy Chief Eddie Reyes, Alexandria (Virginia) Police Department

Law enforcement culture has a significant impact on how officers perceive, experience and react to stressful and traumatic events (Paoline, 2004). Research reported in Paoline's (2004) article was derived from survey data collected from two police departments examining the similarities and differences in officer attitudes in an effort to understand the cultural experiences amongst officers. Data was collected, via self-reported surveys, from police officers on aspects of policing in general. Included were items such as an officer's knowledge of his or her assigned area of coverage (also known as "beat"), "training and knowledge, goals, views of work unit, background characteristics and occupational attitude" (Paoline, 2004). The Paoline (2004) research analysis classified the data into three separate groupings: occupational attitudes of law enforcement officers, the attitudinal composition of the group (s) and the attitudes across the groups of officers. The aim was to look at the complexities of officers' attitudes and determine whether they represented a more traditional police culture or if they were more fragmented.

Due to the nature of law enforcement and the violent and traumatic scenes they witness and experience, officers may choose to dissociate their feelings from the events at hand in an effort to protect themselves emotionally. Officers learn to cope with violence,

stress and traumatic events by insulating themselves, which makes them a higher risk for stress-induced disorders (Anderson, Litzenberger, & Plecas, 2002; Violanti 2007).

The National Alliance on Mental Illness (NAMI, 2014) reported that mental health and wellbeing are equally as important as physical health, yet agencies of all professions are lagging behind in acknowledging and providing the same level of attention and resources to mental wellness and resiliency as they do to physical wellness and safety. Mental health issues and the threat of officer suicide are often topics no one wants to acknowledge or discuss. The culture of law enforcement is one of machismo where being 'tough", "brave" and "sucking it up" are valued and thought of as a requirement for the job. This attitude contributes to a desire to 'fit in' to a culture of masculinity, solidarity and even social isolation (Bodor, Thompson & Demirçivi, 2003; USDOJ, 2003). In society, and even more so in policing, mental health is stigmatized and looked at as being deficient. The stigmatization of mental health diagnosis and seeking services in the law enforcement community can restrict one's interest and desire to seek help when it is needed. Furthermore, keeping the issue of mental health hidden in law enforcement can directly impact an officer's reaction to a colleague's suicide and inhibit survivors from seeking mental health services themselves. Recent shifts in perspective are leading to new understanding that a healthy mind leads to a healthy body; and, feeling good improves interactions with others.

> In a profession that prides itself on bravery and heroism, mental health concerns can be seen as weaknesses and antithetical to the strong courageous police persona. Nevertheless, police officers are not immune to stress, depression, anxiety, post-traumatic stress disorder (PTSD), or other mental health concerns or

> illness. Arguably, they are more susceptible given the horrific events, trauma, and chronic stress endemic in their profession. Perpetuating this culture of silence and denial around officers' mental health needs is unacceptable. It endangers every officer in the country. When agencies and individual officers do seek guidance and assistance, they often find that limited resources are available. Those that are available come from disparate sources, with few devoted specifically to law enforcement. As a result, neither officers nor chiefs know where to turn in a time of crisis (IACP 2014).

Examples of men and women in law enforcement encountering stress, strain, and occupational backlash and fallout stemming from mental health situations can likely be found in many departments across the country. Chris Prochut (personal communication, July 11, 2013; VanHaute, 2015), a Bolingbrook police officer, shared one such example: he was ultimately terminated from his duties as a result of seeking mental health care despite the fact that the circumstances were brought about by job related stressors. Chris Prochut was a Bolingbrook, Illinois police officer from 1996 – 2008. He held many assignments and position throughout his tenure to include Training, Internal Affairs, and the Public Information Officer (PIO) for the department. His work and reputation were excellent and Chris was eventually promoted to the rank of Commander in 2007. Two months after his promotion, the local news reported that Bolingbrook police officer Sgt. Drew Peterson's wife Stacey was missing. Chris was assigned to help a lieutenant in his department with media relations for the local police department; the Illinois State police stated publicly that they would handle all media relations for this case. If reporters or the public did not receive a response from Illinois state police representatives, they would

call or visit Chris or his lieutenant. As months continued and public opinion became "fact", the stress of the Drew Peterson case began to take an enormous toll on Chris's mental health. On April 17, 2008, Chris Prochut made a decision to commit suicide, an effort that was thwarted by his wife calling 911. Chris was involuntarily admitted to Linden Oaks Mental Hospital where he received 15 days of in-patient care. He was diagnosed with Bipolar Disorder. Upon release from Linden Oaks Hospital, Chris's Firearm Owner Identification card was revoked as a result of his admission to a mental hospital. According to Illinois State Law, Section 1 of the Firearms Owners Identification Act prohibits persons from owning a gun if they have been admitted to a mental institution. Despite a successful recovery, Chris Prochut was no longer able to carry a firearm, and as such, could no longer be a police officer. He unsuccessfully filed for disability from the police department and was later forced to resign on May 1, 2009. The described provisions in many state laws are a catalyst for silence within law enforcement. These same provisions promote secrecy and support the feelings of shame when seeking mental health services.

Law Enforcement Culture

The psychological definition of culture can be defined as "the set of ideas, behaviors, attitudes, and traditions that exist within large groups of people (usually of a common religion, family, or something similar). These ideas, behaviors, traditions, etc. are passed on from one generation to the next and are typically resistant to change over time" (Hofstede, 1997; Myers & DeWall, 2016). Law enforcement culture can shape routine decision-making by the police and can refer to several different aspects of policing. Westwood (2010) states that police culture refers to the deep-seated feelings of

loyalty towards and solidarity with fellow officers; it's a feeling that transcends mainstream colleague relationships. The role of being a law enforcement officer can, and often does, become the primary personal identity of an officer. Officers take extreme pride in their profession, their role, and they are more likely to embrace the belief that law enforcement officers need to be self-reliant and infallible (Crank, 2010; Miller, 2005). Miller (2005) discusses the difficulties in addressing such a sensitive topic as officer suicide during training. Doing so often elicits jokes in an effort to mask the discomfort of this topic. Officer suicide "hits close to home" and makes officers uncomfortable. The utilization of humor to deal with discomfort is not lost on the police population, as it is often necessary to handle the stressful events they encounter.

The law enforcement "code of conduct" embodies a subculture whereby officers may feel as if they need to maintain an appearance of having it all together, fearing any outward display of emotion may brand them as weak or vulnerable (Arrigo & Shipley, 2004; O'Hara & Violanti 2009). Officers believe they should be able to handle most, if not all, situations with very little assistance or without making errors (Miller, 2005). Police work often involves "emotion work", which is defined as the "face-to-face contacts with the public where expressions are regulated as part of the job to produce an emotional state" (Grandey, 2000). Emotion work requires mental effort to display organizationally acceptable emotions during public interactions (Bakker & Heuven, 2006). The Bakker and Hueven (2006) study aimed to examine the impact of emotion work on those who served in public service; police officers and nurses specifically. The study considered the effect of such work on the professionals' wellbeing as well as their work performance. The research indicated that regulating emotions on a consistent basis

could lead to emotional dissonance, which can have negative mental and physical health consequences (Bakker & Heuven, 2006). This has been linked to "burn out" in service professionals. Officers become experts at donning a metaphorical protective mask to disguise any emotional pain, which inhibits others' ability to identify emotional distress. Regulating and suppressing one's emotions can be a contributing factor to stress, resulting in negative effects on one's health (Bakker & Heuven, 2006). The literature available that touches on an officer's feelings surrounding how they are viewed by others and the emotional work it takes to maintain an appearance of perfection was extracted from research studies, research articles and published books on law enforcement suicide (Grandey, 2000, Arrigo & Shipley, 2004; Bakker & Heuven, 2006; O'Hara & Violanti 2009). The data utilized was primarily an extrapolation of the content found within these articles and research studies.

A potential contributing factor in an officer's emotional dissonance may be the internal and cultural practice inherent to law enforcement of protecting fellow officers' professional or personal actions. This is known as the blue wall of silence. The blue wall of silence, also blue code or blue shield (Chin & Scott, 1998; Mullen 2000; Thurman & Giacomazzi, 2010) are terms used in the United States (US) to signify the unwritten rule that exists among law enforcement professionals not to report on a colleagues' errors, misconducts, or crimes. If an officer is questioned about the actions of another officer, he or she, according to the "code", must declare ignorance of any knowledge of misconduct or improper transgressions (Hall, 2012). An officer not honoring the code could be ostracized by peers further adding to their stress. The pressure to follow the code could be an ever-present stressor. In doing so, a police subculture emerges which includes

"protective, supportive, and shared attitudes, values, understandings and views of the world," which has developed into what is termed "blue wall of silence". This is often viewed by non-law enforcement as a part of a closed police society (Cox, McCamey, & Scaramella, 2003). Contributing to the law enforcement culture is the symbol of the "thin blue line" and the perception of the "blue wall of silence". Officers are socialized to be reliant and dependent upon one another within the law enforcement community, so changing the culture from within as it relates to mental health services will be critical. This proposed study aims to highlight the specific experiences of officers who have been affected by a colleague's suicide, and look beyond the "blue wall" into the emotions of officers; this is an area rarely explored or researched. This study seeks to address the issue of officer suicide from a qualitative perspective by exploring the lived experiences of officers who worked closely with the suicide victim rather than quantitatively gathering data reported on the number of suicides reported annually. The researcher will interview the participants allowing them to share their personal feelings and experiences as a colleague of someone lost to suicide.

Law Enforcement Culture and Underreporting of Suicide

Law enforcement suicide tends to be underreported and the actual statistics for law enforcement suicides may be biased by misclassifying suicides, thereby lowering reported suicide rates (Violanti et al., 2013). Agencies may report an officer suicide as an accidental death, which may be an effort to save the reputation of the officer or the agency. Obtaining accurate, consistent, and reliable statistics for law enforcement suicide is a difficult task, and it has been noted that police suicides are sometimes disguised making the true numbers even greater (Chopko, et al., 2013). The fear of being

stigmatized and associated with having experienced mental health symptoms, concerns over being removed from field assignments, a police subculture that promotes the ability to portray strength and appear unaffected by occupational stressors, and the underreporting of symptoms by officers may all be contributing factors and limitations in studies as it relates to reporting suicide in law enforcement (Chopko, et al., 2013). Departmental statistics are often lacking and sometimes even non-existent. Agencies can be reticent to open their doors to researchers to allow access to existing data or collecting new data and potentially expose a flaw in personnel support, if it exists or is perceived to exist, by departmental personnel (O'Hara, Violanti, Levenson, & Clark, 2013). Among the data that are reported, there are also issues which support the under reporting argument. In 2008, 17% of reported officer suicides were determined to have been misclassified as accidents or undetermined deaths (O'Hara & Violanti, 2009). A multi-year web surveillance of national data on police suicides found that police suicides that were reported are as follows: 141 in 2008, 143 in 2009, and 126 in 2012 indicating a brief decline in suicides for 2012 from previous years. According to a 2016 six month Badge of Life study, there were 51 deaths by law enforcement officer suicides from July – December 2015 which can be extrapolated to approximately 102 law enforcement suicides for the year. This data indicates a reduction in law enforcement suicides in 2015 compared to the last Badge of Life study in 2012. Studies were not found that researched the reasons for the decrease (an increase in suicide prevention programs or a reduction in the stigma surrounding mental health) and the accuracy of reporting remains unverified (O'Hara et al., 2013). Police subculture is to "take care of one's own" so exposing this

information and inviting a critical view of the situation and circumstances can be frowned upon within the law enforcement community (Violanti, 1995).

According to O'Hara & Violanti (2009), the increase in the availability of electronic communications, Internet usage and social media databases may play a positive role in the accuracy of reporting police suicides and obtaining statistical data. In the past, it was difficult to access data regarding police suicides because many went unreported, especially if the event occurred in a small rural town in the US. With today's technology and around the clock news coverage, a police suicide in a small town is likely to be reported and gain media attention. Accessible and accurate data will aid in data collection and keep a police suicide from going unnoticed.

According to Dowling, Moynihan, Genet & Lewis (2006), officers may fail to seek help for their own, or others' suicidal ideations as a result of years of desensitization on the job and learned coping mechanisms. Unfortunately, this includes avoiding people and situations regarding mental illness or suicidal thoughts. A great deal of research exists on avoidance coping. One such definition, which aligns with the Transactional Model of Stress and Coping, is by Carey (2009) who define coping style as is a mixture of one's perceived source of stress, the degree to which people believe they have control over situations, and one's positive or negative viewpoint on finding a solution. Avoidance can be seen as a form of denial and may be characterized as a maladaptive coping mechanism (Zeidner & Endler, 1996). It is possible that law enforcement personnel may be unable to observe concerning behavior, or report it if observed, because they are also contemplating or struggling with the same emotions or fears. Contributing to an officer's decision to refrain from seeking assistance may be a fear of stigmatization,

a fear of having their duties adjusted (re-assignment to 'light' duty or administrative tasks), a fear of being perceived as weak or failing in his or her duties or the fear of losing the privilege to carry one's weapon. If that occurs, the person will not be able to continue as a police officer. This study will not re-examine the number of reported law enforcement suicides; rather, the intent is to focus on the less examined area of the impact of a suicide on colleagues. According to Barron (2010), the effects of a completed suicide on professional groups such as law enforcement can create a "ripple effect" which includes varying degrees of grief and anxiety. The impact can lead to significant trauma if the colleague had a firsthand observation or experience. The occupation of law enforcement is ripe with challenges and stressful events and having a traumatic experience so 'close to home' can elevate the levels of stress if not provided with the proper support to deal with the incident.

Law enforcement Stress

Human beings experience stressful and sometimes traumatic situations that, if not dealt with properly, can lead to negative reactions and coping mechanisms. Harpold and Feemster (2002) examined police stress, depression, and suicide in terms of the sources of stress, a historical view of departmental assistance, and Project Shield, which was developed by the National Institute of Justice to probe major law enforcement agencies on the negative sources of stress. The results indicated a need for proactive efforts for stressed police (Kenwright 2008).

Life as a police officer means you are never truly off duty. Your actions, both on and off the clock, reflect the police department and may be subject to administrative or disciplinary actions if deemed unacceptable. Additionally, officers are required to

maintain a level of emotional control in their professional lives. The transition to "opening up" at home can be difficult, limiting the personal outlet most people use for expression (Amaranto, Steinberg, Castellano, & Mitchell, 2003). Police culture encourages a suppression of emotions; therefore, officers may have Post-Traumatic Stress Disorders (PTSD) as a result of their occupation. They may also be unaware of their symptoms and not know how to cope (Amaranto et al., 2003). Suicide triggers for law enforcement are in addition to risk factors for the general population (CDC, 2015; Chae & Boyle, 2013). Police officers have additional risk factors that are unique to their profession such as being the subject of an internal investigation. Being an officer and having your mistakes under review can cause an officer to become afraid of damaging his or her career or reputation, and bringing shame and disappointment to themselves, fellow officers, family members and friends (Joiner, 2005; Kelly & Martin, 2006; Miller, 2005).

Research on police stress is increasing. However, given the stage of the research, it is likely that inaccuracies, underreporting and misclassifying police suicides will continue. Given the sensitivity of the topic of police suicide and the infancy of the attention being paid to this issue, access to nationwide data as well as data collection remains difficult. Acknowledging law enforcement stress, its impacts and making a deliberate choice to become and remain healthy will positively impact the reduction in law enforcement mental health distress (Harpold and Feemster, 2002). As such, a qualitative study such as this will serve as a springboard for more extensive quantitative studies that address law enforcement mental wellness and resiliency. The stressors of police work can compound the daily stress of life such as marital struggles, financial difficulties, the loss of a loved one, emotional issues, and other stressful situations. These

factors make it difficult to maintain a balanced and healthy emotional state. Occupational factors include continuous exposure to violence, death and injury as a part of official duties. Social strain from shift work, inconsistencies within the criminal justice system, and the belief by law enforcement officers that they are viewed negatively by the public contribute to these factors (Chermak, McGarrell, & Gruendewald, 2006; Violanti, 1995). The public heavily scrutinizes the actions and behaviors of officers, and with public support changing rapidly, officers may feel a sense of instability making it difficult for them to maintain a public servant role (Amaranto et al, 2003). The high stress of policing is a consistent predictive factor that appears in post suicide analysis. Programs that attend to all facets of an officer's physical, emotional and mental wellbeing are needed to counter the ill effects of various aspects of stress. This study seeks to provide insight into the surviving officers' emotions as they cope with the stresses and strains of their work. Little is known about the relationship between such stressors and suicide prevention programs and policies.

Suicide Prevention Programs and Policy

"To prevent as much tragedy as possible, all law enforcement agencies should have a suicide prevention program in place. It is critical that every agency be prepared with an intervention program. Both intervention and restabilization protocols are critical to minimizing the event's negative impact" (The Police Chief Magazine, 2009)

The American Association of Suicidology defines suicide postvention as "the provision of crisis intervention, support and assistance for those affected by a completed suicide" (Brock, 2003, p.1). Developing a mental health program within any department is critical, yet is typically the last program to be considered except where a department

reacts to the unfortunate incident of a law enforcement officer's suicide. Resources for police departments are limited and the focus on an officer's mental wellbeing takes a back seat to logistical issues such as upgraded body armor and advanced equipment (IACP, 2012). From the department's perspective, tangible items are the most essential because you can see and hold them; you know when they are broken.

Current suicide preventions programs have improved exponentially over the years. Previous programs provided an outline which listed statistics on suicide, stressors that may contribute to feeling overwhelmed and lead to suicidal ideation or action, and a list of resources available for help (hotlines, pamphlets, etc.). Today's programs are making efforts to be adaptive towards specific needs of a company, organization or agency. According to the Suicide Prevention Resource Center (2017), suicide prevention efforts are more likely to succeed if guided by evidence-based practices. Evidence-based practice is "the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of communities and populations in the domain of health protection, disease prevention, health maintenance and improvement (health promotion)" (Jenicek, 1997, p.190). The primary issues that seem to face police departments when addressing suicide amongst their officers are awareness, communication, reducing stigma, and allocating resources to mental health (Spencer-Thomas, 2014). While current suicide prevention programs are geared toward addressing many of these issues, one that incorporates the 'survivor' impact has not been found. It is the opinion of this researcher that exploring the impact a suicide has on fellow officers will provide a broader and perhaps deeper understanding of the incident. According to a Harvard Health Publication (2009) "People who've recently lost someone through suicide are at increased risk for

thinking about, planning, or attempting suicide. After any loss of a loved one, it's not unusual to wish you were dead; that doesn't mean you'll act on the wish". This study aims to provide a different perspective when researching mental health and the impacts of suicide.

Establishing a thorough, comprehensive and well thought out mental health program or policy within a police department can be illuminative of the department's view of mental health. Overcoming the stigma of mental health and seeking services is a difficult hurdle. However, with the proper development and delivery of such a program, law enforcement officers may be more willing to place their mental wellbeing on par with their physical wellbeing. Effective suicide prevention for law enforcement is needed to reduce the instances of officer suicides (IACP, 2014). Developing effective stress and trauma programs that recognize the need law enforcement has for maintaining a facade of mental wellness may be helpful in reducing the negative impacts of occupational stress while increasing positive coping mechanisms. Cetuk (2006) found that many officers from smaller or rural departments receive limited training in stress management and suicide risk awareness. This supports the current research efforts to incorporate stress management and suicide awareness training at the academy level and continuously throughout an officer's career. For every known/reported officer suicide, there are other officers who are struggling emotionally; they continue to work while masking their pain, suffering and thoughts of suicide (O'Hara et al., 2013). Suicidal ideations can develop over time and stressful situations can build on each other; this is why timely interventions are critical (Miller, 2005).

To be effective, prevention programs must address each level of law enforcement from the training academy to leadership. These programs must incorporate psychological assessments as a part of the hiring process and periodic re-assessments throughout the academy and the officer's career (Miller 2005). Instilling good mental health practices and self-care at the training academy demonstrates support for good mental wellness. The start of an officer's career can be substantially impacted at the core and a new breed of officer emerges – one that places value, not shame, on mental wellness and resiliency (Miller, 2005; Mohendie, & Hatcher, 1999). Effective self-care should be emphasized at the onset of an officer's career and continued throughout to thwart the negative effects of stress and trauma. The enforcement of resiliency is a continuous process that encourages self-care and mental health therapy throughout one's career in order to prepare an officer before trauma occurs instead of reacting to the aftermath (Miller, 2005; Violanti, 2009).

Theoretical Framework for Forthcoming Study

"Stress is not what happens to us. It is our response to what happens. And response is something we can choose". – Maureen Killoran

Given a law enforcement professional's continuous exposure to stressful and combat-like situations, and for the purposes of this study, examining the impact of a colleague's suicide for this population is best suited with the Transactional Model of Stress and Coping Theory (Lazarus, 1966; Lazarus & Folkman, 1984). The Transactional Model of Stress and Coping is a framework for assessing the processes of coping with stressful events using an individual's appraisal of the event to evaluate harm, threat and challenges (Lazarus, 1966; Lazarus & Folkman, 1984). Merriam-Webster

(2017) defines stress as "causing mental or emotional stress" and the term stressful as "full of or tending to induce stress". Lazarus (1993) defines coping, from a process viewpoint, as "ongoing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person". In the context of this model, when a person encounters a stressor, he or she evaluates the potential threat, also known as the primary appraisal, whereby the person determines the significance of the event and whether or not it is deemed positive, negative, stressful, controlling, challenging or irrelevant (Cohen, 1984). The transactional model of stress and coping is based on two appraisal systems: primary and secondary (Lazarus, 1984). The primary appraisal is when the individual determines if the event affects him or her personally, is a positive or negative encounter, and if the event is threatening, harmful or challenging. The secondary appraisal is when an individual assesses the available resources that aid them in combating or coping with the stressor (Holtam, 2017).

The Transactional Model of Stress and Coping has been used in a variety of research areas from health studies to satisfaction studies and psychological research. The Hung & Hsieh (2014) study, *"Coping as a Moderator of the Relation between Recreation Hassles and Hiker Satisfaction",* explored the relationships among recreation hassles, coping, and hiker satisfaction using the core elements of the Transaction Model of Stress and coping (problem-focused coping and emotion-focused coping) to examine the moderating role of coping in the relationship between hassles and satisfaction. Using the Transactional model of stress, Quine and Pahl (1991) conducted a study of the psychological stress and coping among mothers caring for a child with severe learning

disabilities. This theory has its origins in the medical field and continues to be used in studies such as the Byers & Smyth (1997) research, which examined the exposure of critically ill patients to physiological and environmental stressors. This exposure led to deteriorated physiological and psychological effects.

Law enforcement officers, by the nature of their occupation, may have an increased need to be effective, feel useful and to be accepted by both colleagues and the community. Experiencing the suicide of a colleague may impact an officer in ways he or she may not be prepared for or trained to deal with. Having a clearer understanding of the impact of a colleague's suicide will be a critical element to improving the effectiveness of suicide prevention programs and post-event protocols. Conducting the research from a Transactional Model of Stress and Coping theoretical framework was the goal of this study, while also utilizing the transactional model of stress and coping as the foundational model for observation and understanding as data are collected through interviews. The theory is described linearly which aligns with the procedural way in which law enforcement are taught to process information, making this model particularly appropriate for the population to be studied. Linear thinking is defined as the "process of thought following known cycles or step-by-step progression where a response to a step must be elicited before another step is taken" (Dictionary.com). The theory will help guide the research in terms of organizing ideas and inform how the data are interpreted, allowing the researcher a lens through which links can be made between abstract concepts and concrete statements. As more research is conducted and supporting evidence is gathered, a broader context for predictions may emerge consequently opening space for generating new research.

Gap Analysis of Existing Research

"*If you think research is expensive, try disease" - Mary Lasker (1901-1994)*

This study seeks to address the issue of officer suicide from a qualitative perspective by exploring the lived experiences of officers who worked closely with the suicide victim. Researchers conducting studies on occupational stressors in policing have posited a causal relationship between policing and stress, and they believe that a direct relationship exists between policing and an increased risk of suicide, alcohol consumption, and divorce (Bishopp, 2013). Chopko, et al. (2013) discusses the importance of considering one's emotional distress as a critical factor in addressing the issues to reduce and prevent suicide among law enforcement. Considering a colleague's emotional distress in the wake of a co-worker's suicide is extremely important for the same reasons, yet this is not found in current studies. Research indicates the loss of someone due to suicide can complicate the grieving process (Duke University, 2016); however, these studies are typically associated with the general population and not law enforcement, a profession with its own unique culture. What can be gleaned from current literature is the standard "reported" responses by family members and friends of the deceased who may be able to provide a basis for understanding someone's reactions, and coping mechanisms, to a suicide. These are areas not currently explored in current law enforcement suicide research and can be accomplished through a study such as this one.

The impact of the policing on individual officers is a subject ripe for examination and this line of qualitative research is appropriate as a preliminary step. It is important to identify and prevent the sources of stress in police work that lead to destructive behavior

(Dantzker, 1986; Gilmartin, 2002; Manzoni and Eisner, 2006; Violanti, Vena, Marshall, and Petralis, 1996). Many studies focus on the effectiveness of suicide prevention programs but very few, if any, studies have an "impact' focus; nor do they incorporate the effects of the suicide on those who have worked closely with the fallen officer. Since we know that police work involves exposure to traumatic events, which can increase one's risk of developing post-traumatic stress disorder [PTSD] symptoms (Violanti, 2004; 2007), it is important to explore whether colleagues also experience PTSD symptoms as a result of bearing witness to such a traumatic event. Current research indicates there are shared themes expressed by those who have attempted suicide. These include feelings of hopelessness, despair, and isolation from family and friends (Tal Young et. al, 2012). Currently, research is sparse as to whether these themes translate to those who worked with someone who has died by suicide.

In this study, the focus will be on mid-sized police agencies/jurisdictions, which make up a significant proportion of the American urban and suburban landscape; yet, the associated police agencies have not historically been a distinct area of focus for research, funding, or advocacy (IACP, 2014). Does a colleague's suicide give rise to thoughts of self-harm? Knowing more about the factors that contribute to police suicidal ideation may lead to more effective suicide prevention (Chopko et al., 2013), factors which may be gleaned by examining the impact of a colleague's suicide. Predictive factors are incorporated into many studies but it is not yet known if colleagues experience the same known factors or stressors after a colleague's suicide. A study such as this one may provide valuable insight into the impact a suicide has on those closely affected, especially based on their professional relationship.

Chapter 3

Methodology

Overview

This chapter provides an overview of the researcher's theoretical worldview as it relates to the methodology, explains the study's research design, and specifies the research questions and interview protocol used in the research. The theoretical constructs, participants, data collection, data analysis processes, and the study's limitations and delimitations are also discussed. Lastly, the procedures taken by the researcher that ensure validity, reliability and objectivity are provided.

The purpose of the study was to 1) explore the lived experiences of those who have worked with an officer who committed suicide, 2) determine how the suicide impacted their lives both professionally and personally, and 3) encourage additional research in this area to develop more effective suicide prevention programs for law enforcement. The use of basic interpretive qualitative research was used to explore the experiences of law enforcement officers who have experienced a colleague's suicide since these experiences are significantly underrepresented in existing literature.

Philosophical Worldview

"And, irrespective of what one might assume, in the sciences, problems do not arise by themselves. It is, precisely, because all problems are posed that they embody the scientific spirit. If there were no question, there would be no scientific knowledge. Nothing proceeds from itself. Nothing is given. All is constructed."

Gaston Bachelard, 1934

This study utilized a basic interpretive qualitative method. This basic interpretive

qualitative study was exploratory in nature with the overall goal of understanding how people make sense of their lives and experiences (Meridian and Tisdell, 2016). The theoretical framework used for this study was the Transactional Model of Stress and Coping (Lazarus, 1966; Lazarus & Folkman, 1984), which is a framework for evaluating the processes of coping with stressful events. Utilizing the Transactional Model of Stress and Coping as the basis of theory is informed by the researcher's view of Constructivism, also known as Social Constructivism. Constructivism purports that people seek to understand the world in which they live and work by developing subjective understandings of their experiences (Creswell, 2014). In approaching the research from a Constructivist perspective, the objective was to primarily rely on the research participant's views of the circumstances being studied. These views, which were collected via open-ended questions during interviews, allow participants to freely and un-obstructedly share their views and experiences. Conducting the research from a Transactional Model of Stress and Coping theoretical framework, and using a Constructivist perspective informed the researcher's observations and helped understand the data that were collected. The Transactional Model of Stress and Coping theory helped guide the research in terms of organizing ideas and informing how the data were interpreted. This provided the researcher with a lens through which links were made between abstract concepts and concrete statements.

The purpose of this basic interpretive qualitative design study was to explore the experiences of law enforcement officers whose colleague committed suicide at a mid-sized police department. Using the Constructivist lens, the focus was on developing an understanding of the experiences of the surviving officers by unmasking the silence

typically encasing a fellow officer's suicide. The International Association of Chiefs of Police (IACP) defines a mid-size city as one with a population between 50,000 to 500,000 (IACP, 2014). The police department considered mid-sized for this research study had a jurisdiction within these population parameters and was located in the MidAtlantic region of the United States. Examples of such jurisdictions are Overland Park, Kansas; Berkeley, California; Boise, Idaho; Arlington, Virginia; and Winston-Salem, North Carolina (IACP, 2014).

A basic interpretive qualitative approach to research seeks to describe a situation, or phenomenon, rather than to provide an explanation; it begins from an unbiased perspective that is free from hypotheses or preconceptions (Husserl 1970; Lester, 1999). Basic interpretive qualitative research describes the lived experiences of people concerning a phenomenon, as explained by the study participants, and usually concludes with the spirit of the experiences of multiple participants (Creswell 2014). This basic interpretive qualitative approach is designed to explore a phenomenon that is not currently well understood. The participants were provided the opportunity to share details about their experiences, thought processes and behaviors that are difficult to obtain or understand through more conventional or quantitative methods (Creswell, 2012; Sauro, 2015). Interview stems were developed and constructed from the Constructivist perspective; means, motive and opportunity are key components to consider suicide. By allowing the participants' responses to be completely open, the researcher created space for the interview direction to be fluid and unobstructed.

Qualitative Research questions

The purpose of this basic interpretative qualitative study was to explore the lived experiences of law enforcement officers who have experienced a colleague's suicide.

Initially the three primary research questions that guided this study were:

- **Research Question 1:** How do law enforcement officers describe the culture of policing relative to mental health?
    - How do law enforcement officers perceive the culture (of their specific department) in regards to seeking help for personal or professional issues?
    - How do the officers describe their feelings, thoughts, and actions after learning of the colleague's suicide?
- **Research Question 2:** What are the resources, if any, available to law enforcement officers (LEOs) in response to colleague suicide?
- **Research Question 3:** How do law enforcement officers (LEOs) perceive the available resources?

The initial research questions proved unwieldy and overly broad, lacking focus to the specific content which was unfolding as the data collection (interviews) progressed. "The process of focusing questions is an iterative, reflective process that leads, not just to data, but to specific data that can add knowledge to a larger field of study" (Agee, 2009, p. 442). The researcher recognized the scope of the questions required refocusing to a more concentrated dimension of mental health. According to Agee (2009), "the process of refining research questions is a critical element to the qualitative inquiry process" and "is an integral part of understanding the unfolding lives and perspectives of others" (p. 432). In an effort to gain an increased understanding of the phenomenon under study, questions

often change during the research process (Creswell, 2007). "The function of your research questions is to explain specifically what your study is about" (Maxwell, 2005, p. 67). As such the research questions were rearticulated as:

- **Research Question 1: What are the barriers to seeking mental health assistance for law enforcement officers?**
    - How do law enforcement officers describe the culture of policing?
    - How do law enforcement officers perceive the culture (of their specific department) in regards to seeking help for personal or professional issues?
- **Research Question 2: How do law enforcement officers describe and experience the response after a colleagues' suicide?**
    - How do the officers describe the personal and professional impact after the colleague's suicide?
    - How do law enforcement officers (LEOs) perceive the availability of mental health resources from within their departments and from external resources?

This study was developed to gain a more far-reaching and systemic understanding of how law enforcement officers are experiencing suicide events. The researcher was interested in the participants' personal accounts and recollection of his or her thoughts, feelings and experiences at the time of and relevant to the colleague's suicide. The participants were not asked for specifics about departmental policy and procedures; however, they were free to provide their thoughts and opinions as it related to the research should they organically wish to share regarding these topics. This open format allowed participants the opportunity to share their thoughts and opinions about

departmental policy as it pertains to their perception of the response following a colleague's suicide. This preliminary study aimed to further the discussion of suicide in law enforcement by highlighting the lived experiences of 'surviving' officers and their perspectives on their experiences. The study sought to understand some of the experiences of law enforcement officers. While the study is small, the experiences are likely not unique and unshared. Additional research will be necessary to gain a better understanding of how common the shared experiences are and what can be done to provide better prevention and post prevention measures. According to Cecel et al, (2008), conducting research into the experiences of survivors of suicide, and the interventions available to help those survivors cope with the suicide, is an excellent form of prevention work.

Sample and Site Selection

The sample of research participants selected for this study were chosen from a mid-sized police agency/jurisdiction who have experienced the suicide of a sworn law enforcement officer within the past 7 years. The experiences of law enforcement officers whose colleague committed suicide were generally defined as: a sworn law enforcement officer who is employed as a full-time employee of a mid-sized police department that has experienced at least one law enforcement officer suicide within the past seven years (2010 – 2016). This definition is structured to address the limitation of participants' recollection of events, which can fade over time. The recruitment of participants was open to both male and female officers; and, there were no restrictions as to the officer's rank, years of service, or position within the department. Participation was completely voluntary and participants were permitted to discontinue their participation at any time.

The number of participants selected were dependent upon the number of personnel within the selected department, the number of personnel assigned to the department at the time of the suicide, the willingness to volunteer, and the availability of the volunteers to participate in the interview process. The selected study participants were chosen by convenience sampling (also known as availability sampling), a specific type of non-probability sampling method, which relies on data collection from populations who are conveniently available to participate in the research study (Saunders, Lewis, & Thornhill, 2012). The objective was to interview a maximum of 20 sworn law enforcement officers for this study, and the final interview number was 11 participants. The researcher utilized knowledge, expertise and discretion to determine when information saturation had been reached, which occurred prior to interviewing the maximum number of participants. Data saturation in qualitative interviews varies depending on the study design and intended outcome (Fusch & Ness, 2015). Dibley (2011) suggests thinking of data in terms of being rich and/or thick as opposed to focusing on the size of the sample. Differentiating between rich and thick data is to consider data being rich in terms of the quality whereas thick data refers to the quantity of data acquired (Fusch & Ness, 2015). The final number of 11 participants achieved the goal of acquiring data that was representative of the experiences of the officers. It was also a convenience sample as the interviews were conducted with officers who were available and willing to participate.

At the time of this study, the extant research literature focused on large cities and sought to gather large numbers of participants while ignoring smaller and mid-sized police departments. Mid-sized police agencies/jurisdictions defined as police departments that serve a US city population between 50,000 and 500,000, comprise a

significant proportion of the American urban and suburban landscapes; yet, these areas have not historically been a distinct area of focus for research, funding, or advocacy (IACP, 2014). Perhaps the large-scale data collection efforts are an attempt to demonstrate the severity of this issue. However, research is needed on a smaller scale (in terms of sample size) to allow for a more in depth examination of participants thoughts, feelings and actions. Conducting qualitative research in this area allows for the exploration into all facets of this phenomenon, and gives a voice to the individuals who are impacted and left behind after a suicide event. This study is a small but significant step towards understanding the impact of an officer's suicide on his or her colleagues.

Participant Recruitment and Site Selection

The researcher conducted an open source data query to determine which police departments have experienced an officer suicide during the years of 2010 – 2016. The search parameters included departments located within a sixty-mile radius of the researcher's location allowing for more opportunities for conducting face-to-face interviews. The researcher received a commitment to solicit participants from the Deputy Commissioner of a mid-sized police department within the desired radius. The department met the initial search criteria in terms of size and additionally, was predominantly African American in terms of race. The researcher obtained a written letter of approval/support from the Deputy Commissioner of the police department prior to the collection of data. Those interested in participating were contacted by email to arrange the interview. The participants were provided with an informed consent form at the interview. The interviews were conducted in a private setting, and with the participant's written permission via an audio consent form, the researcher recorded each

interview using a digital audio recording device. The use of the audio recorder allowed the researcher the opportunity to capture everything that was said during the interview in order to be maintained for analysis. No participants declined to be audio recorded, therefore handwritten notes were not taken during the interview. All interviews were conducted at the police department for the convenience of the participants. The interviews were conducted on 3 separate days within a 7-day span. Scheduling dates were consolidated due to consideration for the work schedules of the participants and their time away from their job duties and responsibilities.

To help create an environment that allowed participants to relax and feel comfortable, and encourage them to have open and free communication, the researcher employed several techniques. Incorporating the guidelines of the George Washington University (GWU) Institutional Review Board (IRB), the researcher completed the following steps: 1) Described the overall experience that will be encountered, 2) Described the benefits that subjects may reasonably expect to encounter, 3) Described any alternatives to participating in the research project, 4) Informed the participants the extent to which their personally identifiable private information will be held in confidence, 5) Informed the participants if research-related injury (i.e., physical, psychological, social, financial, or otherwise) is possible in the research and the level to which it may be possible, 6) Provided the identification of contact persons who would be knowledgeable to answer questions about the research, rights as a research subject, and research-related injuries. These three areas were explicitly stated and addressed in the consent process and documentation, 7) Advised the participants that their participation

was completely voluntary and that they were able to withdraw from the study at any time, without consequences.

At the conclusion of the interview, participants were asked if they had any questions or if they wanted to add any additional information to the interview. None of the participants offered additional information, expressed any concerns, or had questions for the researcher therefore the researcher concluded the interview.

Data Collection and Procedures

Method of Data Collection: Semi-Structured Interviews

A semi-structured interview protocol was developed and used to guide data collection. Utilizing a semi-structured interview protocol with each participant helped to ensure consistency and continuity in terms of how the interviews were conducted across all participants. The semi-structured interview protocol structure was formed using a combination of flexibly worded questions as well as loosely structured questions (Merriam & Tisdell, 2016). Utilizing a semi-structured format allowed the researcher to respond to the content being presented by the participants and allowed for free-flowing of thoughts, feelings and emotions that may be shared during the interview process. The interview protocol is included as appendix A.

Data collection encompasses a series of interdependent activities aimed at gathering information to answer research questions (Creswell, 2013). During the research process, the researcher remained focused on learning how the participants view and value the subject while avoiding assigning personal meaning into the data analysis (Creswell, 2014). The primary method used for collecting data and answering the research questions specified for this dissertation was semi-structured interviews.

Research interviews are defined by DeMarrias (2004) as a process where a researcher and a participant engage in a conversation focused on questions related to a research study. The purpose of a qualitative research interview is to gather focused, specific data relative to a given topic with the goal of contributing to a body of knowledge based on the meanings that the study topic hold for the participants (DiCicco-Bloom & Crabtree, 2006).

This dissertation endeavored to explore the experiences of law enforcement officers who have previously worked with a colleague that committed suicide; therefore, the use of interviews was an appropriate data collection method. The researcher met with each participant individually for a forty-five minute to a one hour-long face-to-face semi-structured interview. The sample size and single interview format was sufficient for this pilot study as the data gathered are intended to encourage additional studies on suicidal impact. Semi-structured interviews are comprised of several key questions that help to define the areas to be explored, while allowing the interviewer or interviewee to deviate in order to explore a response in more detail. The flexibility of this approach also allows for finding or elaborating on information that is expressed as important to participants but may not have been included previously or considered by the researcher (Britten, 1995). Semi-structured interviews are often recommended when the researcher may not have additional opportunities to speak with participants beyond the initial meeting (Cohen & Crabtree, 2006). Including open-ended questions in the interview format allowed the researcher the ability to follow relevant topics that may have strayed from the interview protocol. This flexibility provided for additional, unplanned opportunities to see and understand the research topic (Cohen & Crabtree, 2006; DiCicco-Bloom & Crabtree,

2006). Follow up interviews were not conducted as the researcher concluded the detailed experiences shared by the participants were sufficient to answer the research questions.

At the conclusion of each interview, a debriefing was conducted to ensure each participant was stable and did not exhibit any physical or psychological issues as a result of their participation. Each participant was provided a list of mental health services and resources in accordance with the human participation protection guidelines.

A pilot interview was conducted prior to the collection of data to test the appropriateness of the research questions and to address the interview protocol. The officer involved with the pilot interview was chosen based on the same criteria of actual study participants, had no contact with the study participants, and was not included in the final study. As a result of this pilot interview, the interview questions were re-ordered.

The interviews were conducted with 11 law enforcement officers with the purpose of the interviews being to explore the common themes about the personal experiences of the officers as it related to their colleagues' suicide, the available departmental resources relative to mental wellness and resiliency, and the support provided from the administration after the law enforcement officers suicide. The basic interpretive qualitative design consisted of 23 interview questions regarding the experiences of the officers about their colleagues' suicide, perception of departmental resources regarding mental health, and the support provided from the administration after the law enforcement officer's suicide. See Appendix A.

The participants were interviewed in person using a semi-structured protocol consisting of open-ended questions. The interview questions were broad allowing for expansion of responses. The interviews conducted in this study focused on the

experiences of the participants and were designed to allow for thoughts and feelings to emerge as participants answered the questions. The participant interviews were digitally recorded and transcribed to maintain internal validity (Brod & Christiansen, 2009). The transcribed audio recordings were read multiple times in order to develop an in-depth understanding of the lived experiences of interview participants.

Participant Profile

To ensure participant anonymity, each participant is referred to by an assigned number (1, 2, 3, etc.) and the numbers remained consistent when referring to the same participant in his or her response in Chapter 4. The audio recordings for each participant were assigned the same numerical value prior to being submitted to the transcription service. This ensured that no identifiable data was attached to the audio recordings yet the data remained consistent during analysis. The documentation that connected participant names to the assigned number was kept separate from the transcribed interview data in a secure location throughout the course of the data analysis process.

All participants are sworn law enforcement officers from the same mid-sized police department and were employed as a law enforcement officer at the time of the colleague's suicide. All participants shared their experience of a colleague's suicide that occurred within the designated parameters of the research study (2010 – 2016). In the course of the interview collection process, demographic data was gathered that was relevant to the phenomenon as outlined in Table 1.

The study population was selected based on the high prevalence of suicide within the law enforcement profession. Interviews were conducted with 11 law enforcement officers; 4 women, 7 men: and, 10 African American officers and 1 Caucasian officer

from the same mid-sized police department. At the time of their colleague's suicide, 4 of the participants were in leadership positions (2 Lieutenants, 1 Colonel and 1 Patrol Chief), 3 of the participants were detectives and 4 were at the rank of officer. The average number of years in law enforcement as a sworn or commissioned officer for the participants, at the time of their colleague's suicide, was 16.18 years.

The 2013 census data for full-time, sworn law enforcement officers for the police department where the research participants are employed reports the racial make-up as 62.5% African-American officers and 50.7% White (non-Hispanic) officers. As such, the sample is representative of the department's predominantly African-American work force.

Table 1
Participant Demographics

Participant	Sex	Ethnicity	Years on Job	Rank	Position **
1	Male	African American	21	Detective	PIO *
2	Female	African American	15	Lieutenant	OIA *
3	Male	African American	4	Detective	DEU*
4	Male	African American	26	Colonel	Chief of Patrol
5	Male	African American	15	Officer	Patrol Division
6	Male	African American	10	Officer	Patrol Division
7	Male	African American	16	Officer	Patrol Division
8	Female	African American	15	Officer	Comm. Svcs.
9	Female	African American	17	Officer	Instructor
10	Female	Caucasian	20	Detective	Crash Team
11	Male	African American	20	Lieutenant	Operations

*Note. * PIO = Public Information Unit, *DEU = Drug Enforcement Unit. *OIA= Office of Administrative Hearings. ** Position listed is the participant's position held at the time of their colleague's suicide.*

Data Management and Analysis

Qualitative research builds upon patterns and themes from an inductive perspective, that is, from the ground up allowing a theory to emerge from the data (Creswell, 2014). Inductive analysis is the "process of coding the data *without* trying to fit it into a pre-existing coding frame, or the researcher's analytic preconceptions (Braun & Clarke, 2006, p. 12). This study was guided by the general inductive approach to analyzing qualitative data whereby the primary purpose of inductive analysis is "to allow research findings to emerge from the frequent, dominant or significant themes inherent in raw data, without the restraints imposed by structured methodologies" (Thomas, 2003, p. 238). This research study developed a richly descriptive account of the participant experiences based on emergent themes, which corresponded to the research study questions (Conway, Stanley, & Patton, 2006).

Actual participant interviews were expected to last approximately 30-45 minutes, with an additional 15-30 minutes allotted for documentation review, consent forms signatures and questions/comments by participants post interview. All interviews met the expected experience within a +/-10 minute variation, with the exception of the second interview, which lasted 42:21 minutes, which did not impact having sufficient time for the above statement processes.

Data collected was transcribed using a professional transcription services, GMR Transcriptions. Upon receiving the transcribed interviews, the researcher organized the data by hand utilizing Microsoft Excel. Stanley and Temple (1995) concluded that the use of "a good word-processing package as a basic analytical aid" is a valuable method of organizing qualitative data. Meyer and Avery (2009) concluded that Excel is a useful

tool for qualitative data analysis as the program can "handle large amounts of data, provide multiple attributes, and allow for a variety of display techniques" (p.91). The data were transferred from the Microsoft word interview transcripts into the spreadsheets. The data were sorted and grouped systematically by interview questions and participant responses to ease data manipulation. Each tab within Microsoft Excel was named for a corresponding interview question resulting in 23 tabs. Each tab was then populated with the interview responses from each participant, thus each tab had 11 responses or cells (one for each participant). This process enabled the researcher to convert the data into a usable format by organizing the data into sections that were easier to manage. The interview responses were placed into one column and the response concept was categorized into another column, corresponding to the participant's response. The categorization was done as the researcher read and re-read the responses. The initial assignment of categories was completed during the researcher's initial view of the data and further refined as the researcher read the data multiple times. A subsequent review identified data that fit into multiple categories and related to other interview questions as well as data that did not appear to seamlessly fit into any category. After the concepts were sectioned out, the researcher was able to assign codes as the data became more familiar. This process continued until the categories and codes were grouped into the least number possible thereby generating themes.

Data Analysis

Thematic analysis is the process of "identifying, analyzing and reporting patterns (themes) within data. It minimally organizes and describes your data set in (rich) detail" (Braun & Clarke, 2006, p. 79). Using inductive thematic analysis of the data the

researcher sought to "identify or examine the underlying ideas, assumptions and conceptualizations – and ideologies – that are theorized as shaping or informing the semantic content of the data" (Braun & Clarke, 2006, p. 13). The researcher followed Braun & Clarke's (2006) step-by-step guide to conducting thematic analysis:

1. Familiarizing oneself with the data
2. Generating initial codes
3. Searching for themes
4. Reviewing themes
5. Defining and naming themes
6. Producing the report.

The *first* step entailed conducting an initial read of the transcripts from a holistic perspective to re-familiarize the researcher with the recounts of the interviews. Using a deductive thematic analysis approach, the data was read a second time utilizing the lens of the Transactional Model of Stress and Coping theory, allowing the researcher to absorb the data while making note of the participants use of the Transactional model of stress and copings two primary appraisal systems; a) whether the event affects him or her personally, if the event is seen as positive or negative, if the event is perceived as threatening, harmful or challenging and b) how the participant assesses his or her available resources to aid in coping with the stressor.

The *second* step was conducted by reading the data with the purpose of identifying concepts from each participant response and searching for similarity in meaning; whereby codes were developed based on participant responses. Coding is the process of organizing and sorting data (Lofland & Lofland, 1995) and is an important

part of developing and refining interpretations of the interviews (Taylor & Bogdan, 1998). Constant comparison analysis or "coding" is one of the most frequently used types of data analysis in qualitative research (Leech & Onwuegbuzie, 2007). Coding allows the researcher to read through the data, identify and group similar data for analysis. Coding also allows the researcher to retrieve data related to more than one label while considering the patterns, connections, or contrasts between them (Leech & Onwuegbuzie, 2007). For this study, the researcher used an open coding approach, allowing themes to emerge as the data were collected and evaluated. From this process a list of themes emerged which were then used to make meaning of the content.

The *third* step, searching for themes, was conducted from the identified codes as the researcher organized categories whereby 'themes' emerged from the data. According to DeSantis and Ugarriza (2000), a theme "brings meaning and identity to a recurrent [patterned] experience and its variant manifestations. As such, a theme captures and unifies the nature or basis of the experience into a meaningful whole" (p. 362).

The fourth step, *reviewing the themes,* identified three major themes that emerged from the data. Appropriate subthemes emerged which were in support of the primary theme and are expounded upon in the next chapter. A theme "captures something important about the data in relation to the research question and represents some level of patterned response or meaning within the data set" (Braun & Clarke, 2006, p. 82).

In accordance with the *fifth* step, defining and naming themes, the themes were named with words or phrases that most suitably summarized the participant's collective responses; (1) Uniqueness of the law enforcement community (2) Lack of available resources regarding mental health services (3) Reactive response to the suicide event (4)

The necessity for consistent mental health services and the promotion of services by the administration.

The *sixth* and final step, *producing the report*, is provided in greater detail in Chapter 4.

Thematic analysis can be utilized within various theoretical frameworks, such as the transactional model of stress and coping, as it is not inherently tied to a specific pre-existing framework (Braun & Clarke, 2006).

Limitations and Delimitation

A qualitative methodology is the best way to address a research area where little is known, where the goal is to make sense of complex situations, and where learning from the participant's actual experiences is valued (Morse & Richards, 2002). Inherent to any research study are limitations and delimitations that must be identified.

Limitations in a study are circumstances that are beyond the researcher's control and impose restrictions on the methodology and conclusions, yet must be accounted for when proposing a research study. One anticipated limitation of this study was the circumstance by which the participants were interviewed, potentially influencing their responses. For example, the location of the interview and whether or not the interview is in person or telephonic, may influence the responses of the participant. To control for this limitation, the researcher arranged the interviews to be conducted in-person, in the same location and format allowing for continuity in the environment. Another limitation associated to this study was projected to be the lack of access to every member within a police department. The researcher only sought participants currently working in departments who had lost an officer to suicide within the past 7 years. To control for this

limitation, the researcher conducted interviews with current members of the police department. A third possible limitation stemmed from the validity of the interview data. The researcher sought personal experiences of participants that occurred several years prior to the interview. Relying on participant's memories could result in several types of reporter biases such as participants misremembering how they were feeling or what they were thinking at the time of the event and how they responded at that time. While this limitation could not be controlled for completely, the vividness in which participants recounted their experiences indicated that the memories were remarkably not faded by time.

Delimitations are the options available for the study that are within the researcher's control; for example, the boundaries that are set by the researcher to maintain a reasonable set of goals for the study. One delimitation for this study included the population sample (participants) selected for this study. The sample of research participants selected for this study were chosen from a mid-sized police agency who had experienced the suicide of a sworn law enforcement officer within the past 7 years. The time frame was selected to allow for the clearest recall of the event as well as emotions experienced by the officer who was impacted by the suicide. This delimitation, as referenced above in limitations, did not have an impact on the number of persons available to participate as several officers remained who worked with the officer at the time of his or her death. The researcher was able to capture a satisfactory number of participants assigned to the department at the time of the suicide. The selection was open to male and female officers and there were no restrictions as to the officer's rank, years of service, or position within the department. Another delimitation of this study was

projected to be the number of participants since the researcher is a student researcher. Since the final participant number was dependent upon the number of personnel within the selected department, the objective of interviewing no less than 7 and no more than 20 sworn law enforcement officers for this study was achieved. A third delimitation for the study was anticipated to be the research questions and interview protocol. To ensure consistency, an interview protocol was developed and each participant was provided the same background information, disclaimers, and questions.

The limitations and delimitations impact the research study by reducing the extent to which the findings may be transferable to other contexts or settings. While the data collected can be utilized to improve upon departments of all sizes, the limitations and delimitations, no matter how closely accounted for, limit the transferability of the study results.

Essential Considerations

Researcher Subjectivity Statement

"A researcher's background and position will affect what they choose to investigate, the angle of investigation, the methods judged most adequate for this purpose, the findings considered most appropriate, and the framing and communication of conclusions"

(Malterud, 2001, p. 483-484).

The subjectivity statement is provided so that all related experiences of the researcher are presented in a transparent manner. This enables the reader the opportunity to view the research as being free from bias, thus contributing to the validity of the research and the reader's assessment of the researcher's ability to remain objective. As a researcher engaging in a study involving law enforcement officers and mental wellness

and resiliency, I have many life experiences that have shaped my view of law enforcement and mental health. These experiences must be compartmentalized in order to study the phenomenon from an unbiased perspective. I am an African-American, middle-class female who has been a federal law enforcement officer for over 16 years; I reside in the state in which the data are being collected; and I have actively participated in occupational endeavors relevant to the enhancement of mental health in the law enforcement profession.

Even as a law enforcement officer with a background in the field of mental health, I have felt apprehensive about seeking counseling because of the stigma associated with my job, and a fear that counseling will negatively impact my professional career. As a law enforcement professional and the researcher for this study, I have a unique insight into the barriers present for many officers who wish to seek help; I understand their reluctance. I am interested in learning more about how a law enforcement officers' suicide impacts and affects those within the department (colleagues, supervisors, etc.) and how a suicide changes the dynamics of the department. My research interests include exploring the barriers that keep officers from seeking counseling and finding ways that departments can reduce the stigma of mental health and incorporate and standardize mental wellness as a part of law enforcement culture. Due to my employment as a law enforcement officer, the participants may consider me as an "insider" and be more willing to open and discuss their feelings and perspective on the colleague's suicide.

Validity (Trustworthiness)

Qualitative validity refers to the way "the researcher checks for accuracy of the findings by employing certain procedures" (Creswell, 2014; p. 201). As a strength of

qualitative research, validity aids in determining the accuracy of the findings from the standpoint of the researcher, the participant, and the readers of the information (Creswell, 2014). In order to ensure validity of the findings, the researcher employed the following strategies: the use of rich, thick descriptions to convey findings, clarification of the bias the researcher brings to the study, peer debriefings, and the triangulation of the data using theory.

Providing rich, thick descriptions of the findings refers to the detailed account of the experiences whereby the researcher describes the experiences in a manner that allows the reader to evaluate the degree to which conclusions reached can be applied to other circumstances (Lincoln & Guba, 1985). Thick descriptions will incorporate the spoken and unspoken (tone of voice, body language, observable feelings) accounts of the participant's experience (Ponterotto, 2006).

The reflexivity statement is one manner in which the researcher clarified the bias being brought to the study. Additionally, the researcher maintained memos about any feelings, thoughts, and emotions experienced while conducting the research.

Peer debriefing was used to enhance the accuracy of the account. By utilizing the peer debriefing strategy, the researcher was able to be made conscious of their view of the data and analysis. Lincoln and Guba (1985) describe peer debriefing as "exposing oneself to a disinterested peer in a manner paralleling analytical sessions and for the purpose of exploring aspects of the inquiry that might otherwise remain only implicit within the inquirer's mind (p. 308)." The researcher located a peer who reviewed and asked questions about the study which ensured the information resonated with people other than the researcher.

Theory triangulation helps provide the researcher with a better understanding of the data. The researcher utilized the Transactional Model of Stress and Coping theory to triangulate the data to interpret and support the data thereby reducing researcher bias.

Ethics

The Institutional Review Board (IRB) of The George Washington University (GWU) ensures that compulsory components are included to protect the individual participants included in this study. Individuals' names were kept confidential by not including them in transcripts and excluding personally identifiable information (PII) in reporting and audio recordings of the sessions. Assigned participant numbers were used in transcripts and in the data reports.

In accordance with GWU IRB the following requirements were strictly adhered to:

- You are ensuring quality and integrity of your research
- You will seek informed consent
- You will respect the confidentiality and anonymity of your research respondents
- You will ensure that your subjects will participate in your study voluntarily
- You will avoid harm to your participants
- You can show that your research is independent and impartial.

The participants were asked to sign an informed consent where they were given details about the study, the disclosures of potential risks/benefits, opportunities to ask questions, and reminders of voluntary participation. A specific consent for audio recording was included and signed prior to the interview. Acknowledging that audio recorded data can be a source of risk for those participating, the recorded data was

carefully guarded and then destroyed after the transcription and analysis was completed (DiCicco-Bloom & Crabtree, 2006). There was minimal risk to participants of this study.

Summary

This chapter outlined the proposed methods utilized to answer the research questions under examination. A basic interpretative research design was used with interviews as the primary source of qualitative data. After the data were collected and transcribed, the coding process included open and axial coding. The protocol for the management of the data and how trustworthiness was ensured was also discussed in this chapter. In the next chapter (4), the results of the data analysis will be provided.

Chapter 4 includes a detailed analysis of 11 in-depth interviews of law enforcement officers from a mid-sized police department and contains a description of the research findings from an analysis of the collected data. Chapter 4 includes a thorough description of the data collection results and an analysis of the collected data.

CHAPTER 4

RESULTS

Overview

The purpose of the study was to explore the lived experiences of law enforcement officers concerning another law enforcement officer's suicide. This purpose was explored through the use of a basic interpretive qualitative method allowing the researcher to gain a better understanding of the experiences of law enforcement officers who have experienced the death of a colleague by suicide from the participant's view of the event (Creswell, 2013; Merriam & Tisdell, 2016).

The research questions that guided this study were: 1) What are the barriers to seeking mental health assistance for law enforcement officers? and 2) How do law enforcement officers describe and experience the response after a colleagues' suicide? From the analysis of the findings the following themes emerged: (1) Uniqueness of the law enforcement community (2) Lack of available resources regarding mental health services (3) Reactive response to the suicide event and (4) The necessity for consistent mental health services and the promotion of services by the administration.

The goal of Chapter 4 is to illustrate the findings from the research study. This chapter is comprised of an analysis of the key themes that emerged, which are supported by the responses from participants to the research questions posed during the interview and concludes with a summary of the chapter.

Thematic Analysis

The purpose of this basic interpretive qualitative design study was to explore the lived experiences of law enforcement officers concerning another law enforcement officer's suicide, and the impact a law enforcement suicide has on a law enforcement agency/department. The data analysis process was explained in greater detail in Chapter 3, however a brief overview is provided here. The data were given an initial read from a holistic perspective to re-familiarize the researcher with the recounts of the interviews. The data were read a second time utilizing the lens of the Transactional Model of Stress and Coping theory, allowing the researcher to absorb the data while making note of the participants use of the Transactional Model of Stress and Coping's two primary appraisal systems; a) whether the event affects him or her personally, if the event is seen as positive or negative, if the event is perceived as threatening, harmful or challenging and b) how the participant assesses his or her available resources to aid in coping with the stressor. A third review of the data was conducted with the purpose of identifying concepts from each participant's response. A fourth read of the data was conducted for similarity in meaning whereby codes were developed based on participant responses. From the identified codes, the researcher organized categories whereby 'themes' emerged from the data. According to DeSantis and Ugarriza (2000), a theme "brings meaning and identity to a recurrent [patterned] experience and its variant manifestations. As such, a theme captures and unifies the nature or basis of the experience into a meaningful whole" (p. 362).

From a thorough analysis of the data, four major themes emerged: (1) Uniqueness of the law enforcement community (2) Lack of available resources regarding mental

health services (3) Reactive response to the suicide event and (4) The necessity for consistent mental health services and the promotion of services by the administration. The themes were named with words or phrases that most suitably summarized the participants' collective responses. Appropriate subthemes are provided in support of the primary theme and are expounded upon in this chapter.

The participants all described similar experiences, despite the fact that the colleague's suicide they spoke of varied amongst them. Some participants' spoke of a female officer who committed suicide while others spoke of male officers. The exact details of the individual, their suicide circumstances, and investigative efforts was not probed during the interview, however the researcher was able to glean that the participants were speaking of the same female officer who committed suicide and at least 2 different male officers were remembered. In support of the emergent themes, direct quotes from participants are provided to reinforce the analysis of the findings. Words or phrases in brackets are not direct quotes from participants but are inserted for clarification by the researcher to aid in understanding content and context of the participant's statement. Lastly, to illustrate the salience of the theme, the percentage of participants endorsing the emergent themes are provided when appropriate.

Theme 1: <u>Uniqueness of the law enforcement community</u>

The first theme that emerged from the data is the uniqueness of the law enforcement community. A thorough analysis of participant responses revealed the following subthemes: a) culture influencing officer acknowledgement of stress, depression and suicidal ideation, b) the way in which the profession contributes to officer

stress, and c) the culture/profession hindering officers from seeking mental health assistance.

Uniqueness to the law enforcement community. The participants described their thoughts, feelings, and perspectives relative to the law enforcement community and police culture. Analysis of the data revealed the participants spoke of the law enforcement community and culture in terms of uniqueness. 100% of the participants interviewed collectively described the culture of law enforcement as unique. Seven participants (64%) specifically used the term "unique" when describing the culture of law enforcement, whereas other participants used terminology and provided explanations of their responses that described the uniqueness of police culture.

Officers must trust each other to provide assistance and support as they encounter varying situations on the job. They develop strong bonds of loyalty that allow them to feel secure in the knowledge that they will be there for each other. As participant 1 says,

> It does have its own culture. Right from the beginning we all go through the same process [the academy]. Together, in the academy, you learn how to become a police officer. As you go through the academy, you're growing and creating bonds. Once you graduate the academy you're on the street with the same people who just went through what you did and a bond is created. A lot of times what we go through is internalized and is understood only between police officers. This isn't just a job. It's not even just a career; it's a way of life.

The process of becoming a law enforcement officer is one that many officers would opine contributes to the way in which they connect with one another and strengthens their relationships. As participant 7 shares,

> I would say that the one thing that stood out for me over my career is how close you become with the people you work with. I think that's very unique to policing. When you go into the police academy, the people that you come in contact with become lifelong friends. Even as you go to different units, you develop these really strong relationships with people that last for many, many years.

Another sentiment shared about the uniqueness of the law enforcement community and culture was how it changes one's view of the world and how they relate to people. As participant 6 says,

> Law enforcement is different. It's totally different in terms of what you have to deal with. It makes you look at life differently. When you are dealing with people you look at them through different lenses. Being a cop changes your life around; from being out with your family to just everyday living. It just changes your life and I don't know that any other [profession] does that to you.

While the majority of participants described the uniqueness of the law enforcement community as something that spoke to a closeness with one another, participant 9's view of the uniqueness was expressed in terms of the law enforcement community being secretive and 'contained' by the administration.

> I would describe it as unique. What I mean is it's unique in its own way due to the simple fact that [there are pre-set ways to do things]. It seems that it's either [administrations] way or no way. If you step out of your lane you could end up facing backlash from administration and being blackballed throughout the rest of your career. It feels very closed, secretive, and close-knit. Everybody has their own little cliques. (Participant 9)

Despite participant 9's description of unique being in contrast to the feelings of closeness, they did believe that the experiences were unlike anything experienced in other professions. When speaking of the relationships amongst colleagues, participant 9's thoughts were consistent with the other participant's view when they said, "The only way I can describe the culture of law enforcement would be a brotherhood, a family".

The expression of "being a family" was one way in which officers described the uniqueness of the law enforcement community. In some responses, participants indicated they felt that the close and unique nature of policing impacted the way officers contained their relationships to one another.

> So you often hear that it's a policing family and I think that's what it really becomes because they [other officers] feel like your brothers and sisters over time. I think that is, in a lot of respects, really helpful for policing and there are probably some negatives about that too. You see police officers are primarily the only people other police officers interact with". (Participant 7)

Participant 10 remarked,

> We're definitely a separate type of family, if that makes sense. We understand each other better than normal citizens or normal families would understand us because of what we deal with at work.

The culture of law enforcement influences the acknowledgement of officer stress. As participants discussed the unique nature of the law enforcement profession it became apparent that the culture impacted officers in terms of the acknowledgement of stress and/or issues relating to their police work. Participant 1 stated,

> Most officers won't acknowledge the fact that they're being stressed. We become rigid, hardened and that itself is a stressful matter. It seems like it's just us. That's why a lot of times you'll see law enforcement officers, in terms of relationships, only get involved with other law enforcement officers because we understand each other. The outside parties don't and there's no way they can. We really don't acknowledge that we're stressed out. That's the systematic way.

Participants expressed that officers have to assume many roles, both at work and at home, which mentally 'wears them down'. The practice of taking care of each other can inhibit an officer from acknowledging his or her own issues.

> In the police culture we solve everybody's problems. That's what we do and we don't admit that we have problems. That's one of the things that we learned early on in the academy. You go, you solve the problem, and you're done with it. We don't even slow down enough to realize we have problems until it's too late. (Participant 1)

Many participants held the belief that the culture of law enforcement was about self-preservation and that officers were encouraged to keep their issues to themselves, handle a situation and move on to the next situation. Participant 5 captured the feeling held by many participants when they said, “I think a lot of people are scared to say they need help because they’re afraid they’ll be isolated or removed from the streets”.

> It's hard because you don't want to be labeled as unstable. So you keep things to yourself when you deal with things. It's not only that you keep it from the department, you keep it from your family too, because your family looks at you as the strong one. (Participant 8)

While all participants agreed that the law enforcement profession does play a role in officers acknowledging stress, 45 % believed the culture was improving as it relates to acknowledging stress and mental health issues. Participant 4 believes,

> It's changed for the better, specifically here in [my agency] but also in other agencies. The large agencies are really catching up and really adopting the philosophy that it's normal to be stressed out because of the trauma that we see on a regular basis.

Participant 7 supported the perspective that police agencies were improving when they stated,

> There's really no constructive resolution to chronic stress but I do think, over the years, that it's gotten better. I do think there is more understanding of how stress impacts officers. I think agencies are trying to find ways to [incorporate] that

through peer counseling programs or access to psychological services but they still got a long way to go.

According to the participants, the law enforcement profession is unlike other public servant professions. Law enforcement is fraught with public service, administrative responsibilities, constant observation by the public and community in which they serve, as well as a personal responsibility felt by officers to the colleagues they serve alongside. Overall, the overwhelming response from participants supported the notion that the law enforcement profession held very distinctive beliefs, practices, and customs.

Work structure and expectations contribute to officer stress. Collectively, the participants agreed that the duties, responsibilities, and requirements unique to the law enforcement profession contribute to officer stress. Participant 3 said, "Police ignore stress and have become masters of deflecting stress".

> Up until now, they [the department] haven't done anything to address the issue of stress. The job is what it is and we see the worst that life has to offer. We don't get invited to baby showers, or cookouts, or bar mitzvahs. We are present when an everyday person's life has fallen apart. This is all day, every day for us. It's just the circumstances we work in. (Participant 1)

Several participants related that the changes in shifts (work hours), which are standard practice in law enforcement departments, were a primary source of stress. Participant 2 stated,

> Changing of shifts is very stressful. I don't think people [realize] how that simple change of a shift can really jolt someone's household, especially if you have a system going. That can be major, major stress on somebody.

Participant 4 shared,

> The department is certainly a contributing factor. For example, a patrol officer is supposed to [work] a 10-hour shift but [ends up] working 15-hour shifts. [The job causes stress] when [an officer] goes from a call about a suicide to an elderly woman with Alzheimer's to a robbery in progress to something at a school. We're going across the scale too quickly in a short period of time and we have no time to decompress. With the long hours and long shifts that we work, the constant drafting [being recalled to duty] on your days off, and the constant overtime, it exacerbates the whole stress level.

Being a public servant and constantly being evaluated by the community you have sworn to protect and serve was revealed as a contributing factor to increased stress among law enforcement and one that is believed to be unique to law enforcement as they are extremely visible and interactive with the public. With the current tension between law enforcement and the community, law enforcement is under constant observation. Participant 3 stated,

> It's just nonstop pressure. Whether you're on the administrative side or on the streets, I think it's just as much stress. Your commanders want so many results with so little tools. The public doesn't understand what you go through. You have the media on your back about what they should expect of you. It's a nonstop push

> and pull. You have to protect people, act as a social worker, community leader, and teacher; you [wear] so many hats that it mentally wears you down. People would not even begin to understand how much we have on our plates.

Participant 6 shared how the added toll of the community scrutiny adds stress when they said,

> Dealing with the stresses out on the street and the stresses internally can be overwhelming at times. With the shift in public perception we're looked at as the bad guys on the streets. We take pride in [protecting the community] and to see how they don't respect us is really stressful. We're trying to do our job and they forget we're human beings with feelings. We're out there risking our life for people we don't know and they call us names; that stuff takes its toll.

Overall, the participants collectively agreed that the combination of personal and professional responsibilities combined with the expectations and demands of the profession greatly contributed to officer stress.

The culture and profession of law enforcement hindering officers from seeking mental health assistance. In addressing how law the enforcement culture and profession influences an officer's decision to seek assistance for mental health issues, 64% of participants used the terminology 'weak' and felt that being perceived as such greatly contributed to officer hesitancy in seeking assistance for any issues or problems. Participant 9 relayed, "The culture hinders officers because when they ask for help, it's seen as a weakness, which hinders individuals from coming forward and just asking for help". Participant 7 stated,

> It could be really hard for people to acknowledge that they're going through some sort of crisis, experiencing stress, or feeling suicidal, or depressed. It's almost a sign of weakness to say that you're experiencing something and officers feel like [admitting] it could jeopardize their job. They're afraid that if they disclose any issues they could lose their gun, be suspended, or be fired. Policing has not done a great job creating safe places for police to admit they are experiencing a problem.

Whether real or perceived, being concerned about how one is going to be viewed and subsequent reactions to admitting an issue can be a primary inhibitor to coming forward for assistance. What was salient throughout participant responses was the concern the officers held that they would be reprimanded or negatively impacted by seeking help. Participant 9 shared,

> Officers are under an extraordinary amount of stress and they don't want to go seek professional help because they're looked down upon or are afraid to be seen as weak. They worry that people will question whether or not they're fit for duty. Sometimes you feel alone and closed off like you don't have [support].

Another common belief held by participants was the concept of law enforcement as a 'masculine' and 'macho' profession (USDOJ, 2003). This sentiment was held by both the male and female officers although the female officers did not specifically state they felt compelled to embody masculine traits and behaviors. Holding to this notion added an additional reason why some officers would avoid seeking mental health assistance.

Participant 2 describes,

> It's not cool to go and get help. The guys might joke that it's not masculine. It's not the cool thing to do. If you do [seek help] people think you can't handle your own problems and you're looked at like you can't handle stress. It's the stigma of going to a counselor.

Participant 5, who shared a similar response, further advanced the idea that officers hold close the masculine identity that coincides with being law enforcement when they said,

> In the culture of law enforcement you're so used to being in control and taking control that when you actually speak out and say you have a problem, there's an issue. I guess some people feel like it takes away from that law enforcement masculinity. It means that I'm not this big, tough police officer now and I've got issues. People don't want to show that vulnerability inside.

In addition to the perception of weakness, participant 3 relayed concerns over confidentiality as another reason law enforcement are resistant to seeking mental health assistance,

> It makes you look weak. It truly does. Most men will not reach out to our psychological consultants because it just makes them worry that coming to talk to someone will put their business out there. I think the confidentiality is the biggest thing police fear.

The concepts of masculinity, the fear of vulnerability, appearing weak, and concerns of repercussions by peers and administrators were pervasive throughout participant responses, even among the female participants.

Theme 2: <u>Lack of available resources regarding mental health services</u>

The second theme that emerged from the data was the lack of available resources regarding mental health services. In reviewing the data, 100% of the participants stated they did not believe the administration had enough available resources nor did they promote the resources that were in place. Officers felt there were no efforts by the administration to support the use of mental health services causing reticence by officers who may have considered seeking assistance to help deal with stressors. Analysis of participant responses revealed the following subthemes: a) Lack of departmental acknowledgement of officer suicide and b) Negative perceptions of administrative support and availability of resources.

Lack of available resources regarding mental health services. A lack of available resources can have a dual effect on employees by giving the perception that the issue does not exist and by implying that the topic does not warrant training efforts by administration. Each of the 11 participants shared they faced difficult issues and scenarios throughout their career but did not feel they were provided offers of support to assist them with the difficult issues they faced. The most shared issue by participants were difficult situations that involved children. Participant 1 shared,

> It's really hard when you have to [go to] a crime scene that involves kids. I remember one [incident] where a kid was shot at a barbershop. He was just going

to get his hair cut for his third birthday when someone starts shooting inside the barbershop. When we get there this little boy is lying on the floor and, just like in the movies, I remember vividly, the blood spreading, and his mom is outside. She's in shock. It was his third birthday and they came to the barbershop to get his haircut early in the morning before they begin the day's activity. His name was James Smith and I'll never forget him. So those kinds of things stick out.

Participant 2 also shared an incident involving a child when they recalled,

It was mother's day and a 13 year old girl committed suicide. She thought her mother was getting out of prison but found out she wasn't. When we were called to the scene she was laying on the floor with a hole in her chest. The most distraught thing was when they took the items out of her pockets she had some change and bubblegum. And for me, that was such innocence, you're a child. You have bubblegum in your pocket and you're sitting here with a hole this big in your chest. I will never forget that. It just really kinda' destroyed my whole thought of innocence. She was innocent.

Participant 7 shared that there are several difficult situations an officer experiences throughout his or her career however they are most haunted by the loss of a law enforcement officer due to friendly fire (being shot by another law enforcement officer) while on the job. They said,

The one that really stands out for me is we had an officer who was killed by fellow officers working. He was working plain clothes during a bar closure type situation and it escalated. He was attacked and then as he started discharging his

> gun, these fellow officers, four of them, came in and killed him. And that was by far the worst thing I've ever seen.

Participant 6 expressed several issues that is difficult to deal with when they shared,

> Fire is always bad to see. Rape victims or homicides, when you go to a scene and somebody's brain is blown out and stuff like that is hard to deal with. When you first experience stuff like that it's like wow. You might go home for a couple days after and it's still playing in your mind.

Many of the participants stated they felt alone in dealing with issues and that expressing a need for help would indicate weakness. When asked about the programs they were aware of, 55% of participants mentioned they knew there was "some type of" an employee assistance program available but none of the officers could provide the name of the service or knew how to access it. Participant 5 remembered,

> At in service training somebody might come in, give us a pamphlet and tell us to call if we are having issues, but the department's never really said they recognize that officers are going through a lot of trauma and may need to go see someone as part of the things we deal with as police.

Of the 11 participants, 28% had prior military service and stated that they gained some of their knowledge from training provided during their military careers. All 11 participants (100%) agreed that the way in which they became most familiar with the signs and symptoms of stress, depression and suicidal ideation had nothing to do with the

administration but as a result of their everyday life experiences, self-initiated efforts and taking notice of their friends and colleagues behaviors. As participant 1 said,

> It's just one of those things where you just get to know the people that you're with because we are with each other for so many hours in a day. It's just something that happens. You can't be around somebody for that amount of time and not know them.

An interesting concept was identified during the data collection where the lack of available resources felt exacerbated by the perception that the administrative policies, procedures, and expectations played a role in the increase of officer stress. 36% of the participants expressed this sentiment as illustrated by participant 4 who believed that "The administration wants things immediately and that's the bottom line. I don't think they can relate to what an officer might be going through". Participant 10 related,

> When patrol officers come in with low stats [number of citations] they're ridiculed by their supervisors. I also think that patrol officers get stressed out when they're required to work extra hours in a shift. They're doing that three or four days in a row and that takes a toll on your body, your mind and your clarity and administration has nothing in place to help you deal with that stress.

The demands of policing coupled with the perception by officers that they are not valued were expressed by participant 9 when they stated the administration has a "suck it up and drive on type attitude. You're police. If you can't handle the job, then maybe [it's not for you]". They responded to this belief by saying, "No, that's not the answer. I can handle the job but I'm human".

In some responses, the participants placed the responsibility on the individual officer to utilize assistance provided. Participant 1 expresses that sentiment by saying,

> Let's be honest, the higher you ascend the ladder and you're looking at the big picture, you can't get down on the ground level with any and everybody. The best thing they [administration] can do is let me know what's available. They can, for lack of better words, bring the water to us but it shouldn't be their responsibility to hold our hands to make us drink the water; to make us utilize the services. I still believe this profession exemplifies partnership and I feel like our peers should be the ones responsible for taking care of us, in my opinion.

While admittedly the administration was faulted for their lack of extensive training regarding mental health, at least 40% of participants said the administration provided *some* form of in-service training to make officers aware of available mental health services and 10% stated the administration made changes to policy and consulting groups when necessary. Currently in positions of command (considered administration), 18% of participants shared how they have exerted self-initiated efforts and taken past experiences and incorporated them into their supervisory positions to aid officers by promoting mental health services and striving to improve work conditions. Participant 10, currently in a command position, sought out training to improve their awareness and incorporate that knowledge into the department.

> I started the early warning system here in [my current police agency]. I traveled to Philadelphia, New York and Los Angeles because they already had up and running programs and I was able to train with them. I was able to talk to counselors and get training from them as well. So I was well versed because I ran

> that actual division with them. That's how I got my training. And then, just everyday life, talking to people and having good conversations will tell you a lot about people sometimes.

Participant 11 described their specific efforts and beliefs as it related to improving officer experiences and ensuring officers were aware of services,

> My job is now to make my people's day easier and try to ease their workload, even when it comes down to calls. If there is a report call, I try to ensure the desk personnel can handle that report. That just gives the officer on the street a few extra minutes to eat his or her lunch or take a little longer with that one call they are passionate about. When you're hustling from call to call and you can't give the time and attention that you'd like to a situation that could weigh on you later. So, I try to lessen their load and if I see they are stressed, I remind them that we have an officer wellness unit. I think that's the best thing I can do for them.

30% of participants directly felt the administration was making efforts to improve; however, were still failing to adequately provide mental health services and were inconsistent about a positive message about mental health services. Participant 7 recalls,

> I think that we probably did what we thought was really progressive. But looking back on it, it probably was about the minimum. We had a crisis intervention team that would go into the districts and work with the officers. Most of those were peers. And then we had a follow-up service where officers could get psychological screening, and get support, and different things like that. And in

> some cases, we mandated. If we could really tell an officer was really devastated by something, we can mandate a psychological screening and stuff like that.

Overwhelmingly, the participants felt their current department was substandard in providing formal training regarding the signs and symptoms of stress, depression and suicidal ideation. Although 18% of participants felt their administration was beginning to incorporate more wellness training programs where training already exists, the collective perception was that much improvement was needed.

Lack of departmental acknowledgement of officer suicide. The overwhelming response from participants was that administration does not address the topic of law enforcement officer suicide within the department as Participant 8 explains, "I don't think they address it. I think when it happens, they deal with it and they move on". The feeling that suicide, specifically officer suicide, was an avoided topic by administration was identified across the interviews by 100% of the participants. Each participant supported the notion that officer suicide was not acknowledged by administration but expressed their thoughts in different ways; some recalling the lack of training, others by recounting their experiences after they lost their colleague to suicide. Participant 11 recalls, "We did have one seminar for command staff about stressors and how stress leads to suicides and things like that, but other than that, it's unspoken". Training regarding suicide was largely identified as non-existent by 90% of participants, with the recollection by participant 7 describing the training as being provided in conjunction with other training topics,

> I don't remember any really formal conversations about officer suicide. I do remember it being tied to different training programs but never any specific

program that addressed officer suicide. To have training on officer suicide would mean that [suicide] would have to be talked about. And that's not going to happen. So I think they grouped in with the overall mental health stuff to say they covered it.

Many stated the administration often avoids discussions of officer suicide, which perpetuates the stigma of mental health being a taboo subject.

I don't think we really talk about it. [Administration] could at least do something for Suicide Prevention Month. We have them [suicides]– it happens and I think they're more prevalent than they want to admit. I don't understand why we would not do something. It is still taboo. (Participant 2)

Participant 4 stated,

It's one of those taboo subjects. [Administration] says "You'll be okay" and they [figuratively] pat you on the back. And then when something happens, it's like, "Oh shit. Go back and see what happened. Go back. Pull his evaluations. Go back and see where we dropped the ball." That's when [administration] seems to care.

Participant 11 opined that topics relative to suicide and mental health are minimally covered and often avoided when they expressed,

I would say we might get one-hour block of in-service training about mental health. That's it. If it's even the whole one hour and it's more PowerPoint, no real [discussion]. I think it's sad because there are so many officers out here. I know it's not possible for [leadership] to reach out to every officer that's going through a child support hearing, a separation or divorce but maybe they could just monitor

> the guys going to the bars too much or not quite being themselves. But nobody wants to do it because everybody's been through it. They think they understand but they don't understand and no one pays attention until [an officer] catches a DWI. And guess what? This all could've been prevented because if we addressed the stress that [the officer] was going through from the beginning, this wouldn't have happened.

The lack of acknowledgement and effort by administration was expressed as frustration when participant 9 stated,

> It's like the elephant in the room. As long as you're doing your job, doing what you need to do and say, administration would acknowledge if you lost your life in the line of duty. You'd be a hero. But the moment [an officer] loses their life because of suicide, its unspoken. I lost two of my colleagues to suicide and when I would hear the negative things being said about them it made me angry. They were at the point where they gave up and when they needed someone, there was no one there for them.

The avoidance of discussions about mental wellness and resiliency, specifically suicide, especially in a police department that has had 3 or more suicides in the past 7 years, has impacted the way in which participants expressed being supported by the administration.

Negative Perceptions of Administrative Support and Availability of Resources. Support by administration was not viewed favorably as 64% of participants said that administration showed minimal to no concern for their overall wellbeing while 36% of

participants said they felt administration showed some degree of concern but they questioned the authenticity and genuineness of the concern. The perception of support was linked to participants' belief that there was lack of available resources, thus indicating that by not providing mental health services, the administration did not support the officers. Participant 3 felt that administration would only show concern "If it's not going to put a black eye on the police department. They do enough in in-service training to cover themselves". In explaining their thoughts on how they believed the administration approached support, the majority of participants believed administrators were concerned with their own career progressions and ignored the health and wellbeing of their officers as long as the job was getting done. A caveat to this belief was held by 36% of participants and stemmed from the feeling that good administrators were "person specific", meaning it depended on the individual that held a leadership position. "If you get the right person in that position, then it's great. Administration could have a lot to do with the morale of the department, too" (Participant 6). The belief that administrative concern stemmed from the person in a command position and whether a previous relationship was established (worked the streets together, attended the police academy together, known each other for many years, etc.) remained a salient theme for many participants. As participant 8 articulates, "The personal relationship with an administrator makes a difference because I trust them. I know they would not broadcast my personal business. I know that conversations will stay between the two of us". The notion of previously established relationships was discussed again as several participants stated they felt that only the administrators they have "known" actually cared about them

but the administration as a whole was more concerned about statistics (arrests, reports, etc.) and the appearance of the department than the health and wellness of the officers.

Even with a personal connection to someone in a leadership position, participant 9 believes that peer support is paramount as,

> With peer support you have those ones that you can truly just lean on and cry, and tell them just anything. With the commander, the administration, you still sometimes limit how much you tell them because that fear factor of what will happen to you afterwards.

While the prevailing sentiment was that administration lacked greatly in terms of support for officers, 18% of participants felt that administration was making progress in showing support for officers. Participant 4 believes the administration is making efforts to support officers by

> Putting things in place to self-report. And that's not something that was ever there in the past. The other thing that we put in place is the creation of a general order called the Duty to Intercede. If you are showing signs of stress or an incident happens on the streets where you're not using your mind, you use too much force, or do something inappropriate, your fellow officer has a 'Duty to Intercede', where if they see it they have to go and report it.

Another reflection that shares the opinion that administration was making strides, albeit slowly, in the area of officer support was offered when participants 7 opined,

> The administration, once again, got better over time. We definitely saw more training, more access to programs, more access to services, and I think more

support for the crisis intervention teams. But there's probably more that could have been done. There wasn't a tremendous amount of funding that went into these programs and I'm not sure the follow-up was great either. So I think the agency could have done more, looking back on it.

All participants emphasized that relationships were built over time and developed as you worked with and got to know someone (or a group of people) over several years. Many participants said that the people they lean on and that express genuine concern for their overall wellbeing were officers with whom they began their careers and maintained relationships regardless of their position within the department. The concept of feeling supported was intertwined with the participant's thoughts and feelings of available resources provided by administration.

Theme 3: <u>Reactive response to the suicide event</u>

The third theme that emerged from the data was the reactive response by the administration to the suicide event. In reviewing the data, 100% of the participants stated they did not believe the administration proactively addressed the issues of stress, depression and suicidal ideation and only did the minimum in response to an officer suicide. Of those who overtly stated the administration was reactive in response to the suicide, 72% stated they felt there was little professional impact, which is something they were displeased with; that no real change occurred as a result of the officer suicide. Participant 9 shared, "It was as if they [the officer who committed suicide] did not exist anymore. It was business as usual and that hurt". Participant 10 provided a similar recollection that "no-one even said his name [the officer who committed suicide] anymore. It was like they did not care". The administrative response to the officer

suicide was consistently described by participants as avoidant and reactive. Participant 8 believed "they [administration] deal with it [suicide] as an isolated incident as opposed to looking at what *really* happened. They just move on. They don't really dwell on it". When asked about support Participant 6 remarked,

> I haven't seen any help. If they do offer, they do it once right after the person commits suicide. They might send out some emails right after the suicide. What they [administration] should be doing is checking in with people to see if they need anything, but they don't until it's too late.

Participant 6 went on to further explain that in response to an officer suicide, the administration,

> Normally sends out an email about the suicide. If they know you were classmates at the academy with him [the colleague who committed suicide] they might recommend getting some type of counseling or something like that. Or the chaplain will come out and talk to them, and stuff like that. Like I said, that's the norm though and a week later it's nothing.

Participant 7 described the administrative response to tragic incidents as reactionary when they said,

> Yeah in those incidents the knee-jerk, go-to response [by administration] was bringing in the crisis intervention team. I remember the agency doing that a lot. If an officer was killed in the line of duty, or if there was a suicide, or if there was just a specific event that was traumatic, the knee-jerk response was "this is what

we're gonna do right away. But they didn't do anything before something happened".

The providing of counselor services by the administration was said to be done immediately after the suicide (the day the announcement was made via email) but that no follow up efforts were made to continue support for officers. This assessment by participants further underlined their belief that the administration is reactionary to such events and does not fully support mental health for officers.

Also noted was the lack of proactive efforts taken about negative habits and actions committed by officers. The participants felt that if the administration would pay closer attention to the "why" behind negative actions (officer complaints, alcohol issues, etc.) they would be in a proactive stance to provide help before a situation escalated.

Theme 4: The necessity for consistent mental health services and the promotion of services by the administration.

The fourth theme that emerged from the data was the necessity for consistent mental health services and the promotion of services by the administration. All of the participants stated they were offered no services for support by the department or administration in response to their colleague's suicide or any issues stemming from their duties and responsibilities as a law enforcement officer. Mention was made of the suicide in departmental news but none of the participants recalled receiving any offers of support and noticed no additional mention of the colleague who committed suicide outside of the immediate notification. While each participant admitted they knew there was "some sort of counseling" available through a departmental program, no direct

contact was made to offer counseling services, personal check ins, etc. Participant 4 relayed they were afraid of the consequences of self-reporting for mental health assistance since "the department doesn't promote anything to do with mental health". When queried as to what the administration could do to better support officers in terms of mental health, responses ranged from an increase in available services, more departmental acknowledgment of mental health issues, and an increase in frequency of information about mental health services to mandatory mental health check-ups for officers. A statement by participant 2 captures the sentiment of acknowledgment expressed by several participants,

> Well, one, we'd have to admit that someone has committed suicide. That's going to have to be the first thing. Then they could make a time where we could come together and talk. They don't even have to say it's a suicide conversation. They could say, everyone who's ever worked with [the officer], we're all going to have a meeting today, just to talk about the life of that person. I bet you people would go. It doesn't have to be anything fancy but it'll give administration a chance to see whom they need to at least be concerned about. It also gives people a chance to talk about someone in a good light".

Many participants felt as if the administration should make counseling resources available to officers in light of a suicide and be more consistent (and persistent) with disseminating the information about mental health services. The need for open communication from administration about the suicide as well as proactive efforts was seen as a key element that was missing after the suicide event. Many participants realized, in retrospect, that they could have reached out for assistance but were unaware

of what services were available through the administration thereby making the promotion of services paramount to officer support in the wake of the loss of a colleague. Participant 4 felt,

> An overt presence or overt announcement of some of the resources that we had available would have been helpful. For years we had a crisis intervention team, which isn't built out the way it is now, but we had officers that were trained in peer counseling. I think if it were a little more overt, written in the policy, or advertised a lot better it would be helpful. You don't see flyers in buildings about suicides but the good thing about flyers and the awareness piece is that they're talking about conditions that are typical when someone is depressed which may lead to suicide. They need to deliberately put that information out there. They need a standardized process for someone to either self-report or a process that is overtly offered to the membership of the police department, so they know help exists.

Making improvements to mental health programs, providing more training on the warnings signs of stress and being proactive in regards to officer stress was pervasive throughout the responses. Many participants felt that regular and consistent check-ins by administration over the months following the suicide would have made the officers feel supported. Additionally, the 18% of participants whose colleague committed suicide shared that their colleague was also a family member. These participants said they felt they would have felt supported by having additional grieving time. Neither participant stated the administration required them to return to work in a given time however they

felt an obligation to their colleagues and were not discouraged by administration from returning to duty soon after the loss.

Several suggestions were provided by participants for how administration can reduce the number of suicides within the department. 27% of participants specifically stated that allowing officer's decompression time and making officers feel more valued as people would reduce the number of suicides. Overwhelmingly, the participants expressed a need to feel supported in seeking help for their issues and wanted assurances that there would be no professional repercussions or consequences. Participant 2 opined that administration could assist by acknowledging the officer who committed suicide by hosting a memorial service thus creating a space for other officers to share memories, positive stories, and 'happy times' about the fallen officer. Participant 11 thinks an in house psychologist would "pay huge dividends".

Suggestions were made by 55% of participants to incorporate a mental health screening test on a regular basis, which would assist in reducing stigma and allow officers at least one opportunity to see a mental health professional as a regular part of the job.

> I'm not sure if it's against the law or not, but they should require an officer after five, ten, fifteen years of service to go and speak to someone. To make sure they're okay and can be on the streets, or just to see if they need help or need to talk to someone. I think there should be some type of requirement to make sure they're fine. (Participant 5)

Additionally, improving supervisory training was mentioned in order to provide support for supervisors in recognizing signs and symptoms of stress and depression as well as what avenues are available to provide to their subordinates. It may be a never-ending cycle, according to participant 1, who says,

> They can't reduce the number of officer suicides. Aside from offering the programs and making people aware of them, they can't. And this is why you can't - We're all adults. You have entrusted us with the authority to take people's freedom and the authority to take lives, if necessary. There is nothing you can do to keep an adult from doing whatever they want to do. My belief is that when people get to that point when they decide they want to take their own life, they've been thinking about it for a while. Unless you're inside of their head, you have no way of knowing that. And they're not going around telling people, "I think I might kill myself next week." You just don't know. So aside from offering programs, there's nothing anybody can do to stop them".

The prevailing responses were for administration to be open about officer suicide, support mental health programs, encourage officers to seek assistance for every day issues, eliminate repercussions for self-reporting, ensure confidentiality when seeking assistance, and extend bereavement leave to those who were close to the colleague.

Notable Observations

The correlation between the impact of the law enforcement officer's suicide and the relationship of the officer and the surviving colleague. While there was insufficient support for this issue as a major or minor theme, it is worth noting that the personal and

professional impact of the law enforcement officer's suicide appeared to be linked to the closeness of the officer and the surviving colleague. The participants expressed being impacted by their colleague's suicide in different ways, both personally and professionally. The relationship between the participants and the colleague lost to suicide varied from extremely close to casual acquaintance. It was determined that the impact of a colleague's suicide was directly associated with the relationship between the two people (Zhang, 2005). Those with very close relationships with the fallen colleague remembered them positively and described the colleague in an affirmative manner. The colleagues who committed suicide were generally described as cheerful, happy, well liked, popular, funny, outgoing, and jovial, supporting the fact that what remains salient for surviving persons is the remembrance of fond memories and honoring their loved one (Horsley, 2016). The specific colleague who committed suicide varied amongst the participants although each seemed to have at least heard of other officer suicides, even if they were not close. This supports the feeling of closeness held between law enforcement officers and the law enforcement community being described as family and a brotherhood (APA, 2011; Brock, 2003). As is often the case people are shocked to learn that their colleague had taken their own life, as they could not recall any specific signs that would indicate that level of distress. Those very close with their colleague expressed regret that they had not seen any warning signs and if they had known something was amiss they stated they wished they had intervened or "done something more" (Cerel, et al., 2008; Serani, 2013). Consistent with post suicide reporting, those close to the deceased had little to no indication, by actions or statements made, that their colleague intended to take their own lives leaving them bewildered and wondering what they could have done to prevent the

tragedy (Cerel et al., 2008). Close friendships and peer support was a critical element to coping with the colleague's suicide (McMenamy, Jordan & Mitchell, 2008). Each participant was impacted by the loss in his or her own way and it was apparent that the memories of the loss remained fresh in their minds as they shared their experiences.

An outlier to the response by colleagues was a participant who expressed anger directed at the colleague who committed suicide. The participant explained he was angry because he (the participant) had to see the deceased wife daily (she works at the department) and he was at a loss for words when they encountered one another. This may be indicative of an effort to detach oneself from the circumstances and avoid any self-reflection in the wake of a tragic event.

The difference in perspectives between male and female law enforcement officers. While there was not enough support for a separate theme or finding based on this research study, preliminary evidence suggests the perspectives of male and female officers differ be it a personal or professional situation. While many of their responses coincided with that of 64% of male participants, there were incidents where the female officers opined they "see things differently" than their male counterparts when it came to expressions of peer support and dealing with tragic events. Statements made by female participants that they (female officers) are typically the unit members who ensure that personal accomplishments and circumstances are acknowledged in their units support this consideration. For example, participant 3 recalled,

> We had one officer who was expecting his first child yet no one in the office had even congratulated him. They [all being male officers] acted like they didn't know what to say or how to engage him on a personal level.

Professionally, the female officers shared that they approached situations from an intellectual and emotional perspective. The female officers stated they often try and look at what someone needs and how they can support them emotionally in addition to what the rules and regulations state.

Summary

In this chapter 4 the researcher provided a brief overview of the research process and addressed findings from the data in response to the guiding research questions: 1) What are the barriers to seeking mental health assistance for law enforcement officers? and 2) How do law enforcement officers describe and experience the response after a colleagues' suicide? The themes that emerged were a result of the officer's perceptions and derived from their responses. This chapter provided understandings of the officer's perceptions of peer and administrative support, the impact the suicide had on the officers, as well as the officer's thoughts on how administration can improve officer wellness and reduce the incidence of stress, depression and suicides in law enforcement. The research interview protocol consisted of semi-structured interviews of participants that were audio recorded and subsequently transcribed. The researcher provided excerpts of participant responses to express, in the participant's own words, their lived experiences.

Chapter 5 will focus on the interpretations of the research findings from the identified major themes (1) Uniqueness of the law enforcement community (2) Lack of available resources regarding mental health services (3) Reactive response to the suicide event and (4) The necessity for consistent mental health services and the promotion of services by the administration and will conclude with suggestions for law enforcement administrations as well as recommendations for future research.

Chapter 5

Discussion

Overview

"Suicide is a whispered word, inappropriate for polite company. Family and friends often pretend they do not hear the word's dread sound even when it is uttered. For suicide is a taboo subject that stigmatizes not only the victim but the survivors as well."

–Earl Grollman

The purpose of this study was to explore the lived experiences of law enforcement officers concerning another law enforcement officer's suicide, and the impact a law enforcement officer suicide has on a law enforcement agency/department. This study was a preliminary research endeavor to explore the impact that the suicide of a law enforcement officer has on his or her colleagues. The goal of the research project was to gain better insight into the personal, professional, physical and/or mental effects experienced by the person who worked with the deceased. The aim was to explore these experiences in order to better assist suicide survivors and provide them the proper care and resources needed after losing someone to suicide.

The guiding research questions for this study were:

1) What are the barriers to seeking mental health assistance for law enforcement officers?

2) How do law enforcement officers describe and experience the response after a colleagues' suicide?

This study utilized a basic interpretive qualitative method to gain a better understanding of the experiences of law enforcement officers who have experienced the death of a colleague by suicide from the participant's view of the event (Creswell, 2013; Merriam & Tisdell, 2016). This basic interpretive qualitative study was exploratory in nature with the overall goal being to understand how people make sense of their lives and experiences (Meridian and Tisdell, 2016). For this study, the researcher used thematic analysis (TA) as the method of analyzing the collected data as thematic analysis identifies, examines and develops patterns or "themes" present within the collected data (Braun & Clarke, 2006).

Discussion of Findings

There were three major findings identified during the course of this research study. These three findings were extrapolated as a result of the review of the 9 themes and subthemes identified during data analysis. These findings are not merely a summary of the themes but they express a synthesis of the participants' experiences relative to the research questions: 1) what are the barriers to seeking mental health assistance for law enforcement officers? And 2) how do law enforcement officers describe and experience the response after a colleagues' suicide? The first finding discusses how the law enforcement profession itself plays a role in the advancement of mental health for officers. Finding two discusses the lack of available mental health resources for officers and how administrative support impacts officer mental wellness and resiliency. Finding three discusses how the reactive response to a colleague's suicide affects the surviving colleague's experience in coping with the loss.

Finding One: The uniqueness of the law enforcement community impacts officer acknowledgement of stress, depression and suicidal ideation and hinders officers from seeking mental health assistance. The demands of policing have been well known to be taxing on an individual. One unique characteristic of the law enforcement profession is the unpredictable and constant changes to one's shift (required duty hours). Without notice an officer can be required to extend his or her work day which can cause a great deal of stress, especially if the officer must now make adjustments such as day care extensions, re-scheduling of appointments, etc. Additionally the constant shift changes make it difficult for an officer and his or her family to maintain a normal routine. Since this is an "expected" part of the job, it is possible that many officers would be reticent to recognize this as an extraordinary stressor; instead they adapt and adjust while not acknowledging the stress it can bring about. Research has shown that constantly changing schedules and moving swiftly through a variety of emotional states has an adverse effect on physical, mental and emotional health (Violanti, 2012). Fatigue in conjunction with psychological stress may indicate a "double-barreled effect: both disrupt physiological systems and both may act upon the other. Other studies have suggested that fatigue may also be associated with depression" (Garbarino, et al, 2002; Vandeputte, 2003). The requirements of the daily responsibilities to the community, the administrative duties that accompany police work and the constant awareness that your words and actions are under scrutiny by the public, the media, and your own organization can take a toll on a police officer (Chermak, McGarrell, & Gruendewald, 2006; Violanti, 1995). In examining 10 years of studies on law enforcement officers, a University at Buffalo research study (2008) found that the

pressures of law enforcement puts officers at risk for high blood pressure, insomnia, increased levels of destructive stress hormones, heart problems, post-traumatic stress disorder (PTSD) and suicide. In this research study, participants did not discuss health related issues nor were there any probative questions to elicit this type of data therefore this research study cannot directly support the findings from the Buffalo study.

Everyday life events and stress can be exacerbated by police work and can have negative impacts to an officer's work performance (Basińska & Wiciak, 2012; Senjo, 2011). This finding that the uniqueness of the law enforcement community impacts officer acknowledgement of stress, depression and suicidal ideation and hinders officers from seeking mental health assistance is supported by the current literature linking demanding professions such as first responders (police officers, Firefighters, Emergency Medical technicians [EMT], etc.) to an increase in stress. Amaranto, Steinberg, Castellano, & Mitchell (2003) concluded that law enforcement officers may be less effective at managing stressful situations therefore lacking the insight to lean toward positive coping mechanisms. Officers learn to cope with violence, stress and traumatic events by insulating themselves, which makes them a higher risk for stress-induced disorders (Anderson, Litzenberger, & Plecas, 2002; Violanti 2007). In this study, one participant shared their coping mechanism was to separate themselves from other officers during non-work hours. This was an attempt at allowing some distance and space from policing and the reminders of the daily stressors of the occupation. As policing is a unique profession so is the way in which police officers learn to deal with the tragic incidents they face.

It must be acknowledged that the expressions made by participants in this study were from their personal perspectives and experiences shared during the interview process and were not collected via objective measures or assessments. Stress affects people differently and this study did not request disclosure of any health related issues or symptoms that may account for an increase in stress related illnesses. Additionally, the effects of stress can be recorded but there are no specific tests that would definitively pinpoint a cause of stress. Therefore it should be considered that the effects of other issues (medical, psychological, etc.) might be a contributing factor to officer stress that was not explored in this study.

Finding Two: The perceived lack of available mental health resources and lack of administrative support contributes to officer mental health issues and concerns. The lack of mental health resources, whether real or perceived, coupled with the perception of a lack of support by administration is a key element in how an officer approaches his or her mental health. The majority of the participants recalled relying on their family and close friends in the aftermath of their colleague's suicide. David Mosse, a bereaved father, was quoted as saying, "I think many living with loss know of nothing more powerful, as a force for healing, than to share with others bereaved by suicide and to know that we are not alone" (Support After Suicide, 2016, p.2). The experiences shared by participants in this research study certainly support the belief that a strong social network is needed and wanted by those who are left behind after a loved one's suicide. When social support is not available, it can impact the grieving process, as the officer may feel isolated in his or her grief. "Suicide has the potential to have profound effects on survivors' social networks" (Cerel et. Al, 2008, p. 39). Social relationships are

often impacted for surviving family, friends and colleagues (Feigelman, Gorman & Jordan, 2009). One's social support, after any type of loss, appears to be a vital component in the shaping of their bereavement process (Stylianos & Vachon, 1993) and may impact how they cope following the loss. The effects of social support may even be more prominent following suicide (Callahan, 2000; Cerel et. al, 2008). Social relationships became paramount because participants did not believe they could ask for help from their administration and perceived a lack of available mental health resources. As such, "factors that interfere with the ability of a social group, whether a nuclear or extended family, or a setting such as a school, workplace, or church, to provide support to survivors may have a direct bearing on their mourning trajectory (Cerel et. al, 2008, p.39)

The absence of effective communication surrounding mental health, combined with insufficient training is a contributor to the issue of officers' hesitancy to seek mental health assistance (Barron, 2010). According to participants, peer support was not provided as an official avenue of support by the administration, rather the result of forming and developing relationships with other officers throughout the years. Many officers experience difficult situations throughout their careers yet police departments often neglect the impact these situations have on officers. Officers involved in the study listed several difficult situations in their careers yet felt there was little support or available mental health services to help them with the daily expectations of policing. Additionally the lack of promotion of services, even if they exist, perpetuates the notion that it is not looked upon favorably to seek help (Barron, 2010). The real or perceived lack of mental health resources combined with the minimal promotional support for mental health services may be a contributor to the feelings of machismo prevalent within

the law enforcement community and perpetuate an officers desire to be seen as "one of the guys" (Bodor, Thompson & Demirçivi, 2003; USDOJ, 2003).

An increase in the knowledge and awareness of the factors that contribute to suicidal ideation amongst law enforcement may be pivotal to establishing effective prevention programs (such as reduction in officer stress) (Chopko, Palmieri, & Facemore, 2013). Focusing on the aftermath that occurs within social circles after the suicide is an important element at determining how to better assist survivors (Cecel, Jordan & Duberstein, 2008), thus the notion that limited or no support exists can exacerbate an officers stress level and leave them feeling as if they have no positive resources for help. To aid in this issue, a department would benefit from consistent follow up and the offering of support services to those who worked with the fallen officer. This serves two purposes: the first being to provide the care needed for those who may be grieving after the suicide; and, the second being to positively show officers that they are valued and cared for thereby presenting them with the help they need.

"Postvention is prevention" when it comes to assisting those who have lost someone to suicide (Cerel, et al., 2008). Postvention can be defined as "activities developed by, with, or for people who have been bereaved by suicide, to support their recovery and to prevent adverse outcomes, including suicide and suicidal ideation" (Andriessen, 2009, p.1). Prevention programs tend to look solely at standard risk factors for suicide and fail to delve into addressing the underlying issues of the risk factors. Providing an avenue whereby officers can seek mental health without being stigmatized can go a long way towards effective suicide prevention. The incorporation or institutionalizing of mental health service within the workday makes mental wellness and

resiliency an active part of policing. An officers' lack of trust in the confidentiality of their situations and circumstances or fearing they will lose their job, may negatively impact an officers willingness to seek help. Given the alarming number of suicides annually, suicide prevention programs do exist however many are based on the general population. While law enforcement officers do have shared risk factors for suicide with the general population, the nature and culture of police work brings about additional factors that can exacerbate stressful situations and how they are managed (Miller, 2005).

Finding Three: Law Enforcement remains stagnant in the acknowledgement and promotion of mental health issues. The consensus among participants was that the administration has a reactive response to suicide events or any mental health crisis that befalls an officer. The findings indicate that the participants were displeased by the reactive nature of their department as it relates to any mental health issues and sought to have a more proactive approach to mental wellness and resiliency. The necessity for consistent mental health services and promotion of services by the administration is essential to the overall wellbeing of law enforcement (McMenamy et al., 2008). An administrations passive promotion of mental health services to its officers sends the message that mental health is a secondary concern and may be perceived by officers as a less important aspect of policing. Additionally, the language used to discuss and promote mental health and mental health services (wellness and resiliency versus mental health) may impact the willingness of officers to embrace mental health as a part of their daily routine. The data from this research study shows that officers value and seek administrative support for mental health services and the acknowledgment of the issues facing law enforcement. While officer stress appears to be a well-known issue facing

police, administration appears to remain stagnant in the proactive approach to promoting mental health services and care. Proactive educational efforts aimed at expanding mental health programs and intervention efforts for issues facing law enforcement are long overdue (Harpold & Feemster, 2002). Awareness, communication, reducing stigma, and allocating resources to mental health remain among the most important issues for police departments (Spencer-Thomas, 2014). Unfortunately, the level of importance and dedicated funding for mental health remains far below that given to physical health and the logistical needs of police departments. According to the World Health Organization, many governments are providing insufficient mental health resources, investing an average of less than $2 per person a year and approximately 3 percent of their health care budget on mental health services (Leonard, 2016).

The departmental impact of an officer's suicide seems to be measured in terms of logistics and personnel therefore making it difficult for administration to quantitatively see officer stress, depression and suicidal ideation as a principal threat to its officers and one that requires resources dedicated to combatting the problem. Literature that examines the impact of officer stress, depression and suicide, beyond the financial cost of suicide is limited. Acknowledging law enforcement stress, its impacts and making a deliberate choice to become and remain healthy will positively impact the reduction in law enforcement mental health distress (Harpold & Feemster, 2002).

There are some police departments that are working towards a holistic approach to wellness that includes physical and mental health but the process remains incremental in its implementation. The disconnect appears to be what the administration has "put in place" for officers versus the active and persistent promotion of mental health services.

According to the National Alliance on Mental Illness (NAMI, 2014), mental health and wellbeing are equally as important as physical health, yet agencies of all professions are lagging behind in acknowledging and providing the same level of attention and resources to mental wellness and resiliency as they do to physical wellness and safety.

Recommendations

This research study benefits the law enforcement community from an administrative perspective as well as for the officers themselves. The law enforcement community can utilize the findings from this research as support to encourage mental health services amongst law enforcement and by enacting policies and procedures that provide officers with the confidence to seek services without fear of repercussions or loss of professional opportunities. Recommendations which emerged from this research study are 1) Incorporate a periodic and standardized appointment for officers to attend a mental health check up with the departmental professional, 2) Conduct proactive training opportunities and events specific to mental health and 3) Consider opportunities for department administration and non-supervisory officers to interact and engage thus promoting a healthy relationship between the two echelons.

Incorporating the importance of mental health and the promotion of mental health services begins at the recruitment and academy level and must continue throughout an officer's career. Those entering the law enforcement profession should be taught, at the onset, that the department values good mental health and promotes the usage of mental health services. While a psychological screening occurs as a part of the application phase, continued screenings are non-existent absent an incident that requires a referral to a mental health professional. While it is crucial to ensure you are recruiting mentally

sound personnel it is equally as critical to ensure they remain mentally healthy as they undertake the occupation of law enforcement. Regular mental health screenings, as a condition of employment and regular practice for officers, would serve two purposes; to ensure officers have an outlet to address and deal with everyday life stressors as well as occupational stressors and aid in the promotion of mental health by administration, showing mental health as a valued part of policing. The participants in this research study overwhelmingly supported the concept of mandatory mental health 'check-ups' as an opportunity to participate in counseling without the stigma of seeking it oneself. This suggestion was unsolicited by the researcher and independently suggested during the interviews. Additionally, officers begin (and sometimes end) each shift with a roll call "where supervisors take attendance, inspect uniform and equipment, inform the oncoming shift of any outstanding incidents that may have occurred, inform officers of suspects to be looking out for, relate any law or procedural changes, and so on" (Stering, 2004, p. 6). Given that communication at roll call is typically conveyed by (or at the direction of) a shift or squad commander (Kappeler & Gaines, 2012), this is an ideal opportunity for leadership to include a standing agenda item on mental health services and the importance of taking care of one's mental as well as physical health. The view of mental health begins with leadership in the department. The departmental leadership must both embrace the importance of mental wellness care and encourage officers in seeking help when it is needed (IACP, 2014). Law enforcement administrators can consider the results of this study when developing future wellness and suicide prevention plans for officers. Non-supervisory law enforcement personnel benefit from the results of this study by absorbing the context shared by participants and supporting fellow

officers in their interactions as colleagues. As members of departments ascend to positions of leadership, they can use any newly acquired and practiced knowledge of officer needs to develop effective and supportive relationships amongst persons with whom they work.

Study results will provide information that can be used to construct meaningful prevention programs based on personal accounts from those directly impacted. Such prevention programs can include the incorporation of periodic and standardized mental health assessments, proactive training opportunities with a mental health focus, and an increase in departmental activities amongst departmental administration and non-supervisory work force.

For mental health professionals and counselor educators wishing to serve the law enforcement population it is imperative they gain a better understanding of law enforcement culture as well as the ways in which mental health is viewed within the region where they provide services. Infusing cultural aspects into trainings offered by counselors will help reduce stigma associated with mental health issues by fostering an understanding of the role culture plays in mental heath. Counselors who are interested in doing this type of training should consider that all parts of the law enforcement ecology, from administrators to street officers, would benefit from addressing ways to foster social support through capitalizing on the informal networks that form within the culture of law enforcement. Studies such as this one may provide a glimpse into an officer's view of mental health.

Recommendations for Law Enforcement Administrators

Recommendation One. **Incorporate a periodic and standardized appointment for officers to attend a mental health check up with the departmental professional.** Participants unanimously expressed the thought that the incorporation of consistent mental wellness "check-ups" would be of great benefit to officers experiencing stress. Simply developing a paper policy will be insufficient to effect change to mitigate the instances of officer suicide. Having a mental health "checkup" required once per quarter, just as many departments have for proficiency fire on their firearms, can open the door for officers to speak to a mental health professional as part of a requirement, thus removing the stigma (IACP, 2014). According to the mid-sized police department whose officers participated in this research study, they have recently enacted an officer wellness unit and made changes to the health consulting company contracted by the department. While it is a positive step forward to have these changes in place, the current practice for utilizing the officer wellness unit is one of self-reporting, an issue discussed during data collection as something officers are concerned about doing. Having the mechanisms in place is the first step and the beneficial follow on is to aid officers by incorporating a wellness visit into their annual physical fitness requirements. This recommendation would aid in addressing the barriers to officers seeking mental health assistance.

Recommendation Two. **Conduct proactive training opportunities and events specific to mental health.** Several participants expressed anger at the administration for not having more available resources prior to their colleague's suicide and frustration at how the administration handled the officer suicide. A prevailing topic was the need for proactive efforts regarding mental health. Having a policy that no one knows how to

access (or even knows is available) does little to provide assistance and support. Departments must advertise their officer wellness units or mental health programs just as they would any other department sponsored program. One suggestion was to place flyers throughout departments and stations that clearly highlight signs of stress, depression and suicidal ideation. The flyer highlights awareness about conditions that are typical when someone is stressed or depressed which may lead to thoughts of suicide (IACP, 2014). Have a process in place that is overtly offered to the membership of the police department helps the administration combat the misperception that those who seek mental health services are 'mentally ill' (Corrigan, 2004) thus helping to reduce the stigma of utilizing available resources. As a result of the national narrative about policing, then President Barack Obama sanctioned a task force with leading law enforcement experts in 2015 to discuss policing. The resulting publication was the 21st Century Policing Task Force Report (2015) that began and ended with two pillars which directly relate to law enforcement mental wellness and resiliency; Pillar One: Trust and transparency and Pillar Six: Officer safety and wellness. In *Pillar One: Building Trust and Transparency*, the focus is on building trust and establishing legitimacy between law enforcement and the community to enhance relations. The premise being that law enforcement agencies should view themselves as the guardians of those they protect thus establishing the foundation for trust by the community. Additionally, being transparent about processes and procedures for both internal and external policies helps the community 'believe' that the police are upholding the oath to protect and serve. *Pillar Six: Officer Safety and Wellness* emphasized how the wellness and safety of officers is not only essential for the officers themselves and their colleagues but is critical to public

safety. "An officer whose capabilities, judgment, and behavior are adversely affected by poor physical or psychological health not only may be of little use to the community he or she serves but also may be a danger to the community and to other officers" (Presidential Task Force, 2015, p.61). This indicates the desire at the highest levels to explore all aspects of policing from tactical to mental wellness and resiliency.

Recommendation Three. **Consider opportunities for department administration and non-supervisory officers to interact and engage thus promoting a healthy relationship between the two echelons.** The development and maintenance of close relationships appeared in each participant response with the descriptors of "family" and "brotherhood" being expressed. Participants reiterated that having close relationships was a critical element to feeling supported and coping with his or her colleague's suicide. Having more opportunities for administration and officers to interact would bridge the gap, whether real or perceived, between the two groups. If officers believe their administration "knows them" and has a genuine interest in their wellbeing, they may be more willing to come forward with issues and concerns before a tragic incident occurs. Increasing communication between administration and officers will aid in officers being comfortable sharing concerns with administration and allows administration an opportunity to provide direct support at the time of an officer's issues, not post tragic event.

Each participant stated they believed it important to recognize and celebrate the colleague to allow for healing by the surviving colleagues. Hosting a memorial or acknowledgment service for the officer would provide a safe space for officers to share and grieve their fallen colleague while providing feelings of support from administration.

Suggestions for Future Research

This study addressed some of the gaps in research relative to the impact of a law enforcement suicide on fellow law enforcement officers (LEOs) and the agencies/departments and can contribute to research, practice, and policy. More research is needed on those impacted by officer suicide as policing and associated stressors of policing may not be the same as those experienced by the general population. It is unknown if the effects that are studied in the general population translate to law enforcement given the unique culture and stressors of the law enforcement profession. In future studies it may be beneficial to explore how well connected the officer feels to his or her department, the unit they are assigned to, and/or policing as a profession in order to gauge whether or not the unique culture and stressors of the law enforcement community has a distinctive impact on an officer. This may be done through probative questioning or by developing a formal "cultural assessment' specifically designed to measure the degree to which an officer identifies with his or her department and the policing profession. For police departments that have experienced multiple officer suicides, it may be beneficial to examine the cumulative effect multiple suicides within a single department has on the impact to surviving officers. Accurate research must go beyond reporting of statistical data only and explore this phenomenon from a qualitative perspective using the statistical data to guide the explorative areas. Increasing awareness as it relates to emotional distress and the factors that relate to suicidal ideation is a critical factor in addressing the issues to reduce and prevent suicide in law enforcement (Chopko et al., 2013). Despite research findings indicating the significant impact personal and familial problems have on an officers' mental wellbeing, few studies have examined

suicidal ideation amongst law enforcement. According to McMenamy, Jordan & Mitchell, (2008) examining ways in which survivors cope after the suicide and the type of interventions most useful in aiding coping efforts will further encourage "evidence based, effective and compassionate care for individuals experiencing the death of a significant other by suicide" (p. 388).

Suggestion One. A replication of this study in varying geographical areas - across multiple law enforcement agencies. A replicated study as described would delve deeper into the specific things officers believe administration can do to better support them. According to the Bureau of Justice Statistics report (April 2016),

> Law enforcement in the United States is made up of about 18,000 federal, state, county, and local agencies. Each agency has varying legal and geographic jurisdictions, ranging from single-officer police departments to those with more than 30,000 officers. The most common type of agency is the small town police department that employs 10 or fewer officers. The decentralized, fragmented, and local nature of law enforcement in the United States makes it challenging to accurately count the number of agencies and officers.

This excerpt emphasizes the need to conduct studies across multiple agencies of varying demographics and geographic locations. This will aid researchers, as well as the policy makers in law enforcement, to develop a better consensus of how to support officers in terms of mental wellness and resiliency across different department organizational structures.

Suggestion Two. Conduct gender specific studies to determine if the needs of male officers vary from those of female officers. According to the National Center for Women and Policing, women comprise 13% of the overall police force. 36% of the participants for this study were female law enforcement officers. Additionally, more interest is evolving about the differences between male and female officers as Sheriff Sadie Darnell of the Alachua County Sheriff's Office in Gainesville, Florida said, "Women are not being given the credit for having skills such as being strategic and good planners and being able to mediate rather than resort to physical force" (Wallace, 2017). This implies that women view situations uniquely than their male counterparts and the needs of women officers may vary greatly from that of male police officers.

In combination with gender specific studies, the examination of racial identity as it relates to the views and beliefs regarding mental health and suicide may illuminate the impact that racial identity may have on the person's view of mental health, suicide and culturally acceptable forms of coping regarding a loss from suicide. According to Wong, Collins, Cerully, Seelam, & Roth, B. (2017), there is limited research available that examines whether mental illness is more stigmatized in various racial groups and ethnically minority communities. Of those studies which have been conducted the results have been mixed and have reported little difference in the concern of minority groups.

Future research that compares and contrasts male and female responses and needs as well as examining the role racial and ethnicity plays in mental health views may prove valuable in building a police force where everyone feels supported.

Suggestion Three. Research studies comparing small, mid-sized and large police departments' current mental health programs and policies and contrast that against their

suicide rate to determine if certain policy and programs appear more effective than others. The options for this study are not feasible if one intends to conduct a massive large-scale study due to the large number of police departments in the United States. A suggested "break down" would be to conduct research based on departmental size and geographic area thus allowing for a more manageable study and a compare and contrast approach to analyzing the results. This could be conducted as a quantitative study whereby officers are surveyed for their responses about the mental health programs in place and the researcher could access data about suicide rates for that sized agency/geographic region. A mixed method approach could also be conducted combining a more in depth examination of officer reactions and responses and survey responses compared to the data regarding mental health programs and suicide rates. The in person interviews can be conducted with officers who have worked at police departments of varying sizes and utilize probative questions aimed at exploring the differences between departments, from the officer's perspective. Additionally, questions which explore the officer's knowledge of mental health programs and allocated resources may provide insight into how such programs are being received by the intended recipients.

Summary and Conclusions

The suicide epidemic claims over 800,000 deaths globally and is the 10th leading cause of death in the United States (WHO, 2016). Within the law enforcement community, suicide can be viewed as one of the most lethal threats to officers as it is estimated that officers are two to three times more likely to take their own lives than to be killed in the line of duty by others (Kelly & Marin, 2006; Miller, 2005; Violanti, 1996, Violanti et. al, 2007.

In this chapter the three major findings from this research study were presented; the role the law enforcement profession plays in the advancement of mental health for officers, the lack of available mental health resources for officers and how administrative support impacts officer mental wellness and resiliency, and how the reactive response to a colleague's suicide affects the surviving colleague's experience in coping with the loss.

Whether a police department establishes a mental health policy as a matter of good practice or in response to a particular mental health crisis (officer suicide, depressive episode of an officer, etc.) can be revealing as to the manner in which the policy is both distributed and received by its recipients. Simply having a program is not sufficient. Law enforcement officers need to be made aware that such a policy exists and be familiar with the resources contained within. Effective prevention involves more than just knowing programs are available. The importance of seeking mental health services, acknowledging the need for help, and the realization that good mental health is important to one's overall positive health state needs to be engrained into the officer's experiences beginning at the training academy. Periodic training on mental health and the appropriate (and positive) delivery of a mental health program from the Police Chief down to the supervisors is a key element of reversing the stigma of seeking services. By repeatedly and positively discussing mental health services as well as the benefits of mental resiliency, the stigma of seeking mental health services may decrease. This study contributes to the scantly available studies that focus on the needs of survivors after a suicide.

References

Agnew, Robert. (1992). "Foundation for a General Strain Theory of Crime and Delinquency." Criminology 30:47-87.

Amaranto, MD, E., Steinberg, PhD, J., Castellano, MA, CSW, C., & Mitchell, BA, R. (2003). Police stress interventions. *Brief Treatment and Crisis Intervention, 3*(1), 47-53.

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.

Anderson, B. J. (2002). Police suicide: Understanding grief and loss. In *Gift From Within*.

Anderson, G.S., Litzenberger, R., & Plecas, D. (2002). Physical evidence of police officer stress. *Policing: An International Journal of Police Strategies & Management, 25(*2), 399 –420.

Andrew, M. E., McCanlies, E. C., Burchfiel, C. M., Charles, L. E., Hartley, T. A., Fekedulegn, D., & Violanti, J. M. (2008). Hardiness and psychological distress in a cohort of police officers. *International Journal of Emergency Mental Health,10*(2), 137-148.

Andriessen, K. (2009). Can postvention be prevention?. *Crisis*, *30*(1), 43-47.

Arrigo, B.A., & Shipley, S.L. (2004). *Introduction to forensic psychology: Issues and controversies in crime and justice* (pp. 20-35). Academic Press: St. Louis, MO.

Aseltine, R. H., Gore, S., & Gordon, J. (2000, September). Life stress, anger and anxiety, and delinquency: An empirical test of general strain theory. *Journal of Health and Social Behavior, 41*(3), 256-275.

Barron, S. (2010). Police officer suicide within the New South Wales police force from 1999 to 2008. *Police Practice and Research, 11*(4), 371-382.

Beck, A. T., Kovacs, M., & Weissman, A. (1975). Hopelessness and suicidal behavior: An overview. *Journal of the American Medical Association, 234*, 1146-1149.

Bishopp, S., (2013). An Examination of General Strain Theory and the Effects of Violent Crime Exposure on Police Suicide Ideation, Alcohol Consumption, and Divorce (Doctoral Dissertation). Retrieved from https://www.researchgate.net/publication/284899487

Bodor, T., Thompson, F., & Demirçivi, F. (2003). Criminal Justice Cultures in the United States: A Context for Understanding Aspects of Organizational Change. *Center for Technology in Government*.

Breen, L. J., & O'connor, M. (2011). Family and social networks after bereavement: experiences of support, change and isolation. *Journal of Family Therapy, 33*(1), 98-120.

Britten N. Qualitative interviews in healthcare. *In* Pope C, Mays N (eds) *Qualitative research in health care*. 2nd ed. pp 11–19. London: BMJ Books, 1999.

Brock, S. E. (2003, May). Suicide postvention. Paper presented at the DODEA Safe Schools Seminar. Retrieved January 13, 2017, from http://www.dodea.edu/dodsafeschools/members/seminar/SuicidePrevention/generalreading.html#2

Brod, M., Tesler, L. E., & Christensen, T. L. (2009). Qualitative research and content validity: developing best practices based on science and experience. Quality of Life Research, 18(9), 1263.

Broidy, L. M. (2001). A test of general strain theory. *Criminology, 39* (9).

Bryan, C. J., Morrow, C. E., Anestis, M. D., & Joiner, T. E. (2010). A preliminary test of the interpersonal-psychological theory of suicidal behavior in a military sample. *Personality and Individual Differences, 48*, 347-350.

Bureau of Labor Statistics, U.S. Department of Labor, *Occupational Outlook Handbook, 2008-09 Edition*, Police and Detectives, Retrieved 17 July 2017, from http://www.bls.gov/oco/ocos160.htm

Byers, J. F., & Smyth, K. A. (1997). Application of a Transactional Model of Stress and Coping with Critically III Patients. Dimensions of critical care nursing, 16(6), 292-300.

Callahan, J. (2000). Predictors and correlates of bereavement in suicide support group participants. Suicide and Life-Threatening Behavior, 30, 104–124.

Carlan, P.E., & Nored, L.S. (2008). An examination of officer stress: Should police departments implement mandatory counseling? *Journal of Police and Criminal Psychology, 23*, 8-15.

Carey, W. B. (2009). Developmental-behavioral pediatrics. Philadelphia, PA: Saunders/Elsevier.

Centers for Disease Control and Prevention (CDC) . (2016). Web-based Injury Statistics Query and Reporting System (WISQARS). In *National Center for Injury Prevention and Control, CDC*. Retrieved from https://www.cdc.gov/injury/wisqars/

Cerel, J., Jordan, J.R., & Duberstein, P.R. (2008). The impact of suicide on the family. *Crisis: The Journal of Crisis Intervention and Suicide Prevention*, *29*(1), 38-44.

Cetuk NB (2006) Police suicide: Causes, effects, and intervention, an educational program for police officers in the early identification and intervention of suicidal behavior. Dissertation Abstracts International: Section B: The Sciences and Engineering, 67(6-B)

Chae, M. H., & Boyle, D. J. (2013). Police suicide: Prevalence, risk, and protective factors. *Policing, 36*(1), 91-118.

Charoen, P. P. (1999). *Officer involved shooting: The emotional impact and the effective coping strategies* (Master's thesis).

Chin, G. J., & Wells, S. (1998, January 14). The 'Blue Wall of Silence' as evidence of bias and motive to lie: A new approach to police perjury. *University of Pittsburgh Law Review, 59*, 233-299.

Chopko, B.A., Palmieri, P.A., & Facemire, V.C. (2014). Prevalence and predictors of suicidal ideation among U.S. law enforcement officers. *Journal of Police & Criminal Psychology, 29*(1), 1-9.

Christensen, H., Batterham, P. J., Soubelet, A., & Mackinnon, A. J. (2013). A test of the interpersonal theory of suicide in a large community-based cohort. *Journal of Affective Disorders*, *144*, 225-234.

Chu, C., Buchman-Schmitt, J. M., Hom, M. A., Stanley, I. H., & Joiner Jr., T. E. (2016). A test of the interpersonal theory of suicide in a large sample of current firefighters. Psychiatry Research, 240, 26-33.

Cohen, D., Crabtree, B. (2006).

Conway, C., Stanley, A. M., & Patton, M. Q. (2006). Qualitative Research and Evaluation Methods.

Coping with the suicide of an employee. (2016). In *White Swan Foundation*. Retrieved June 2, 2016.

Corrigan, P. W., & Penn, D. L. (1999, September). Lessons from social psychology on discrediting psychiatric stigma.*American Psychologist*, *54*(9), 765-776.

Couture, S. M., & Penn, D. L. (2003, June). *Journal of Mental Health*, *12*(3), 291-305.

Cowan, A. L. (2008, April 8). Suicide bigger threat for police than criminals. *The New York Times*. Retrieved June 1, 2016.

Cox, S. M., McCamey, W. P., & Scaramella, G. L. (2013). *Introduction to policing* (2nd ed.). Thousand Oaks, CA: SAGE Publications.

Creswell, J. W. (2013). *Qualitative Inquiry and Research Design Choosing Among Five Approaches* (3rd ed.). Los Angeles, CA: SAGE Publications.

Creswell, J. W. (2014). *Research Design Qualitative, Quantitative, and Mixed Methods Approaches* (4th ed.). Thousand Oaks, CA: SAGE Publications.

Culture. (n.d.). In *Alleydog.com's online glossary*. Retrieved from: http://www.alleydog.com/glossary/definition-cit.php?term=Culture

Davey, G. (2013, August 20). Mental health and stigma. In *Psychology Today*. Retrieved from https://www.psychologytoday.com/blog/why-we-worry/201308/mental-health-stigma

Deisinger, E. R. (2001). Final grant report of the Law Enforcement Assistance & Development (LEAD) program: Reduction of familial and organizational stress in law enforcement. Rockville, MD: National Institute of Justice, National Criminal Justice Reference Service.

deMarrais, K. (2004). Qualitative interview studies: Learning through experience. In K. deMarrais & S. D. Lapan (Eds.), Foundations for research (pp. 51-68). Mahwah, NJ: Erlbaum.

DeSantis, L. and Ugarriza, D.N. (2000) The concept of theme as used in qualitative nursing research. Western Journal of Nursing Research, 22, 351-372.

Dibley, L. (2011). Analyzing narrative data using McCormack's lenses. Nurse Researcher, 18 (3), 13-19. Retrieved from http://nurseresearcher.rcnpublishing.co.uk/news-and-opinion/commentary/analysing-qualitative-data

DiCicco-Bloom, B. and Crabtree, B. F. (2006), The qualitative research interview. Medical Education, 40: 314–321. doi:10.1111/j.1365-2929.2006.02418.x

Dohrenwend, B. P. (1959, August). Egoism, altruism, anomie, and fatalism: A conceptual analysis of Durkheim's types. *American Sociological Review*, *24*(4), 466-473.

Dowling, F. G., Moynihan, CSW, G., Genet, BA, B., & Lewis, MD, PhD, J. (2006, January). A peer-based assistance program for officers with the New York City

Police Department: Report of the effects of Sept. 11, 2001. *American journal of Psychiatry*, *163*(1), 151-153.

Drapeau, M. (2002, September). Subjectivity in research: Why not? But… *The Qualitative Report, 7*(3).

Duke University Personal Assistance Service (PAS). (n.d.). Normal reactions to suicide . In *Duke University Personal Assistance Service (PAS)*. Retrieved May 31, 2016, from http://pas.duke.edu/suicide_reactions.php

Durkheim, E. (1951). *Suicide: A study in sociology*. Paris, France: The Free Press. (Original work published 1897)

Federal Bureau of Investigation . (2001). *Suicide and law enforcement*. In D. C. Sheehan, J. I. Warren, & . (Eds.). Washington, DC: USDOJ.

Feigelman, W., Gorman, B.S. & Jordan, J.R. (2009). Stigmatization and suicide bereavement. *Death Studies*, *33*(7), 591-608.

Froggio, G. (2007). Strain and juvenile delinquency: A critical review of Agnew's General Strain Theory. *Journal of Loss & Trauma*, *12*(4), 383-418.

Fusch, P. I., & Ness, L. R . (2015). Are we there yet? Data saturation in qualitative research. The Qualitative Report, 20 (9),1408-1416. Retrieved January 23, 2018 from http://www.nova.edu/ssss/QR/QR20/9/ fusch1.pdf

Garbarino, S., De Carli, F., Nobili, L., Mascialino, B., Squarcia, S., et al (2002). Sleepiness and sleep disorders in shift workers: A study of a group of Italian police officers. *Sleep*, 25, 648-653.

Gilmartin, K. M. (2002). *Emotional survival for law enforcement*. Tucson, AZ: E-S Printing.

Goleman, D. P. (1995). *Emotional intelligence*. New York, NY: Bantam.

Grandey, A. (2000). Emotional regulation in the workplace: A new way to conceptualize emotional labor. *Journal of Occupational Health Psychology*, *5*, 95–110.

Hall, R. G. (2002, September). A brief discussion of police culture and how it affects police responses to internal investigations and civilian oversight.

Hankin, B. L., & Abramson, L. Y. (2001). Development of gender differences in depression: An elaborated cognitive vulnerability–transactional stress theory. Psychological bulletin, 127(6), 773.

Harpold, M.S, J. A., & Feemster, J.D, S. L. Negative influences of police stress. FBI Law Enforcement Bulletin, 71(9), 1-7.

Harvard Health Publications, (2009, July 1). Left behind after suicide. Retrieved February 18, 2017, from http://www.health.harvard.edu/newsletter_article/Left-behind-after-suicide

Hofstede, G. (1997). Cultures and Organizations: Software of the mind. New York: McGraw Hill.

Horsley, Gloria (2016, July 22). Project Semicolon: Honoring Survivors of Suicide Loss Retrieved from: https://www.huffingtonpost.com/gloria-horsley/project-semicolon-honorin_b_7797150.html

Honig, A. L. (2009, August). Law enforcement officer suicide. The Police Chief, 76(8).

Holloway, I. (1997). Basic Concepts for Qualitative Research. London: Blackwell Science.

Husserl, E (1970). Logical investigations. New York, Humanities Press

International Association of Chiefs of Police. (2010). *Out of the shadows: Policy research for midsize law enforcement agencies: A call to action*.

International Association of Chiefs of Police. (2014). *Midsize police agencies: Surviving, thriving, and forging a new business model for law enforcement in a post-recession economy*.

Iwasaki, Y., Mannell, R. C., Smale, B. J., & Butcher, J. (2002). A short term longitudinal analysis of leisure coping used by police and emergency response service workers. *Journal of Leisure Research*, *34*(3), 311-339.

Jager-Hyman, S., Cunningham, A., Wenzel, A., Mattei, S., Brown, G. K., & Beck, A. T. (2014). Cognitive distortions and suicide attempts. *Cognitive therapy and research*, *38*(4), 369-374.

Jamison, K. R. (1999). *Night falls fast: Understanding suicide*. New York, NY: Random House.

Jaramillo, F., Nixon, R., & Sams, D. (2005). The effect of law enforcement stress on organizational commitment. *Policing: An International Journal of Police Strategies & Management*, *28*(2), 321-336.

Jenicek, M. (1997). Epidemiology, evidence-based medicine, and evidence-based public health. *Journal of Epidemiology*, *7*, 187-197. Retrieved 11 February 2017 from: https://www.jstage.jst.go.jp/article/jea1991/7/4/7_4_187/_pdf

Johnson, O. (2010). *Blue Wall of Silence: Perceptions of the Influence of Training On Law Enforcement Suicide* (Doctoral dissertation). University of Phoenix, United States.

Joiner, T. E. (2005). *Why people die by suicide*. Cambridge, MA: Harvard University Press.

Joiner, T. E., Pettit, J. W., Walker, R. L., Voelz, Z. R., Cruz, J., Rudd, M. D., & Lester, D. (2002). Perceived burdensomeness and suicidality: Two studies on the suicide notes of those attempting and those completing suicide. *Journal of Social and Clinical Psychology*, *21*, 531-545.

Joiner Jr, T. E., Van Orden, K. A., Witte, T. K., Selby, E. A., Ribeiro, J. D., Lewis, R., & Rudd, M.D. (2009). Main predictions of the interpersonal–psychological theory of suicidal behavior: Empirical tests in two samples of young adults. .*Journal of Abnormal Psychology*, 118(3), 634.

Jones, R. A. (1986). *Emile Durkheim: An introduction to four major works* (Vol. 2, pp. 82-114). Beverly Hills, CA: Sage Publications.

Jordan, J. (2001). Is suicide bereavement different? A reassessment of the literature. *Suicide and Life-Threatening Behavior, 31:* 91–102.

Kappeler, V. E., & Gaines, L. K. (2012). *Community policing: A contemporary perspective*. Routledge.

Kelly, P., & Martin, R. (2006). Police suicide is real. *Law & Order, 54* (3), 93-95.

Kenwright, D. (2008). *Police stress: An examination of the effects of stress and coping strategies* (Master's thesis).

Kubler-Ross, E. (1969). *On death and dying: What the dying have to teach doctors, nurses, clergy and their families*. New York, NY: Scribner.

Langhinrichsen-Rohling, J., Snarr, J. D., Slep, A. M., Heyman, R. E., & Foran, H. M. (2011, October). Risk for suicidal ideation in the U.S. Air Force: An ecological perspective. *Journal of Consulting and Clinical Psychology, 79*(5), 600-612.

Larned, J. G., M.A. (2010). Understanding police suicide. *Forensic Examiner, 19*(3), 64-71,125.

Lester, S. (1999). An introduction to phenomenological research. Taunton UK, Stan Lester Developments. Retrieved from www.sld.demon.co.uk/resmethv.pdf, Access date: 9/25/2019

Levenson, Jr., R. L. (2008). Introduction to special issue focusing on resiliency and invulnerability in law enforcement.*International Journal of Emergency Mental Health, 10*(2), 85-86.

Lewins, Ann & Silver, Christina (2007). Using software in qualitative research: A step-by-step guide. London: Sage

Leonard, K. (2016, April 12). WHO: Ignoring Mental Health Causes Countries to Lose Money. Retrieved January 26, 2018, from https://www.usnews.com/news/best-countries/articles/2016-04-12/who-makes-economic-argument-for-mental-health-treatment

Lincoln, YS. & Guba, EG. (1985). Naturalistic Inquiry. Newbury Park, CA: Sage Publications.

Lindqvist, P., Johansson, L., & Karlsson, U. (2008). In the aftermath of teenage suicide: A qualitative study of the psychosocial consequences for the surviving family members. BMC psychiatry, 8(1), 26.

Loo, R. (1986). Suicide among police in a federal force. *Suicide and Life-Threatening Behavior*, *16*(3), 379-388.

Loo, R. (2004). A typology of burnout types among police managers. *Policing: An International Journal of Police Strategies & Management*, *27*(2), 156-165.

Lord, V. B. (1996). An impact of community policing: Reported stressors, social support, and strain among police officers in a changing police department. *Journal of Criminal Justice*, *24*(6), 503-522.

Lyubomirsky, S. (2008). *The how of happiness: A scientific approach to getting the life you want*. New York: Penguin Press.

Malterud, K. (2001). "Qualitative research: Standards, challenges and guidelines." The Lancet. 358: pp. 483-488.

McCanlies, E. C., Mnatsakanova, A., Andrew, M. E., Burchfiel, C. M., & Violanti, J. M. (2014). Positive psychological factors are associated with lower PTSD symptoms among police officers: Post Hurricane Katrina. Stress and Health, 30, 405-415.

McCommon, A. J. (2015). *Law enforcement officer performance, education, and risk for suicide* Doctoral dissertation, Walden University, Minneapolis

McLeod, S. A. (2014). Sampling Methods. Retrieved from www.simplypsychology.org/sampling.html

McMenamy, J. M., Jordan, J. R., & Mitchell, A. N. N. (2008). What do suicide survivors tell us they need? Results of a pilot study. Suicide and Life-Threatening Behavior, 38(4), 375-389.

McNiff, Kath (November 9, 2016). *"What is Qualitative Research?". The NVivo Blog. QSR International*. Retrieved November 19, 2017.

Mead, S., Hilton, D., & Curtis, L. (2001). Peer support: A theoretical perspective. Psychiatric Rehabilitation Journal, 25(2), 134-141. doi: 10.1037/h0095032

Merriam, S., & Tisdell, E. (2016). Qualitative Research: A Guide to Design and Implementation (4th ed.). San Francisco, CA: Jossey-Bass.

Miller, L. (1995). Tough guys: Psychotherapeutic strategies with law enforcement and emergency services personnel. *Psychotherapy: Theory, Research, Practice, Training*, *32*(4), 592-600.

Miller, L. (2005). Police officer suicide: Causes, prevention, and practical intervention strategies. International journal of emergency mental health, 7(2), 101.

Miller, T. A., & McCool, S. F. (2003). Coping with stress in outdoor recreational settings: An application of transactional stress theory. Leisure Sciences, 25, 257-275.

Millet, L., & Shen, X. (2012). Suicides in Oregon: Trends and risk factors; 2012 report . Portland, OR: Oregon Health Authority.

Mishara, B. L., & Martin, N. (2012). Effects of a comprehensive police suicide prevention program. Crisis, 33(3), 162-168.

Mittal, D., Drummond, K. L., Blevins, D., Curran, G., Corrigan, P., & Sullivan, G. (2013). Stigma associated with PTSD: Perceptions of treatment seeking combat veterans. *Psychiatric Rehabilitation Journal, 36*(2), 86-92.

Mohendie, K. & Hatcher, C. (1999). Suicide and violence risk in law enforcement: Potential guidelines for risk assessment, prevention and intervention. *Behavioral Science and the Law*, *17*(3), 357-376.

Morse, J.M., & Richards, L. (2002). *README FIRST for a user's guide to qualitative methods*. Thousand Oaks, CA: Sage

Mullen, A. (2000, November 8). Breaking the blue code . In *Detroit Metro Times* . Retrieved from http://www.metrotimes.com/detroit/breaking-the-blue-code/Content?oid=2169881

Myers, D. G., & DeWall, C. N. (2016). Exploring psychology (10th ed.). New York: Worth , Macmillan Learning.

O'Hara, A. F., & Violanti, J. M. (2009). Police suicide – a web surveillance of national data. *International Journal of Emergency Mental Health, 11*(1),17–24.

O'Hara, A. F., Violanti, J. M., Levenson, Jr., R. L., & Clark, Sr., R. G. (2013). National police suicide estimates: Web surveillance study III. *International Journal of Emergency Mental Health and Human Resilience, 15*(1), 31-38.

Paoline III, E. A. (2004, June). Shedding light on police culture: An examination of officers' occupational attitudes. *Police Quarterly, 7*(2), 205-236.

Pappas, S. (2015, March 16). Suicide: Statistics, warning signs, and prevention . In *Live Science* . Retrieved from http://www.livescience.com/44615-suicide-help.html

Parcesepe, A. M., & Cabassa, L. J. (2013). Public stigma of mental illness in the United States: A systematic literature review. *Administration and Policy in Mental Health, 40*(5).

Paternoster, R. & Mazerolle, P. (1994). General strain theory and delinquency: A replication and extension. *Journal of Research in Crime and Delinquency, 31 (3), 235.*

Patterson, G. T., & Chung, I. (2009). Stress management training and development programs for police officers and recruits. *Police Stress Management Training.*

Patterson, G. T., Chung, I. W., & Swan, P. G. (2012). The effects of stress management interventions among police officers and recruits. *Campbell Systematic Review, 7.*

Perlick, D. A., Rosenheck, R. A., Clarkin, J. F., Sirey, J. A., Salahi, J., Struening, E. L., & Link, B. G. (2001). Stigma as a barrier to recovery: Adverse effects of perceived stigma on social adaptation of persons diagnosed with bipolar affective disorder. *Psychiatric Services, 52*(12), 1627-1632.

Pfeiffer, P. N., Brandfon, S., Garcia, E., Duffy, S., Ganoczy, D., Kim, H., & Valenstein, M. (2014). Predictors of suicidal ideation among depressed veterans. Journal of Affective Disorders, 152-154, 277-281.

Pickering, W., & Walford, G. (2000). *Durkheim's suicide: A century of research and debate*. N.p.: Routledge.

Pienaar, J., Rothmann, S., & Van De Vijver, F. J. R. (2007, February). Occupational stress, personality traits, coping strategies, and suicide ideation in the South African police service. *Criminal Justice and Behavior*, *34*(2), 246-258.

Ponterotto, J.G. (2006) Brief note on the origins, evolution and meaning of the qualitative research concept 'thick description', *The Qualitative Report* 11(3), 538-54.

President's Task Force on 21st Century Policing. 2015. Final Report of the President's Task Force on 21st Century Policing. Washington, DC: Office of Community Oriented Policing Services.

Quine, L., & Pahl, J. (1991). Stress and coping in mothers caring for a child with severe learning difficulties: A test of Lazarus' transactional model of coping. Journal of Community & Applied Social Psychology, 1(1), 57-70.

Range, L.M. (1998). When a loss is due to suicide: Unique aspects of bereavement. In J.H. Harvey (Ed.), *Perspectives on loss: A sourcebook* (pp. 213-220). Philadelphia, PA: Brunner/Mazel.

Ratner, C. (2002). Subjectivity and objectivity in qualitative methodology. *Qualitative Social Research*, *3*(3).

Ross, D. L. (2000). Emerging trends in police failure to train liability. *Policing: An International Journal of Police Strategies & Management*, *23*(2), 169-193.

Rouse, L. M., Frey, R. A., Lopez, M., Wohlers, H., Xiong, I., Llewellyn, K., Lucci, S. P., & Wester, S. R. (2014). Law enforcement suicide: Discerning etiology through psychological autopsy. *Police Quarterly*, *18*(1), 79-108.

Rudd, M. D. (2000). The suicidal mode: A cognitive-behavioral model of suicidality. *Suicide and Life-Threatening Behavior*, *30*(1), 18-33.

Sakinofsky I. (2007). The aftermath of suicide: Managing survivors' bereavement. *Canadian Journal of Psychiatry*, *52*(6):129S–136S.

Salmans, Sandra (1997). Depression: Questions You Have – Answers You Need. People's Medical Society.

Saunders, M., Lewis, P. & Thornhill, A. (2012) "Research Methods for Business Students" 6th edition, Pearson Education Limited

Sauro, Jeff (2015). 5 Reasons to Perform a Qualitative Study. Retrieved from http://www.measuringu.com/blog/qualitative-study.php

Selected Reserve Composition. Military.com. Retrieved 13 Jul 2017.

Serani, D. (2013, November 25). Understanding survivors of suicide loss . In *Psychology Today* . Retrieved from https://www.psychologytoday.com/blog/two-takes-depression/201311/understanding-survivors-suicide-loss

Sever, M. (2008). Effects of organizational culture on police decision making. *Telemasp Bulletin*, *15*(1).

Shepard, D. S., Gurewich, D., Lwin, A. K., Reed, G. A. and Silverman, M. M. (2016), Suicide and Suicidal Attempts in the United States: Costs and Policy Implications. Suicide Life Threat Behav, 46: 352–362.

Shneidman, E. S. (1957). The logic of suicide. In E. S. Shneidman & N. L. Farberow (Eds.), *Clues to Suicide* . New York, NY: McGraw-Hill.

Shneidman, E. S. (1985a). Definition of suicide. New York: John Wiley.

Shneidman, E. S. (1991). A life in death: Notes of a committed suicidologist. In C. E. Walker (Ed.), *The History of Clinical Psychology in Autobiography* (pp. 225-292). Pacific Grove, CA: Brooks/Cole.

Smith, H. A., Wolfe-Clark, A. L., & Bryan, C. J. (2016, February 10). An exploratory study of the mental toughness psychological skills profile psychometrics, and the mediating effects of social support sources on mental toughness and suicidal ideation among military police. *Journal of Police and Criminal Psychology*.

Smith, K. Z., Smith, P. H., Violanti, J. M., Bartone, P. T., & Homish, G. G. (2015, October). Posttraumatic stress disorder symptom clusters and perpetration of intimate partner violence: Findings from a U.S. nationally representative sample. Journal of Traumatic Stress, 28, 469-474.

Smolin, A., & Guinan, J. (1993). *Healing after the suicide of a loved one*. New York, NY: Fireside Books/Simon & Schuster.

Solomon, K. (2017). 2016 Police Suicide: Collecting Data is Easy. Law Officer – tactics - technology-training. Retrieved from: http://lawofficer.com/family/2016-police-suicide-collecting-data-is-easy/. Accessed January 13, 2017

Spencer-Thomas, S. (Adapter). (2014). Breaking the Silence: Suicide Prevention in Law Enforcement [Video file]. United States: YouTube. Retrieved February 14, 2017, from https://www.youtube.com/watch?v=u-mDvJIU9RI

Stanley, I. H., Hom, M. A., & Joiner, T. E. (2016). A systematic review of suicidal thoughts and behaviors among police officers, firefighters, EMTs, and paramedics. *Clinical Psychology Review, 44*, 25-44.

Stering, R. S. (2004). *Police Officer's Handbook: An Introductory Guide*. Jones & Bartlett Learning.

(2006). *Stedman's medical dictionary* (28th ed.). Philadelphia: Lippincott Williams & Wilkins.

Sudak, H., Maxim, K., & Carpenter, M. (2008). Suicide and stigma: A review of the literature and personal reflections. *Academic Psychiatry, 32*(2), 136-142.

Suicide prevention and bereavement support. (2007). In *The Salvation Army: Hope for Life.* (2016). In *Suicide Prevention Resource Center* . Retrieved from http://www.sprc.org/

Support after a suicide: A guide to providing local services. (2016). *Public Health England*, 1-35. doi: October 2016

Tal Young, I., Iglewicz, A., Glorioso, D., Lanouette, N., Seay, K., Ilapakurti, M., & Zisook, S (2012). Suicide bereavement and complicated grief. *Dialogues in Clinical Neuroscience, 14*(2), 177–186.

Thomas, D.R. (2003). A general inductive approach for qualitative data analysis . Paper presented at School of Population Health , University of Auckland, New Zealand, August.

Thomas, D. R. (2006). A general Inductive approach for analyzing qualitative evaluation data. *American Journal of Evaluation, 27*(2), 237–246. doi:10.1177/1098214005283748

Thurman, Q. C., & Giacomazzi, A. (2010). *Controversies in policing*. Amsterdam, Netherlands : Elsevier.

Tuck, I. (2009, May). On the edge: Integrating spirituality into law enforcement. *FBI Law Enforcement Bulletin*, 14-21.

Tylor, E. B. (1974). *Primitive culture: Researches into the development of mythology, philosophy, religion, art, and custom*. New York, NY: Gordon Press. (Original work published 1871)

U.S. Department of Justice: Community Relations Service . (2003). *Principles of good policing: Avoiding violence between police and citizens.* (Original work published 1993)

University at Buffalo. (2008, September 29). Impact of stress on police officers' physical and mental health. *Science Daily*.

Vandeputte, M. (2003). Sleep disorders and depressive feelings: A global survey with the Beck Depression Scale. *Sleep Medicine*, 4, 343-345.

VanHaute, Mary. (2015, May) Never Show Weakness: When police stay silent about stress, the results can be deadly. St. Petersburg, Florida. The Reporters, Inc. Retrieved from http://www.thereporters.org/article/never-show-weakness/#sthash.wlobLzJv.dpuf; http://www.copsalive.com/police-officers-need-to-learn-to-manage-stress-before-it-ruins-their-lives-and-careers/; http://www.talk2endstigma.com/about-chris.html; Accessed June 23, 2016.

Van Manen M. (1990) *Researching Lived Experience: Human science for an action sensitive pedagogy.* London, Ontario: Althouse

Van Orden, K. A., Witte, T. K., Cukrowicz, K. C., Braithwaite, S., Selby, E. A., & Joiner, T. E. (2010). The interpersonal theory of suicide. *Psychological Review*, *117*(2), 575–600.

Violanti, J. M. (1995). Survivors' trauma and departmental response following deaths of police officers. Psychological Reports, 1995(77), 611-615.

Violanti, J. M. (1995). The mystery within: Understanding police suicide. *FBI Law Enforcement Bulletin*.

Violanti, J. M. (1995). Trends in police suicide. Psychological Reports, 1995(77), 688-690.

Violanti, J. M. (1997). Suicide and the police role: A psychosocial model. *Policing: An International Journal of Police Strategy and Management*, *20*(4), 698-715.

Violanti, J. M. (2004, September). Predictors of police suicide ideation. *Suicide and Life - Threatening Behavior*, *34*(3), 277-283.

Violanti, J. M. (2007). *Police suicide: Epidemic in blue* (2nd ed.). Springfield, IL: Charles C Thomas Pub Ltd.

Violanti, J. M. (2008). Police suicide research: Conflict and consensus. *International Journal of Emergency Mental Health*,*10*(4), 299-308.

Violanti, J. M. (2010). Police suicide: A national comparison with fire-fighter and military personnel. *Policing: An International Journal of Police Strategies and Management*, *33*(2), 270-286.

Violanti, J. M. (2010). Suicide or undetermined? A national assessment of police suicide death classification. *International Journal of Emergency Mental Health*, *12*(2).

Violanti, J. M., Mnatsakanova, A., Hartley, T. A., Andrew, M. E., & Burchfiel, C. M. (2012). Police Suicide in Small Departments: A Comparative Analysis. *International Journal of Emergency Mental Health*, *14*(3), 157–162.

Violanti, J. M. (2014, December). Police resiliency: An integration of individual and organization. International Journal of Emergency Mental Health and Human Resilience, 16(2), 112.

Violanti, J. M., Charles, L. E., Hartley, T. A., Mnatsakanova, A., Andrew, M. E., Fekedulegn, D., Vila, B., & Burchfiel, C.M. (2008). Shift-work and suicide ideation among police officers. *American Journal of Industrial Medicine, 51*, 758-768.

Violanti, J. M., Fekedulegn, D., Charles, L. E., Andrew, M. E., Hartley, T. A., Mnatsakanova, A., & Burchfiel, C. M. (2009). Suicide in police work: Exploring potential contributing influences. *American Journal of Criminal Justice*, *34*(1), 41-53.

Violanti, J. M., Fekedulegn, D., Hartley, T. A., Charles, L. E., Andrew, M. E., Ma, C. C., & Burchfiel, C. M. (2016, March 23). Highly rated and most frequent stressors among police officers: Gender differences. American Journal of Criminal Justice, 41(1). doi:10.1007/s12103-016-9342-x

Violanti, J. M., Hartley, T. A., Mnatsakanova, A., Andrew, M. E., & Burchfiel, C. M. (2012). Police suicide in small departments: A comparative analysis. *International Journal of Emergency Mental Health*, *14*(3), 37-42.

Violanti, J. M., Kook Gu, J., Charles, L. E., Fekedulegn, D., Andrew, M. E., & Burchfiel, C. M. (2011). Is suicide higher among separated/retired police officers? An epidemiological investigation. *International Journal of Emergency Mental Health*, *13*(4), 221-228.

Violanti, J. M., Mnatsakanova, A., & Andrew, M. E. (2012). Behind the blue shadow: A theoretical perspective for detecting police suicide. *International Journal of Emergency Mental Health*, *14*(1), 37-42.

Violanti, J. M., Mnatsakanova, A., & Andrew, M. E. (2013). Suicidal ideation in police officers: Exploring an additional measure. *Suicidology Online*, *4*, 33-41.

Violanti, J. M., Robinson, C. F., & Shen, R. (2013). Law enforcement suicide: A national analysis. *International Journal of Emergency Mental Health and Human Resilience, 15*(4), 289-298.

Violanti, J. M., Vena, J. E., & Marshall, J. R. (1996). Suicides, homicides, and accidental death: A comparative risk assessment of police officers and municipal workers. *American Journal of Industrial Medicine, 30*, 99-104.

Violanti, PhD, J. M., Vena, PhD, J. E., Marshall, PhD, J. R., & Petralia, MS, S. (1996). A comparative evaluation of police suicide rate validity. *Suicide and Life-Threatening Behavior, 26*(1), 79-85.

Walker, C. (1998). Learning to learn, phenomenography and Children's Learning. *Educational and Child Psychology, 15,* 25-33.

Wallace, K. (2017, April 24). Could more female police lead to safer communities? Retrieved January 24, 2018, from http://www.cnn.com/2017/04/24/health/women-law-enforcement-recruitment/index.html

Wong, E. C., Collins, R. L., Cerully, J., Seelam, R., & Roth, B. (2017). Racial and Ethnic Differences in Mental Illness Stigma and Discrimination Among Californians Experiencing Mental Health Challenges. Rand Health Quarterly, 6(2), 6.

Woo, MD, PhD, J., & Postolache, MD, T. T. (2008, October 3). The impact of work environment on mood disorders and suicide: Evidence and implications. *International Journal on Disability and Human Development, 7*(2), 185-200.

Woody, R. H. (2006, August 19). Family interventions with law enforcement officers. *The American Journal of Family Therapy, 34*, 95-103.

Zeidner, M., & Endler, N. S. (1996). Handbook of coping: theory, research, applications. New York, NY, etc.: Wiley.

Zhang, J. & Lester, D. (2008). Psychological tensions found in suicide for the strain theory of suicide. *Archives of Suicide Research, 12*(1), 67-73.

Appendix A

Interview Protocol

1. Law enforcement has its own culture. How do you describe it?
2. Do you see the culture of law enforcement as an influencing factor in terms of officers acknowledging stress?
3. How do you describe the signs and symptoms of stress, depression, and suicidal ideation?
4. How did you become aware of the signs and symptoms of stress, depression, and suicidal ideation (formal training, self-initiated learning, through the experience of the colleague's suicide)?
5. How do you feel the law enforcement profession contributes to stress and depression in officers?
6. How do you see the law enforcement culture of 'masculinity' and 'taking care of one's own problems' influencing or hindering officers seeking assistance for issues concerning mental wellness and resiliency (e.g. mental health services/therapy/counseling)?
7. Describe some of the most challenging situations you have encountered as a law enforcement officer?
8. Thinking of your time with your current law enforcement agency, what types of support have you been provided regarding the challenging law enforcement issues you have encountered?
9. How would you describe the concern shown by your peers for your overall wellbeing?
10. How would you describe the concern shown by departmental administration for your overall wellbeing?
11. Describe the differences between the concern shown by administrators and the concern shown by your peers?
12. In what ways do administrators attempt to reduce officer stress and depression?

13. How is the topic of law enforcement suicide addressed by administrators within your department?
14. When your colleague committed suicide, how many years were you "on the job"?
15. What was your rank/duty position at the time of your colleague's suicide?
16. Tell me about your colleague who committed suicide.
17. Describe your relationship with the colleague that committed suicide?
18. When you learned of the suicide what kinds of thoughts went through your head?
19. When you learned of the suicide what feelings did you have/were evoked?
20. Describe what happened (for you) immediately after learning of your colleague's suicide.
    a. What was the personal impact?
    b. What was the professional impact?
21. Describe the opportunities, after the suicide, which were made available to you for support (counseling, peer support, etc.)?
22. Thinking back on the experience of your colleague's suicide, what could have been improved to increase the support for you and your surviving colleagues?
    a. What do you now know you needed to help you better cope with the suicide?
23. In what ways can administrators help to reduce the high number of law enforcement suicides?