

JULY 2019

Officer Safety and  
Wellness Group  
Meeting Summary

Promoting Positive  
Coping Strategies  
in Law Enforcement

*EMERGING ISSUES AND RECOMMENDATIONS*

Wellness Teach Networks  
Define Family  
Leadership Cope  
Culture Prevent Education  
Balance Strength



**COPS**  
Community Oriented Policing Services  
U.S. Department of Justice

**BJA**  
Bureau of Justice Assistance  
U.S. Department of Justice

The opinions contained herein are those of the forum participants and do not necessarily represent the official position or policies of the U.S. Department of Justice.

The internet references cited in this publication were valid as of the date of publication. Given that URLs and websites are in constant flux, neither the author(s), the contributor(s), nor the U.S. Department of Justice can vouch for their current validity.

This resource may be subject to copyright. The U.S. Department of Justice reserves a royalty-free, non-exclusive, and irrevocable license to reproduce, publish, or otherwise use and to authorize others to use this resource for Federal Government purposes. This resource may be freely distributed and used for noncommercial and educational purposes only.

Recommended citation:

Bradley, Kelly D. 2020. *Promoting Positive Coping Strategies in Law Enforcement: Emerging Issues and Recommendations*. Officer Safety and Wellness Group Meeting Summary. Washington, DC: Office of Community Oriented Policing Services.

Published 2020

JULY 2019

Officer Safety and  
Wellness Group  
Meeting Summary

# Promoting Positive Coping Strategies in Law Enforcement

*EMERGING ISSUES AND RECOMMENDATIONS*

Wellness Teach Networks  
Define Family  
Leadership Cope  
Culture Prevent Education  
Balance Strength



# Contents

Letter from the Directors of BJA and the COPS Office . . . . .	v
Acknowledgments . . . . .	vi
History of the Officer Safety and Wellness Group . . . . .	vii
Overview of the July 2019 Meeting on Promoting Positive Coping Strategies in Law Enforcement . . . . .	1
Alcohol and substance abuse disorders in the law enforcement community . . . . .	2
Use of resources . . . . .	14
Developing solutions and recommendations for action . . . . .	17
Conclusion . . . . .	21
References . . . . .	23
About BJA . . . . .	27
About the COPS Office . . . . .	28



# Letter from the Directors of BJA and the COPS Office

Colleagues:

Since 2011, the Officer Safety and Wellness (OSW) Group has worked to improve the health and well-being of the men and women of our nation's law enforcement agencies. In recent meetings, the group has focused on officer resilience; officer suicides; felonious assaults on officers; and mental health, peer support networks, crisis hotlines, and other programs to help address law enforcement health and safety.

In July 2019, the OSW Group convened to discuss positive coping strategies for officers who might be particularly vulnerable to alcoholism and substance abuse. In contrast to previous meetings, whose topics included line-of-duty deaths, post-traumatic stress, and suicide, this meeting focused on more common day-to-day stressors that, while not acute or obvious, nevertheless can accumulate and take a mental, physical, and emotional toll on our nation's law enforcement officers. The goal was to identify and understand the potentially negative coping strategies officers and deputies may tend to use and then to design and develop solutions that can supply them with tools to make more positive choices. In this as in so many other areas, the support of leadership is essential.

BJA and the COPS Office are proud to partner in support of the OSW Group. We are grateful to the law enforcement officers, leaders, subject matter experts, and others who continue to offer their time and effort to the group's work.

Sincerely,



Phil Keith  
Director  
Office of Community Oriented Policing Services



Tracey Trautman  
Acting Director  
Bureau of Justice Assistance

# Acknowledgments

It is with great appreciation that we recognize the work of Bureau of Justice Assistance (BJA) staff members Deborah Meader and Hope Janke and Office of Community Oriented Policing Services (COPS Office) staff members Deborah Spence and Helene Bushwick, who together oversaw preparations for the July 2019 Officer Safety and Wellness Group meeting. We also extend our thanks to Chief Joe Collins of the Two Rivers (Wisconsin) Police Department for his excellent meeting facilitation.

Furthermore, we would like to spotlight the meeting participants and the depth of knowledge and experience they brought to the table. Each of them was specifically selected for their expertise and represented their agencies with dignity and respectfulness. For that, we commend and salute them.

# History of the Officer Safety and Wellness Group

The Bureau of Justice Assistance (BJA) and the Office of Community Oriented Policing Services (COPS Office), both components of the U.S. Department of Justice (DOJ), formed the national Officer Safety and Wellness (OSW) Group in 2011 to bring attention to the safety and wellness needs of law enforcement officers following a number of high-profile ambushes of police that resulted in officer fatalities. Since 2011, the OSW Group has raised awareness and increased knowledge about officer safety and wellness, and encouraged law enforcement agencies to adopt practices that recognize that their most valuable resource is the men and women who put their lives on the line every day to keep their communities safe. For this reason, it is critical that the OSW Group—with support from DOJ leadership—discuss, share, and promote the best possible strategies to keep our nation’s law enforcement officers safe on the job.

To that end, the OSW Group regularly brings together law enforcement practitioners, researchers, and subject matter experts (SME) to amplify new and existing practices designed to improve officer safety and wellness in the field. The goals of the OSW Group are

- to create an enabling environment for law enforcement organizations and researchers to collaborate on improving officer safety and wellness;
- to bring together law enforcement organizations and researchers to share knowledge and information about officer safety and wellness initiatives;
- to broadly disseminate information and best practices to the law enforcement field.

The OSW Group identified 16 priority areas on which to focus, grouped under four main themes:

## I. Operational and emergency responses

1. Injuries and deaths from gunfire
2. Premeditated and unprovoked ambushes
3. Rifle, long-gun, and assault weapon threats
4. Task force operations (federal and local)
5. Offender history and behavior during incident
6. Court security

## **II. Leadership and management**

- 1. Leadership and safety practices**
- 2. Equipment**
- 3. Deployment strategies and communication technologies**

## **III. Mental and physical health and wellness**

- 1. Physical health (i.e., addressing common health conditions)**
- 2. Psychological health**
- 3. Maintaining good health**
- 4. Former military in law enforcement**

## **IV. Training**

- 1. Education and training**
- 2. Emergency vehicle operation and safety**
- 3. Foot pursuit safety**

Since 2011, the OSW Group has discussed these critical officer safety and wellness issues at regular meetings and produced a number of resources that encourage law enforcement agencies nationwide to adopt a culture that recognizes and elevates the value of officer safety and wellness. BJA and the COPS Office continue to strive to provide agencies with all the tools necessary to respond effectively to the most persistent and prevalent safety and wellness challenges facing law enforcement officers today.

Given the continued trend of suicide among law enforcement and the resulting need to facilitate the growth of resilient officers and organizations, the OSW Group convened in July 2019 to continue its discussion of officer mental health and safety. This document serves as an official summary of that meeting and seeks to provide readers with critical information, promising practices, and recommendations from law enforcement leaders and SMEs from across the nation. When first responders have the tools and support they need to take care of themselves and manage the stress and trauma of their jobs, the benefits have far-reaching positive effects on their personal and professional lives as well as the lives of those they serve and protect.

# Overview of the July 2019 Meeting on Promoting Positive Coping Strategies in Law Enforcement

Since its formation in 2011, the OSW Group has met on a semiannual basis to address the physical and mental health challenges that members of the law enforcement community confront on a daily basis. While protecting and supporting our nation's officers has always been the primary objective of the group, recent meetings have proven especially poignant and necessary as the relationship between some departments and the communities they serve has deteriorated as a result of unfortunate incidents. Law enforcement officers in 2019 are subject to a complex cross-section of internal and external stressors: Their methods are filmed and condemned on social media, their policies are scrutinized by an increasingly biased eye, and at times their families and livelihoods come under attack while they are left alone to bear the emotional weight of these trends.

While previous meetings of the OSW Group discussed line-of-duty deaths, suicide in law enforcement, and career-ending post-traumatic stress, for this meeting attendees were asked to pivot from potential worst-case outcomes. Not everyone who struggles with the stressors of the job reaches a point of suicidal ideation, or suffers a heart attack, or finds themselves no longer capable of working. But they still are faced with a variety of threats to their overall wellness and require systems, strategies, and social networks that support their capacity for resilience. With a variety of positive coping strategies and protective factors in place, officers can successfully manage their careers in ways that allow them not only to survive but also to thrive. But without the right tools and skills, they may turn to antisocial coping strategies that risk damaging their health, career success, family and personal relationships, and general enjoyment of life.

It is crucial that we recognize the threat and we address it. Once we get recommendations, we need to do something about them. I hope that our next movement is to operationalize these recommendations.

— COPS Office Director Phil Keith

Officers are the most valuable resources in any law enforcement agency. If they are not healthy and well, they cannot best protect and serve their communities. There are many ways that we can help officers succeed in their lives and careers and in doing so ensure our communities are safe and secure. But to do that we must first acknowledge that some officers struggle to manage the stress of the job in positive, productive ways. And that is not because they are weak or damaged but rather because they have not yet been given the tools for success. The more we understand about the antisocial coping strategies used by officers, the better we can design the programs and services that will help them build their own resilience.

A number of leaders within the DOJ participated in this meeting, all speaking to the commitment of the department to supporting law enforcement officers across the country and the importance of meetings like this in identifying the knowledge and tools necessary for officer wellness. In his remarks to the attendees, COPS Office Director Phil Keith made particular note that the compassion for officers in the room was clear, adding, “Once we get recommendations on how to help officers we need to do something about them.” By bringing together leaders in the field to share their knowledge and experience, the department can help amplify the message and promote from the field, to the field professional improvement.

## **ALCOHOL AND SUBSTANCE ABUSE DISORDERS IN THE LAW ENFORCEMENT COMMUNITY**

The meeting began with presenters sharing their own experiences with alcohol use and addiction. Susan Broderick, a former prosecutor in the Manhattan district attorney’s office and founder of Building Bridges to Recovery, said that while she first thought of getting sober as “the end of an enjoyable life,” she has since discovered that recovery means living a life “beyond my wildest dreams.” The National Institute on Alcohol Abuse and Alcoholism (NIAAA) defines alcohol abuse and dependence using the criteria put forth in the fifth edition of the American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5), which combines alcohol abuse and alcohol dependence into a single disorder of alcohol use disorder (AUD) (NIAAA 2016). AUD is defined as a chronic use of alcohol with an inability to stop or control use despite negative social, occupational, or health consequences (NIAAA 2019b).

The NIAAA defines severe problem drinking as a medical diagnosis of AUD that involves compulsive alcohol use, inability to control alcohol use, and a negative emotional state when not consuming alcohol (NIAAA 2019a). Likewise, the DSM-5 combined the disorders of substance dependence and substance abuse into a single substance use disorder (SUD) with mild, moderate, and severe subclassifications (Center for Behavioral Health and Quality 2016). SUD involves the strong desire or craving to use substances, with such usage resulting in impairments including health problems, disability, or failure to meet responsibilities at work, school, or home (SAMHSA 2019).

Meeting attendees extensively discussed how alcohol and substance abuse have negative consequences for officers' quality of life in their professional, personal, and social circles. Professionally, alcohol abuse can increase absenteeism and can decrease reaction times when driving, leading to more automobile accidents (McNeill 1996). Excessive drinking makes it difficult for police officers to do their jobs competently. The personal cost of drinking comes in terms of the overall health of the officer. Alcohol and substance abuse has been linked to cardiovascular and cardiopulmonary disease, liver and pancreatic diseases, cancer, and stroke (Office of the Surgeon General 2016). In addition, alcohol and substance abuse can be harmful to an officer's relationships with a spouse, children, family members, and friends.

There is strong evidence that drug and alcohol use is a common coping mechanism for stress and trauma, a finding not limited to law enforcement. Research on the relationship between coping and alcohol use has been conducted on college students (Read et al. 2014), firefighters (Tomaka et al. 2017), and active duty military (Sohn 2008). However, although the meeting participants felt that drinking is a significant problem in law enforcement, and many had anecdotal examples of the risks of alcohol abuse to both officers and agencies, there is limited research on the prevalence of alcohol use and abuse among law enforcement officers. While it is estimated that the rate of alcohol abuse among law enforcement could be as high as 25 percent (Ballenger et al. 2010), there are few empirical studies to confirm or negate this estimate.

What are we going to do about it? We're going to build what needs to be built. Folks need immediate access to credible help and confidential help. The question is, what is the delivery mechanism? We need to build the programs to accomplish what we all want to do and save lives.

— Former BJA Director Jon Adler

## JULY 2019 OSW GROUP MEETING ATTENDEES

### Subject matter experts

**Dr. Beverly Anderson**

Clinical Director/Administrator,  
Metropolitan Police Employee  
Assistance Program

**Elizabeth Barton**

National Administrator,  
First Responder Services  
American Addiction Centers

**Dr. Anne Bisek**

Police and Public  
Safety Psychologist,  
Doc911

**Susan Broderick**

Founder and CEO,  
Building Bridges to Recovery

**Jake Clark**

Founder and President,  
Save A Warrior

**Dr. Alexander Eastman**

Senior Medical Officer,  
U.S. Department of  
Homeland Security

**Patricia Dobbs Hodges**

Senior Manager,  
Institute for  
Intergovernmental  
Research

**Dr. Michael Genovese**

Chief Medical Officer,  
Acadia Healthcare

**Nick Hassan**

First Responder  
Outreach Coordinator,  
American Addiction Centers

**Dr. Mark Kirschner**

Police Psychologist/  
Managing Partner,  
Behavioral Health  
Consultants, LLC

**Dr. Scott Salvatore**

Chief, Psychological Health,  
U.S. Department of  
Homeland Security

**Stephanie Samuels**

Director and Founder,  
Coptline, Inc.

**John Shehan**

Vice President,  
National Center for Missing  
and Exploited Children

### Experts from the field

**Nelson Bunn**

Executive Director,  
National District  
Attorneys Association

**Jaysyn Carson**

Director,  
Incident Support Services  
Fairfax County (Virginia)  
Police Department

**Nathan Catura**

National President,  
Federal Law Enforcement  
Officers Association

**Joseph Collins**

Chief of Police,  
Two Rivers (Wisconsin)  
Police Department

**Dwayne Crawford**

Executive Director,  
National Organization  
of Black Law Enforcement Exec-  
utives (NOBLE)

**Mark Dale**

Assistant Director,  
Incident Support Services  
Fairfax County (Virginia)  
Police Department

**Rosemary DeMenno**

Senior Program Manager,  
International Association  
of Chiefs of Police (IACP)

**Andy Edmiston**

Director of  
Governmental Affairs,  
National Association of  
Police Organizations (NAPO)

**Thor Eells**

Executive Director,  
National Tactical  
Officers Association

**Chris Granberg**

Managing Director  
of Public Policy,  
Siff and Associates, PLLC  
on behalf of Sergeants  
Benevolent Association NYPD

**Domingo Herraiz**

Director of Programs,  
International Association  
of Chiefs of Police (IACP)

**Sarah Horn**

Assistant Director,  
International Association  
of Chiefs of Police (IACP)

**David Kennington**

Behavioral Health Services  
Assistant Manager,  
Metro Nashville  
Police Department

**Larry Leiser**

President,  
National Association  
of Assistant U.S. Attorneys

**Sherri Martin**

Chairperson,  
National Officer  
Wellness Committee  
Fraternal Order of Police

**Marshall McClain**

Police Officer III,  
Peace Officers Research Association of California

**Ed Mullins**

President,  
Sergeants Benevolent  
Association NYPD

**Tina Nieto**

Chief of Police,  
Marina (California)  
Police Department

**Tim Richardson**

Senior Legislative Liaison,  
Fraternal Order of Police

**Edwin Roessler**

Chief of Police,  
Fairfax County (Virginia)  
Police Department

**Philip Schoppman**

Police Officer/  
Peer Support Coordinator,  
Suffolk County (New York)  
Police Department/TTMPT

**Leslie Silletti**

Program Manager,  
Major Cities Chiefs  
Association

**Ed Striedinger**

Captain,  
Colville Tribal  
Police Department

**Jessica Toliver**

Director of  
Technical Assistance,  
Police Executive  
Research Forum

**U.S. Department  
of Justice staff**

**Brandy Donini-Melanson**

Program Manager,  
Law Enforcement  
Coordination  
Executive Office  
for U.S. Attorneys

**Hope Janke**

Deputy Director,  
Bureau of Justice Assistance

**Deborah Meader**

Policy Advisor,  
Bureau of Justice Assistance

**Deborah Spence**

Assistant Director,  
COPS Office

**Angela Williamson**

Supervisor,  
National Initiatives/  
FBI ViCAP Liaison  
U.S. Department of Justice

A 2010 study on patterns of alcohol use in law enforcement found that more than 18 percent of male officers and nearly 16 percent of female officers experienced negative social and interpersonal consequences because of their alcohol use and nearly eight percent exhibited signs of lifetime alcohol abuse (Ballenger et al. 2010). Research on more than 600 Mississippi police officers, however, found that if they were consuming alcohol, it was at similar levels to the general population, and 70 percent of the sample either did not consume alcohol or drank less than once a month (Lindsay et al. 2008). Yet there is some evidence that binge drinking may be problematic for police officers;

*A 2010 study on patterns of alcohol use in law enforcement found that more than 18 percent of male officers and nearly 16 percent of female officers experienced negative social and interpersonal consequences because of their alcohol use.*

Ballenger et al. (2010) found that officers are significantly more likely than the general population to engage in binge drinking episodes, and they were more likely to consume alcohol at levels considered “at risk” as defined by the NIAAA. A study on police officers and others in protective service occupations found that although officers did not use alcohol in greater numbers than other occupations nor exhibit more signs of abuse, they did report higher

occurrences of binge drinking (Weir, Stewart, and Morris 2012). It may be that problem drinking behaviors are not pervasive in the law enforcement community but that there are some subpopulations that are particularly at risk. It also might be that police officers respond in socially desirable ways when they are surveyed about their drinking behavior and are thus less candid about the true nature of their engagement with alcohol. Additional research is needed to understand this phenomenon better, a point made by more than one meeting participant throughout the day.

While there is limited research on alcohol abuse among law enforcement officers, there are no rigorous published studies on the prevalence of substance abuse disorders within this population. While some of the meeting attendees could think of individual instances in their experience, none could begin to estimate a general trend. Some in the law enforcement community, however, believe that the use and abuse of drugs is on the rise in law enforcement agencies, increasingly leading to the creation of drug testing programs for police personnel (Cross and Ashley 2004). Just as research is needed to clarify the nature, extent, and use of alcohol in law enforcement, high-quality empirical research is needed to understand the nature of substance abuse disorders as well.

The day’s discussion focused on the main reasons for alcohol and substance use by law enforcement, the impacts of such use, the impediments to seeking treatment and concluded with a discussion on possible solutions. The two principle reasons the OSW group identified for alcohol and substance use by law enforcement are (1) the unique nature of police work and (2) prior experiences and pre-existing trauma. The impacts of such use included a discussion of how officers are

personally affected, the role of post-traumatic stress, and the broader impacts on the officer's family. The discussion on impediments to seeking treatment centered on the reasons officers do not use resources, with the day's concluding discussion focused on developing a better understanding of what can be done both to better understand and to better address the potentially harmful behaviors that officers engage in. Meeting participants were clearly concerned about the consequences of a broad range of risky and addictive behaviors, including the use of drugs, gambling, extramarital affairs, and unnecessary physical risk taking in addition to alcohol use. The meeting participants, however, focused primarily on the consequences of alcohol and substance misuse and abuse and the ways in which they negatively impact the officer.

### *Nature of police work*

The job of a police officer is widely considered one of the most important and stressful occupations in the United States. This job involves significant responsibility, authority, and accountability. Indeed, when an individual officer makes a mistake, it can reflect poorly on the entire department with every officer in the department perhaps feeling the weight of someone else's error. There is a fairly extensive body of research on the stressful nature of police work. This research has subdivided stress in different ways—critical vs. chronic, acute vs. routine, operational vs. organizational—but the throughline is that law enforcement officers face a great deal more stress than practitioners of many other occupations. One meeting participant noted, "Officers experience far more traumatic events in their line of work than most people ever will." This observation has been confirmed by the research. For instance, a study on critical incident exposure experienced by urban police officers in the United States found that over the course of their careers, officers averaged 25 encounters with recently dead bodies, 14 encounters with decaying corpses, and 10 child victims of sexual assault, and the average officer was shot at or injured at least once (Lieberman et al. 2002).

*Officers experience far more traumatic events in their line of work than most people ever will.*

One of the things that makes law enforcement and other first responder occupations different from many other professions is their exposure to both primary and secondary trauma. Primary trauma is the impact on the individual when they directly experience a harmful event; secondary trauma refers to the impact on those who provide help to victims of primary trauma. Secondary traumatic stress disorder, compassion fatigue, and vicarious traumatization are all terms that are used to describe secondary trauma (Greinacher et al. 2019). Regardless of what terminology is being employed, what is important is the impact of experiencing, in the words of one meeting participant, "chronic exposure to man's inhumanity to man." When a traumatic incident happens, police will usually be the first on the scene and are often the last to leave. The cumulative effects of this exposure can result in officers feeling a range of negative emotions, including strain, stress,

depression, and burnout. As a result, officers will sometimes turn to alcohol or other substances as a maladaptive coping strategy. Research has shown a link between high stress work environments and subsequent alcohol and substance abuse (White, Shrader, and Chamberlain 2016).

The job of a police officer involves hours of monotonous routine tasks punctuated by exposure to highly stressful events, some of which are life-threatening or traumatizing. The meeting attendees noted that many officers respond to the stressful and unique nature of their occupation by limiting their socializing to other officers, with such social functions often involving free flowing alcohol. For instance, one participant noted the “work hard/play hard” atmosphere in law enforcement, saying, “Many of my drinking buddies were law enforcement. . . . We celebrated victories at the bar.” and “Alcohol was what I used to take the stress off at the end of the day.”

Furthermore, the routine tedium that constitutes so much of the job can have a negative impact on an officer’s health and well-being. Research on the impacts of the different types of stress faced by police officers shows that routine occupational stressors such as problems with management and supervisors, pay, shift work, the public’s attitudes toward law enforcement as a profession, equipment, and boredom are bigger predictors of psychological distress in urban law enforcement than critical incidents (Lieberman et al. 2002). Research dating back to the 1970s has also identified concerns about the impact of officer stress on their health and wellbeing (Hurrell, Pate, and Kliesmet 1984). The nature of police work simply does not encourage healthy lifestyles for officers. As has been discussed extensively through OSW Group meetings over the years, shift work and long working hours affect normal sleep patterns, contributing to fatigue and sleep disorders, while unhealthy eating practices contributes to obesity, lack of physical fitness, and chronic conditions such as heart disease and diabetes.

The observations of the OSW Group are similar to findings by others who have found that alcohol use is considered a part of the police subculture because it promotes camaraderie and social interaction (Cross and Ashley 2004). Consequently, the twin drivers of alcohol consumption among police officers are as a coping strategy and as a means of social bonding. The high stress nature of police work, the tendency of officers to isolate themselves from social situations with non-law enforcement, and the cultural acceptance of alcohol use can lead to alcohol misuse.

### *Prior experiences and pre-existing trauma*

While there is a body of knowledge on the stressful nature of police work, its impact on officers’ health and well-being, and some understanding of the relationship between these stressors and alcohol and substance abuse, little is understood about the impact of prior trauma on officers. Several meeting attendees noted that very little is known about pre-existing and unresolved trauma officers might be dealing with from events that took place when they were children. For example, participants pointed to the impact of life-changing traumatic events

such as sexual abuse, child neglect or abuse, witnessing domestic or other incidents of violence, or experiencing the loss of a parent or close family member early in life. Often, this trauma took place in a chaotic home environment.

The attendees discussed the importance of understanding childhood trauma because of how it intersects with addiction. In particular, meeting attendees felt that early life trauma, especially if it was not resolved prior to joining the force, could increase the odds an officer experiences post-traumatic stress and does increase the odds the officer turns to alcohol or substance use as a negative coping strategy. Research on adults who have sought treatment for alcohol abuse has found that childhood trauma plays a significant role in both the development and severity of alcohol abuse (Schwandt et al. 2013). Examining five types of childhood trauma—sexual abuse, physical abuse, physical neglect, emotional abuse, and emotional neglect—researchers found that adults who suffered emotional abuse as children were 10 times more likely to abuse alcohol as adults than those who were not subjected to such abuse (Schwandt et al. 2013). Furthermore, some attendees felt that the nature of police work could trigger previous trauma for some officers. However, there are no published studies examining this issue.

A few clinicians at the meeting remarked on the high percentage of officers they see in their practices or programs who have experienced trauma as children. One attendee stated that he surveys program participants (many of whom have attempted or at least considered suicide) using the adverse childhood experiences (ACE) questionnaire,<sup>1</sup> finding that 80–90 percent of his clients experienced childhood sexual abuse. Others at the meeting agreed that those findings seemed plausible, especially given the narrow focus of that program. While this is anecdotal and not reflective of the experiences of law enforcement in general, it does highlight the importance for departments to think about officer need and to understand that some officers may have experienced grave trauma as children, an experience they bring with them to their job. Understanding the nature and extent of child sexual abuse among law enforcement personnel is particularly challenging because, in the words of one participant, “sexual abuse [of law enforcement] still remains taboo.” Consequently, research on child sexual trauma among law enforcement is virtually nonexistent. Attendees felt further research into all types of pre-existing trauma in law enforcement officers is necessary because, in the words of one participant, “you cannot solve a problem if you don’t know the problem.”

*Meeting attendees felt that early life trauma, especially if it was not resolved prior to joining the force, could increase the odds an officer experiences post-traumatic stress and does increase the odds the officer turns to alcohol or substance use as a negative coping strategy.*

---

1. The CDC-Kaiser Permanente Adverse Childhood Experiences (ACE) study is considered one of the largest studies on childhood trauma and subsequent health and well-being in adulthood. The survey measures three categories of adverse childhood experiences, with subcategories in each: (1) abuse, (2) neglect, and (3) household challenges. The Survey is not copyrighted and is available from the Center for Disease Control and Prevention (CDC 2019).

### *Post-traumatic stress*

Increasingly, police departments and federal agencies have raised concerns about post-traumatic stress (PTS)<sup>2</sup> in law enforcement. A phenomenon largely not understood until the Vietnam War veterans returned home, PTS was first recognized by the American Psychiatric Association (APA) as a formal diagnosis in the 1980s (Straus et al. 2018). According to the National Center for PTSD (post-traumatic stress disorder), in 2013 the DSM-5 reclassified PTS from an anxiety disorder to a trauma and stress disorder that includes four types of symptoms that last for at least one month and cause significant distress or problems with daily functioning (Friedman 2019). The four categories are (1) reliving the event, (2) avoiding reminders of the event, (3) negative changes in beliefs and feelings, and (4) hyperarousal or overreacting to situations. The types of trauma that can trigger PTS include natural disasters, car accidents, combat, and physical and sexual abuse.

Participants suggested that PTS should not be thought of as a single disorder, with a single etiology, because it is a term that covers a variety of diagnoses. At the meeting it was compared to cancer—just as cancer is a term that covers a wide range of diseases, there is not just one type of PTS. A principal concern of a number of the attendees was the lack

*Participants suggested that PTS should not be thought of as a single disorder, with a single etiology, because it is a term that covers a variety of diagnoses.*

of basic understanding among law enforcement, the general public, and legislators as to what exactly PTS is, how it is defined, and how it is diagnosed and treated. Attendees felt that there was a lack of uniformity in the way that PTS is defined and interpreted. It was noted that in some states, a diagnosis of PTS requires that all officers who experienced the same traumatic incident

be similarly affected. Thus, if four officers respond to an incident and only one of the officers develops symptoms of PTS, that officer will not receive a diagnosis of PTS since the other three officers are not exhibiting such signs. Meeting participants believe there is a need for a common, accessible definition that can be consistently applied and understood by both lay persons and professionals. In addition, attendees felt it was important that part of understanding PTS is understanding that a diagnosis of PTS does not mean the individual cannot do their job.

There is a sizable body of research that shows a relationship between people diagnosed with PTS and misuse of alcohol or other substances. Individuals with PTS experience significantly higher rates of alcohol and substance abuse as compared to individuals without PTS (Straus et al. 2018; Ballenger et al. 2010). Interestingly, research has shown that alcohol is used as a form of self-medication to cope with PTS. Studies have also found a link between alcohol abuse and increased susceptibility to experiencing PTS (Straus et al. 2018). In particular, it is believed that alcohol use

---

2. While it is common to see the term post-traumatic stress disorder (PTSD) widely used in research and practitioner literature, there was some concern among meeting attendees about using the term “disorder” when characterizing post-traumatic stress in officers. Some felt that the word “disorder” makes officers more resistant to seeking treatment because officers believe it signifies a permanent condition. In keeping with the preferences of the OSW group, this report will refer to the post-traumatic stress condition as PTS.

and abuse can interfere with the necessary emotional processing an individual would need after being exposed to a traumatic situation. Thus, this abuse makes it harder for a traumatized individual to cope with the effects of PTS.

For law enforcement, PTS is most often associated with critical incidents, such as officer-involved shootings, suffering a serious injury, and exposure to particularly intense crime scenes (Cross and Ashley 2004). However, research has shown that although the APA requires stressors to be traumatic to lead to a diagnosis, chronic work stressors can also trigger PTS. Violanti et al. (2018) find that in addition to critical incidents and trauma, the profession of law enforcement also involves daily, routine stressors such as lack of support from supervisors or coworkers, the physical and psychological demands of the job, excessive paperwork, insufficient pay, and job insecurity. In fact, research shows that these chronic stressors can snowball into psychological distress for officers and are a strong predictor of PTS (Lieberman et al. 2002). In particular, officers spend a greater share of their work hours coping with the causes of chronic stressors than dealing with critical incidents. Consequently, the cumulative effects of the stress created by exposure to these chronic stressors can put officers at risk for PTS.

One challenge in addressing PTS in law enforcement is that it can be difficult to know who is and will be most affected by it. One participant stated that he “wondered if something is really really wrong with me because prior to becoming a police officer I was a paramedic, so the horrors, the trauma, I have seen it all. Becoming a police officer, I have shot people, I have been shot at, I worked major crimes where because of my medical experience I was assigned to crimes against children . . . and yet I don’t have any trouble sleeping at night, I have been married to the same wife . . . and I’m happy with life.” There is evidence that suggests there are a number of factors that can ameliorate some of the negative impacts of PTS. Helpful preventative measures for PTS include developing social networks and employing active coping strategies after an aversive or traumatic event. Violanti et al. (2018), in a study of 342 police officers, found that those who used active coping strategies were better able to deal with work stressors—which moderated the effects of PTS—than were those who used passive coping styles. Active coping includes positive reframing, problem solving, acceptance, humor, and using emotional or instrumental support; passive coping includes denial, self-blame, behavioral disengagement, alcohol use, and avoidance (Violanti et al. 2018).

*Officers who used active coping strategies were better able to deal with work stressors—which moderated the effects of PTS—than were those who used passive coping styles.*

Other research has supported the importance of social networks in lessening the impact of PTS symptoms. In particular, Ménard and Arter (2013) found that PTS symptoms were worse for officers who experienced critical incidents if they used maladaptive coping strategies and did not have social support available. In fact, officers who used the avoidant coping strategies were also more likely to exhibit problematic alcohol use and abuse. Likewise, Stephens and Long (1999) found that

having social connections to colleagues and an ability to express emotions following a traumatic incident moderated the effects of PTS symptoms in officers. Interestingly, some research points to the timing of social supports as a protective factor. Research by Martin et al. (2009) found that not only was social support a protective factor in ameliorating PTS symptoms but the timing of such support also made a difference. Positive support from coworkers in the first few hours and days following a traumatic event made a significant difference in an officer's ability to cope with the event. As a result, the study's authors recommend that coworkers, supervisors, and family members be educated on how to provide positive support for officers who have experienced trauma in the immediate aftermath of such traumatic events. Meeting participants also pointed to the importance of both peer support and educating officers on the impacts of trauma. In fact, they felt that educating officers on the psychological challenges of police work needs to begin in the police academy.

There is also some evidence that exposure to early life stressors can be a factor in PTS experienced in adulthood. Research on military veterans shows that a number of them had experienced childhood trauma and as a result were more likely to be diagnosed with PTS and were also less likely to have supportive social networks (McLafferty et al. 2019). In addition, a study on police recruits in New Zealand found that nearly 70 percent had experienced a traumatic event prior to joining the police force (Buchanan, Stephens, and Long 2001). Coupled with the chronic and acute stressors that police officers experience in the course of doing their jobs, trauma experienced in childhood might exacerbate the use of maladaptive coping strategies such as alcohol and substance use and abuse. One question that arose in the meeting discussion was whether some individuals are drawn to police work because of trauma experienced as children or teens. Some of the participants speculated that the highly structured, command-and-control nature of the profession could be appealing to individuals who grew up surrounded by chaos. There has been some research showing that many social work students have traumatic histories that have led them to pursue that particular career choice (Black, Jeffreys, and Hartley 1993), possibly to emulate a social worker who had a positive influence on their life or because the experience enhanced their ability to be empathetic to others in crisis. Everyone agreed that more research is necessary to answer these questions.

### *Impact on the family*

Meeting attendees, noting that "addiction is an equal opportunity destroyer," discussed the impact of alcohol abuse and addiction on officers' personal lives. One participant observed that the impact of abuse and addiction on the officer is a "complex issue" and is "always a systems issue, with the most proximal system to an officer [being] the family." Accordingly, one meeting participant who provides treatment to officers stated that "when you have an officer [in counseling] you then have several patients involved because you have the officer plus their family." The OSW Group explored the behaviors that lead to alcohol abuse, with the discussion focused on the coping mechanisms officers use to both deal with the stressors of their work and also shield their family from the harsher realities of their job.

Meeting participants discussed the particular challenges within the law enforcement profession of officers not only being party to daily trauma in the course of their jobs but also then choosing not to share with their spouses and children what they observed and dealt with on the job or even how those daily traumas affect them. The OSW Group noted that for officers “home is their safe place” and thus officers compartmentalize their work from their personal lives. Of particular concern to the group was the interpersonal dynamic between officers and their spouses and kids that results from the desire to protect their family from their job. As one attendee said, “You don’t go home and tell your wife you watched a guy bleed out today.” Consequently, officers, off duty at home, are not sharing the details of their day with their spouse. Instead of engaging with their families, they are “grabbing a beer and watching TV.” Thus, in the words of one meeting attendee, where a “family system should be a strength . . . an officer won’t or can’t access their family.”

Meeting participants agreed that relationship issues were common problems faced by officers. One attendee remarked, “The number one mistress I see is the job!” The stress of the job can exacerbate stressors at home and vice versa. Officers, then, will turn to alcohol as a coping strategy. The use of alcohol can exacerbate any interpersonal relationship struggles within the family, a relationship that may already be experiencing additional pressures due to the realities of the job. Moreover, the nature of the job often results in the officer being “removed from the good things in life, [such as] missing their kids’ birthday parties.” For some officers, the result of the professional and personal pressures is to use and abuse alcohol and other substances. This can lead to a spiraling of negative consequences for the officer, which then leads them to further abuse alcohol and substances. In addition, both research and the collective experience of the OSW Group has shown that officers are more likely to engage in problematic drinking when they are experiencing negative life events such as separation or divorce (Violanti et al. 2011).

*The stress of the job can exacerbate stressors at home and vice versa. Officers, then, will turn to alcohol as a coping strategy.*

Attendees felt that officers and their spouses and children are negatively impacted by both the nature of police work and the coping mechanisms the officers use, be it shutting out their family members or turning to alcohol and substances. Law enforcement is not the only occupation whose very nature increases stress on family functioning. Those who serve in the military, and are thus subject to long deployments away from their families, also experience familial disruption. Meeting participants pointed to initiatives undertaken by the U.S. Department of Defense (DoD) in an effort to ameliorate strain experienced by military personnel and their families. The DoD has put into practice a number of programs for dealing with family issues. The OSW Group agreed that “the spouse support groups, the military leadership meeting with spouses regularly, and lots of transparency” are examples that law enforcement may learn from. In addition, they pointed to the Strong Bonds program, developed by the U.S. Army and used by Customs and Border Protection at the U.S. Department of Homeland Security (DHS). Strong Bonds is a two-day relationship enrichment program with the purpose of building relationship resiliency so that program participants

can maintain healthy relationships. It was noted that DHS is planning on using the Strong Bonds program earlier in the careers of their officers to teach them relationship-building skills before crisis hits. Meeting participants suggested that this is the type of program that should be imbedded in the academy.

It was also suggested that families are further isolated from the police agency because the family is often shut out of any department efforts to help officers and spouses do not know how to access potential resources. Consequently, spouses and families would benefit from direct mechanisms of communication and outreach by the department. Attendees felt that families need to be a target of intervention by agencies, and they need to know what supports are available for both the officer and the family. Meeting attendees suggested law enforcement agencies can do a “family night,” “hold spouses’ academies,” and “replicate existing programs with refinement for our profession.”

## USE OF RESOURCES

An overarching theme during the day’s discussion was about barriers for officers in accessing needed services and their use of available resources. A primary concern for the OSW Group was the departments’ shortfall in providing adequate resources that officers feel comfortable using. In the words of one law enforcement attendee at the meeting, “We do not provide a safe place for our people where they can actually share the fact that they need help. How do we do that?”

Meeting attendees identified several critically important impediments to officers seeking therapy for the issues they are struggling with, be it alcohol and substance abuse, coping with prior or current trauma, relationship issues, or PTS. Specifically, the OSW Group identified fear of stigma and lack of trust on the part of officers because they are skeptical that their confidentiality would or could be maintained. Meeting attendees also discussed the importance of providing an environment for officers to seek treatment so that underlying problems can be addressed without facing negative repercussions.

Participants pointed to the stigma associated with seeking mental health treatment as a serious obstacle for officers in seeking help. In particular, attendees discussed the results of a 2018 Fraternal Order of Police (FOP) survey of 8,000 active and retired sworn officers that found 90 percent of those surveyed believe stigma creates a barrier to seeking therapy for emotional or behavioral health issues (FOP 2019). Attendees felt that trust is also vitally important because officers need to know they can seek and receive needed help. If officers do not trust the counselors and practitioners, then they will not open up.

Meeting attendees identified some concerns about therapy, including the potential for “adverse consequences if they [officers] go to the wrong therapist.” In essence, there was concern that therapists need not only to be willing to ask the difficult questions and hear the answers but also to understand the job of law enforcement. One clinician-participant at the meeting said, “My clients perceive risk much differently than I do. And we need them to like and value risk to do this job, but

that makes helping them cope more complex. We need to do more to help clinicians help officers, help them better understand the job.” Therapists need to visit departments and do ride-alongs so they can develop a better understanding of the nature and culture of police work. Participants were also concerned that officers’ fundamental lack of trust in the therapeutic process prevents disclosure of problems and fosters use of alternative means for officers to get the help they need. For instance, one attendee told the story of a woman who was diverting her prescription Zoloft to her husband because he refused treatment, not realizing that certain diagnoses can be exacerbated by antidepressants. Others told stories of officers who will only attend therapy after hours, when they are confident the waiting room will be empty; of those who only pay in cash so that there is not an insurance record of the therapy visits; and of those who, if prescriptions are needed, will only accept samples.

Trust can also be an issue within the department. Officers are particularly concerned that if they confide in their department superiors, they will face negative consequences including change of duty status, removal of their firearms, and most concerning, “their life becom[ing] public.” In the words of one attendee, officers “need that trust factor and a safe place to go.” Notably, the practitioner who administers the ACE survey to his law enforcement clients said he administers the survey at the beginning of his work with the officer and again after a trusting relationship has been developed. He sees a 50 percent increase in individual ACE scores after developing this trust with the officers. In other words, once the officers determine they can trust the treatment provider, they admit to a significantly higher amount of adverse childhood experiences. This not only speaks to the importance of trust but also has implications for research in this area. One of the points that was consistently made at the meeting was the lack of research knowledge about these issues. It is imperative that when research does get funded and is carried out, officers need to feel comfortable disclosing their adverse life events or the results will not be valid.

*Officers need that trust factor and a safe place to go.*

Consequently, police officers face the twin challenges of (1) overcoming their skepticism that their confidentiality will be maintained and they will be able to continue to do their jobs and (2) finding a competent therapist who understands the unique pressures of the profession. Meeting participants discussed the need for creating a safe space for officers to get the treatment they need because while “trauma can damage, therapy can heal.” They also felt that a significant missing piece for officers in seeking help is the lack of collective effort by departments to adequately address mental health issues. It was suggested that if departments did a better job of addressing these issues, that would also reduce the stigma within the profession of needing help. As one attendee stated, “Departments do a good job of selecting candidates who are good in crisis, but we do not do a good job of taking care of the folks we already have.” Attendees believe that change needs to begin with the chief in a top-down approach to accepting that mental health awareness is a vital aspect to officer wellness in general. Participants felt that therapy can be normalized within a department if the chief can say “I’m in therapy.” They also agreed that it is not effective for a message to be sent that essentially says therapy “is good for you but not for me.”

Another mechanism for combating stigma is departments developing programs that give officers the mental health tools they need to cope with the critical and chronic stressors of the job. It was suggested that if these programs were mandatory and attendance a necessary part of the job, just as going to the range is a necessary training requirement, then the mandatory aspect of these programs is what is needed to combat stigma. At a minimum, it was felt that department policy should require a mandatory debrief with specially trained support personnel for all officers after they have experienced a critical incident.

Meeting participants identified two principal mechanisms of departmental support for officers— (1) employee assistance programs (EAP) and (2) peer support. The FOP survey found that just 20 percent of respondents used EAP resources for professional help, and 59 percent of those who did use these services did not find them helpful (FOP n.d.). Attendees noted that the professional help was not the problem; as one attendee said, “A clinician’s actual trustworthiness is not at issue, it’s whether the officer believes they are trustworthy that counts.” Thus, for some EAPs, there is a perception that those service providers cannot be fully trusted because they are seen as too closely connected to the department leadership or administration. Some participants acknowledged that “Anonymity is a very important part of getting officers to open up and seek help.” It may be that it is not the EAP services in and of themselves but the inability of the officer to be anonymous when seeking help that is at issue.

A second source of departmental support, one that is arguably better received, are peer support counseling programs. The FOP study found that 73 percent of those surveyed viewed peer support as the most helpful treatment option (FOP 2019). Peer support involves detailed training on providing mental health support, and the entire program is overseen by a mental health professional who coordinates all program activities. Attendees said 22 or 23 states have legislation that specifies that peer support is confidential. The OSW Group felt that there needs to be consistent legislation that specifies that if peers have been properly trained, then the conversation is confidential.

In addition, officers turn to one another for information on a wide range of topics, including competent therapists, so “word of mouth among officers cannot be overlooked.” Meeting attendees remarked that officers participate in social media platforms that are limited to law enforcement personnel only, such as closed online groups. In these platforms, officers will “swap stories about everything from the trauma they saw last night to which lawn mower company is the best in their area.” Some participants felt that this tendency to trust peers for information could be leveraged so that the peer support team can also vet the EAP clinicians, ensuring that those who are providing needed treatment to officers understand the unique circumstances that officers face when coming to treatment. Others, however, were skeptical that the peer support team can or should vet therapists. Regardless, there was consensus that there is a need for both clinical therapeutic support and peer support because some officers prefer a clinician and some prefer counselors.

## DEVELOPING SOLUTIONS AND RECOMMENDATIONS FOR ACTION

By the end of the day a consensus developed that there are more questions than answers and much we still do not understand about alcohol use, alcohol and substance abuse, addiction, and other destructive and risky behaviors by the law enforcement community. Participants were in agreement that while there is “no magic bullet, all the important players need to work together.” Participants made a number of recommendations for action that largely fall into the following categories:

- Research questions
- Comprehensive analyses of state laws and initiatives
- Programmatic/department changes

Each will be discussed in turn in the following sections.

### *Research*

During the course of the discussion, it was evident that additional research into a range of areas, including risk behavior, alcohol use, alcohol and substance abuse, and treatment protocols, was needed. Some of the potential research question identified were as follows:

- What is the prevalence of alcohol use and abuse in law enforcement?
- What is the prevalence of substance use and abuse in law enforcement?
- How pervasive a problem is pre-existing or unresolved trauma?
- What is the nature and extent of early life traumatic experiences on law enforcement?
- How many have experienced either physical or sexual abuse as children? What impact, if any, did that have on their decision to become officers?
- Does the nature of police work trigger previous trauma for some officers?
- How can departments get better at recognizing, and more importantly, treating PTS?

In addition, research needs to be conducted in such a manner that officers will feel safe in disclosing this full range of adverse conditions and behaviors.

### *Comprehensive analysis*

The OSW Group members believe that there are several areas where a more comprehensive, deeper analysis is warranted. First, group members think there needs to be more work on understanding PTS as it affects law enforcement. More specifically, there needs to be more accessible information for a variety of people, including law enforcement professionals, the general public, and legislators on what PTS is, how it is defined and diagnosed, and the best mechanisms for treatment. More specifically yet, attendees felt that we need a deeper understanding on the ability of officers with PTS to do their job—an understanding of how it affects the ability of the officer to do their job and in what ways is it difficult for them to carry out their duties.

*Meeting participants expressed deep concern about the unevenness with which the psychological effects of trauma and PTS are acknowledged across the different states.*

In addition, the OSW Group attendees noted that there are discrepancies across states in terms of rules for Workers' Compensation eligibility for PTS and other psychological injury. Group members believe a comprehensive 50-state review of Workers' Compensation laws and PTS would be helpful, especially because in some states, which acknowledge PTS, it is compensable while in others it is not.

Meeting participants expressed deep concern about the unevenness with which the psychological effects of trauma and PTS are acknowledged across the different states, and thus suggested "If the Federal Government wants to do something, they can supersede all this . . . take care of their officers and their families, by one legislative bill."

The meeting participants also felt that a comprehensive 50-state review of the laws on confidentiality for peer counseling is also warranted. Some were concerned that there is confusion about the defined role of peer counselors and what confidentiality protections they are given. A review of confidentiality laws would be a first step in building out peer support programs. Attendees acknowledged that there is a lack of consistency across departments about the functioning of peer support programs. A review of confidentiality laws could then be followed by the convening of a working group to develop mental health best practices, leveraging programs such as peer support, so law enforcement agencies can know what programs are working in what communities, what the latest science is, and how it affects officers.

### ***Agency-level actions***

Meeting attendees were unanimous in the belief that early intervention is always best. As one participant said, "You don't wait for cancer to metastasize before seeking treatment." They also felt that the prognosis for treating alcohol and substance misuse and abuse is "quite good." The OSW Group pointed to a number of ways in which departments could focus on early intervention and treatment.

First, attendees felt that a focus on wellness training needs to happen in the academy and be a consistent part of training throughout the officer's career. As one participant asked, "Why are we not educating police officers in the field about the impact of trauma and how the brain works? We tell them about cardiology and to eat healthy. . . . We get that part of it, but not this." Attendees acknowledged that training of new recruits in the academy has not changed much in 40 or 50 years, with the focus more on physical than mental aspects of training. Yet, in the words of one attendee, "This profession is 98 percent mental and not physical. We haven't changed our academies to reflect that. [We're not teaching recruits] how to be better decision-makers rather than order takers." The

OSW group felt that it is necessary to add officer wellness, mental health and resiliency awareness, and family impact training beginning in the academy and continuing as a requirement throughout their time in the department. In addition, attendees recommend that recruits are assigned mentors in the academy, people they can trust who will provide guidance for when the recruit encounters stressful situations.

Second, meeting participants felt that in keeping with a top-down approach, the department needs to convey both intrinsic and extrinsic permissions to seek help. To that end, departments should embrace the concept of the “police family” by conducting mandatory mental health checks of their officers. These mental health checks should be operationalized and imbedded in department policies. To emphasize how important these checks are, they should be included as subject areas when officers are testing for promotional exams. In that way, departments would emphasize the importance of mental health and wellness and change the stigma surrounding such issues. These mental health checks should include mandatory debriefs after critical incidents and recognition that supportive intervention following these incidents can ameliorate potential PTS injury. Other suggestions include providing “talking tools” and “active listening skills” for first line supervisors so they will know how to approach officers and what types of things they could and should say.

Finally, the OSW meeting attendees believe that it is not necessary to develop these programs and policies from scratch. Rather, the best practices being used across departments, small and large, rural, suburban, and urban, should be leveraged so that departments can help their officers stay healthy throughout their entire career.

*The OSW group felt that it is necessary to add officer wellness, mental health and resiliency awareness, and family impact training beginning in the academy and continuing as a requirement throughout their time in the department.*



# Conclusion

The job of a police officer is stressful because of the exposure to potentially life-threatening and traumatic events, working long hours, and the criticism and lack of support officers can sometimes face from their supervisors and the public. Alcohol and substance abuse can become coping mechanisms for dealing with these stressors, alcohol can be used as a social bonding tool, and sometimes officers bring to the profession prior serious trauma that exacerbates their alcohol and substance use. Meeting attendees were in agreement that chronic and acute stress is a factor and can lead to or exacerbate PTS. The impact on the family is also significant, and more needs to be done to alleviate strain and promote healthy family relationships. The OSW Group made a number of recommendations for future research as well as programmatic and policy changes departments can make to ensure officer wellness and health throughout their career. And as the work of the OSW Group continues, perhaps more conversations need to be had about the critical importance of prevention and how we can better prepare officers to cope with the stress and trauma of the job.



# References

- Ballenger, James F., Suzanne R. Best, Thomas J. Metzler, David A. Wasserman, David C. Mohr, Akiva Liberman, et al. 2011. "Patterns and Predictors of Alcohol Use in Male and Female Urban Police Officers." *The American Journal on Addictions* 20(1): 21–29. <https://doi.org/10.1111/j.1521-0391.2010.00092.x>.
- Black, Phyllis N., Dorothy Jeffreys, and Elizabeth Kennedy Hartley. 1993. "Personal History of Psychosocial Trauma in the Early Life of Social Work and Business Students." *Journal of Social Work Education* 29(2): 171–180. <https://www.jstor.org/stable/41346376>.
- Buchanan, Grant, Christine Stephens, and Nigel Long. 2001. "Traumatic Events of New Recruits and Serving Police." *The Australasian Journal of Disaster and Trauma Studies* 2001(2). <https://www.massey.ac.nz/~trauma/issues/2001-2/buchanan.htm>.
- CDC (Centers for Disease Control and Prevention). 2019. "About the CDC-Kaiser ACE Study." Last modified April 2, 2019. <https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/about.html>.
- Center for Behavioral Health and Quality. 2016. *Impact of the DSM-IV to DSM-5 changes on the National Survey on Drug Use and Health. Rockville, MD: Substance Abuse and Mental Health Services Administration*. <https://www.samhsa.gov/data/sites/default/files/NSDUH-DSM5ImpactAdultMI-2016.pdf>.
- Cross, Chad L., and Larry Ashley. 2004. "Police Trauma and Addiction: Coping with the Dangers of the Job." *FBI Law Enforcement Bulletin* 73(10): 24–32. <https://leb.fbi.gov/file-repository/archives/oct04leb.pdf/view>.
- FOP (Fraternal Order of Police). 2019. *Report on FOP/NBC Survey of Police Officer Mental and Behavioral Health*. Last modified April 22, 2019. [https://www.fop.net/NewsArticle.aspx?news\\_article\\_id=6548](https://www.fop.net/NewsArticle.aspx?news_article_id=6548).
- Friedman, Matthew J. 2019. "PTSD History and Overview." Accessed November 5, 2019. [https://www.ptsd.va.gov/professional/treat/essentials/history\\_ptsd.asp](https://www.ptsd.va.gov/professional/treat/essentials/history_ptsd.asp).
- Greinacher, Anja, Cassandra Derezza-Greeven, Wolfgang Herzog, and Christoph Nikendei. 2019. "Secondary Traumatization in First Responders: A Systematic Review." *European Journal of Psychotraumatology* 10(1). <https://www.tandfonline.com/doi/full/10.1080/20008198.2018.1562840>.

- Hurrell, Joseph J., Jr., Anthony Pate, and Robert Kliesmet. 1984. *Stress Among Police Officers*. Cincinnati, OH: U.S. Department of Health and Human Services. <https://www.cdc.gov/niosh/docs/84-108/pdf/84-108.pdf?id=10.26616/NIOSH PUB84108>.
- Lieberman, Akiva M., Suzanne R. Best, Thomas J. Metzler, Jeffrey A. Fagan, Daniel S. Weiss, and Charles R. Marmar. 2002. "Routine Occupation Stress and Psychological Distress in Police." *Policing: An International Journal of Police Strategies and Management* 25(2): 421–439. <https://www.emerald.com/insight/content/doi/10.1108/13639510210429446/full/html>.
- Lindsay, Vicki, William Banks Taylor, and Kyna Shelley. 2008. "Alcohol and the Police: An Empirical Examination of a Widely-Held Assumption." *Policing: An International Journal of Police Strategies and Management* 31(4): 596–609. <https://www.emerald.com/insight/content/doi/10.1108/13639510810910580/full/html>.
- Martin, Melissa, André Marchand, Richard Boyer, and Normand Martin. 2009. "Predictors of the Development of Posttraumatic Stress Disorder among Police Officers." *Journal of Trauma and Dissociation* 10(4): 451–468. <https://www.tandfonline.com/doi/full/10.1080/15299730903143626>.
- McLafferty, M., J. Ross, B. Waterhouse-Bradley, and C. Armour. 2019. "Childhood Adversities and Psychopathology among Military Veterans in the US: The Mediating Role of Social Networks." *Journal of Anxiety Disorders*, 65(1): 47–55. <https://www.sciencedirect.com/science/article/abs/pii/S0887618518303633>.
- McNeill, Michelle. 1996. *Alcohol and the Police Workplace: Factors Associated with Excessive Intake*. Report Series No. 119.1. Payneham, Australia: National Police Research Unit.
- Ménard, Kim S., and Michael L. Arter. 2013. "Police Officer Alcohol Use and Trauma Symptoms: Associations with Critical Incidents, Coping, and Social Stressors." *International Journal of Stress Management* 20(1): 37–56. <https://psycnet.apa.org/doiLanding?doi=10.1037%2Fa0031434>.
- NIAAA (National Institute on Alcohol Abuse and Alcoholism). 2016. *Alcohol Use Disorder: A Comparison between DSM-IV and DSM-5*. NIH Publication No. 13-7999. Rockville, MD: National Institute on Alcohol Abuse and Alcoholism. <https://www.niaaa.nih.gov/publications/brochures-and-fact-sheets/alcohol-use-disorder-comparison-between-dsm>.
- . 2019a. "Alcohol Use Disorder." Accessed November 5, 2019. <https://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/alcohol-use-disorders>.
- . 2019b. *Alcohol Facts and Statistics*. Rockville, MD: National Institute on Alcohol Abuse and Alcoholism. <https://www.niaaa.nih.gov/alcohol-facts-and-statistics>.

- Office of the Surgeon General. 2016. *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health*. Washington, DC: U.S. Department of Health and Human Services. <https://addiction.surgeongeneral.gov/sites/default/files/surgeon-generals-report.pdf>.
- Read, Jennifer P., Melissa J. Griffin, Jeffrey D. Wardell, and Paige Ouimette. 2014. "Coping, PTSD Symptoms, and Alcohol Involvement in Trauma-Exposed College Students in the First Three Years of College." *Psychology of Addictive Behaviors* 28(4): 1052–1064. <https://psycnet.apa.org/doiLanding?doi=10.1037%2Fa0038348>.
- SAMHSA (Substance Abuse and Mental Health Services Administration). 2019. *Key Substance Use and Mental Health Indicators in the United States: Results from the 2018 National Survey on Drug Use and Health*. HHS Publication No. PEP19-5068, NSDUH Series H-54. Rockville, MD: Substance Abuse and Mental Health Services Administration. <https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pdf>.
- Schwandt, Melanie L., Markus Heilig, Daniel W. Hommer, David T. George, and Vijay A. Ramchandani. 2013. "Childhood Trauma Exposure and Alcohol Dependence Severity in Adulthood: Mediation by Emotional Abuse Severity and Neuroticism." *Alcoholism: Clinical and Experimental Research* 37(6): 984–992. <https://onlinelibrary.wiley.com/doi/10.1111/acer.12053>.
- Sohn, Sunju. 2008. "A Structural Equation Modeling of Alcohol Use among Young Adults in the U.S. Military: Complexities among Stress, Drinking Motives, Impulsivity, Alcohol Use, and Job Performance." *Alcoholism: Clinical and Experimental Research* 32(S1): 368A. [https://onlinelibrary.wiley.com/doi/10.1111/j.1530-0277.2008.00689\\_7.x](https://onlinelibrary.wiley.com/doi/10.1111/j.1530-0277.2008.00689_7.x).
- Stephens, Christine, and Nigel Long. 1999. "Posttraumatic Stress Disorder in the New Zealand Police: The Moderating Role of Social Support Following Traumatic Stress." *Anxiety, Stress, and Coping* 12(3): 247–264. <https://www.tandfonline.com/doi/abs/10.1080/10615809908250477>.
- Straus, Elizabeth, Moira Haller, Robert C. Lyons, and Sonya B. Norman. 2018. "Functional and Psychiatric Correlates of Comorbid Post-Traumatic Stress Disorder and Alcohol Use Disorder." *Alcohol Research: Current Reviews* 39(2): 121–129. <https://www.arcr.niaaa.nih.gov/arcr392/article02.htm>.
- Tomaka, Joe, Dejan Magoc, Stormy M. Morales-Monks, and Anabel C. Reyes. 2017. "Posttraumatic Stress Symptoms and Alcohol-Related Outcomes among Municipal Firefighters." *Journal of Traumatic Stress* 30(4): 416–424. <https://onlinelibrary.wiley.com/doi/10.1002/jts.22203>.

- Violanti, John M., Claudia C. Ma, Anna Mnatsakavova, Desta Fekedulegn, Tara A. Hartley, Ja Kook Gu, and Michael E. Andrew. 2018. "Associations between Police Work Stressors and Posttraumatic Stress Disorder Symptoms: Examining the Moderating Effects of Coping." *Journal of Police and Criminal Psychology* 33(3): 271–282. <https://link.springer.com/article/10.1007/s11896-018-9276-y>.
- Violanti, John M., James E. Slaven, Luenda E. Charles, Cecil M. Burchfiel, Michael E. Andrew, and Gregory G. Homish. 2011. "Police and Alcohol Use: A Descriptive Analysis and Associations with Stress Outcomes." *American Journal of Criminal Justice* 36(4): 344–356. <https://link.springer.com/article/10.1007/s12103-011-9121-7>.
- Weir, Henriikka, Daniel M. Stewart, and Robert G. Morris. 2012. "Problematic Alcohol Consumption by Police Officers and Other Protective Service Employees: A Comparative Analysis." *Journal of Criminal Justice* 40(1): 72–82. <https://www.sciencedirect.com/science/article/pii/S0047235211001231>.
- White, Amy K., Gregory Shrader, and Jared Chamberlain. 2016. "Perceptions of Law Enforcement Officers in Seeking Mental Health Treatment in a Right-to-Work State." *Journal of Police and Criminal Psychology* 31(2): 141–154. <https://link.springer.com/article/10.1007/s11896-015-9175-4>.

# About BJA

The Bureau of Justice Assistance (BJA) is a component of the Office of Justice Programs, U.S. Department of Justice, which also includes the Bureau of Justice Statistics; National Institute of Justice; Office of Juvenile Justice and Delinquency Prevention; Office for Victims of Crime; and Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking.

BJA provides leadership and services in grant administration and criminal justice policy development to support local, state, and tribal law enforcement in achieving safer communities. BJA supports programs and initiatives in the areas of law enforcement, justice information sharing, countering terrorism, managing offenders, combating drug crime and abuse, adjudication, advancing tribal justice, crime prevention, protecting vulnerable populations, and capacity building. Driving BJA's work in the field are the following principles:

- Emphasize local control.
- Build relationships in the field.
- Provide training and technical assistance in support of efforts to prevent crime, drug abuse, and violence at the national, state, and local levels.
- Develop collaborations and partnerships.
- Promote capacity building through planning.
- Streamline the administration of grants.
- Increase training and technical assistance.
- Create accountability of projects.
- Encourage innovation.
- Communicate the value of justice efforts to decision makers at every level.

To learn more about BJA, visit [www.bja.gov](http://www.bja.gov), or follow us on Facebook ([www.facebook.com/DOJBJA](https://www.facebook.com/DOJBJA)) and Twitter (@DOJBJA). BJA is part of the Department of Justice's Office of Justice Programs.

# About the COPS Office

The **Office of Community Oriented Policing Services (COPS Office)** is the component of the U.S. Department of Justice responsible for advancing the practice of community policing by the nation's state, local, territorial, and tribal law enforcement agencies through information and grant resources.

Community policing begins with a commitment to building trust and mutual respect between police and communities. It supports public safety by encouraging all stakeholders to work together to address our nation's crime challenges. When police and communities collaborate, they more effectively address underlying issues, change negative behavioral patterns, and allocate resources.

Rather than simply responding to crime, community policing focuses on preventing it through strategic problem-solving approaches based on collaboration. The COPS Office awards grants to hire community policing officers and support the development and testing of innovative policing strategies. COPS Office funding also provides training and technical assistance to community members and local government leaders, as well as all levels of law enforcement.

Since 1994, the COPS Office has invested more than \$14 billion to add community policing officers to the nation's streets, enhance crime fighting technology, support crime prevention initiatives, and provide training and technical assistance to help advance community policing. Other achievements include the following:

- To date, the COPS Office has funded the hiring of approximately 130,000 additional officers by more than 13,000 of the nation's 18,000 law enforcement agencies in both small and large jurisdictions.
- Nearly 700,000 law enforcement personnel, community members, and government leaders have been trained through COPS Office-funded training organizations.
- To date, the COPS Office has distributed more than eight million topic-specific publications, training curricula, white papers, and resource CDs and flash drives.
- The COPS Office also sponsors conferences, round tables, and other forums focused on issues critical to law enforcement.

COPS Office information resources, covering a wide range of community policing topics such as school and campus safety, violent crime, and officer safety and wellness, can be downloaded via the COPS Office's home page, [www.cops.usdoj.gov](http://www.cops.usdoj.gov). This website is also the grant application portal, providing access to online application forms.



In July 2019, the OSW Group continued and expanded on previous discussions of methods of supporting emotional health and organizational wellness; this meeting focused particularly on alcoholism, substance abuse, and other anti-social coping strategies officers might use to help them deal with the mundane day-to-day stressors of the job that can accumulate and take their toll even in the absence of acute critical incidents. It is necessary to identify and understand the ways in which officers may struggle to manage the stress of the job in order to develop programs and services that can provide them with the skills, tools, and positive coping strategies that will enable them to build their own resilience and not merely survive but flourish.



**COPS**

*Community Oriented Policing Services*  
*U.S. Department of Justice*

U.S. Department of Justice  
Office of Community Oriented Policing Services  
145 N Street NE  
Washington, DC 20530

To obtain details on COPS Office programs, call  
the COPS Office Response Center at 800-421-6770.

Visit the COPS Office online at [www.cops.usdoj.gov](http://www.cops.usdoj.gov).