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Stigmatizing Attitudes Toward Police Officers Seeking Psychological Services

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Abstract
Police officers are continuously involved in various roles that prove to be highly stressful and require a developed skill set. Consequently, demands from this career put officers at an increased risk for a range of mental-health related concerns. Although officers who suffer from these mental health concerns may need to seek psychological services, there is, unfortunately, a stigma that surrounds mental health causing officers to be reluctant to seek help. This research examines public perceptions and attitudes toward law enforcement professionals seeking mental health treatment. Findings suggest that when a higher level of self-stigma toward mental health is reported, there is also a higher level of stigma toward law enforcement. Males also showed higher levels of stigma toward officers. Implications of the findings and limitations of the study are discussed.

Keywords Police · Stigma · Mental health

Approximately 800,000 jobs in 2014 were occupied by law enforcement officers (United States Department of Labor 2015), a career that can be extremely stressful and demanding, not to mention dangerous. In fact, police work has been found to be one of the most taxing professions (Karaffa and Koch 2015; Karaffa and Tochkov 2013; Liberman et al. 2002) and has continued to rank among the highest for numerous years. Routinely, police encounter violent, stressful conditions (Karaffa and Tochkov 2013) and tragedy, and they are tasked at facing the most dangerous, life-threatening situations (Bartol and Bartol 2008; Kirschman et al. 2013; Miller 1995; Regehr et al. 2003), situations that most of society will likely never come across.

Police officers are involved in various roles that can be complex and require numerous skills. Some of these roles include talking with witnesses and children, patrolling communities, making people feel safe, and interacting with some of the most dangerous people in society. Additionally, law enforcement personnel are often some of the first to respond to mental health emergencies (Lord 2010; Steadman et al. 1999; Watson et al. 2014). Collectively, demands from this career put officers at an increased risk for an assortment of mental health-related concerns, and, consequently, officers may wish to receive mental health services but often do not seek such services due to the stigma that surrounds them.

It is important to discuss the role of mental health with law enforcement professionals personally. Having a better understanding of the needs of police, and providing them with the support and services necessary, will help the criminal justice system not only protect those who serve the public, but will also assist in more enriched interactions with offenders and the general public who are mentally ill. The aim of this paper is to shed light on the issue at hand: police also suffer from mental health issues; however, it seems as though they may suffer from the stigma of the label more so than others. While it may appear obvious that police should receive help for any psychological suffering, we live in a world where mental illness is frowned upon, and, if police are suffering from a mental illness, their competence in their work is called into question, leading to a lack of commitment to seek services.

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Stigma of Seeking Mental Health Services

Stigma—an attribute, behavior, or reputation that is socially discrediting (as cited in Slate et al. 2013, p. 56)—can have lasting consequences on the group experiencing the stigma (in

this case, those suffering from a mental health issue). It is important to note that stigma can affect those with mental illnesses of varying severity.

One common reason people decide not to seek treatment for mental health is the label that comes from being stigmatized. Slate et al. (2013) explain that those who are labeled are quickly stereotyped, leading to a negative stigma against them. Most people tend to believe that individuals who have some sort of mental health-related issue are incapable, incompetent, and weak (Captuo and Rouner 2011; Corrigan 2004b). These negative ideals may impact self-esteem, self-worth, and self-identity (Corrigan 2004b).

According to Corrigan (2004a), there are two types of stigma that individuals experience: public stigma and self-stigma. Public stigma is referred to as the awareness of the public's reactions to a specific group, such as those with mental health concerns (Corrigan and Watson 2002; Rüsch et al. 2005; Slate et al. 2013). On the other hand, self-stigma is an individual's perception of their own behaviors (Corrigan 2004a). In this case, the individual perceives that their actions, attitudes, and behaviors are not socially acceptable. Corrigan (2004a) notes that self-stigma requires stereotype agreement, accepting a stereotype that is validated by the public and believing these beliefs apply to themselves. Both types of stigma are negatively associated with seeking help (Conner et al. 2010). This was apparent in findings from a 2009 study by Jagedo and colleagues that showed that 50% of participants would feel embarrassed if friends and family knew they were utilizing mental health services (Jagdeo et al. 2009). With this, the conclusion has been made that self-stigma is developed from public stigma (Vogel et al. 2013), and it is likely that many people decide not to discuss mental health-related issues because of the distress or feelings of embarrassment it may cause.

Media are responsible for contributing to mental health stigma too. Rüsch et al. (2005) point a common misconception from the media about individuals with mental illnesses. The first fallacy is that mentally ill people are homicidal and that people should fear them. Although there has been an increase in knowledge about mental illness, a 2000 study revealed that 75% of the population still believed that mentally ill people are violent (Phelan et al. 2000). Evidence shows that most acts of violence are committed by those who have no mental illness (Appelbaum et al. 2000; Steadman et al. 1998). In fact, those who have mental illnesses will likely never commit a violent act (Slate et al. 2013).

Stressors Experienced by Police

Among many occupations, jobs in law enforcement are considered to be some of the most grueling (Blum 2000; Liberman et al. 2002; Regehr et al. 2003; Steadman et al. 1999; Watson et al. 2014). Officers interact with people on many levels and perform a variety of tasks while on the job. Regehr et al. (2003) provide a few examples of the many duties of an officer: public relations; providing safety in communities; interacting with all people, some who are dangerous, and others who need comforting in a traumatic situation; and being an expert in court. Some of the situations officers are faced with can be extremely dangerous, resulting in high levels of stress. Additionally, there are other factors, unrelated to trauma and violence, which cause strain.

Regehr et al. (2003) observed burnout—a state of physical, emotional, and mental exhaustion—among officers and found compelling results. Burnout can cause many symptoms that include negative attitudes toward coworkers and work, negative self-concept, feelings of hopelessness or helplessness, and even physical weakness (Alexander 1999; Regehr et al. 2003). In addition to feeling helpless and having a negative self-concept, pressure from the overwhelming job duties can cause symptoms like sleep loss (Neylan et al. 2002), flashbacks (Kopel and Friedman 1999), and symptoms of depression (Lawson et al. 2012). Note that the severity of symptoms is related to the number of continuous traumatic events (Stephens et al. 1997) and the severity of those events (Hodgins et al. 2001).

While high levels of stress do result from traumatic events such as death and threats toward the officer, other factors have been found to play a large role as well. Chronic stress can result from underlying issues in the workplace itself. For example, results from several studies have found that rules and procedures within the organization, communication between agencies, long hours and rotating shifts, style of management, derisory training, and poor support from administration were among the highest sources of job-related stress (Brown and Campbell 1990; Burke 1993; Buunk and Peeters 1994; Coman and Evans 1991; Hart et al. 1995; Shane 2010; Toch 2002). One stressor mentioned that may not be as obvious is that many police precincts display names and/or pictures of officers who were killed on the job (Papazoglou and Andersen 2014). The display of these names and pictures is a type of vicarious trauma for officers who may not have sought psychological help. Officers in another study reported that testifying in court was the task with the highest associated level of stress (Evans and Coman 1993).

Media coverage is another way stress is felt by those in law enforcement. Officers often worry about their actions and whether or not they will be publicly displayed. The media encourage the public to act in a hostile way to officers (Blum 2000), and the media have taken part in isolating the public from police. There have been many news stories and controversy about police and how they interact with the public, and the turmoil between society and law enforcement is definitely a problem that law enforcement has to face. Unfortunately, it only seems to be a growing problem, rather than a diminishing one.

Much like the portrayals of crime, mental illness, and other dramatized events that media outlets cover, the actions of police seem to be under a magnifying glass. With every step and every decision being scrutinized, officers are expected to be on high alert and are likely to constantly worry and fear for the next dilemma to come. Collectively, these many stressors with which police are involved can have detrimental effects on the well-being of officers and those around them. Exposure to stress, vicariously or directly, has the potential to be extremely harmful to officers, especially to those who have served for many years.

Stigma Surrounding Officers Seeking Services

In the past, many officers have not sought professional help for mental health, despite the multiple stressors they encounter (Kirschman et al. 2013). Specifically, research has shown that officers do not seek mental health services because of fear of being viewed as weak and unable to handle the stress related to their job and fear of being viewed as an unreliable source for backup (Blum 2000; Miller 1995). Studies have shown that stigma and fear felt by law enforcement professionals may originate from their training. Kirschman (2007) reports that during training, officers are often warned about their emotions. They are told that losing control of emotions may result in consequences for their careers. Toch (2002) explains that a majority of officers agree there is a need for psychological services in the law enforcement field. Nevertheless, they are still aware of the stigma that surrounds mental health and potential ramifications of seeking treatment, and therefore often decline any sort of mental health services.

There are several factors that influence whether or not one will seek out mental health treatment; however, as mentioned, stigma is the most common reason someone will avoid treatment (Corrigan 2004a). In fact, Violanti (1995) stated that officers have historically avoided reaching out for help when needed because mental health interventions are seen as weak (Toch 2002). While reasons for avoidance within law enforcement are similar to those of the general public, these factors are intensified within law enforcement populations (Greenstone 2000). While police are stigmatized by the public, Blum (2000) reported that they also feel stigmatized by the agency and fellow officers. Embarrassment (Kates 2008), fear, and concerns about how seeking help will affect their careers and relationships within the department (Blum 2000) often discourage police from utilizing the services available to them, and this can impact their social identity (Corrigan 2004a). Furthermore, officers worry that administration will view them as a potential threat to the department, leading to reassignment (De Lung 1990) or negative evaluations (Kirschman 2007). Berg et al. (2006) found that less than 10% of officers who reported anxiety or depression symptoms in a 12-month period sought psychological services. Additionally, studies have found differences between men and women when it comes to seeking mental health services. Particularly, results have shown that women are more apt than men to seek help, and they have a more positive attitude toward seeking help (Fischer and Turner 1970; Karaffa and Tochkov 2013). This is represented in law enforcement populations as well (Berg et al. 2006).

Health Effects and Consequences of Stigma

More (1998) reported that stressors, and the physical and psychological consequences that follow, lead to harm, not only to the individual experiencing them, but also the organization as well. All of these stressful experiences likely contribute to a multitude of mental health-related concerns. These concerns are magnified when police do not seek psychological services due to the stigma surrounding them. Papazoglou and Andersen (2014) discussed ramifications of mental health and well-being, which are affected by stress.

Mental Health Although officers typically find ways to cope with the stress they experience, they have varying levels of coping ability and some may easily become overwhelmed (Miller 1995). Because of the high stress related to this career, officers often suffer from mental health-related issues, such as post-traumatic stress disorder (Blum 2000; Darensburg et al. 2006; Kates 2008)—a disorder that stems from exposure to actual or threatened death or serious injury (American Psychiatric Association 2013). Exposure can happen in a variety of ways, such as via direct experience, witnessing trauma to someone else, or experiencing repeated or extreme exposure to details of a traumatic event. Police officers often experience the last. In addition to exposure, one must present with at least one of the symptoms listed in The Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-V). These symptoms include involuntary and recurrent memories of the traumatic event that cause distress, dissociative reactions (e.g., flashbacks), and distressing dreams that reoccur. It is estimated that up to 19% of police officers develop full PTSD (Haugen et al. 2012). Hartley et al. (2013) reported that the prevalence of PTSD in their sample of police officers was approximately 15% for men and 18% for women. Moreover, the Centers for Disease Control and Prevention reported that the prevalence of PTSD in officers from New Orleans was 19% after Hurricane Katrina (as cited by Hartley et al. 2013). Furthermore, approximately 35% experience post-traumatic stress symptoms (PTSS) (Papazoglou and Andersen 2014).

Depressive disorders are also common among law enforcement and have been found to be higher in the police population than other occupations (Blum 2000; Lawson et al. 2012).

Depression can have many symptoms, including, but not limited to, depressed mood most of the day, nearly every day; diminished interest or pleasure in activities; insomnia; fatigue or loss of energy; feelings of worthlessness or excessive guilt; diminished ability to concentrate; and thoughts of suicide (American Psychiatric Association 2013). While there are other mental disorders police may suffer from, PTSD and depression are the most common. Additionally, there is a strong association between suicide and mental health disorders (Yufit and Lester 2005). Some scholars (e.g., Regehr et al. 2003) argue that the suicide rate among police officers is 30% higher than comparison groups of lay people; however, Steven Stack (2001) argues that occupations vary in their demographic characteristics, such as age [and] gender" (p. 386). This means that suicide rates among officers are similar to the general public when age and gender are controlled for.

Well-Being An officer's well-being is also affected by high levels of stress (Papazoglou and Andersen 2014). Research has found that chronic stress slows reaction times, causes a weaker verbal memory, and decreases job performance (Hennig-Fast et al. 2009). Moreover, friends and families of officers are also affected by the stress they deal with.

As evidenced, police work is extremely demanding with the long work hours and shift work (Papazoglou and Andersen 2014; Shane 2010). Police often work overtime whether it be because the department is short-handed or because the officer was called to a case. Because of the long and unpredictable hours, officers seldom get to spend time with their families (Kirschman et al. 2013). Regehr et al. (2003) reported that marital problems between police and their spouses are double that of comparison groups of laypeople. These conflicts are found to be negatively correlated with psychological health (Mikkelsen and Burke 2004).

Current Study

There is an abundance of research about stigma within the general public as well as research about self-stigma in police populations. However, research that examines the general population's perceptions and attitudes toward police receiving psychological help is scant. This topic is extremely important to research in order to better understand whether the public's stigmatizing attitudes align with law enforcement officers' internalized ideas about stigma in the general public, and how these attitudes may affect officers negatively. This study examined public perceptions and attitudes toward law enforcement officers seeking mental health treatment. Two hypotheses were formed based on prior studies: (1) high rates of stigmatizing attitudes toward law enforcement officers were expected to be predicted by an individual's high self-stigma and (2) participant gender and age, as well as whether they or someone close to them had sought mental health treatment in the past, were expected to impact reported stigmatizing attitudes toward law enforcement officers.

Method

Participants

Participants were recruited from an online survey tool, Amazon's Mechanical Turk™. At the completion of data collection, 210 participants had completed the study. However, due to missing data on specific items in the questionnaires, all data from 42 separate participants were deleted from analysis. This resulted in a final total of 168 participants, 62 males and 106 females. Participants ranged in age from 18 to 65 (M = 37.49, SD = 12.62). Most participants reported identifying as Caucasian (82.7%), followed by 5.4% Hispanic, 4.2% each African American and Asian/Pacific Islander, 2.4% Native American/Alaskan Native, and 1.2% other. Additionally, 54.2% reported having sought mental health treatment at some time, and 70.2% reported having someone close to them who had sought mental health treatment at some time.

Materials

Participants were given the 10-question Self-Stigma of Seeking Help scale (SSOSH) to assess their self-stigma toward seeking mental health treatment (Vogel et al. 2009). This scale includes questions like "I would feel inadequate if I went to a therapist for psychological help" and "My self-esteem would increase if I talked to a therapist" and is rated on a 1–5 Likert scale. Additionally, participants completed an adapted version of the SSOSH scale to assess their stigma toward law enforcement officers who sought mental health treatment. This contained 10 questions, including "It should make law enforcement officers feel inferior to ask a therapist for help" and "Law enforcement officers' self-confidence should NOT be threatened if they sought professional help," which were also rated on a 1–5 Likert scale.

Procedure

Volunteers chose to participate in the study after seeing it on their Mechanical Turk dashboard. Participants could select this survey out of a list of potential options on the website. After selecting the survey, participants first completed the SSOSH. Then, participants filled out the adapted version of the scale. Finally, all subjects completed a demographics questionnaire containing questions about their age, gender, ethnicity, citizenship status, and whether they or someone close to them had ever sought mental health treatment. Lastly, participants were debriefed.

Results

Composite variables were created by summing the totals of participants' responses to the SSOSH scale and adapted SSOSH scale. A stepwise multiple regression analysis was performed to predict attitudes of the public toward law enforcement officers seeking psychological services. Self-stigma, gender, age, past personal experience seeking mental health treatment, and past experience with someone close seeking mental health treatment were entered as predictors. This resulted in three iterations of the model. The final model was significant, $F(3, 164) = 35.47$, $p < .001$, with self-stigma ($\beta = .44$), gender ($\beta = -.19$), and past personal experience seeking mental health treatment ($\beta = .20$) accounting for approximately 39% of the variance in stigma toward law enforcement officers seeking mental health treatment ($R^2 = .39$). Higher self-stigma predicted higher levels of stigma toward law enforcement officers seeking mental health treatment, supporting hypothesis 1.

Hypothesis 2 was partially supported; males ($M = 20.76$, SD = 6.80) showed higher levels of stigma toward law enforcement officers than females ($M = 16.30$, SD = 5.45). Additionally, individuals who had not previously personally sought mental health treatment ($M = 20.79$, $SD = 6.22$) showed higher levels of stigma toward law enforcement officers than individuals who had previously sought mental health treatment themselves ($M = 15.54$, SD = 5.40). Age and whether someone close to the participant had previously sought mental health treatment could not predict stigma toward law enforcement officers utilizing mental health services.

Discussion

Studies have shown that stigmatizing attitudes are very prevalent when dealing with mental illnesses and seeking psychological services, especially within the law enforcement population, and several bodies of research have provided many avenues in which police are stigmatized and the consequences that follow. Across the board, officers agree that having access to stress-related mental health services is critical; yet, they acknowledge the need to be cautious about professional implications. Most officers expressed concerns about the pragmatics of said services, such as accessibility, anonymity, and the needs of their own families (Karaffa and Tochkov 2013).

Results from this study revealed that the general public reported stigmatizing attitudes toward law enforcement professionals, especially when an individual has a higher level of self-stigma. This finding can be detrimental to both law enforcement and the communities they serve. Specifically, the negative attitudes toward first responders, particularly officers, from those in their respective communities may contribute to the lack of help-seeking behaviors, thus leading to a higher likelihood of officers experiencing the negative effects of the job, such as PTSD, depression, and suicide.

In order to combat police suicide and other negative effects from the job, O'Hara (2017) makes a few suggestions in addressing the mental health needs of the law enforcement community. First, training academies need to inform all cadets of not only the dangers of the job but also the emotional toll that police work can have on an individual. In addition to being informed of potential job hazards, officers need to be trained in identifying and managing their mental health symptoms, much like they would with any physical health issues. Furthermore, police cadets and seasoned officers should be taught coping techniques. O'Hara (2017) also suggests that officers be strongly encouraged to attend regular therapy sessions, whether it is "needed" or not, and that they see a licensed therapist who is skilled in dealing with trauma and stress, at least once a year like any other annual check-up. Perhaps making this type of care mandatory would help to combat stigmas, and mental health care and discussions about it would be more accepted. Pairing seasoned officers with those who are beginning their careers and encouraging discussion about the challenges of the job, and the benefits of having consultations with mental health professionals, is one way that departments may be also able to work toward combating this issue.

As with any study, there are some limitations that should be addressed. The materials used to measure self-stigma and stigma of law enforcement were self-report measures. It is possible that some participants were not accurate in their responses of feelings toward officers and in their attitudes toward mental health. Also, it is possible that there may have been confounding factors that contributed to participant's overall attitudes toward law enforcement professionals. For instance, some participants may have had experiences, positive or negative, with law enforcement which could have influenced their responses. Further studies should address these concerns and consider other ways to reduce the stigma surrounding law enforcement seeking psychological services. Lastly, it is possible that stigmas may be more of a regional issue than what was discussed in this review and this should be explored in future research.

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Compliance with Ethical Standards

Conflict of Interest The authors declare that they have no conflict of interest.

Ethical Approval All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki Declaration and its later amendments or comparable ethical standards.

Informed Consent Informed consent was obtained from all individual participants included in the study. No identifying information about participants is available in the article.

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