

# ATTITUDES TOWARD SEEKING MENTAL HEALTH TREATMENT AMONG LAW ENFORCEMENT OFFICERS

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Law enforcement officers are at increased risk for a variety of personal, emotional, and vocational issues but are often resistant to seeking help. In this study, we examined attitudes toward seeking mental health services in a sample of 158 sworn officers in Texas and identified some determinants of these attitudes. Results indicate that officers exhibited, on average, a neutral attitude toward seeking professional services. Officers' perception of other officers' willingness to seek services was positively correlated with attitude scores, while endorsement of the distrust of outsiders' norm was negatively correlated with attitude scores. Officers perceived their colleagues to be less willing to seek psychological help than themselves and generally indicated concern with pragmatic aspects of service utilization.

*Keywords:* law enforcement, mental health attitudes, police culture, counseling

Law enforcement is considered one of the most stressful occupations, and findings have suggested that officers are at increased risk for a variety of mental health-related issues (Blum, 2000). However, the literature generally has maintained that police officers are resistant to seeking help (Violanti, 1995). Over the past 30 years, mental health practitioners have been providing an increasing number of services to law enforcement officers (Delprino & Bahn, 1988), and some evidence has suggested that attitudes toward seeking mental health treatment among the law enforcement community may be improving (Meyer, 2000). Nonetheless, relatively few studies have evaluated this topic empirically.

Therefore, the primary objectives of this study were to gain additional insight about the nature and determinants of officers' attitudes. We also assessed officers' perceptions of their colleagues' willingness to seek mental health services and evaluated suggestions for improving service utilization in order to generate policy recommendations. To the best of our knowledge, this may be the first attempt to quantify officers' endorsement of specific

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police cultural values in order to evaluate their impact on mental health help-seeking attitudes. It also may be the only study to date to use the Attitudes Toward Seeking Professional Psychological Help-Short Form (Fischer & Farina, 1995) to evaluate attitudes toward seeking mental health treatment among law enforcement officers.

### ***Law Enforcement Stress***

Law enforcement officers are exposed to a variety of stressors on a daily basis. Organizational stressors related to the operations of the police organization include excessive report writing, limited career mobility, rotating shifts, long overtime hours, and insufficient training (Finn & Tomz, 1997; Shane, 2010), as well as the stress of working within a rigid bureaucratic organization (Kirschman, 2007; Niederhoffer, 1967). Additionally, officers are exposed to external stressors through interactions with the criminal justice system (Finn & Tomz, 1997), the media (More, 1998), and the public (Blum, 2002). Officers also experience task stressors related to the use of discretion (Dempsey & Forst, 2005; Murray, 2002), the responsibility for making spontaneous decisions in ambiguous situations, (Blum, 2000; Stratton, 1984), and exposure to death and human suffering in cases involving automobile accidents, illness, homicide, or suicide (Benner, 2000; Henry, 2004). They also may be involved in critical incidents such as terrorist attacks (e.g., Dowling, Moynihan, Genet, & Lewis, 2006) or officer-involved shootings (Blum, 2000, 2002).

### ***Consequences of Stress***

These experiences may contribute to a range of mental health-related and interpersonal concerns. For example, police officers' exposure to trauma increases their likelihood of developing post-traumatic stress disorder (PTSD) (Blum, 2000; Kates, 2008; Komarovskaya et al., 2011), and in the aftermath of critical incidents, clinical depression is also common (Blum, 2000; Komarovskaya et al., 2011). Additionally, officers may be at increased risk for alcohol abuse, particularly if peer group acceptance motivates their drinking behavior (Davey, Obst, & Sheehan, 2001). Several authors have indicated that marriage and family issues are also common (e.g., Blau, 1994; Miller, 2007). Long, non-conventional work hours make it difficult to spend quality time with family members, (Borum & Philpot, 1993), and Kirschman (2007) explained that the characteristics that make officers effective in performing their duties can simultaneously pose problems in their personal relationships. Alcohol use, PTSD symptoms, depression, and family problems all have been associated with increased rates of suicide as well (Berg, Hem, Lau, Loeb, & Ekeberg, 2003; Violanti, 2004). Furthermore, police work can produce a variety of physiological effects, including hyper-vigilance (Blum, 2002), gastrointestinal problems (Blum, 2000), sleep difficulties (Neylan et al., 2002), and increased susceptibility to common colds or influenza (Blum, 2000).

The stressors involved in the law enforcement occupation also can be detrimental to the police organization (More, 1998; Shane, 2010). Law enforcement stress results in increased aggression among officers and greater absenteeism (Finn, Talucci, & Wood, 2000), as well as low job performance and reduced efficiency (Chen, 2009; Shane, 2010). Officers working under high stress conditions often experience occupational burnout that results in

minimal amount of involvement with others in the organization and reduced commitment to completing job tasks (More, 1998; Nicolien, Euwema & Schaufeli, 1999).

### ***The Law Enforcement Subculture***

In addition to unique occupational stressors, the law enforcement community is characterized by a distinctive set of norms and values that tend to be reinforced through extensive socialization (Blumenstein, Fridell, & Jones, 2012; Dempsey & Forst, 2005). Ultimately, the values of the police subculture become internalized, and membership in the organization can have a tremendous impact on officers' self-identity and their off-the-job behaviors (Bonifacio, 1991). Among the core tenets of the police subculture are values for masculinity, independence, and emotional control. The culture of masculinity within law enforcement stresses traditional male gender roles that include traits such as aggressiveness, youthfulness, courage, competitiveness, and a determination to achieve power and control (Kirschman, 2007; Moller-Leimkuhler, 2002). Closely related to the culture of masculinity is the ethos of bravery. Danger is considered an inherent part of police work, and officers must prove themselves in dangerous situations (Kappeler, Sluder, & Alpert, 1998). Over time, officers may tend to internalize the masculine image that is associated with their occupational roles (Stratton, 1984).

Officers also are expected to adhere to an ethos of autonomy (Kappeler et al., 1998) that requires them to respond to potentially traumatic events instrumentally, relying on personal resources (Kureczka, 1996; Wester & Lyubelsky, 2005). The police subculture reinforces values of physical toughness and confidence in one's ability to react to ambiguous situations without help; therefore, many officers develop a strong sense of self-sufficiency (Kureczka, 1996). The law enforcement subculture also values emotional control, and officers learn quickly through both formal and informal socialization processes that emotional reactions are rarely discussed openly (Stratton, 1984). Recruits are taught that an inability to remain in control of their emotions could impair their capacities to perform the job when faced with spontaneous decisions in dangerous situations (Blum, 2000). If officers do show emotion or are unable to control their feelings, fellow officers may perceive this as a sign of weakness or suggest that this is an indication that they cannot be relied upon for backup. Therefore, there is a large amount of social pressure to suppress emotions (Bonifacio, 1991).

Additionally, the police subculture is characterized by a general distrust of outsiders and a predominant "us versus them" mentality. Because police officers differ from the general public in terms of social status and day-to-day experiences, they clearly differentiate themselves from others outside of the police organization and are often resistant when non-sworn civilians become involved in law enforcement matters (Blau, 1994; De Lung, 1990). Woody (2006) explained that law enforcement officers are socialized to dichotomize the world into good and evil, and they are taught that fellow officers are the only reliable source of support. There is also a tendency for law enforcement officers to protect the organization from outsiders by maintaining a degree of secrecy about the inner workings of the department (Kappeler et al., 1998; Skolnick, 2008). This is often called the "blue wall of silence" (Dempsey & Forst, 2005, p. 127), and it may pose challenges for

delivering psychological services to law enforcement officers or obtaining research data (Niederhoffer, 1967; Woody, 2005).

### ***Attitudes Toward Seeking Mental Health Treatment***

Several factors have been found to influence the likelihood that an individual who might benefit from mental health treatment will seek psychological services. Corrigan (2004) explained that stigma is one of the most prominent reasons why individuals avoid seeking services or do not remain committed to the treatment process. Stigma can impact one's social identity (Corrigan, 2004), and embarrassment and fear can discourage service utilization (Carlan & Nored, 2008; Kates, 2008). Although several studies have found that college student samples generally report positive attitudes toward seeking mental health treatment (e.g., Fischer & Turner, 1970; Samouihan & Seabi, 2010), it is recognized that seeking help can be very challenging because it has the potential to influence a person's sense of individual and social self (Kushner & Sher, 1989).

Studies have noted some gender differences in help-seeking attitudes. Overall, women have reported more positive attitudes toward seeking help than men (e.g., Fischer & Turner, 1970) as well as greater levels of psychological openness (e.g., Mackenzie, Gekoski, & Knox, 2006). The police subculture is still male-dominated (Gerber, 2001), and findings have suggested that this trend is represented in law enforcement populations as well (e.g., Berg, Hem, Lau, & Ekeberg, 2006). Studies have found that men are generally less open to seeking mental health treatment (e.g., Leong & Zachar, 1999), particularly when they strongly adhere to traditional masculine gender roles or experience high levels of gender role conflict (e.g., Berger, Levant, Mcmillan, Kelleher, & Sellers, 2005; McKelley & Rochlen, 2010). However, age may be an influential factor in predicting attitudes toward seeking psychological help among men. For example, Berger et al. (2005) found that older men had more positive attitudes than younger men.

In terms of police officers' attitudes toward mental health treatment, Violanti (1995) noted that officers have historically avoided asking for help. In the police subculture, the idea of mental health intervention has been viewed unfavorably, and those who use services have been seen as weak and non-resilient (Blau, 1994; Toch, 2002). The reasons for service avoidance within a law enforcement population are similar to those in the general population, yet they are intensified by various norms of the police subculture (Greenstone, 2000). Berg et al. (2006) found that less than 10% of officers reporting symptoms of anxiety or depression within a 12-month period had sought the services of a psychologist or a psychiatrist. In addition, Blum (2000) concluded that there is stigma attached to seeking mental health assistance in matters involving critical incident stress. Subsequently, officers may not use departmental mental health resources even if they are available.

In addition to the social-cognitive effects of stigma that members of the general population experience, police officers also are concerned with stigma as it relates to their careers and their relationships with peers. Officers do not want to appear as if they cannot handle the stresses of the job or as if they would be unreliable when needed to provide backup (Fair, 2009; Miller, 1995). Also, administrators may conclude that officers engaged

in mental health treatment should be considered potential threats to the department in terms of bureaucratic problems or litigation (Blau, 1994). Officers are warned throughout their careers that losing control of their emotions, or the situation, could lead to negative evaluations by superiors, limit their career mobility (Kirschman, 2007; Shearer, 1993) or result in reassignments (De Lung, 1990).

Some findings have indicated that it is becoming more acceptable for officers to seek mental health services as a result of occupational stress (Bennett, 1992) as police administrators are becoming increasingly aware of the physiological and psychological effects of stress on law enforcement personnel (Levenson & Dwyer, 2000; More, 1998). Meyer (2000) found that although officers reported a more negative attitude toward seeking professional psychological help than a normative sample of civilians, the mean score of the law enforcement sample fell within the neutral range on the Fischer and Turner Attitudes Towards Seeking Professional Psychological Help scale (1970). Additionally, 73% of the sample responded to an open-ended component of the survey that asked officers to contribute their opinions about what might increase mental health service utilization within their departments. Officers were mostly concerned with pragmatic aspects of seeking services, such as accessibility of services, financial considerations, concerns about anonymity and confidentiality, as well as the mental health provider's level of competence in serving the unique needs of law enforcement officers and their families (Meyer, 2000).

Nonetheless, increasing mental health service utilization among law enforcement officers is a challenging endeavor. Toch (2002) reported that officers may agree that there is a legitimate need for stress-related mental health services; however, they also acknowledge the importance of maintaining caution about the potential professional implications of seeking treatment. In order to be effective and increase mental health service utilization within law enforcement organizations, sources of stigma and occupational concerns must be addressed (Dowling et al., 2006).

## METHODS

### *Participants*

The participants in this study were 158 sworn officers employed by law enforcement agencies in the state of Texas. We contacted the administrative officers of several departments through email in order to establish if participants could be recruited within their departments. Seventeen departments provided consent to distribute materials for the study to potential participants via email. Participants did not receive any payment or other benefits for participating in the study; however, we informed them that results could be used to promote mental health service utilization and improve mental health services for law enforcement officers. The participants' average age was 41.11 years ( $SD = 9.80$ ), and their average time in law enforcement was 16.00 years ( $SD = 9.97$ ). The majority of the respondents were male ( $n = 111, 70.3\%$ ) and predominantly Caucasian ( $n = 101, 63.9\%$ ). Most were married ( $n = 104, 65.8\%$ ) and had completed some college ( $n = 48, 30.4\%$ ).

### *Instruments*

We administered a 47-item online survey, which included items relating to attitudes toward seeking mental health treatment, demographic characteristics, police cultural norms, and mental health provider preferences. Forty-three items were scored on a Likert-type scale and four items were open-ended. Definitions adapted from Meyer (2000) were provided to clarify terminology used in the research survey. For purposes of this paper, we will not discuss findings related to provider preferences. We presented the survey components to all participants in the following order: Attitudes Toward Seeking Professional Psychological Help-Short Form (ATSPPH-SF), perception item, open-ended items, police culture survey, identification item, then the demographic questionnaire.

*Demographic Questionnaire.* This questionnaire was used to obtain information from participants such as age, sex, marital status, ethnicity, level of education, and the number of years the participant had been a law enforcement officer.

*Attitudes Toward Seeking Professional Psychological Help-Short Form (ATSPPH-SF).* The ATSPPH-SF (Fischer & Farina, 1995) is a 10-item, self-report instrument developed to assess one's attitude toward and willingness to seek mental health treatment from a professional mental health provider when it is warranted. It was developed as a shortened version of the 29-item Fischer and Turner (1970) Attitudes Toward Seeking Professional Psychological Help (ATSPPH) scale, which has been found to accurately distinguish those who have sought mental health treatment from those who have not. We asked participants to respond according to the degree in which they agreed with each statement on a 4-point Likert-type scale, with higher scores indicating a more favorable attitude toward seeking mental health treatment (0 = *strongly disagree*, 1 = *disagree*, 2 = *agree*, 3 = *strongly agree*). Scoring was reversed for some items. Therefore, scores on this scale could range from 0 to 30. The ATSPPH-SF was developed using a sample of undergraduate university students ( $N = 389$ ). The modal age of the normative sample was 18 years, and 45% were male. The mean ATSPPH-SF score of the normative sample was 17.45 with a standard deviation of 5.97. For men ( $n = 175$ ), the mean was 15.46 with a standard deviation of 6.00, and for women ( $n = 214$ ) the mean was 19.08 with a standard deviation of 5.45 (Fischer & Farina, 1995). The internal consistency of the ATSPPH-SF using Cronbach's alpha was .84 and 1-month test-retest reliability was .80 for the normative sample. Using the current law enforcement sample, internal consistency of the ATSPPH-SF was good, with a Cronbach's alpha of .78.

*Perception Item.* We included an additional item after the ATSPPH-SF to evaluate officers' perception of other officers' willingness to seek mental health services. We asked officers to respond according to the degree in which they agreed with the statement "Other officers would want to get psychological help if they were worried or upset for a long period of time." This item was treated as a single-item construct and scored on the aforementioned 4-point Likert-type scale.

*Open-ended Items.* We also asked participants to provide a brief response to four open-ended items. One of these items asked participants to provide suggestions for improv-

ing mental health service utilization within their department (Meyer, 2000; Bloodgood, 2005). We analyzed these responses qualitatively and grouped them into predominant themes to aid in interpretation.

*Police Culture Survey.* The 6-item police culture survey was developed specifically for this study, based on a review of relevant literature. The goal of this survey was to assess officers' endorsement of various aspects of the police subculture. We measured each construct with a single item and used them to predict attitudes toward seeking mental health treatment. Items were scored on a 5-point Likert-type scale, where higher scores reflected a greater degree of agreement (1 = *strongly disagree*, 2 = *disagree*, 3 = *neutral*, 4 = *agree*, 5 = *strongly agree*). It included statements relating to the ethos of aggression ("Police officers should be aggressive in order to maintain control"); emotional control ("Police officers should always remain in control of their emotions"); bravery ("Police officers should be brave and prove themselves in dangerous situations"); autonomy ("Police officers should be able to respond to conflicts without help from others"); secrecy ("Police officers should not talk about the department with civilians"), and distrust of outsiders ("I am bothered when civilians become involved in police matters").

*Identification Item.* We measured officers' identification with police officers with a single item and used it to predict attitudes toward seeking mental health treatment and endorsement of police subculture values. We asked participants to respond according to the degree in which they agreed with the statement "I strongly identify with police officers." Items were again scored on the aforementioned 5-point Likert-type scale.

### **Procedure**

Initially, we contacted administrative officers of several law enforcement agencies in Texas through email in order to establish if participants could be recruited within their departments. We used a combination of convenience and snowball sampling to locate and contact agencies. That is, we asked administrators who expressed an interest in participating in the study to provide referrals to other departments. If administrative consent was provided, we presented materials for the study to potential participants through email. Materials for the study were forwarded from administrative officers to the participant pool. The informed consent document clearly described that we were not affiliated with the agency in any way, and participation was completely voluntary. Furthermore, we ensured officers' that their confidentiality would be maintained, and the administration would not be informed of their participation or responses. If officers wished to participate in the study, we asked them to select a link to a password-protected SurveyMonkey™ account. Then, an electronic version of the research survey was presented.

## **RESULTS**

To analyze the data, we used a mixed-methods approach with a combination of quantitative and qualitative techniques. We used multiple regression analysis using ordinary least squares (OLS) to determine if demographic variables, endorsement of police cultural norms, identification with police officers, and perception of other officers' willing-

ness to seek mental health treatment predicted ATSPPH-SF scores. Regression also was used to determine if demographic variables and level of identification with police officers predicted endorsement of police culture norms. We used pairwise deletion to address missing values in the regression models; and gender, ethnicity, marital status, and education were redefined as dummy variables for analysis. Variance inflation factors for the independent variables were consistently below 1.6, with the exception of age and years on the force, which demonstrated a VIF of 4.66 and 4.71, respectively. Descriptive statistics and a correlation matrix including each variable used in the regression analyses are presented in Appendix A.

### ***Attitudes Toward Seeking Mental Health Treatment***

We compared the law enforcement sample's mean ATSPPH-SF score ( $SD = 15.61$ ,  $SD = 3.77$ ) to the normative group of college students ( $M = 17.45$ ,  $SD = 5.97$ ) established in the Fischer and Farina (1995) study, and found the officers' attitude scores to be significantly lower,  $t(149) = -5.96$ ,  $p < .001$ , indicating a more negative attitude toward seeking professional psychological help. The effect size for this analysis ( $d = 0.37$ ) was relatively small.

The mean ATSPPH-SF score obtained by female officers ( $M = 15.78$ ,  $SD = 3.58$ ) was significantly lower than the score obtained by females in the normative sample ( $M = 19.08$ ,  $SD = 5.45$ ),  $t(22) = -4.42$ ,  $p < .001$ ,  $d = 0.72$ . However, the mean ATSPPH-SF score obtained by male officers ( $M = 15.47$ ,  $SD = 3.81$ ) was not significantly different than scores obtained by males in the college sample ( $M = 15.46$ ,  $SD = 6.00$ ),  $t(103) = 0.03$ ,  $p = .976$ . Furthermore, there was not a significant difference in ATSPPH-SF scores between male ( $M = 15.47$ ,  $SD = 3.81$ ) and female officers ( $M = 15.78$ ,  $SD = 3.58$ ),  $t(125) = -0.36$ ,  $p = .720$ . Since scores on the ATSPPH-SF can range from 0 to 30, the law enforcement sample's mean score ( $M = 15.61$ ,  $SD = 3.77$ ) suggests a relatively neutral attitude toward seeking mental health treatment.

The results of the regression displayed in Table 1 indicate that the predictors explained 22% of the variance in ATSPPH-SF scores. Officers' perceptions of other officers' willingness to seek services were positively correlated with ATSPPH-SF scores ( $p < .001$ ), while endorsement of the distrust of outsiders norm was negatively correlated with ATSPPH-SF scores ( $p = .037$ ). Furthermore, there was a marginally significant positive relationship between age and ATSPPH-SF scores ( $p = .088$ ). Endorsement of other police culture items, sex, marital status, ethnicity, level of education, and identification with police officers were non-significant.

### ***Police Culture***

We investigated endorsement of elements of the police subculture using one-sample  $t$ -tests. We calculated means for the corresponding items and then compared them to a neutral value of 3. Officers agreed most strongly with the item assessing attitudes about emotional control. The mean score for this item ( $M = 3.75$ ,  $SD = 0.90$ ) was significantly different than the neutral value and demonstrated a large effect size,  $t(139) = 9.88$ ,  $p < .001$ ,  $d = 0.83$ . Officers also tended to agree with the items evaluating attitudes toward bravery



and distrust of outsiders. We found that mean scores on bravery ( $M = 3.54$ ,  $SD = 1.00$ ) and distrust of outsiders ( $M = 3.25$ ,  $SD = 0.94$ ) were significantly higher than the neutral value with either a medium,  $t(138) = 6.30$ ,  $p < .001$ ,  $d = 0.54$ , or small effect size,  $t(153) = 6.89$ ,  $p = .003$ ,  $d = 0.27$ , respectively. Scores on attitudes about the ethos of aggression, autonomy, and secrecy did not differ significantly from the neutral value.

Table 1  
*Predictors of ATSPPH-SF Scores*

Variable	ATSPPH-SF Scores				
	B	SE B	<i>t</i>	<i>p</i>	95% CI
Age	0.12	0.07	1.17	.088	[-0.02, 0.26]
Sex	-0.05	0.99	-0.05	.958	[-2.02, 1.91]
Marital Status	0.90	0.87	1.04	.302	[-0.82, 2.61]
Ethnicity	-0.89	0.90	-0.99	.325	[-2.69, 0.90]
Education	0.20	0.70	0.29	.776	[-1.18, 1.58]
Years in LE	-0.11	0.07	-1.59	.116	[-0.25, 0.03]
Perception of Others	2.25***	0.61	3.71	.000	[ 1.05, 3.45]
Aggression	0.02	0.43	0.04	.972	[-0.83, 0.86]
Bravery	0.24	0.39	0.62	.534	[-0.52, 1.01]
Autonomy	-0.51	0.33	-1.55	.125	[-1.17, 0.15]
Emotional Control	-0.35	0.40	-0.88	.383	[-1.13, 0.44]
Distrust of Outsiders	-0.87*	0.41	-2.11	.037	[-1.69, -0.05]
Secrecy	-0.22	0.33	-0.66	.510	[-0.87, 0.43]
Identification with Officers	0.52	0.45	1.16	.247	[-0.37, 1.40]

Model:  $R^2 = .22$ ,  $F(14, 106) = 2.187$ ,  $p = .013$

Note: ATSPPH-SF = Attitudes Toward Seeking Professional Psychological Help-Short Form \*\*\*  $p < .001$ , \*\*  $p < .01$ , \*  $p < .05$

The results of the regressions displayed in Appendix B indicate that the more strongly officers identified with police officers, the more likely they were to endorse the aggression norm ( $p = .009$ ), the bravery norm ( $p < .001$ ), the autonomy norm ( $p = .036$ ), the distrust of outsiders norm ( $p = .006$ ), and the secrecy norm ( $p = .018$ ). In addition, officers with less education tended to endorse the distrust of outsiders norm more strongly ( $p = .019$ ), and male officers were more likely to endorse the emotional control norm ( $p = .009$ ).

There was a marginally significant negative relationship between age and endorsement of the bravery norm. That is, younger officers tended to agree more strongly with the statement "Police officers should be brave and prove themselves in dangerous situations" ( $p = .061$ ).

There was also a marginally significant relationship between minority group status and endorsement of the distrust of outsiders' norm. Minority group members were more likely to agree to the statement "I am bothered when civilians become involved in police matters." ( $p = .053$ ). Lastly, there was also a marginally significant positive relationship

between identification with other officers and endorsement of the emotional control norm ( $p = .086$ ).

### ***Perceptions of Others' Willingness to Seek Services***

In order to assess officers' perceptions of others' willingness to seek mental health treatment, we compared officers' responses to the item "Other officers would want to get psychological help if they were worried or upset for a long period of time" to the item "I would want to get psychological help if I were worried or upset for a long period of time." More than 55% of officers ( $n = 88$ ) who responded selected "agree" or "strongly agree" when asked if they would want to get psychological help if they were worried or upset for a long period of time. However, only 24.1% ( $n = 38$ ) of those who responded selected "agree" or "strongly agree" when asked if other officers would want to get psychological help if they were worried or upset for a long period of time. The results of a dependent sample  $t$ -test indicate that scores on the first item ( $M = 1.56$ ,  $SD = 0.57$ ) were significantly higher than the latter ( $M = 1.21$ ,  $SD = 0.57$ ),  $t(153) = 6.89$ ,  $p < .001$ ,  $d = 0.55$ . This suggests that participants perceived other officers to be less willing to seek psychological help when compared to them.

### ***Suggestions For Improving Services:***

Regarding officers' suggestions for improving mental health service utilization, respondents seemed to indicate concern with pragmatic aspects of service utilization, such as issues relating to cost, provider competency, location, as well as stigma, peer judgment, and confidentiality. Several officers suggested that more officers would seek services if the cost of treatment was covered under the department insurance policy or if a local professional could provide low-cost services. Officers also wished for more convenient times to obtain services, greater accessibility to professionals, and the availability of services without having to go through the department Employee Assistance Program (EAP) program.

Provider competency was considered very important. Many officers emphasized the unique nature of law enforcement work and suggested that professional mental health providers are unlikely to understand their experiences. One officer vividly described these concerns:

How am I supposed to talk to someone about what I have seen, done, felt, and smelled when that person has no real-world experience with such things or has never even been exposed to it? For them, everything we talk about is purely academic and second-hand knowledge. They have likely never had someone else's blood on their uniform or served in an unsafe and hostile environment. They have probably never been punched in the face, watched a child die, or responded to a suicide scene and talked to an eight-year old who is asking you if his Daddy is going to be OK while his father's blood and brains are still dropping off the ceiling.

Several respondents suggested that officers prefer to speak to a mental health provider who has had previous law enforcement experience. Familiarity or experience with law enforcement was highly valued. Some reported that it would be beneficial for mental

health providers to become familiar with the department and the officers prior to providing services in order to promote trust.

Officers also recognized concern about the legal and occupational ramifications for seeking mental health services, as well as the general stigma associated with help-seeking within the law enforcement subculture. Officers were afraid of being labeled “weak” or “unstable.” One officer explained:

Pride and fear get in the way of many officers reaching out for help when it comes to personal struggles. We are viewed by the community and each other as tough individuals that should be able to handle just about anything. Personally, I reached out for counseling when I felt like there was no other option left. I have also encouraged other officers to obtain help when they share some of the personal struggles with me. I do know that fear of being labeled “unstable” is scary for an officer. If we think we could lose our badge and gun because of a personal problem, anti-depression medication, or unstableness in our life, then we will build up walls to everyone involved in our life and learn how to cope with the struggle.

In order to reduce fear of stigmatization, an officer suggested that the department should institute a system in which records are not accessible by the department or the court system so that “this would break down the thought of ‘if I go talk to someone about mental health issues, I will either be blackballed or it may come into play in a court setting that could affect the case.’”

Similarly, confidentiality was a primary concern. Some officers noted that there is a perceived lack of anonymity when seeking mental health services. One particular officer cited situations in which information that was supposed to be kept confidential was leaked to other parties. There was some consensus that officers may not take advantage of intradepartmental assistance because they are afraid that confidential information will be disclosed and it will affect their jobs. Officers considered it vital to ensure that the administration is not aware when someone is seeking treatment.

Another commonly expressed theme within the response set pertained to information about services. Some officers noted that they are not aware of the mental health services that are available, if there are any at all. Many officers wanted more information about the local services that are available and how to obtain them, including who to contact. Officers suggested that information about mental health services could be disseminated through advertisements and announcements, and another officer mentioned that it might be beneficial for a mental health professional to discuss the services that are available, including examples of problems the provider has helped officers overcome.

Some officers suggested that mandated counseling following a critical incident would be helpful. If debriefings and/or counseling were mandatory, this would provide officers an opportunity to ask for help without the visit being looked upon by others as

suspicious. Additionally, several suggested that officers' overall mental health could be improved by reducing organizational stress within the department.

Although several officers reported that their department provides adequate services and promotes a positive attitude toward mental health treatment within the department, numerous respondents mentioned that departmental attitudes toward mental health treatment were a concern. In order to increase service utilization, they suggested that the administration should remind officers that there is nothing wrong with seeking help, and administrative officers should help reduce negative occupational consequences for seeking treatment. An officer said that if supervisors demonstrated a more positive attitude toward the use of mental health services, it might extend throughout the department. Furthermore, other respondents suggested that service utilization might increase if "influential peers within [the] department were supportive of such services" or if officers were courageous enough to talk about situations in which they had sought mental health services.

## DISCUSSION

### *Attitudes Toward Seeking Mental Health Treatment*

The findings indicate that law enforcement officers held a more negative attitude toward seeking professional psychological help than the general population, yet their ATSPPH-SF scores were relatively neutral. This is in line with Meyer (2000). With regard to gender, female officers held more negative views than their counterparts in the normative sample, while male officers did not differ from the controls.

Interestingly, male officers did not differ significantly from their female colleagues regarding their attitudes toward seeking professional psychological help. Numerous studies have found that women tend to demonstrate greater levels of psychological openness than men (e.g.; Mackenzie et al., 2006) and typically maintain more positive attitudes toward seeking help (e.g.; Fischer & Turner, 1970; Leong & Zachar, 1999). Findings have suggested that this trend may be represented in law enforcement populations as well. For example, Berg et al. (2006) found that female officers sought help more often than male officers. However, the current study evaluated attitudes toward seeking help rather than the actual prevalence of help-seeking behavior. It is possible that female officers may be more likely than their male colleagues to actually seek services, regardless of the non-significant difference in attitudes between sexes. Female officers were less likely to endorse the emotional control norm, when controlling for demographic variables and the respondents' level of identification with police officers. However, they did not differ significantly from male officers in their endorsement of other norms.

The finding that older officers were more open to seeking help concurs with previous studies showing that older people tend to have more positive attitudes toward seeking mental health treatment (e.g., Berger et al. 2005; Gonzalez, Alegria, & Prihoda, 2005). The results also show that officers who endorsed the distrust of outsiders' norm were less willing to seek mental health treatment. Since many of the items on the ATSPPH-SF explicitly mention professional mental health providers, it follows that officers who were bothered by

civilian involvement in police matters demonstrated less favorable attitudes toward seeking professional psychological help.

### ***Police Culture***

The endorsement of police norms offered mixed evidence. While participants, on average, agreed with the norms of emotional control, bravery, and distrust of outsiders, they were relatively neutral about the norms of aggression, autonomy, and secrecy. These results may be explained in a few ways. Officers may not support every traditional aspect of the police culture equally, and they may be becoming more open-minded and practical when adopting the tenets of the police culture. Police culture may be in transition, but several authors have indicated that several classic elements of the police culture are still active (Loftus, 2010; Paoline, 2004). The current study findings do suggest that officers who identify strongly with the group also tend to endorse elements of the police culture. For example, identification with other officers was associated with stronger endorsement of the aggression norm, the bravery norm, the autonomy norm, the distrust of outsiders' norm, and the secrecy norm. Furthermore, younger officers tended to endorse the bravery norm more strongly. This provides some support for the notion of the "John Wayne Syndrome" in which young officers "come on strong" in order to prove themselves and build confidence in their abilities (Stratton, 1984, p. 87). In addition, the results suggest that officers with less education tended to endorse the distrust of outsiders' norm more strongly. It is possible that officers with college educations are more open to outsiders due to their exposure to various ideologies and groups in the academic setting. Additionally, minority group members were more likely to agree with the distrust of outsiders' norm. However, due to the size and lack of ethnic diversity in the sample, generalizability is limited. In terms of clinical relevance, the distrust of outsiders' norm was the only norm that significantly predicted attitudes toward seeking professional psychological help. Therefore, it may also be useful to target it by promoting positive working relationships between law enforcement agencies and professional mental health providers in the community.

### ***Suggestions For Improving Services:***

The results of the study suggest that service utilization may increase if departments were to provide access to low cost, confidential treatment. One feasible cost-effective solution for departments of any size is to establish relationships with community agencies. For example, some mental health training facilities affiliated with universities offer services for reduced fees, based on a sliding scale. At these facilities, officers could receive affordable services at an off-site location, often without filing an insurance claim. University-based clinics also could offer referrals to other professionals, if necessary.

Information about services should be readily available, and officers also may be more willing to seek services if they can do so without department involvement (such as going through the department EAP program). Officers need to know what services are available, how much they cost, whether or not these services are covered by the department or insurance, and who to contact. They also should be clearly informed about the limits of confidentiality when seeking services from a professional provider or a peer supporter. This information could be provided online, for example, so that officers can receive infor-

mation confidentially and contact professionals directly. Kelley (2005) suggested that it may be beneficial for administrators to compile a reference book that includes information about local mental health providers, their fees, and their specialties. Then, officers have the opportunity to review these “provider profiles” and make an informed decision based on their particular needs and preferences.

Provider competency was considered very important. Many officers expressed a preference to speak to mental health providers who had previous law enforcement experience. This suggestion has been made in other similar studies (e.g., Meyer 2000; Bloodgood, 2005). For example, Bloodgood (2005) found that 84% of officers said that they would be more likely to participate in mental health treatment if the provider had specific training in law enforcement. Although this may not always be feasible, it is reasonable to encourage providers interested in working with law enforcement officers to seek out opportunities that would allow them to become familiar with the police culture and the day-to-day experiences of law enforcement officers. For example, doing ride-alongs with patrol officers would provide mental health providers with opportunities to become familiar with the nature of the job as well as reduce distrust and improve rapport with officers.

Several respondents mentioned that departmental attitudes toward mental health treatment were troubling. In order to promote mental health service utilization, first and foremost, law enforcement administrators should focus on reducing stigma within the organization. Some evidence has suggested that people may feel less self-stigma if their symptoms are normalized and if they are given an explanation for their symptoms (Schreiber & Hartrick, 2002). Finn et al. (2000) suggested that officers should be taught early in their careers about the physiological and psychological effects of stress as well as the ways in which unresolved stressors can impair one’s personal and vocational functioning. Administrative officers should attempt to foster a positive attitude toward seeking support when it is needed and should be realistic about the nature of police work and the consequences of unresolved stress.

### ***Perceptions of Others’ Willingness to Seek Services***

The findings suggest that there is an association between officers’ perceptions of colleagues’ willingness to seek services and ATSPPH-SF scores, and officers perceived their colleagues to be less willing to seek psychological help than themselves. This illustrates a phenomenon known as pluralistic ignorance, which occurs when people believe that their attitudes are different from the norm when others actually believe similarly (Allport, 1924; Park, Yun, McSweeney, & Gunter, 2007). Pluralistic ignorance is likely to continue when members of a group publically support an attitude in order to maintain a certain social identity, but they do not privately endorse the attitude (Miller & McFarland, 1991). Group members are then led to misinterpret their attitudes as different.

A few studies also have focused on pluralistic ignorance among correctional officers. For example, Kaufman (1981) found that officers perceived their coworkers to be less sympathetic toward inmates than they reported themselves to be. They perceived consensus among their coworkers when there was not, and officers who held sympathetic attitudes

toward inmates were more likely to view themselves as isolated from the group. Similarly, Grekul (1999) found that correctional officers perceived other officers to be more negative toward inmates than they actually were.

Due to the ways in which pluralistic ignorance perpetuates within a group, its presence among police officers as evidenced in the study could be problematic because it is likely to restrict mental health service utilization. However, several researchers have found ways to effectively reduce pluralistic ignorance. For example, Schroeder and Prentice (1998) suggested that if a problematic behavior or attitude is maintained by an incorrect perception, then challenging the misperception can lead to changes in attitudes or behaviors. They examined the effects of educating students about pluralistic ignorance on drinking behaviors and found that students in a peer-oriented learning condition reported drinking less and were also less affected by the drinking norm. Likewise, Halbesleben, Wheeler, and Buckley (2005) found that a group of students who participated in a business ethics education program designed to address pluralistic ignorance had higher ethical standards over a semester compared to a group of students who did not have similar training. Therefore, police training programs designed to address stress and mental health-related issues should focus on challenging misperceptions and emphasize that many officers privately hold similarly positive attitudes toward seeking help.

### ***Strengths and Limitations***

This study offered several improvements over previous studies in terms of data collection methods. In a study by Bloodgood (2005) the researcher used haphazard sampling, and officers completed an attitude survey at training seminars, by mail, and at police departments. Such variation in data collection procedures could introduce numerous confounding variables. Meyer (2000) administered the survey in a group setting at law enforcement training sessions after she informed participants about the research. Since the survey was delivered face-to-face, it is possible that officers who volunteered to participate may have been biased based on their impressions of the researcher. Furthermore, officers may have been reluctant to participate due to peer criticism or the perceived stigma of assisting a researcher.

In the current study, however, data collection was conducted in a standardized manner. Departments were contacted with the same research request, and participants were provided with the same survey materials. These procedures, in addition to collecting data online, sought to minimize confounding variables or response bias based on the participants' impression of the researchers. In addition, participants did not sign their names or provide information on rank or department affiliation, IP addresses were not collected, and raw data were only available to the researchers. By taking these steps, the researchers hoped to minimize fear of stigmatization or repercussions and encourage candid responding.

This is the only study to date to use the Attitudes Toward Seeking Professional Psychological Help-Short Form (Fischer & Farina, 1995) to evaluate attitudes toward seeking mental health treatment among police officers. The ATSPPH-SF demonstrated adequate internal consistency and offered the benefit of being brief as well as easy to ad-

minister and interpret. The ATSPPH-SF proved to be valuable in studying attitudes toward mental health treatment among law enforcement officers and confirming the robustness of Meyer's (2000) findings, which were obtained using the original Attitudes Toward Seeking Professional Psychological Help scale (Fischer & Turner, 1970). Because of its brevity, the ATSPPH-SF does not explicitly measure many of the variables associated with mental health help-seeking behavior, particularly among law enforcement officers. However, some of these additional factors were successfully evaluated qualitatively by analyzing responses to the open-ended items on the research survey.

Furthermore, the police culture survey was developed based on an extensive review of the literature, and it sought to measure agreement with commonly recognized aspects of the police subculture such as the ethos of aggression, emotional control, bravery, autonomy, and secrecy, as well as distrust of outsiders. To the best of our knowledge, this study is the first attempt to quantify officers' endorsement of police values in order to evaluate their impact on help-seeking attitudes.

Some diversity was achieved by sampling from 17 departments of various sizes. However, the sample was collected entirely from Texas, and the sampling methods used may limit the generalizability of the results. Data were not collected on department affiliation or size in order to promote anonymity. It would have been useful to explore the relationships between department size and attitudes or preferences, particularly in order to make sound policy suggestions based on the resources that are available. Also, excluding department affiliation from the survey made it impossible to ensure that officers from every department were represented in the data.

Women make up approximately 12% of the police force overall (Kirschman, 2007). The current sample consisted of approximately 15% women, which is fairly close to what would be expected in a representative sample of police officers. In addition, Kirschman (2007) reported that ethnic minorities make up about 20% of the police force. The current sample consisted of approximately 16% minority group members, but Hispanic officers were overrepresented, and African Americans and other minority group members were underrepresented. Another limitation in the study was the high frequency of missing demographic data. Officers are likely to have avoided responding to certain items in order to further protect their anonymity. However, missing data made it difficult to make significant comparisons between groups, based on demographic variables.

## CONCLUSION

The current study produced several significant results and generated multiple clinical considerations. However, the generalizability of these results is limited. In the future, elements of the study that generated significant results should be replicated with a larger, more representative sample. Using a broader sample also might allow researchers to collect information about additional demographic variables without compromising the respondents' sense of anonymity. In addition, it would be beneficial to investigate the concerns expressed in the open-ended responses with a formal needs assessment. Researchers should



evaluate which services officers are willing to use, focusing particularly on factors such as cost and location. Such investigations would allow police administrators to determine the feasibility of taking advantage of certain community resources and pose suggestions for clinicians in terms of improving services for law enforcement officers.

Violanti (1995) noted that officers have historically avoided asking for help, because seeking mental health treatment has been viewed unfavorably within the police culture (Blau, 1994; Greenstone, 2000; Toch, 2002). However, the results of the study indicate that many police officers do not privately support these attitudes, even if this norm typically guides their public behavior. Results from this study support the notion that officers' attitudes toward seeking mental health services are relatively neutral, yet they are also incredibly complex. Responses from the open-ended items used in this study suggest that many officers have intricate, well-developed attitudes and preferences that influence their willingness to seek services. Mental health practitioners and police administrators should remain cognizant of these factors, because promoting mental health within the police organization may ultimately benefit individual officers and their families, as well as the public at large.

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## APPENDIX A

Table 2  
*Descriptive Statistics for Regression Variables*

Variable	Mean	<i>SD</i>	<i>n</i>
1. ATSPPH-SF	15.61	3.77	150
2. Age	41.11	9.80	132
3. Sex	0.83	0.38	134
4. Marital Status	0.76	0.43	137
5. Ethnicity	0.20	0.40	126
6. Education	0.42	0.50	137
7. Years in LE	16.00	9.97	135
8. Perception of Others	1.21	0.57	154
9. Aggression	3.04	0.95	139
10. Bravery	3.54	1.00	139
11. Autonomy	2.99	1.07	139
12. Emotional Control	3.75	0.90	140
13. Distrust of Outsiders	3.25	0.94	138
14. Secrecy	3.09	1.10	139
15. Identification with Officers	4.16	0.84	138

Table 3  
*Zero-Order Correlation Matrix for Regression Variables*

Variable	1.	2.	3.	4.	5.	6.	7.	8.
1. ATSPPH-SF	-	.09	-.03	.04	-.05	.01	-.02	.31***
2. Age	.09	-	.27**	.16*	-.03	-.11	.87***	-.02
3. Sex	-.03	.27**	-	.35***	-.13	.03	.27**	-.06
4. Marital Status	.04	.16*	.35***	-	-.22**	-.11	.11	-.15*
5. Ethnicity	-.05	-.03	-.13	-.22**	-	.02	-.12	.16*
6. Education	.01	-.11	.03	-.11	.02	-	-.04	-.10
7. Years in LE	-.02	.87***	.27**	.11	-.12	-.04	-	-.11
8. Perc. of Others	.31***	-.02	-.06	-.15*	.16*	-.10	-.11	-
9. Aggression	.01	-.04	.02	.12	-.18*	-.09	-.03	.14
10. Bravery	.00	-.01	.06	.11	-.08	.09	-.06	-.02
11. Autonomy	-.12	.06	.14	.17*	-.22**	-.08	.11	.01
12. Emo Control	-.09	-.03	.20*	.04	.04	-.10	-.10	.04
13. Distrust	-.17*	-.09	.11	.13	.10	-.24**	-.13	.12
14. Secrecy	-.13	-.06	.05	-.03	.02	-.15*	-.11	.01
15. Identification	.07	.02	-.04	-.04	-.13	-.19*	-.04	.06

Table 3  
Continued

Variable	9.	10.	11.	12.	13.	14.	15.
1. ATSPPH-SF	.01	.00	-.12	-.09	-.17*	-.13	.07
2. Age	-.04	-.10	-.06	-.03	-.09	-.06	.02
3. Sex	.02	.06	.14	.20*	.11	.05	-.04
4. Marital Status	.13	.11	.17*	.04	.13	-.03	-.04
5. Ethnicity	-.18*	-.08	-.22**	.04	.10	.02	-.13
6. Education	-.09	-.09	-.08	-.10	-.24**	-.15*	-.19*
7. Years in LE	-.03	-.06	.11	-.10	-.13	-.12	-.04
8. Perc. of Others	.14	-.02	.01	.04	.12	.01	.06
9. Aggression	-	.48***	.26**	.24**	.28**	.04	.26**
10. Bravery	.48***	-	.24**	.15*	.20**	.09	.33***
11. Autonomy	.26**	.24**	-	.19*	.08	.09	.20*
12. Emo Control	.24**	.15*	.19*	-	.14*	.17*	.17*
13. Distrust	.28**	.20**	.08	.14*	-	.37***	.25**
14. Secrecy	.04	.09	.09	.17*	.37***	-	.25**
15. Identification	.26**	.33***	.20*	.17*	.25**	.25**	-

\*\*\*  $p < .001$ , \*\*  $p < .01$ , \*  $p < .05$

## APPENDIX B

Table 4  
*Predictors of Aggression Norm*

Variable	Aggression Norm				
	B	SE B	<i>t</i>	<i>p</i>	95% CI
Identification with Officers	0.27**	0.10	2.65	.009	[0.07, 0.48]
Age	-0.01	0.02	-0.66	.509	[-0.05, 0.02]
Sex	-0.03	0.25	-0.13	.901	[-0.52, 0.45]
Marital Status	0.27	0.22	1.26	.212	[-0.16, 0.70]
Ethnicity	-0.27	0.22	-1.23	.223	[-0.71, 0.17]
Education	-0.07	0.18	-0.42	.675	[-0.42, 0.27]
Years in LE	0.01	0.02	0.32	.752	[-0.03, 0.04]

Model:  $R^2 = .11$ ,  $F(7, 115) = 1.92$ ,  $p = .072$

\*\*\*  $p < .001$ , \*\*  $p < .01$ , \*  $p < .05$

Table 5  
*Predictors of Bravery Norm*

Variable	Bravery Norm				
	B	SE B	<i>t</i>	<i>p</i>	95% CI
Identification with Officers	0.42***	0.11	3.91	<.001	[0.21, 0.63]
Age	-0.04	0.02	-1.89	.061	[-0.07, 0.00]
Sex	0.18	0.25	0.70	.484	[-0.32, 0.68]
Marital Status	0.29	0.22	1.31	.194	[-0.15, 0.73]
Ethnicity	0.04	0.23	0.19	.850	[-0.41, 0.50]
Education	-0.09	0.18	-0.49	.622	[-0.45, 0.27]
Years in LE	0.02	0.02	1.23	.221	[-0.01, 0.06]

Model:  $R^2 = .16$ ,  $F(7, 115) = 3.05$ ,  $p = .006$

\*\*\*  $p < .001$ , \*\*  $p < .01$ , \*  $p < .05$

Table 6  
*Predictors of Autonomy Norm*

Variable	Autonomy Norm				
	B	SE B	<i>t</i>	<i>p</i>	95% CI
Identification with Officers	0.25*	0.12	2.13	.036	[ 0.02, 0.48]
Age	-0.02	0.02	-1.07	.287	[-0.06, 0.02]
Sex	0.22	0.28	0.80	.424	[-0.32, 0.77]
Marital Status	0.29	0.24	1.21	.228	[-0.19, 0.77]
Ethnicity	-0.35	0.25	-1.40	.164	[-0.84, 0.15]
Education	-0.09	0.20	-0.47	.640	[-0.48, 0.30]
Years in LE	0.03	0.02	1.30	.195	[-0.01, 0.06]

Model:  $R^2 = .12$ ,  $F(7, 115) = 2.13$ ,  $p = .045$

\*\*\*  $p < .001$ , \*\*  $p < .01$ , \*  $p < .05$

Table 7  
*Predictors of Distrust of Outsiders Norm*

Variable	Distrust of Outsiders Norm				
	B	SE B	<i>t</i>	<i>p</i>	95% CI
Identification with Officers	0.27**	0.10	2.77	.006	[ 0.08, 0.47]
Age	-0.01	0.02	-0.75	.455	[-0.05, 0.02]
Sex	0.37	0.23	1.58	.118	[-0.09, 0.83]
Marital Status	0.29	0.21	1.42	.158	[-0.12, 0.70]
Ethnicity	0.41	0.21	1.96	.053	[-0.01, 0.83]
Education	-0.40*	0.17	-2.37	.019	[-0.73, -0.07]
Years in LE	-0.01	0.02	-0.28	.779	[-0.04, 0.03]

Model:  $R^2 = .18$ ,  $F(7, 115) = 3.63$ ,  $p = .001$

\*\*\*  $p < .001$ , \*\*  $p < .01$ , \*  $p < .05$



Table 8  
*Predictors of Emotional Control Norm*

Variable	Emotional Control Norm				
	B	SE B	<i>t</i>	<i>p</i>	95% CI
Identification with Officers	0.17	0.10	1.73	.086	[-0.02, 0.37]
Age	0.01	0.02	0.51	.611	[-0.03, 0.04]
Sex	0.62**	0.23	2.66	.009	[ 0.16, 1.08]
Marital Status	-0.04	0.20	-0.21	.832	[-0.45, 0.36]
Ethnicity	0.15	0.21	0.73	.468	[-0.26, 0.57]
Education	-0.14	0.17	-0.82	.417	[-0.46, 0.19]
Years in LE	-0.02	0.02	-1.30	.198	[-0.05, 0.01]

Model:

$R^2 = .11$ ,  $F(7, 115) = 1.97$ ,  $p = .065$

\*\*\*  $p < .001$ , \*\*  $p < .01$ , \*  $p < .05$

Table 9  
*Predictors of Secrecy Norm*

Variable	Secrecy Norm				
	B	SE B	<i>t</i>	<i>p</i>	95% CI
Identification with Officers	0.29*	0.12	2.40	.018	[ 0.05, 0.53]
Age	0.01	0.02	0.25	.804	[-0.04, 0.05]
Sex	0.33	0.29	1.17	.246	[-0.23, 0.90]
Marital Status	-0.13	0.25	-0.51	.610	[-0.63, 0.37]
Ethnicity	0.10	0.26	0.38	.701	[-0.42, 0.62]
Education	-0.26	0.21	-1.26	.212	[-0.66, 0.15]
Years in LE	-0.02	0.02	-0.93	.352	[-0.06, 0.02]

Model:  $R^2 = .10$ ,  $F(7, 115) = 1.74$ ,  $p = .107$

\*\*\*  $p < .001$ , \*\*  $p < .01$ , \*  $p < .05$