

WITHOUT EMOTIONAL ARMOR: A PHENOMENOLOGICAL STUDY
OF TRAUMATIC WORK STRESS AMONG FEMALE LAW ENFORCEMENT
OFFICERS

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by

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DEDICATION

To Viviana Bracie, my number one person who I love the most, and to Dad who was unconditionally proud of me and viewed education as a gift no one could take away.

ABSTRACT

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Law enforcement work includes responding to difficult crime scenes, often proves hazardous and stressful, and the possibility of harm is inherent to a job ranked high by the Bureau of Labor Statistics (2018) for most on-the-job injuries. Male and female officers have different experiences, coping skills, and somatic responses and do not react to trauma in a universal way. This study utilizes a transcendental phenomenological approach to highlight the shared experiences of female officers regarding traumatic work stress. There is a paucity of research on traumatic work stress and female officers are often under-represented in empirical studies of police work. An intent of this study was to add to qualitative research on policing and the perceptions of traumatic work stress, especially to give voice to female police officers' experiences. Other goals of the study were: (1), to provide a greater understanding of traumatic work stress experienced by female officers; (2), to identify sources of coping with traumatic work stress for female law enforcement officers; (3), to explore how traumatic work stress for female officers is experienced somatically; and (4), to inform and better prepare counseling clinicians who work with female officers. Themes and subthemes emerged to address these goals: Culture of Traumatic Work Stress; Personal Identity Connected to Law Enforcement Roles; Proving One's Self; Cumulative Effects of Traumatic Work Stress with a subtheme of Hardened Personality and Numbing of Emotions; Work-life Balance; Agency Leadership Contributing to Traumatic Work Stress; Public Perception; Changing Roles or Leaving Law Enforcement; Importance of Support Systems with subthemes of

Family and Partner, Peers and Friends, and Mental Health Services; and Somatic Experiences.

KEY WORDS: Police, Law enforcement, Female officers, Traumatic work stress, First responders, Qualitative, Phenomenology, Counseling, Support systems, Somatic experiencing, Public perception, Work-life balance, Coping, Burnout, Police culture

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TABLE OF CONTENTS

	Page
DEDICATION	iii
ABSTRACT.....	iv
ACKNOWLEDGEMENTS	vi
TABLE OF CONTENTS.....	viii
CHAPTER I: INTRODUCTION	1
Background of the Study	1
Statement of the Problem.....	2
Purpose of the Study	2
Significance of the Study	4
Definition of Terms	4
Theoretical Framework.....	7
Research Questions.....	7
Limitations	8
Delimitations.....	8
Assumptions	9
Organization of the Study	9
CHAPTER II: REVIEW OF LITERATURE	12
Characteristics of Law Enforcement Personnel.....	13
Overall Stress in Law Enforcement	14
Common Trauma Responses in Law Enforcement Work	17
Response to Traumatic Work Stress Among Females in Law Enforcement.....	19

CHAPTER III: METHODOLOGY.....	22
Selection of Participants	22
Participant Demographics.....	24
Research Design	25
Instrumentation	26
Data Collection	26
Data Analysis	30
Summary	32
CHAPTER IV: RESULTS	34
Participant One	35
Participant Two.....	36
Participant Three.....	37
Participant Four	38
Participant Five.....	39
Participant Six.....	39
Participant Seven	40
Participant Eight	41
Participant Nine	42
Participant Ten.....	43
Theme One: Culture of Traumatic Work Stress	44
Theme Two: Personal Identity Connected to Law Enforcement Roles	45
Theme Three: Proving One's Self	47
Theme Four: Cumulative Effects of Traumatic Work Stress	49

Theme Five: Work-life Balance.....	53
Theme Six: Agency Leadership Contributing to Traumatic Work Stress	55
Theme Seven: Public Perception	56
Theme Eight: Changing Roles or Leaving Law Enforcement.....	57
Theme Nine: Importance of Support Systems in Coping.....	59
Theme Ten: Somatic Responses	67
The Essence: Empathy and Looking for Humanity in Self, Peers, and Others	69
Summary	70
CHAPTER V: DISCUSSION	72
Introduction.....	72
Summary of the Study	72
Discussion of the Findings.....	73
The Essence: Empathy and Looking for Humanity in Self, Peers, and Others	81
Implications for Counseling	81
Recommendations for Practice	82
Recommendations for Future Research.....	85
Conclusions.....	85
REFERENCES	87
APPENDIX A.....	92
APPENDIX B	93
APPENDIX C	94
VITA	96

CHAPTER I

Introduction

Background of the Study

Law enforcement is comprised of a hierarchy of many roles and duties including officers, detectives, and investigators collectively working toward common goals of protecting life and property, gathering information on crimes, and collecting case evidence (Bureau of Labor Statistics, 2018). Law enforcement work of all kinds often proves hazardous and stressful and is fundamentally dangerous and high on the Bureau of Labor Statistics (2018) list for most on-the-job injuries. Physical and emotional injuries may occur within the work of multiple law enforcement positions, and physical injuries are discernible, but emotional wounds are not as easily detected.

Emotional wounds in officers may be measured within the context of traumatic work stress, defined as being exposed to actual or threatened harm, death, or sexual violence (American Psychiatric Association, 2013). Law enforcement work often includes responding to violence and death, and the possibility of harm is inherent to the job. Male and female officers have different coping skills and do not respond to trauma in a universal way (Morash, Kwak, & Haarr, 2006). Gehrke and Violanti (2006) found female officers experienced more severe symptoms after incidences involving child abuse while male officers were more affected by officer involved shootings primarily due to identification with victims. Interviewing female officers about their experiences of traumatic work stress will provide a unique window into their on-the-job emotional injuries. Traumatic work stress is often trapped in the body and accumulates with each experience of the phenomenon if not discharged (Levine, 2007). Capturing the shared

experiences of how this type of trauma manifest in the bodies of female officers will hopefully inform prevention and treatment programs and techniques.

Statement of the Problem

My review of the literature related to police stress yielded many quantitative research studies about overall stress and traumatic work stress in law enforcement, the effects of job stress on performance of law enforcement officers, and the effectiveness of debriefing programs for officers after a critical incident, but few scholars considered gender and participant experiences. Most studies of stress in law enforcement include more male than female participants and my literature review yielded only one mixed gender study with more female (70.7%), than male participants (Asmundson & Stapleton, 2008). I found no qualitative studies on female officers' phenomenological experiences published after 1995 and few qualitative studies related to their experience of traumatic work stress. The paucity of current research in this area warrants exploration into how female officers experience traumatic work stress during their law enforcement careers. Phenomenological researchers are tasked with finding the commonality in experiences and the experience of on-the-job traumatic work stress for female officers has not been explored. Female officers are often under-represented in empirical studies of police work or left out entirely and one purpose of phenomenology is to give a platform to the voiceless (Creswell & Poth, 2018).

Purpose of the Study

The purpose of this study is to explore the perceptions of women in law enforcement regarding experiences of traumatic work stress. I asked officers in law enforcement who identify as female to share work experiences they define as traumatic,

how these experiences affected their body and physical wellness, and how they coped with traumatic work stress. Goals of the study were: (1), to provide a greater understanding of traumatic work stress experienced by female officers; (2), to identify sources of coping with traumatic work stress for female law enforcement officers; (3), to explore how traumatic work stress for female officers is experienced somatically; and (4), to inform and better prepare counseling clinicians who work with female officers. Therefore, this study examined the nature of traumatic work stress related to the work of females in law enforcement.

I formatted research questions with the feminist belief of individuals finding solidarity, social justice, and connection in shared stories (Wånggren, 2016). I designed the overall study questions as well as the open-ended inquiries used in interviews of participants to collect data on perspective, context, and meaning relevant in phenomenological research (Hays & Wood, 2011). Creswell and Poth (2018) stated that qualitative research is often used to provide silenced populations the opportunity to speak and I formulated research questions with the intent to give female law enforcement officers a much-needed voice in related research studies. The research questions that were addressed in this study are as follows: What are the shared experiences of traumatic work stress for women in law enforcement? How do female officers cope with traumatic work stress and find support networks, peer support, and mental health support? How is traumatic work stress experienced in the physical body of female law enforcement officers?

Significance of the Study

My study will assist mental health professionals in addressing the psychological and emotional needs of female officers affected by traumatic work stress. This study will add to the literature on traumatic work stress in law enforcement and will begin to fill the gap in research on female officer responses to the phenomenon. In my study, I intend to focus on personal experiences of traumatic work stress and related somatic effects for female officers. I will not ask for an extensive trauma history or assess previous trauma although trauma exposure may be a factor in individual experiences and coping strategies. Hopefully, this will expand the view of how traumatic work stress is experienced in female law enforcement officers. Identifying common experiences of traumatic work stress, shared means of coping, and similarities in somatic responses of female officers may also help to provide useful information to law enforcement trainers, aid in prevention of lasting effects of accumulated traumatic work stress, and influence types of mental health counseling services offered to female officers.

Definition of Terms

The definitions outlined in the following section are meant to facilitate the reader's comprehension of terms found within the current study. The following terms were important to define and clarify for the context and framework of participant experiences.

Law Enforcement

As defined by the Bureau of Labor Statistics, U.S. Department of Labor (2018), law enforcement includes “activities of the agencies responsible for maintaining public

order and enforcing the law, particularly the activities of prevention, detection, and investigation of crime and the apprehension of criminals.”

Law Enforcement Officer

Law enforcement officers are sworn to carry out law enforcement duties. Sheriffs and their deputies, police chiefs, city and patrol officers, port officers, and transit authorities are included. University police officers are considered law enforcement officers except those working at private universities (Bureau of Labor Statistics, 2018).

Female Law Enforcement Officer

For the purposes of this study, any appropriate participant who identified as female was included in the research.

Traumatic Work Stress

Defined in The American Psychiatric Association’s (2013) Diagnostic and Statistical Manual of Mental Disorders, trauma is being exposed to actual or threatened harm, death, or sexual violence. Trauma may be experienced directly or witnessed and may be experienced in the form of repeated exposure while completing professional duties. Levine (1997) broadened the clinical definition of trauma to include how trauma feels depending on individual symptoms and responses that may be affected by life experiences and backgrounds. He found what distresses one person may be within the normal realm of experience for another.

Post-traumatic Stress Disorder (PTSD)

PTSD was first introduced as a mental health diagnosis by the American Psychiatric Association in 1980 and is experienced after being exposed to critical or catastrophic events. A key factor in the development of PTSD is the fear of losing one’s

life during or directly after the event and the quality of support received after the event. Symptoms may include intrusive thoughts, flashbacks or nightmares, changes in sleeping and eating patterns, increased arousal and hypervigilant response, numbing of emotions, and avoidance of anything related to the event.

Burnout

Burnout is a buildup of stress and primarily defined by complete emotional fatigue. Those experiencing burnout begin to see others in a contemptuous and depersonalized way and often see themselves in a negative light as well (Hawkins, 2001). Burnout is a primary factor in quitting public service work.

Critical Incident Stress Debriefing (CISD)

According to the International Critical Incident Stress Foundation (ICISF), Critical Incident Stress Debriefing (CISD) is a group meeting of individuals, law enforcement officers for the purpose of this study, who were involved in a traumatic event and are at risk for trauma exposure. Debriefing groups are usually led by mental health professionals or peers trained in crisis response.

Peer Support

Peer support in law enforcement may be internal or external programs using officers within the agency or sometimes from nearby departments to assist and mentor other officers. Peer support is confidential and meant to lower stigma of seeking mental health services, especially for officers who are not comfortable with traditional types of counseling (Milliard, 2020).

Somatic Experiencing

Somatic stems from the Greek word Soma meaning body. Developed by Dr. Peter Levine, Somatic Experiencing (SE) is a therapeutic technique that focuses on the mind-body connection and utilizes body work to process trauma (Levine et al., 2018).

Theoretical Framework

Research questions were developed considering somatic experiences during and after traumatic work stress exposure. Dr. Peter Levine originated the theory of Somatic Experiencing (SE) by considering why some people were able to process the anxiety of trauma and others felt stuck or continued to relive the experience (Levine, 2007). He outlined important factors in responding to traumatic stress as the intensity and frequency of the traumatizing event, external context of the traumatized including support systems, health, and additional life stress, physicality and genetics related to resilience, learned skills, perceived resources, and history of healing from trauma. Some reactions to traumatic work stress found in many traumatized people include hyperarousal, constriction, dissociation, and immobility/freezing (Levine, 2007).

Research Questions

Primary research questions: What are the shared experiences of traumatic work stress for women in law enforcement? How do female officers cope with traumatic work stress and find support networks, peer support, and mental health support? How is traumatic work stress experienced in the physical body of female law enforcement officers?

Limitations

The sampling methods, criterion, convenience, and snowball were purposeful and based on using participants who self-selected and consented to a research interview (Creswell, 2011). Participants were drawn from three suburban and two urban areas of Texas and although not intentional, all participants interviewed for the study identified as White. Outlined by the Texas Commission on Law Enforcement (2020), law enforcement officers are required to be at least 21 years-old or 18-years-old with an associate's degree or honorable military discharge, at minimum a high school graduate, without a criminal record, physically and mentally capable of performing job duties, and in completion of law enforcement training.

Generalizability was low considering ten female officers of the same race living and working in the same state were interviewed for the study. Replicating the study would be almost impossible due to the convenience method used to recruit participants. Member checking was not possible due to time constraints on completing and publishing my study. Practical implications and counseling techniques are not a major benefit of the study; however, counselors will be able to use this information to better inform themselves of the phenomenon of traumatic work stress in female law enforcement officers.

Delimitations

This study is delimited to those living in the researcher's home state that currently or previously worked in law enforcement, identified as female, and experienced some form of trauma while performing their job duties. Participants were willing to answer a specific set of questions through a virtual platform, were English speaking, and were able

to verbalize answers to spoken questions. I may have missed key components of shared, lived experiences by the wording of interview questions. Other important aspects of traumatic work stress experienced might have been overlooked due to my theoretical lens and research paradigm.

Assumptions

Presumably, individuals who chose to participate in the study were willing to contribute to the research. I assumed the participants were literate and verbal. Those who answered the interview questions were trusted to accurately represent themselves. Demographic information was self-identified by the participants and if participants identify as members of certain populations, for example gender, race, or age, then it was assumed to be true.

Organization of the Study

I have included five chapters in this study organized in the following way. Chapter I introduces the study followed by a statement of the problem, significance of the study, purpose of the study, theoretical framework, research questions, limitations, delimitations, assumptions, and organization of the study. An inclusion of definitions was necessary to clarify concepts and avoid confusing terminology.

A review of pertinent literature is presented in Chapter II to advance understanding of the topic and to outline past research. I provided information on studies concerning characteristics of law enforcement personnel, overall stress in law enforcement, common trauma responses in law enforcement, and response to trauma among females in law enforcement.

Chapter III is divided into subheadings of research design, selection of participants, instrumentation, data collection, and data analysis. Data analysis, results, and discussion were not completed until I proposed the study to the dissertation committee and received approval to continue from committee members and from the Institutional Review Board (IRB) at Sam Houston State University.

In Chapter IV, I reported results of the study and explored emergent themes. I included excerpts from participant interviews to capture their experiences and provide context and meaning. The chapter begins with summarized information about each participant and I present overarching themes and several subthemes of the study. Themes are used as headings and subheadings as follows: Culture of Traumatic Work Stress; Personal Identity Connected to Law Enforcement Roles; Proving One's Self; Cumulative Effects of Traumatic Work Stress with a subtheme of Hardened Personality and Numbing of Emotions; Work-life Balance; Agency Leadership Contributing to Traumatic Work Stress; Public Perception; Changing Roles or Leaving Law Enforcement; Importance of Support Systems with subthemes of Family and Partner, Peers and Friends, and Mental Health Services; and Somatic Experiences. I end with the essence of the experience, Empathy and Looking for Humanity in Self, Peers, and Others, and a summary of the chapter.

Chapter V concludes the study with a discussion of results in relation to themes, pertinent literature, and recommendations for counseling practices and law enforcement agencies to address the mental health of their officers. This chapter starts with an introduction and then moves to a summary of the study, discussion of findings focusing on themes, implications for counseling practice and mental health support at law

enforcement agencies including participant suggestions, recommendations for further research, and the conclusion.

CHAPTER II

Review of Literature

The Interactive Literature Process (ILRP) created by Combs, Bustamante, and Onwuegbuzie (2010) was the primary method used to conduct the literature review. Specifically, I employed a constant comparison method to analyze and synthesize empirical research related to traumatic work stress in female law enforcement personnel. This process was self-directed with reflexivity achieved through my use of a field journal during the entire course of research. In my review of the literature, I found some researchers disregarded the role of gender in traumatic work stress in law enforcement (McCarty et al., 2019; Rees & Smith, 2007). There were limited articles with a focus on the traumatic experiences of females in law enforcement (Gachter et al., 2011; He, Zhao et al., 2005; McCarty, 2013; Morash, Kwak, & Haarr, 2006; Thompson, et al., 2006). Multiple articles on traumatic work stress in law enforcement included few female participants (McCarty et al., 2019). The primary goals of my review were to define key terms and ideas, to critically consider related previous research, and to provide justification to empirically validate the experiences of women who have been traumatized while working in law enforcement.

In the introductory section of the literature review, I outlined characteristics of law enforcement officers along with issues inherent to the law enforcement field and linked traumatic work stress to the work of officers. I then described shared common characteristics of women in law enforcement and considered what little research was available to explore trauma among women in law enforcement. I ended with a summary of the literature along with justifications for the research conducted in this dissertation. I

organized the literature review to consider characteristics of police personnel, overall stress in law enforcement, common trauma responses in law enforcement work, and trauma among women in law enforcement.

Characteristics of Law Enforcement Personnel

Individuals drawn to police work have many common characteristics and personality traits. Conservatism, order, and authority are highly regarded. Some traits like wanting control, craving action and stimulation, dedication to the profession, willingness to take major risks, and wanting to feel needed and appreciated are necessary to do the job well (Arredondo et al., 2002). These same traits can compound the trauma response and act as barriers to assistance. Some police officers over-identify with the role and become *super-cops*. Often, rookie high-achievers are so wholeheartedly dedicated to the profession that the law enforcement identity becomes all-consuming. Miller (2007) sees this person as a prime candidate for trauma-related responses and maladjustments. In his formative work on police personality Hanewicz (1987) found officers were typically analytical, pragmatic and sensible, with little tolerance for theory, and a high emphasis on success. Assimilation to even undesirable characteristics may develop in veteran officers; a hardened personality is acquired by virtue of being a police officer. Supreme distrust of others is a result of repeatedly seeing the worst in people. Aaron (2000) stated, “officers move in a world in which people’s most violent and deceitful sides are exposed”, and this worldview becomes a necessity to perform well in law enforcement (p. 439). Those outside this paradigm have a difficult time understanding the often-closed realm of law enforcement. The police culture is tight-knit and embodies masculine ideals, regardless of

the gender of the officer. Miller (2007) identified these machismo characteristics as control, dominance, authority, and lack of sentimentality.

In 1978, Hanewicz utilized the Myers-Briggs Type Indicator (MBTI) to pinpoint traits commonly held by police officers, but his work excluded females. Believing people gravitate toward employment most in-line with interests, talents, and wants, Hanewicz (1978) administered the MBTI test to both rookies and veterans in two major police departments and found the most prevalent characteristics of police officers to include: (a) good at organizing facts; (b) decisive; (c) prone to value truth; and (d) likely to have an accidental emotional life and incidental social life. Lack of emotional processing and decreased social support may affect the ways officers recover from work-related traumatic work stress.

Overall Stress in Law Enforcement

The threats of physical danger and prospective exposure to unsettling events are specific to police work (Gershon, et al., 2009). Woody (2006) notes, that “were it not for danger, the public would have far less concern about, or need for, law enforcement (p. 98). Although danger is expected and necessary within the normal limits of the profession, it is also coupled with potential violence (Woody, 2006). The constant uncertainty of day-to-day events may affect officers’ psychological well-being and cause emotional ambiguity.

The position of police officer “ranks as one of the most hazardous, even exceeding the formidable stresses and strains of air traffic control” (Toch, 2002, p.1). Stressors specific to police work are identified frequently in the literature related to secondary stress among law enforcement, and much research identifies common themes.

Commonalities include long hours of shift work on a rotating basis with irregular work days, on-call status, overnight shifts, extra duty assignments, being called into court on days off, working most holidays and frequent weekends, public scrutiny with the possibility of media attention, and an overabundance of redundant paperwork. Morash, Haar and Kwak (2006) also factor in for all officers societal and community stressors, citing size of the jurisdiction with urban, suburban and rural spaces having specific stressors and varying degrees of crime risks.

In addition, organizational stressors can also play a major role in compounding stress. Law enforcement agencies are paramilitary organizations where structure and hierarchy are enforced. Zhao, et al., (2002) consider the hierarchal nature of these types of organizations to discourage individuality, stifle personal development, and limit the ability to take care of mental health. Officers may become disgruntled and suspicious if the upper echelon is not appropriately running the department. This can include insufficient training, too little supervision especially if during a training program, poor recognition for achievements, low pay, lack of autonomy, unfair or harsh discipline, and the mindset of duty first, family and personal life second. Sheehan and Van Hasselt (2003) state the addition of special duties such as crisis negotiation, acting as a special response team member, or working an undercover assignment can compound the stress reaction and cumulative stressors and critical incidents merge to create a unique mix of workplace stress. At the top of the list of stressors is the work-related death of a fellow officer or citizen, particularly if the affected officer is directly involved in the situation (Hawkins, 2001). Those outside of police work tend to view the main cause of stress as the prospect for violence and imminent danger, but when officers were questioned

empirically through survey, emphasis was placed on issues with administration, discipline and public scrutiny (Toch, 2002). Officers were often concerned with inequitableness within the organizational hierarchy of law enforcement. Several examples were reported by officers, including: (a) promotions not tied to merit or ability; (b) discrimination in the workplace; and (c) unmerited criticism compared to peers (Gershon, et al., 2009). Authoritarian leadership is the norm for law enforcement, but may lead to officers internalizing issues, rather than bringing them to authority figures. Woody (2006) found the mere top-down power association was an underlying cause for stress in officers.

Another stressor in law enforcement was public criticism and disdain they received that resulted in a barrier between officers and the public, which may lead to a feeling of isolation on the officers' part (Woody, 2006). Unfortunately, the mass media does not help improve this barrier because focus was often on negative aspects and sensationalized stories were more likely to engage readers and attract attention (Waters, 2007). Subsequently, stories of police brutality, corruption, and tainted agencies may result in bigger headlines and linger in the public eye. On the other hand, the super-cop stories that do make it to the news may make life for the officer(s) involved more difficult (Waters, 2007).

Van Hasselt et al. (2008) stated everyday occupational stressors were more accurate predictors of PTSD and other stress disorders than collective exposure to trauma and when routine stress was high, individuals had a greater stress response and maladaptive behavior after a traumatic event. Overall stress on police officers has been reported as a combination of several specific stressors. Another common confluence of

stress reaction, burnout is primarily defined by complete emotional fatigue. Those experiencing burnout begin to see others, especially “clients”, in a contemptuous and depersonalized way and often see themselves in a negative light (Hawkins, 2001).

Burnout is a primary factor in quitting public service work and in a recent study, researchers looked at emotional exhaustion and depersonalization related to burnout (McCarty, et al., 2019). Emotional exhaustion occurred frequently at an average of one to three times per month and occurred weekly for some study participants. Depersonalization and emotional callousness were also highly reported.

Common Trauma Responses in Law Enforcement Work

Officers react both physically and emotionally to traumas encountered on the job. Within the field of law enforcement, 25%-30% of officers have illnesses related to trauma, particularly stomach problems, high blood pressure, depression, and coronary disease (Van Hasselt et al., 2008). Many of these health issues resulted in an increase of absenteeism. Toch (2002) reported police officers show a higher mortality rate from various causes as compared to the general population. Many officers could not sleep and relied on a variety of prescriptions to function. Officers who are burned out reported the need to be alone, felt a distance from their children, missed family gatherings, and had fewer friends independent from those of their spouse (Hawkins, 2001). Family members often suffered in the same way as their officers in a sort of tertiary trauma response as shift work, stereotyping of officers by other civilians, and fear for the safety of the officer tended to take a toll (Arredondo et al., 2002). Although researchers often suggested divorce rates are higher among the ranks of police officers, Miller (2007) disputed this citing equal risk after the first three years of marriage and declared second marriages of

police officers to be stronger and less likely to break-up than first or second marriages among civilians. Another disputed theory among the research pertained to alcohol use and the presence of an “alcohol culture” in law enforcement settings. Lindsey (2008) conducted a literature review and reported much discourse between researchers. Some found higher rates among officers linked to trauma or to the need for stimulation, while others found no difference in consumption rates as compared to the general population. Still others surveyed law enforcement administrators who claimed drinking to be a huge problem at their agencies and others found a direct link between heavy drinking and suicide. Lindsey (2008) found the highest risk of alcoholism among young rookie officers who were White and unmarried. These high-risk officers worked the day shift giving them more opportunity to drink socially than night shift officers. The profile of those abusing alcohol seemed to be related to demographics and not occupation. The rate of suicide among officers was briefly mentioned in much of the literature, but only to state the possibility is present. Some researchers pointed out the obvious; that officers have convenient access to firearms most of the time. Suicide seems to be the taboo topic related to officer trauma and empirical research was lacking except in the work of Violanti et al. (2006) who obtained information over a four-year span from officers and family members who utilized a confidential crisis line, entitled *Cop 2 Cop* after the World Trade Center attack on 9/11. Callers who spoke of suicide increased, not only in number from before 9/11 until three years after, but also rose 1.65 times over the same period as compared to pre 9/11. Sheehan and Van Hasselt (2003) cited research on predictive factors of PTSD and ASD. Those most likely to develop both disorders had a dissociative or out-of-body experience during or directly after the trauma. Aaron (2000)

utilized the Police Stress Survey distributed to a sample of 42 police officers and found respondents at an increased risk for using disassociation as a coping style.

Response to Traumatic Work Stress Among Females in Law Enforcement

Law enforcement officers claiming the least amount of stress tended to have the strongest support system (Chapin, et al., 2008). Although the term *support system* generally applies to immediate family, it also relates to fellow officers, church members, close friends, and extended family members. Chapin et al. suggested that female officers may have stronger support systems and partner support may be particularly vital to female officers' emotional and psychological well-being, although there was a paucity of research in this area.

Asmundson and Stapleton (2008) briefly addressed somatic experiences in their research on anxiety sensitivity and PTSD in police officers. Although participants included men and women, 70.7 percent were female. Researchers were curious about who met DSM-IV-TR criteria for PTSD and how this connected with Anxiety Severity (AS) and Panic Disorder. Every participant considered one or more work events as traumatic, 31.9 percent were diagnosed with PTSD, and PTSD was linked to a higher prevalence of AS and related somatic issues. Between group comparisons considered by researchers did not include gender. Another set of researchers looked at intersectionality of race and gender by considering group differences between black female officers, black male officers, white female officers, and white male officers (He et al., 2005). Using the Brief Symptom Inventory (BSI), they found somatization and depression to be statistically significant group differences in occupational stress. Somatization was defined as racing heart, gastrointestinal issues, breathing fluctuations, and muscle pain.

Occupational stress was higher in female officers with no significant differences in job stress between black and white female officers.

Other scholars attempted to remedy the overuse of male participants in models of law enforcement stress. Conducted in an Australian police department, researchers surveyed only female officers on sources of job stress using an exploratory factor analysis (Thompson et al., 2006). Stressors were classified as interpersonal, operational, and administration/management. Researchers concluded that interpersonal stress was connected to job stress for female officers and inferred that social support was an important mitigating factor. Important operational stressors were high workloads, the threat of danger, and experiencing traumatic work stress on the job.

Morash, Kwak, and Haarr (2006) argued that due to males outnumbering females in law enforcement work, female officers are likely token employees and will have different on the job experiences than males. Causes of stress in the workplace for male officers would not be the same for female officers. In their quantitative study, they found female officers to experience more overall stress with significantly higher rates of harassment, skepticism of their abilities and influence, and prejudice. Harassment in the form of foul language and sexual jokes was stressful for both male and female officers. McCarty (2013) researched the differences in burnout of male and female sergeants and found female sergeants experienced less depersonalization than male sergeants meaning they struggled to emotionally detach from people encountered at work. When considering physical and mental effects of stress on female officers, additional differences were apparent and abundant (Gachter et al., 2011). After controlling for job and private environmental stress, researchers found female officers perceived mental stress on par

with male officers, but physical stress and strain, particularly somatic effects and overall health, was perceived significantly higher. Younger female officers were affected more by perceived physical stress. All female officers benefited more from social support and environment greatly mattered in their coping. As they found more work and home life balance, female officers physical health improved.

In the literature review, I was unable to find contemporary qualitative studies concerning traumatic work stress experiences in female officers and no quantitative or qualitative studies on somatic experiences of traumatic work stress of female law enforcement officers. Empirical findings on police stress were heavily influenced by the male perspective as most studies had significantly more male participants than women. Researchers that did focus on female officers were quantitative and often relied on databases compiled over fifteen years ago. My phenomenological study on traumatic work stress among female law enforcement officers and subsequent somatization will hopefully begin to close the gap in this area of research and lay the groundwork for continued consideration by scholars.

CHAPTER III

Methodology

The purpose of my dissertation was to explore traumatic work stress experiences among female law enforcement officers. I interviewed officers living in a south-central state who self-identified as female and focused on their experiences of traumatic work stress.

My study addressed the nature of traumatic work stress for females in law enforcement, experiences of coping and support, and participants' somatic experiences. I utilized a phenomenological methodology design to provide a window to the experiences and well-being of female officers participating in the study. This chapter starts with information on selection of participants, followed by participant demographics, research design, instrumentation, data collection, data analysis, and summary.

Selection of Participants

I applied for study permissions from my university's Institutional Review Board (IRB) and did not begin recruiting participants and gathering data until granted approval. Self-identified female officers who have experienced traumatic work stress were welcomed to the study regardless of ethnicity, social-economic status, or sexual orientation. I selected potential participants using mixed data sampling methods, specifically criterion sampling, convenience sampling, and snowball sampling to search for appropriate participants who met all conditions of the study. Participants were required to: (a) identify as female; (b) have been currently or previously employed in a law enforcement agency; (c) have been involved as a responder in a critical incident or call; and (d) willingly volunteer for an individual interview.

A phenomenological research study should involve five to 25 participants for data saturation with a minimum number of six participants necessary for a robust qualitative study (Creswell & Creswell, 2018). I reached out to potential participants for criterion sampling by identifying officers who met study parameters through points of contact at law enforcement agencies within the region of study. I called or emailed upper level administrators to provide education on my study and participant criteria. I asked these command staff members to forward an email agency-wide with study information and attached a flyer, see Appendix A, to post in community spaces within their agencies. Considering typical calls for service for patrol officers including violent crimes, deaths, and abuse, there was a potentially large pool of candidates for the study who experienced traumatic work stress. Female officers interested in participating contacted me directly through email, by phone, and through a social media messenger program.

By using convenience sampling, I found additional participants who met criteria by marketing with flyers posted at law enforcement agencies and by using social media as an additional promotional tool. I distributed a flyer in the study region with summarized details of the study and my contact information stressing confidentiality for interested participants. I posted flyers concentrating on law enforcement buildings. I also posted a call for participants on social media platforms, primarily Facebook, including groups meant for law enforcement personnel and over half of participants responded to social media recruitment methods. Convenience sampling was used to ensure enough participants were identified. Snowball sampling was useful when participants from different agencies recommended others appropriate for the study and then those participants also recommended additional participants. Participants found through

convenience and snowball sampling were selected only when sample criteria were met. By the end of the study, I had contributions from ten participants after I interviewed 11 officers with one inaudible and unusable interview.

I briefly interviewed each officer referred to the study by administrative staff and each officer who responded to recruitment efforts to join the study. I screened potential participants with a brief unstructured interview to ensure they met all conditions for my study. I asked about their current role in law enforcement, their gender identity, if they had experienced one or more traumatic events as part of their work, and if they were comfortable with the virtual interview and recording. I referred officers who did not meet criteria for the study or who were not suitable for additional interviews to support services as needed. I provided written referrals to individual therapy, support services, or applicable community services to every potential participants screened and to all participants in the study by attaching a mental health resources list to all emails with a link to the scheduled virtual interview.

Participant Demographics

I interviewed law enforcement officers about their career path, personal experiences related to their history of traumatic work stress in the workplace, means of coping and support, and physical and emotional responses. All participants identified as female, worked as a first responder at some time during their law enforcement career, and viewed one or more workplace incidences as traumatic. All participants reported involvement in multiple work-related trauma events.

Research Design

My choice of research method is qualitative in nature and grounded in phenomenology. Creswell and Poth (2018) defined phenomenon as an individual concept to be analyzed in a group of participants who have all experienced the phenomenon. For the purposes of my study, traumatic work stress is the phenomenon. I am interested in the lived experiences of female law enforcement officers who have experienced traumatic work stress while on the job. I chose a phenomenological approach for my study to explore female law enforcement officers' perceptions and to give voice to their unique experiences. Qualitative methods of research are meant to explore issues for a variety of reasons. I addressed two justifications for qualitative research "an understanding of the contexts in which participants in a study address a problem" and "a desire to empower individuals" within my study (Creswell & Poth, 2018). The phenomenological method used in my research was transcendental phenomenology and utilized *epoche* or bracketing to leave my own experiences with traumatic work stress out of my interpretations of the data. The method was subjective, reliant on human experience, and casual relationships were excluded (Moustakas, 1994).

I am interested in the shared experiences of women who have faced traumatic work stress during their tenure in law enforcement. I view personal and societal relationships with a feminist lens. Phenomenological theory and feminism are congruent with a constructivist paradigm and a belief in multiple, contextual realities (Hays & Wood, 2011). Feminist theorists believe behavior is not internal and innate, but that much of the nature of humans is socially and culturally constructed (Herlihy & Corey, 2009). The characteristics and essence of experiences and relationships are a vital component of

research. The interaction between participant and researcher is especially important. The researcher does not take the role of leader, teacher, or expert, but instead sees exchanges as egalitarian (Creswell, 2007). The feminist researcher is a good steward of data, works to empower the participant, and pushes towards societal change.

Instrumentation

One of the key components of phenomenological work is the researcher as the instrument of data collection (Creswell & Poth, 2018). The researcher decides what to ask participants and obtains information on the phenomenon through interviews, observations, art, and other documents (Hays & Wood, 2011). Assessments or surveys from outside sources are rarely used in phenomenological research. I utilized research questions to inform data collection: What are the shared experiences of traumatic work stress for women in law enforcement? How do female officers cope with traumatic work stress and find support networks, peer support, and mental health support? How is traumatic work stress experienced in the physical body of female law enforcement officers? Participants in individual interviews were asked questions in the same order, but there was flexibility for additional questions or clarification if needed.

Data Collection

After I selected participants through purposive criterion sampling and pre-screening interviews, I collected data through individual interviews conducted online using a Health Insurance Portability and Accountability Act (HIPAA) compliant video messaging system. Interviews were recorded and transcribed by me as the principal researcher. Verbal consent for the study was recorded and noted in the transcript. Data was securely stored on a password protected device/laptop and organized with sequential

numbers to ensure the confidentiality of the participants. Names were replaced with Participant One, Participant Two, and so forth.

Individual interviews were semi-structured to capture rich information from participants. I asked follow-up and clarification questions depending on individual responses from participants. I developed the individual interview questions to capture individual perceptions and bring the universal aspects of participants' experiences into a shared phenomenon (Creswell & Poth, 2018). I posed initial questions as well as open-ended inquiries used in semi-structured interviews to collect data on perspective, context, and meaning relevant in phenomenological research (Hays & Wood, 2011).

Research began with permission to conduct the study from the Institutional Review Board (IRB) at Sam Houston State University. A verbal consent form, found in Appendix B, was approved and included information about participant confidentiality and rights. Participants who met study criteria were provided with verbal information about consent and all gave verbal consent before the interview process began. Any identifying information obtained in connection with my study will remain confidential and will be disclosed only with permission from the participant or as required by law. If results of the research are published or discussed in conferences, no identifying information will be included. As recommended by the Institutional Review Board at my University, all data will be destroyed three years after the completion of the project. Any identifying information was not included in transcripts provided to coding team members.

Interviews were completed in a confidential setting and conducted using Health Insurance Portability and Accountability Act (HIPAA) compliant technology. I arranged

communication with participants to protect their confidentiality, provide a safe setting, and avoid interruptions. I conducted interviews from my counseling office and advised participants to locate a private space for their interview with a reliable internet connection. My counseling practice space is an office set-up in a quiet, private, sound-proof location with no chance of interruption. Data transfer occurred from the firewall-protected, private network utilized in my counseling office. My internet connection is password protected on a secure network. I stored electronic files on my laptop and on Google Drive that only I can access. Transcripts shared with the coding team through Google Drive had identifying information redacted. I terminated file access for the team once coding and related discussion was complete. Per Health Insurance Portability and Accountability Act (HIPAA) standards, I have a business associate contract with Google Suite to insure information stored there is protected and confidential. I utilized the same technology and video conferencing platform with all participants to provide continuity to the methods. Recorded and transcribed data was saved on my personal laptop that I do not remove from my locked office space. My laptop is protected with a two-factor authentication and cannot be accessed without a password and my fingerprint. Ethical requirements of my counseling profession include securing files behind two locks, and I applied this to the research data.

I screened each potential participant at a pre-interview meeting, and I provided participants with verbal and written information on the study. Participants verbally consented to the study and had the opportunity to ask clarification questions before the pre-screening interview started. Potential participants in a current state of crisis and those who might be an immediate danger to themselves or others would not be appropriate for

the study and although this was not a concern with any participants I interviewed, I was prepared with a written list of crisis intervention services such as individual counseling, case management, or hospitalization. The list was provided to all participants through email. For the purposes of my study, pre-screening also served as the consent process and the first step in data collection. After officers were deemed appropriate participants and verbally consented to the research study, the semi-structured interview began. Specific interview questions are as follows: (a) Why and how did you become a police officer?; (b) What is your current status in law enforcement?; (c) What was/is the most difficult part of your job?; (d) What was your most difficult call/scene?; (e) What was the most distressing event you have experienced in law enforcement?; (f) Explain any lasting effects of the distressing event you described on your life/health/mental wellness.; (g) Where do you tend to feel stress in your body?; (h) How do you typically cope with stress and the difficult and distressing events you just described?; (i) How do you feel supported by others?; and (j) What would you like to see in mental health support?

Questions (a) and (b) were designed to gather the context of participant paths into law enforcement. Questions (c), (d), and (e) were to gauge on-the-job trauma and participant perceptions of traumatic work stress events. Questions (f) and (g) were to consider somatic effects of exposure to traumatic work stress and questions (h) and (i) were intended to explore coping and support systems utilized by participants. Examples of somatic effects were offered if participants struggled to identify where trauma manifest in their body to include racing heart, numbness or tingling, dizziness, headaches, stomach issues, breathlessness, and tightness in chest or throat.

Communication with participants was arranged to protect confidentiality in interviews. I securely stored data in a locked filing cabinet in a locked counseling office for the mandated time-period and I redacted identifying information on stored files to ensure confidentiality of participants.

Data Analysis

I identified common themes by analyzing interview transcripts with the help of a coding team of scholars from my doctoral cohort group who have earned their PhD in counselor education. As outlined by Moustakas (1994), the coding team looked for meaningful statements and connected idea threads to form themes. Coding team members were aware of certain aspects of the study but did not have access to identifying details of participants. Team members were asked to bracket their own experiences of traumatic work stress and to examine their own clinical work with law enforcement officers or any clients who have experienced traumatic work stress. Coding team members independently coded with minimal information except for agreed upon means of coding. We preliminarily identified possible themes from the literature review, theoretical framework, interactions with participants, and their personal experiences with the research process, then coding work was a manual search of transcripts for key words and phrases, overall themes, and subthemes. The coding team virtually met once to discuss findings and form a consensus upon themes and patterns. Emic, inductive, methods were used to allow participant experiences to shape the study. Emic information focuses on the perspective of the interviewees and not the researcher (Creswell & Poth, 2018). Using guidelines established by Moustakas (1994), data was given a textural description describing the experience and a structural description describing the context and

situational elements. Information gathered was assigned multiple meanings to capture both textural and structural description types for a holistic view of the experience.

Creswell and Poth (2018) describe this as the “overall essence of the experience.”

I triangulated sources and methods used to collect data to increase trustworthiness by collecting data in two ways; with a pre-screen interview and an individual interview. Memos were created as patterns in data become apparent during interviews, transcription, and coding. A final codebook was created to organize themes and integrate information from all members of the coding team. Constant comparison of ideas, themes, and patterns occurred throughout the research process, particularly during coding, and I continuously analyzed and revised the final codebook. I completed an ending review of the codebook using themes and patterns identified by the coding team and applied frequency counting with attention to lessor occurring themes. Although member checking, or participant validation, would be another means to add credibility to results, I was not able to contact participants after initial interviews due to time constraints of completing and publishing the study. Fortunately, participants’ responses were clear in content and meaning and member checking was not a requirement for clarification of themes.

To continue to strengthen trustworthiness of data, I debriefed with a cohort member after each interview. I also kept a researcher’s journal throughout the research process to record multiple aspects of the study and to ensure transparency of the process. I included notes from faculty mentor meetings, dissertation committee meetings, impressions of the research process, initial thoughts after completing interviews with participants, and personal reactions to all experiences related to the study. My journal entries also reflected emergent biases. I attempted to remain transparent throughout the

study and to keep personal bias in check. Shaw (2008) views ethics as an ongoing process that differs from project to project. The researcher understands data may result in personal gain and strives to be a good steward of participants' time, experiences, and reactions.

Results were written using “rich, thick descriptions” (Creswell & Poth, 2018). I used bracketing to minimize personal bias during the coding process. *Epoche* also bracketing, is a mindset of moving past preconceived ideas and is purposefully utilized at the onset and throughout a phenomenological study. Bracketing is a means of leaving personal experiences of the researcher out of the study, particularly related to the phenomenon of study (Creswell & Puth, 2018). For full researcher disclosure, I held the position of Victim Services Coordinator at a suburban police department for over eight years and often acted as a first responder. As a former civilian employee in law enforcement, I could not completely disengage from the study or put aside subjective values and opinions. I often felt solidarity with participants, was nervous about being a novice researcher, and did not always feel completely congruent. I have deep respect for female officers and admire their resilience in healing from traumatic work experiences and their tenacity in overcoming obstacles related to being a female in a male-dominated field.

Summary

I designed my study to generate data that could be used to create a better understanding of the shared experiences of female law enforcement officers who have experienced traumatic work stress. Participants had the opportunity to tell their personal story of processing trauma. I hoped to gain information to inform and contribute to future

related counseling research. There was a small body of research concerning therapeutic interventions for law enforcement officers, but I could find no studies on individual, long-term, clinical work with female officers and researchers often focused on critical incident debriefing in groups and short-term crisis management. There is a need for more information about individual therapeutic interventions to address traumatic work stress in female law enforcement officers, especially for extended support.

CHAPTER IV

Results

The purpose of my study was to explore the perceptions of women in law enforcement regarding experiences of traumatic work stress. I completed my study with recorded video interviews of 11 participants, the shortest interview lasted 53 minutes and the longest, one hour and 48 minutes. Included are participant responses from ten usable interviews, one interview was inaudible due to a technology glitch. In the following chapter, I provide an analysis of participant responses considering my research questions: What are the shared experiences of traumatic work stress for women in law enforcement? How do female officers cope with traumatic work stress and find support networks, peer support, and mental health support? How is traumatic work stress experienced in the physical body of female law enforcement officers?

With careful review of transcripts using the transcendental phenomenological method outlined by Moustakas (1994), members of the coding team including me as the principal researcher, found six overarching themes and multiple subthemes. Saturation was reached with the final interview as no new themes or subthemes emerged and no data gathered from interviews added to comprehension of central themes or subthemes (Creswell & Poth, 2018).

I start with summarized information about each participant's path into law enforcement, various positions held, current status in law enforcement, experiences of difficult work situations and traumatic cases, and means of support and self-care. I presented overarching themes and several subthemes uncovered by the coding team. Considering the research question of shared experiences of traumatic work stress, themes

emerged of Culture of Traumatic Work Stress, personal identity connected to law enforcement roles, proving one's self, cumulative effects of traumatic work stress with a subtheme of hardened personality and numbing of emotions, work-life balance, agency leadership contributing to traumatic work stress, public perception, and changing roles or leaving law enforcement. In response to the research question on how female law enforcement officers cope with traumatic work stress the importance of support systems emerged with subthemes of family and partner, peers and friends, and mental health services. The final research questions on how traumatic work stress was experienced in participants' bodies provided saturation as defined by Creswell and Poth (2018). It was evident during the interview process that participants shared many somatic effects including neck and shoulder pain, headaches, and gastric issues. I conclude the chapter with the essence of the phenomenon, the lived experiences of traumatic work stress for the female law enforcement officers who chose to participate in this study.

Participant One

Participant One became a police officer as soon as she was old enough to enroll in a nearby police academy and paid her own way through training. She has been a patrol officer for almost two decades and is in a long-term marriage with another officer. She prefers working the overnight shift and plans to retire in the next few years.

Her most distressing event and a difficult period of her career occurred when she was targeted by a new supervisor who gave her multiple critical performance reviews over a short period of time. Her most traumatic scene involved the death of a child who was hit by a car and the child's family witnessed the accident.

Participant one was willing to seek mental health support at various points in her law enforcement tenure. She completed an intensive inpatient program to address self-harm concerns. She later met with a counselor for individual sessions and Eye Movement Desensitization and Reprocessing (EMDR) was used as a therapeutic intervention.

Participant Two

Participant Two identified as a family violence survivor and became interested in police work as a result. She stated she first trained to be a volunteer reserve officer, then applied for a police officer position at a rural department. Once hired, she attended a nearby police academy and became the designated victim services officer at her agency. She later moved to a larger department and has since retired. Before retirement, she worked in patrol, internal affairs, and criminal investigations where she focused on crimes against persons.

The most difficult piece of her work was realizing early in her career that law enforcement culture was not the sisterhood or brotherhood she expected while training in her academy. She believes the most distressing aspect was striving to do her job well but being judged and undermined by coworkers. The scene resulting in the most traumatic work stress was a suicide attempt carried out by an officer from her shift. She responded to the call and performed life-saving measures until emergency medical services arrived to take the injured officer to the hospital.

Participant Two engaged in individual therapy including Eye Movement Desensitization and Reprocessing (EMDR). She volunteered in peer support and on crisis intervention teams for many years and was instrumental in starting a peer support program and arranging Critical Incident Stress Debriefing (CISD) groups at one of her

agencies. She is very passionate about using her experiences of traumatic work stress to lesson stigma of the phenomenon for other officers. She speaks at law enforcement events and trainings to advocate for the importance of peer support.

Participant Three

Participant Three entered law enforcement as a dispatcher soon after she graduated from high school. She felt this was an indirect means to get into police work as the head of her agency did not believe women should be on patrol. He eventually granted permission for Participant Three to serve as a civil warrant officer. She studied at a local academy and on completion of the program, became a commissioned warrant officer. In her career she was a detective assigned to juvenile cases, an investigator of child abuse, and a high-ranking supervisor. She retired after over two decades in law enforcement, returned to work several more years in multiple roles, and then retired again.

Her most difficult call was an accidental infant drowning in a bathtub, and she said this was compounded by the dirty condition of the house and neglect of the baby. The most difficult part of her job was trying to strike a balance between home and work life. She stated she wanted to please her peers and supervisors as well as make her family happy.

Participant Three enjoys dancing to combat stress and likes time outdoors, especially with her family. She created a peaceful space in her backyard with a fireplace, flower garden, and outdoor kitchen. She was trained by a counselor who specializes in mental health services for first responders and volunteers with a peer support program. She has always been in a supportive role, even in department Critical Incident Stress Debriefing (CISD) groups, and has not received counseling or peer support for herself.

Participant Four

Participant Four emphasized police work was not her lifelong dream although traumatic experiences in childhood coupled with her call to service-oriented work aligned her value system with law enforcement work. Officers she collaborated with while working for a security company recognized her proficiency in theft investigations and encouraged her to enter the field. She completed the police academy without agency sponsorship and was soon hired for patrol in a fast-growing suburb. She advised she gained much experience in the smaller agency before transferring to a large, urban department where she currently works as mounted patrol.

She has the most difficulty at work when dealing with emotional people because she wants to apply logic and reason to do her job well. She could easily recall details of responding to her first traffic fatality as an officer and had vivid memories of another scene, including sounds and conversations, she responded to with her police unit. She identified this officer involved shooting scene as her greatest source of traumatic work stress.

Participant Four attended several critical incident debriefings, one after the shooting incident. She sought assistance for traumatic work stress and treatment for a related addiction through individual and group counseling. She gave credit to weight training and intense physical exercise for helping her cope and recently started incorporating yoga into her routine. She called time with horses her most restorative activity.

Participant Five

Participant Five was first a corrections officer, and eventually a supervisor, in two states before becoming a law enforcement officer over 20 years ago. She worked for both a police and sheriff's department before retiring. She left law enforcement because of a chronic medical issue affecting her ability to perform physical police work.

Her most traumatic call was a sexual assault and murder of a young girl and she felt the investigation was mishandled by her agency's administration. The case involved a lengthy investigation and court process. The most difficult part of police work for Participant Five was the accumulated traumatic work stress of many difficult calls, especially ones involving children. She also endured the line of duty death of a fellow officer.

Participant Five likes to exercise and spend time with her children to decrease stress. She feels hobbies completely unrelated to police work are important in coping. She participated in Critical Incident Stress Debriefing (CISD) groups and peer support, but not in other forms of mental health counseling.

Participant Six

Participant Six stated she was not interested in law enforcement until she interacted with officers regularly while employed in loss prevention. She enrolled in a police academy in her early 20s and after graduation immediately went to work on nightshift patrol for a suburban department. She promoted and supervised her shift before transferring into the criminal investigation division to investigate property crimes. She then worked local narcotics for several years and later served on a Drug Enforcement

Administration (DEA) Task force. She came back to her suburban department this year as a crimes against persons detective.

She described the demand and long evening hours of task force work as particularly difficult to balance with her family life. She viewed cumulative traumatic work stress, mainly from child sexual abuse cases, as affecting her more than any individual call but identified a sexual assault case of two young brothers and a video she viewed of an assault of a child as the most disturbing.

Participant Six was not convinced peer support or debriefings were useful and had privacy concerns about sharing experiences in traumatic work stress with other officers although she identified one coworker as her primary, long-term support. She has never attended a Critical Incident Stress Debriefing (CISD) or peer support group but viewed individual counseling as beneficial. She advised she attended counseling after the end of her first marriage.

Participant Seven

Participant Seven was greatly influenced by her father, a first responder, and his peers who she respected. The line of duty death of her father's closest friend was important in her pursuing a first responder role because she idolized him. She reported she started working in emergency medical services and, on a service call, was recruited by a county deputy for a dispatcher position. After a of series of exciting ride-outs with deputies while in dispatch, she was hooked on law enforcement work and felt confident she could do the job. She left the police field several years ago for a new role in a software company.

Participant Seven said coping with a hostile work environment including gender and disability discrimination proved incredibly difficult. She also witnessed female victims being treated poorly and felt some male detectives worked harder to discredit victims than to assist them. The gradual build-up of traumatic calls had more impact on Participant Seven's experience of traumatic work stress than a single call.

She took part in informal debriefings, volunteered with a critical incident stress management team, and met with a counselor for individual sessions including Eye Movement Desensitization and Reprocessing (EMDR). She praised her counselor for helping her manage anxiety, process grief and loss, and gain effective coping tools.

Participant Eight

Participant Eight, who started college as a journalism major, stated she had no plan to go into law enforcement and only accepted a sheriff's department jailer position to earn money extra money while a student. She was promoted to shift supervisor in less than a year and, because she liked the work and coworkers, enrolled in police academy courses at her university. She eventually changed her major to criminal justice and now has a graduate degree in public administration with an emphasis in police science and law enforcement. She spent part of her career as a dispatcher and worked briefly as a special investigator for a child abuse agency. She is currently in higher education and has taught criminal justice classes at various agencies.

While working in a jail, Participant Eight characterized mental health warrants as the most challenging part of her job due to unpredictability of circumstances, complexity, and reliance on an outside agency for evaluation of detainees. Her most difficult call was

the homicide of three siblings she investigated while working for Child Protective Services.

Participant Eight uses yoga, bar ballet, aromatherapy, and meditation to manage stress. She purposefully schedules time each week for solitude and mental rest and counts time with friends and attending live music events as self-care. She has utilized employment assistance programs for mental wellness and family support.

Participant Nine

Participant Nine looked for a job with desirable pay and benefits in her hometown immediately after graduating from high school. She was influenced by her positive memories of going to work with her grandfather at his law enforcement agency. She was hired as a dispatcher a few weeks before her nineteenth birthday, then took an introductory reserve officer training course before moving to another agency as a dispatcher and reserve officer. She completed academy in a university setting and transferred between dispatch and reserves due to family obligations before being hired as a patrol officer in a medium-size department. Participant Nine had many different roles in patrol including traffic, school resource, field training, and crime scene officer before promoting to detective. She was the only crimes against children investigator until she recently shifted to theft and financial crimes.

Initially, the most difficult part of her law enforcement job was navigating the stigma of being female in a predominantly male field. Later the intricacy of investigating child sexual abuse cases coupled with an overwhelming case load was most challenging. She did not feel increased traumatic work stress after shooting a violent suspect and denied peer support on scene.

Forwarding completed cases to the prosecutor's office was a release of traumatic work stress for Participant Nine and she feels even more relief when justice is served for victims in her cases. She has not felt comfortable using counseling services, Critical Incident Stress Debriefing (CISD) groups, or peer support during her career. She has coped by caring for horses and through dancing, live music, yoga, and reading.

Participant Ten

Participant Ten labeled her path into law enforcement as unique because she was working in investments when she decided to take a gun safety course, ultimately leading to an interest in law enforcement. She began her police career in a small, suburban department and has spent over 20 years there, many in the criminal investigation division. She now serves as the community services supervisor.

The most difficult part of her current position has been managing numerous duties and activities including the citizen's police academy. She estimated she has investigated hundreds of deaths throughout her law enforcement career and named the fire-related filicide of a child with special needs the most disturbing. She also experienced increased traumatic work stress following the death by suicide of a citizen who was refused mental health support although Participant Ten diligently tried to find inpatient services for her.

Participant Ten gardens, reads, and cooks for self-care. She reported pets are important, at one time she had more than a dozen, and she is comforted by caring for and spending time with them. She checks in with a counselor every few months for individual sessions to monitor and maintain her mental health.

Theme One: Culture of Traumatic Work Stress

Many officers interviewed anticipated that traumatic calls and distressing events would define their law enforcement job and accepted such as an inherent part of the work. There were several times throughout the interview process that I heard participants frame traumatic work stress as “just doing my job.” Participant One minimized the rigors of her overnight patrol position and stated:

On minor calls, people they apologize for bugging me. And I'm like, no, no, you have to understand, we respond on everything from barking dog calls to homicide. So anything you can imagine between barking dogs and people getting killed? We respond. Yeah, so you know, so everything from that to you know, traffic stops, family disturbance, any type of disturbance, DWI, reckless drivers, suicides, sexual assaults, endangered or missing persons, homicide. Just anything you can imagine, that's what I do.

Participant One did not want citizens she helped to feel sympathy for her or worry about her well-being because she chose law enforcement work and expected some calls would be difficult. Several participants mentioned being prepared in their academy for upsetting scenes and situations. Participant Two said rookie officers are often warned of adverse effects of this traumatic work stress like increased divorce rates, alcohol abuse, suicide, depression, and anxiety, but are given little or no instruction on preventative or coping measures. Participant Three was also resigned to dealing with traumatic work stress and carrying on with her work:

Yeah, I mean, as far as difficult, you know, you see a lot, you do a lot that is traumatic, you know, whether it's the death of babies or, you know, beaten

children, shaken baby syndrome, Munchausen. You see it all, it's all difficult, but you know, you just keep going.

Participant Six added a similar thought, “For 14 years, that's how I’ve made my living. I care about my job, you know, and the crimes I investigate are so severe, they have to stay with me, but somebody has to do it.” Participant Nine was involved in the shooting death of a suspect and was resolute the incident did not cause traumatic work stress. The suspect fired his gun simultaneously and was found to have died by suicide. Participant Nine did not want to be assured by other officers that she was not the cause of his death because she considered the shooting part of police work she was trained for:

The worst part of it was when two or three people walked up to me and told me not to worry because he shot himself twice in the head. And that made me mad because I did my job and they should have been saying, good job, you could have saved her.

Theme Two: Personal Identity Connected to Law Enforcement Roles

Participants began their journey into law enforcement through a variety of ways. Many wanted to be police officers from an early age and several others were recruited by police officers they collaborated with while employed in security, emergency services, dispatch, or other law enforcement adjacent jobs. Participant One knew she wanted to be a police officer at age five after watching a news story about a local officer. She viewed law enforcement work as a way out of her hometown into a more exciting life. Participant Three had the same goal of becoming a police officer at age ten and looked up to officers in her small Texas town. She later befriended them to learn more about their experiences and how she could join their department. Multiple participants had a public service

identity embedded into their family of origin. Participants Four and Nine had grandfathers who were in law enforcement and Participant Five's father was a firefighter. Three officers were greatly influenced by their fathers, who were first responders, to enter the field of law enforcement and viewed the job as part of both personal and familial identity. Participant Seven was proud of her father's founding role in her local fire department, "So my dad would pick me up from kindergarten and elementary school in a firetruck sometimes with the lights going headed to a call. I mean, so, I was a cool kid in school that got picked up in the firetruck." She also expressed a deep admiration for her father's friends in law enforcement. Participant Four did not feel called to police work until adulthood but quickly identified with the work, "So when I started in law enforcement, I fell in love with it. And, you know, it was, it's an amazing job, you have to love the job, or it will make you crazy." Participant Three believed policing was an identity she could not leave behind, "I ended my career, well it never ended, you're always a cop."

Participant Nine was not always comfortable adapting habits of her coworkers but viewed some as inherent to the masculine police identity and overall culture. "And that didn't always mean acting like a lady and that was the hardest thing, because when I started, I had never cussed. Not at all. But I had to adapt to that as well. I mean, that's a strange thing to bring up but it was altering my lifestyle." She later talked about adjusting to sexually explicit conversations and disclosed this was not as difficult, "It never bothered me. Yeah, I just let it roll off my back. And I absolutely fit right in as one of the guys." She shifted personal standards in order to align with norms of police identity.

Other participants were aware policing could become part of their identity but were mindful of negative effects. Participant Five advised against an all-consuming law enforcement identity by not “living and breathing police work” and set this boundary for herself to promote her mental wellness. She advised new officers, “There's more to life than that. I mean, yes, you'll hear this through your career, you're a cop 24-hours a day. Well, yeah, you are, but you're also a human being.”

Theme Three: Proving One's Self

Participants One and Five used the phrase “have to prove yourself” and several other participants echoed this theme with Participant Eight naming it in another way, “There's a period of hazing that you go through.” She experienced bullying from coworkers, she believes because she was young and female, and interpreted their behavior in two ways,” There's the ones that screw with you, because they want to make sure you get through it and that you toughen up and then there's the ones that do it to be mean.” Participant Five said:

I dealt with it in police work and you have older, old school I guess you could say, male officers, who don't think females should be officers. You know, they should be at home instead, so it was almost like you have to prove yourself that you can do it just as well.

Participant Three was placed in warrant service because of leadership's bias against women on the street. She believes this was just as dangerous, if not more dangerous, than working patrol, “Well, the sheriff, he didn't want me, you know, to do anything dangerous or traumatic. He was trying to protect me, I guess. Yeah. But that wasn't going to stop me.” She later talked about gaining the trust and respect of fellow

officers and detectives who often called on her to perform difficult duties she excelled at including interviews of victims or interrogation of violent criminals to confession.

Participant Four was the doubtful coworker after a female shift mate showed too much emotion on several scenes. Participant Four admitted she struggled to take her coworker seriously and said, " Yeah, I mean, she kind of had to prove to me that it's okay for her to feel those things and still get the job done."

Participant Seven said, "I mean, being a female law enforcement, you definitely have to prove yourself a lot more." She was involved in a violent family disturbance call after being put down by other officers who did not believe she could overpower a perpetrator. "Oh, she's gonna get her clock cleaned when she goes to patrol. She's too nice." During the call she intervened with several family members who were physically fighting and took one of the men down to the ground after hitting him in the face and causing his nose to bleed. Despite helping to secure him for arrest, afterwards another officer told her, "Next time, let us guys go in and do the fighting."

Participant Eight felt the pressure of proving herself to several males she supervised as a jailer in her 20s:

I kind of had to manage some of the older guys too and a lot of times, they would tell me that they were very surprised to find someone my age in that job. But I followed all of the protocols and usually, they came around because they saw that I knew what I was doing and then they trusted my judgment.

Participant Nine felt the same pressure from the first days of her career and identified the stigma as being the hardest part of her rookie years. The desire to prove herself was connected:

And I'm proving that I didn't want to be treated differently that I wanted to do what they did, what the guys did. I wanted to be equal. which didn't mean that I didn't want back up, it didn't mean that I didn't want help, because even guys get help. It just meant that I was one of the guys.

Theme Four: Cumulative Effects of Traumatic Work Stress

Almost all participants reported cumulative effects of traumatic work stress during their career and there was a range of indicators that seemed like symptoms of post-traumatic stress disorder (PTSD). Participant One reported crying every night during a difficult period and stated she needed about six months to recover from burnout, but she has not felt completely the same since a specific distressing event occurred at work. She also experienced a deep depression along with anxiety attacks and at one point had a plan to die by suicide.

Participant Nine expressed sadness and anxiety as she talked about her immense case load of child sexual abuse cases and her goal to investigate each one with careful attention to detail and concern for the victim:

My mind was constantly, I'm getting emotional thinking about it, it was constantly on. I've got to do a good job. I've got to go to the next one. I couldn't turn my mind off. Yeah, even when I was off. Yeah, it consumed you for sure because you want to do them justice.

Participant Two described depression and severe anxiety with anxiety attacks and irritability, Participant Five experienced mild anxiety at times, and Participant Eight reported extreme anxiety requiring medication to manage. Three participants associated increased alcohol use at times during their law enforcement career with traumatic work

stress. Participant One stated in the months after one difficult scene, she would drink a six-pack of beer to wind down and could not go to sleep otherwise. Participant Four attributed alcohol use concerns to accumulated traumatic work stress and said, “I know, and when I talk about like, the cumulative traumas, like, because I started drinking a lot, like to the point where it was becoming a problem.”

Four participants reported time slowing down during traumatic calls and were able to clearly recall images from those scenes. Participant Four first stated the accumulation of traumatic work stress was more overwhelming than one particular call, but paused and said, “But then on the other hand, like, I can remember clear as day my very first traffic fatality that I rolled up on.” She later added to this idea and said, “I never really think that it was, quote, unquote, traumatizing to me, but there's obviously a part that, I keep, you know, if I can remember those things so clearly.” She later talked about vivid dreams recalling an officer involved shooting. She reported everything slowed down as they were closing in on the armed suspect and called it “weird timing.” She could also recall exact images and conversations directly before and during their advance on the shooter. Participant Five also described persistent images, “I saw violent things happening in front of me. I carry that with me. There's some things you should never see. I can't unsee them. But I learned how to deal with them.” Participant Eight echoed this:

There are some things that you can't unsee. I will never be able to get those three dead children lined up on the kitchen counter of that nasty South Houston apartment out of my brain. Yeah, I will see that forever.

Four participants suffered from insomnia at times throughout their career and two reported continued poor sleep health well after retirement. Participant Four heard

gunshots in her dreams and Participant Six did not sleep for days after viewing a video of a child sexual assault. Three officers described irritability and lashing out at others in response to traumatic work stress with Participant Two describing her anger as a manifesting of grief. Participant Seven said, “I would find myself getting more snippy, more agitated, you know, shorter, definitely shorter tempered.” She also experienced burnout after being bullied by male coworkers who made fun of her weight gain related to health issues, “They would stand outside my door, and they would make mean statements, just like say awful things about me.”

Hardened Personality and Numbing of Emotions

Numbing of emotions was common among participants. Participant One said, “Because, you know, you're worried, you don't want people to think that you're crazy. Like, she's going to snap.” Participants often avoided crying at work because law enforcement is a male-dominated field and men are likely to be socialized to suppress emotion or to condemn women for having feelings at work. Two participants framed suppressing emotion as a safety issue. Participant One said, “Yeah, I think it starts in the police academy and is continued throughout your training. You've got to be tough and you have to be in control. You can't be weak or it will cost you your life.” Participant Eight thought being emotional on scene could damage a case in court, “A good defense attorney will say, well, that officer just broke down on the scene and, you know, that shows that she couldn't do her job without letting her emotions enter into it and that's the fastest way to get a dismissal.” Showing emotion, empathy, or compassion was often viewed as not acceptable, although Participant Two believed there was some progress in this area compared to the 1990s when she started law enforcement work. She said she

worried about how to survive in a male-dominated profession and had to “train the female out of myself.” Three participants spoke of adopting a “bitch” persona or working with other female officers who had a hardened personality. Participant Two stated, “I felt like I had to be a bitch to garner any respect or credibility.” She stated she was conditioned in the academy and throughout her career to be “hard” and then taught other female officers to adopt the same hardened personality. Participant Three said, “Yeah, the females don't want to seem weak.” Participant Four felt numbing of emotions was a difficult piece of her experience. She said, “That's one of the hard parts about being a female in this field, there are still those feelings around that women are just too emotional, or, you know, even if it's completely justified, you know, any shred of emotion, it's a weakness.” Participant Seven regularly numbed emotions until gaining new coping skills in counseling. She said, “You always have to be the strong one, because you're taught in law enforcement that it's okay to be angry, but you can't be sad. My supervisor once told me if I promoted, to never let my troops see me cry.” Participant Eight felt pressure from family to toughen up, “My mom has always been the shake it off, dust it off, you know, pull up your bootstraps kind of person.” Participant One said, “I just don't care anymore, but I guess I do because I still want to do a good job.” Participant One continued, “I tell young cops, you're going to come into this job bright-eyed and bushy-tailed, but you're going to leave the complete opposite.” When discussing a difficult scene involving the death of a child, one officer described comforting the distraught mother. “That was the moment I lost control, but on the inside. I didn't let it come out on the outside. That had never happened to me before.” Participant Two described a similar experience saying she learned to block emotions for

years as an officer, but her most difficult call resulted in her walking around in a daze for almost a week followed by anger. Dark humor was a common coping technique discussed by participants, especially with other law enforcement officers and first responders. Participant One called humor used in law enforcement “warped” and a “deflection technique and coping mechanism.” She also said, “You know, like, we can go do a death scene with blood and guts everywhere and then go eat right after. We're hungry, you know, so we can crack jokes or talk about where we're going to eat after this.”

Theme Five: Work-life Balance

Participant Three spoke of taking time off later in her career to care for a grandchild and stated her police work kept her away from her family when her four daughters were young. She said she probably worked more than she should, and she felt she buried herself in her work as a means of coping. She said her children became used to her being away and leaving for callouts in the middle of the night and although she wanted to manage her time effectively between home and work, she “did not do that well.” She stated she felt a stronger pull to be at work and this resulted in feelings of guilt about taking time away from her loved ones and in increased work stress. Participant Five endured a voluntary demotion because shift bid, a process of officers requesting work shifts based on their preference, availability, and seniority, occurred while she was on family and medical leave and she did not want to have her infant in childcare while she worked the overnight shift. She asked for more time to make the shift change but was denied by the chief of her agency. She reported resentment with the lack of support and consideration for work-life balance:

You have so many things sometimes thrown at you and learning to juggle everything, okay, you got to make choices. My choice was my family and my children, and they will always be before anything else. Then everybody's like, oh no, police work comes first. No, no. Police work will always come second to my children.

She felt this was a double-standard as males were not scrutinized in the same way for having children or other family obligations. “Yeah, you know, being picked over for different positions because you're not male.” A less experienced male officer was promoted in her place. Participant Six shifted from drug enforcement work to criminal investigation after the birth of her first child:

I mean, I think like I said, not necessarily just being a woman, being a mother is hard, you know, because I was the only girl on the task force. And my daughter had a doctor's appointment, you know, I had to take her somewhere and was not available for surveillance. And I would get so much, you know, shit, just for not being there, they didn't understand.

The DEA position was unstructured, stressful, and required long shifts into the evening with much time away from her family. “I was missing dinner and missing all sorts of things. It really got to be too stressful, you know. I think it was, you know, a lot of pressure at work, and then a lot of pressure at home. And I was just not happy. I loved the task force work, but it got to the point where I was just miserable.” Her role change to the criminal investigation division provided a routine and known work and call schedule. Participant Eight also altered her role in law enforcement to accommodate her family. She stated the nature of shift work with 12-hour assignments left little time for anything

else including family. “Because, you know, by the time you were home and gotten things situated and you've gotten some sleep, there is no time to have family time, you had to basically wake up and go do it again.” She juggled the demands of her job while caring for her infant son until she could no longer do both, “I decided that working shift work in law enforcement and corrections, as a single parent with a new baby, it was not something that I wanted to continue to do.”

Theme Six: Agency Leadership Contributing to Traumatic Work Stress

Multiple officers mentioned lack of confidence in their administration's leadership skills and stated they often did not feel supported by the upper echelon. Participant One, a veteran officer, stated she was not impressed with the people promoting in her department but stated she did not feel justified in complaining because she did not want to promote. She felt resentment towards much younger and less experienced officers promoting, but stated she tried to respect their positions. There was also a connection between lack of administration support and the impact of distressing events officers described. Participant One stated she was targeted with multiple write-ups by a new supervisor who was angry at an unrelated situation. She directly blamed agency leadership for her period of burnout. “There's a lot of bitterness towards those people (administration) now.”

Participant Three described herself as a people pleaser and said anytime she received reprimands or negative feedback from supervisors about her work, her overall stress level increased. Participant Six did not feel supported by supervisors when she was undergoing fertility treatments that required frequent doctor visits. She believed this increased overall stress, “And so I was missing work for that, too. And even though I've

always been honest about IFV, so everybody knew what we were doing, it was just like, oh, you're not here.” She recalled going into work for an important case presentation while having a miscarriage and then later being undermined by a coworker who did not share information about an important interview within the case. She identified this as the “final straw” for her drug enforcement career. Participant Seven was also punished by her supervisor for taking sick time and feels he retaliated due to gender discrimination and hostile work environment reports she filed with her agency’s human resources division. She said, “When I went out the hostility toward me got worse, because I worked for a supervisor that was of the mindset of why are you taking a sick day.” She also received criticism for taking time off when her father had surgery, her aunt died, and then when her grandmother died two weeks later. She said, “In the meantime, male officers are taking six weeks vacations.” She was later terminated for taking these days off.

Theme Seven: Public Perception

Participant Six felt increased scrutiny of her work because of a negative and highly publicized sexual assault of a child case at her department. Although she was not in criminal investigations at the time of the case, it cast a shadow of public doubt over the department and investigative work done there. She said this about the botched case, “And, I mean, every time that gets thrown in my face, I said, you know, well, obviously, we strive to be better. And I hope that one case doesn't shed negative light on my entire department.”

Several officers mentioned getting direct positive feedback from citizens in the wake of recent protests and pushback on police brutality. Participant Four talked about working for a department in a major city where police brutality protests have been

ongoing for months. She has seen both sides of public perception with what she described as “pure hate” focused on officers. Citizens have thrown things at her and threatened physical violence. Although this has resulted in lowering her morale as well as the overall morale within her department, she stated she will continue to protect their right to protest. She also spoke of police supporters approaching her on duty and expressing encouragement.

Officers in smaller departments seemed to have more overt community support. Participant Ten said, “We're very lucky for where I am. We have a very supportive community.” Participant Nine felt support from the public in the past but believes it’s shifted in the recent climate, “Seems a little bit more obvious now because people will come out and say, thank you for your service, where before it was just kind of understood, right? Or you might occasionally have someone anonymously buy you lunch.”

Participant Four talked about the current scrutiny of law enforcement in this way, “And this is the first time in my entire career that I've started to not love it so much, because it's knowing that myself and my brothers and sisters around me are all coming from a good place.” Participant Seven was so affected by lack of public support she named it as one of the most difficult aspects of the job and said, “A hard part for me was a lack of support from the community, because I absolutely loved helping people.”

Theme Eight: Changing Roles or Leaving Law Enforcement

During their law enforcement career, traumatic work stress could motivate participants to consider leaving the field or shifting to other roles or divisions. Participant Eight was called to a death scene of three young siblings that was so gruesome many first

responders became physically ill and vomited, including Participant Eight. She stated after she left the scene, “I called in sick the next day. And the day after that. And the day after that.” She left child abuse investigations not long after she started in part due to this disturbing case. “And it doesn't matter how long you've worked or what your background is something like that, I will say that the those two cases came very close together and within a couple of weeks, I had tendered my resignation.”

Participant Nine struggled to cope with the death by suicide of a child abuse suspect after her business card was found beside his body. She said this spurred her decision to leave child abuse investigations after over 15 years to work financial crimes instead. She had to wait several months for the changeover and the delay increased traumatic work stress. “I didn't realize what stress I was under until it was over and I didn't have to do it anymore. And then it was like, a weight was lifted. I felt free.”

Three participants felt called back into police work after high-profile events involving officers, one after a line of duty death in her community and the other after a publicized incident of police brutality. Participant Five, who retired because of health issues, said, “I guess I have a guilt I carry because I feel like when things happen, I should be out there doing it.” She thought nothing would keep her from getting back to full duty and she tried physical therapy and other treatments to recover, but eventually realized she was a danger to herself and fellow officers because she was not physically well. “And so, you know, I had to deal with losing my career. I have my doctor telling me, no more, you can't do this anymore. So mentally, it was very hard.” Participant Seven also left law enforcement with chronic health issues after being ostracized by her supervisor for taking sick days. She described a difficult year with her health declining,

multiple deaths in her family, and her dad having surgery. She reported she was terminated in a voicemail when she was away from work for kidney removal surgery, her supervisor cited too much time off and poor performance. She clearly labeled this retaliation for complaints she made against the department because she had no negative evaluations in almost 25 years of service and had won a statewide award for her work in law enforcement. Participant One also felt discouraged by a negative supervisor, but looked forward to retirement and stated, “I’m young enough to have a whole other career. I’m excited to start a new chapter in my life. I’m just not having fun anymore. Something happened to take the wind out of my sails.”

Theme Nine: Importance of Support Systems in Coping

Family and Partner

Most participants credited their parents for being very supportive of their chosen field with Participant One reiterating, “I couldn’t have done it without them.” Participant Seven leaned on her parents most to debrief about difficult calls as they had all worked in emergency services and Participant Ten counted on her mother. “I think I’m lucky. My mom has always been my biggest supporter. I can literally tell her anything.” Participants Two and Nine credited spending time with their grandchildren as means to cope. Participant Three agreed and immediately mentioned spending time with family when asked about coping tools and appreciated that they did not expect her to talk about work or “gory stuff.” She said, “They’ve always been supportive of my work and we don’t have to talk about it.” Participant Nine said talking about traumatic parts of her work with her family was not off limits, but she avoided difficult topics to protect them. Participant One

stated she did not tell anyone of her plan to die by suicide but did not carry out the plan because of the impact it would have on her family, especially her children.

Family could also contribute to traumatic work stress when crime victims reminded participants of family members, especially if victims were close in age to participants' children or grandchildren. Participant Three recalled working a difficult death of a teenager by suicide and being deeply affected because the teenager was the same age as her grandchild who was struggling with depression. She remembers taking all her weapons out of her home after that call to attempt to protect her grandchild. Participant Five mentioned increased traumatic work stress with her most difficult call because the murder victim was the same age as her son at the time. She said the details of the case were especially gruesome and she was not able to testify during the first part of the court process because she was due to have her youngest child. Participant Six struggled with infertility and believed this affected how she saw child abuse cases:

I get CPS mailing lists several times a day of all these horrible situations, you know, where I'm investigating these child sexual abuse cases and they're not in a safe environment. CPS fails all the time. Like, we just had a baby death, and they have closed out the CPS case. I think that is the hardest for me and I think a lot of that stems from infertility.

Participant Eight noticed an increase in traumatic work stress after responding to the murder scene of three siblings under the age of five when she had a young son at home. "My son was little and the murdered kids, the oldest one was five. You know, I mean, that I was like, my own child wasn't even that old yet." This contributed to her leaving shift work for a teaching position, "And, you know, so when I'm sitting here

looking at my own child that age and thinking I don't want to be that parent who has to leave my child with a babysitter because I'm working a night shift and worry about them all night long because I don't know what's happening to them.”

Almost all, nine participants, had current or former spouses in law enforcement. The officer who described suicidal ideation credited support by her husband in her decision to seek inpatient care. Her spouse accompanied her to her first therapy session, and this eased her anxiety about receiving mental health services. Participant Two stated her spouse, also in law enforcement, went through his own healing process and now they are a great support to one another. Two participants mentioned having a partner who wanted to problem solve when they really needed their partner to listen and hold space for them; they both attributed this to men having a need to give advice or to be protective of their partner. Participant One felt differently and said, “I’m married to a cop and he just gets it.” Participant Three had other partners after divorcing her husband who was an officer and described dating a civilian as difficult because communication was more difficult, and he did not understand police work. Participant Six agreed saying her husband was a good listener, “but he's never been a police officer.” Participant Ten has filtered information about work when talking to her civilian husband because he is sensitive to injustice, especially for child abuse survivors. Participant Four said of her partner who is a retired officer:

He understands the ins and outs of being a cop. He's been a cop and so he gets, you know, he gets that stuff. And so that's nice and that's probably been one of the best supports I've had in a long time.

Participant Seven worked on the same shift as her partner and was comforted when they could debrief together her after a difficult scene. “And you know, my husband at two or three o'clock in the morning, he's gonna answer the phone for me.” She recalled him coming home after work once to find her crying on the closet floor and sitting with her as she processed grief. Participant Five said she has vivid memories of the last case she worked with her husband, also in law enforcement, before they moved on to other agencies. She identified this as her most traumatic call and was able to process traumatic work stress and other emotions related to the call with him. “And so, you know, he and I both dealt with that one together.”

Participant Nine was married three times and summarized the difference in law enforcement and civilian spouses:

It was nice to be able to talk about stressful events without having to explain some of the terminologies and the feelings you go through. My other husband, he was an electrician, and he was totally clueless about police work so if I talked about something, I might have to be there for an hour to explain why I did something, or why I felt a certain way when the other two really understood.

Peers and Friends

Two participants stated many officers at their agencies expressed support one-on-one during their most difficult experiences as officers, but none were willing to back them publicly. Both reported this was somewhat helpful, but peers speaking out in their defense would have had a positive effect on their mental health. Participant Four stated she appreciated other officers who shared her experiences and were willing to talk about traumatic work stress. She believed the stigma of talking about difficult experiences with

peers had improved in recent years. “I mean, just ten years ago, we didn't talk about things the way we do now. I think we're definitely in a better place as far as that goes and sharing those experiences with each other.” Participant Ten agreed attitudes about mental health have changed over the last half of her 21-year career, “Yeah, I do think things are changing, and there's not as much stigma.” Participant Five mentioned missing the camaraderie of her police coworkers in retirement and stated when she left law enforcement, she lost the support of her police peers. “We spent a lot of time together and our kids played together, and yeah, honestly I miss that, you know. I don't understand it, but when you leave when you leave, it's no more.”

Peers made a significant impact on participants willingness to seek therapy or similar support. Participant One was very skeptical of Eye Movement Desensitization and Reprocessing (EMDR) until a fellow officer “bragged about it” and encouraged her to seek individual therapy with an EMDR specialist. She was one of several participants that described EMDR as “voodoo”, but believed it was very effective in helping her cope with traumatic work stress. Participant Two spoke of using public speaking and training to break the stigma of seeking help. “We talk at conferences, or we'll do peer support with somebody at a conference or something like that, and we'll just encourage them to get help, you know, tell them to get counseling somewhere, and then inevitably, somebody will call us and say they did what we told them to do.” Participant Four supports the notion of peer referrals for mental health:

I always say cops are some of the best referrals. Because if you can do business for a cop, and do well, then they're gonna recommend you because we only use people that we trust. We are so distrustful you know, we don't trust anybody, so

once we find someone that we do, everybody uses that service. I think mental health will be the same way. It's got to be somebody that knows and understands us.

Support from other female officers seemed important to participants. Participant One felt female officers at her agency built each other up. Participant Two perceived female officers to be harder on each other than their male counterparts and felt shifting this dynamic would improve peer support. Participant Eight felt she received the most criticism from female coworkers when she was a supervisor, "And then you had the group of women over here that looked at you and called you a bitch behind your back every chance they got and would do anything to undercut you or try to get you in trouble." Participant Three also mentioned a sense of competition among female officers and jealousy especially if another female officer was promoted or another female detective was perceived to get better cases. She said that otherwise, because there were fewer female officers, especially when she started in law enforcement over 25 years ago, most worked together and got along well. Participant Four fondly spoke of a patrol shift combination of three female officers on duty with no male counterparts. She stated, "And it was like, during that month, if I remember correctly, that we had the most arrests, with the fewest complaints and the least use of force." Participant Six quit smoking to cope with stress and said she then turned to a female coworker as her primary means of support. "I think she's really my go-to person, like, I can tell her everything and I call and talk to her about it. And chances are she already knows about it."

Participant One talked about purposefully seeking out friends who were not in law enforcement to talk about issues other than police work. She appreciated friends who

would “show-up” and be supportive in tangible ways. “Friends that are not cops help keep you grounded. It helps keep you attached to reality because we don't live in reality. We live in a dark web.” Participant Five also highly recommended civilian friends and warned against congregating with only police officers, even at police events. “Start a new conversation, talk about something other than cop-shop for your mental health, because you live and breathe that every day and you gotta have an escape, just good conversation and laughing about other things.” Participants Seven and Nine saw value in having non-law enforcement friends and Participant Seven appreciated friends working in other service-related fields like EMS, nursing, dispatch who had similar experiences of traumatic work stress. Participant Nine said she appreciated friends she could trust with information about work:

I do have some girlfriends, some really close friends that if I need to talk about a case I know that they're not going to repeat it. Well, I never mentioned names, but I know they're not going to talk about whatever I tell them.

Other than one close work friend, Participant Six also purposefully separates her career and personal life and rarely socializes with coworkers except on special occasions, “I find it much more sane that way to take a break and get away from here.”

All but one participant agency had a peer support program. Participant Five had thoughts on the impact of constant peer support, “I think just continuing to say we're here, we hear you, we see you, we're there for you, you need to talk about anything in the middle of the night, here's, you know, here's my card.” Participant Four described the peer support program at her department as a great start for mental health support and as a possible route into professional counseling. Participant Five reiterated the importance of

peer support sent over to her suburban police department from a larger agency after a line of duty death involving her friend. “We were able to cry and talk about it. How important that was! If we didn't, what happens is you hold it all in. Not every police officer likes to talk about things, they hold things in.” She also felt supported by her coworkers who frequently contacted one another after their coworker’s death and still do on the anniversary of the incident 10 years later. “Check on your cop friends. Call and check on them.”

Mental Health Services

Three officers participated in Eye Movement Desensitization and Reprocessing (EMDR) as part of individual therapy and two participants described the technique as “voodoo.” All reported EMDR interventions were instrumental in their healing from traumatic work stress. Participant One said that after receiving EMDR treatment, she was able to cope well with a difficult scene like one she processed in therapy. Participant Two credited EMDR as being so effective it was the gateway to her seeking additional mental health support. Participant Seven said EMDR was instrumental in managing anxiety and grief she experienced as traumatic work stress, “I noticed that my coping mechanisms were changing, that my cup was getting full. And that if I didn't do something about it, I was going to explode.”

One mental health provider was mentioned multiple times because she specializes in supporting first responders and was often recommended between officers in Central Texas. Knowing counselors were either former first responders or were trained to work with first responders seemed to ease worry participants had in seeking mental health support and Participant One mentioned this made a difference in the effectiveness of her

mental health care. “Because that's what they do. They deal with first responders and military you know, so they know how we march to the beat of a different drum.”

Participant Four found support she needed to stop alcohol use through Alcoholics Anonymous, but worried seeking help would brand her as unfit for duty. She said, “Am I gonna be looked down upon for going to AA? Or is the department going to start looking into past things that I've done?” Participant Eight also believed all officers, but especially females, were judged harshly for seeking therapy, “Getting people to actually do it, nobody wants the stigma of being in therapy, especially men, they don't want that. Of course, you know, if women go to a counselor regularly, well, people think that's because they're weak.”

Participant Four was reluctant to utilize her department's in-house psychologist, relaying, “She was the last person I wanted to go to.” She was even more unwilling to use the Employee Assistance Program (EAP) and said she worried about consequences and did not feel comfortable with either program. Participant Nine was also resistance to all forms of mental health counseling and turned away peer support after she shot a family violence suspect. She wondered if traumatic work stress on certain scenes affected her memory of provided support. “They may have debriefed at times, I don't recall but that's the weird thing about traumatic events. They could have done it and maybe I forgot.”

Theme Ten: Somatic Responses

Eight participants struggled with gastric issues, some chronic, including reflux and irritable bowel syndrome. Participant One reported lack of appetite and subsequent weight loss due to stress of being scrutinized and targeted for write-ups by a new supervisor. Participants Two and Seven stated they ate in response to stress and both

gained weight during their time in law enforcement. Participant Three stated her weight fluctuated greatly and was a constant battle during her time in law enforcement.

Participant Six said she did not eat for days after viewing a video related to a child sexual abuse case. Participant One broke out in a rash during a difficult period of scrutiny by a new supervisor and called in sick often when she was experiencing burnout. She described anxiety attacks with a pressure “in the core of her chest.” Seven participants identified neck and/or shoulders as an area in their body where they carried stress, with several frequently getting massages as a form of self-care. Participant Ten said, “I think I feel a lot of stress on my shoulders and my neck. You know, my husband will try massages or whatever and tell me it feels like rebar.” Five officers interviewed have been diagnosed with stress or migraine headaches. Participant Four incorporated an intense exercise routine into her self-care but stated, “And so my body fought me the whole way.” She was later diagnosed with thyroid issues and a viral form of arthritis with inflammation and achy joints. Participant Five had a difficult path leading to an autoimmune disease diagnosis affecting her muscles starting with wrist pain. She met with eight doctors and was eventually hospitalized for over a week prior to diagnosis and before her illness was managed had significant weight loss, fevers, and muscle damage. Her physical pain and weakness lead to light duty and then retirement.

Participant Six spoke of infertility struggles, chronic gastric reflux that lead to a surgical implant in her esophagus, and effects of smoking to cope with traumatic work stress. Participant Ten has high blood pressure and stated every detective she worked with in criminal investigations developed high blood pressure within a year of starting there. Participant Seven was diagnosed with endometriosis and had a kidney removed

after kidney failure. She also still experiences muscle fatigue and soreness although she left law enforcement over five years ago. Participant Eight said about muscle pain:

Physically working 12 hours in the jail on your feet, or in dispatch in a chair, or sitting in that patrol car, where you couldn't really get up and walk around at all. Mmm. That's a very painful thing after a while.

She experienced back pain and has been diagnosed with chronic migraines confirmed by her neurologist to be stress related. When she was working in law enforcement, she had three to four headaches per week. Participant Nine visits a chiropractor for neck and shoulder pain that affected circulation and caused nausea, "I get dizzy and I throw up and and it's very much a physical reaction to the stress."

The Essence: Empathy and Looking for Humanity in Self, Peers, and Others

When supporting a rookie officer through a difficult family violence scene, Participant One described taking him aside and saying:

She's a person. You're a person first. Let's get her comfortable with you before you ask a thousand questions. That's it for me passing on advice to rookies. We're people first. I mean, we see the underbelly, but we're people first.

She reported onlookers at a scene provided a blanket to cover a young child who died, another officer bringing the child her doll at the mother's request, and media agreeing to not film while the child was moved, "Humanity was amazing that day." Later in the interview she talked about helping a grieving mother by getting on the floor with her and hugging her as she cried. She reiterated, "I went to the ground with her because we're people first." Participant Three said, "And, and I think a lot of that, too, may just be

a female thing, if not a mom thing, where we worry about everybody else.” Participant Six:

I think women are better talkers. I am grateful for that, for getting on people's level and learning how to talk to them and if you talk to them like a person, you will get so much more out of it, versus coming in with this authority. You know, end of the day you just need to treat people like people.

She wished for the same consideration from administration and coworkers, “Like, I'm a person, you know, I have feelings. I'm a mother, you know what I mean?” Participant Eight posited that because of maternal instinct, female officers are more effective in cases requiring empathy like family violence calls or ones involving children or the elderly. She believed female officers are also more adept at diffusing volatile incidents. Participant Four connected empathy for the victim at her first traffic fatality to lasting effects of traumatic work stress, primarily having total recall of the scene. Participant Seven was connected to police work primarily through helping people and felt supported by others when they saw her as a person and not a badge number.

Summary

My goal for this chapter was to consider participants lived experiences of traumatic work stress within the framework of my research questions. Themes aligning with the research questions emerged as: Culture of Traumatic Work Stress; Personal Identity Connected to Law Enforcement Roles; Proving One's Self; Cumulative Effects of Traumatic Work Stress with a subtheme of Hardened Personality and Numbing of Emotions; Work-life Balance; Agency Leadership Contributing to Traumatic Work Stress; Public Perception; Changing Roles or Leaving Law Enforcement; Importance of

Support Systems with subthemes of Family and Partner, Peers and Friends, and Mental Health Services; and Somatic Experiences. I also captured the essence of the experience, Empathy and Looking for Humanity in Self, Peers, and Others, as the final step in transcendental phenomenological coding using the Modified Stevick-Colaizzi-Keen method as described by Moustakas (1994) to form a universal depiction of the phenomenon.

Chapter V

Discussion

Introduction

This chapter consists of a summary of my study, discussion of findings focusing on themes, implications for counseling practice and mental health support at law enforcement agencies including participant suggestions, recommendations for further research, and conclusion.

Summary of the Study

There was a gap in literature with a phenomenological approach to examining female officers experience of traumatic work stress. I found no other studies that used this exact terminology and female officers were underrepresented in research on police stress with scholars often leaving them completely out of the literature. The purpose of this study was to explore the perceptions of women in law enforcement regarding experiences of traumatic work stress with the following research questions: What are the shared experiences of traumatic work stress for women in law enforcement? How do female officers cope with traumatic work stress and find support networks, peer support, and mental health support? How is traumatic work stress experienced in the physical body of female law enforcement officers? The research method is qualitative in nature and phenomenological in tradition. I also chose Somatic Experiencing (SE) as the primary theoretical framework of the study because of its suitability to categorizing coping with and body responses to traumatic work stress. In the SE model, responding to traumatic work stress reflects intensity and frequency of the traumatizing event, external context of the traumatized including support systems, health, and additional life stress,

physicality and genetics related to resilience, learned skills, perceived resources, and history of healing from trauma. For this study, I purposefully excluded questions about participants history of trauma outside of work in order to focus on the lived experiences of traumatic work stress. I applied a phenomenological methodology design to provide a window to the experiences of traumatic work stress, coping tools, support systems, and somatic experiences of female officers participating in the study. Using steps outlined in transcendental phenomenology, our coding team uncovered multiple themes and subthemes related to the research questions.

Discussion of the Findings

Distressing events and the most difficult part of the work often overlapped for participants. They described hostile work environments, gender discrimination, reported cases of sexual harassment, a demotion because of choosing their child's wellbeing over work demands, feeling justice was not served for victims, knowing victims when working in smaller towns, demands of being on call, and working long shifts away from family. Gehrke and Violanti (2006) found female officers experienced more severe symptoms after incidences involving child abuse. Eight, almost all, participants mentioned child abuse or child death as a source of traumatic work stress. Other death scenes also had an impact on traumatic work stress and participants spoke in detail of traffic fatalities, fire related deaths, and death by suicide or attempted suicide scenes. Participant Four gave a detailed account of a gun battle involving her shift that ended with her supervisor killing the perpetrator. Participant Two counted a coworker who attempted suicide as her most distressing event.

Research Question One

What are the shared experiences of traumatic work stress for women in law enforcement?

Shared experiences of traumatic work stress were characterized in female law enforcement officers interviewed for the study by the phenomenon becoming an accepted part of law enforcement, female officers feeling deeply connected to their work identity, a need to prove themselves in police work, cumulative effects, work-life balance, agency leadership contributing to the phenomenon, public perception, and changing roles or leaving law enforcement.

Traumatic work stress as an accepted part of law enforcement culture was a theme supported by multiple researchers. Researchers support the inherent danger and potential for trauma in law enforcement citing physical danger and prospective exposure to distressing events as trademarks of police work and claimed that the danger is the primary justification for police agencies to exist (Gershon, et al., 2009; Woody, 2006). Toch (2002) places police work at the top of the most dangerous and stressful jobs. Although danger is expected and necessary within the normal limits of the profession, the mix with potential violence and uncertainty of what each shift may bring affects officers' psychological well-being (Woody, 2006).

Cumulative effects of traumatic work stress emerged as a primary theme in interviews. A subtheme was the hardened personality and numbing of emotions that many participants described, some using the term "bitch" for fellow female officers and some using the same term for themselves. They began to see others in a contemptuous and depersonalized way and often viewed themselves with the same disdain (Hawkins, 2001). Many participants shifted their role in policing due to traumatic work stress or left

law enforcement through retirement and others looked forward to the day they could retire. Cumulative effects of traumatic work stress could be attributed to burnout, a primary factor in quitting public service work, and researchers found increased emotional exhaustion, depersonalization, and emotional callousness were predictors for burnout (McCarty, et al., 2019). Other participants were consumed by the culture of law enforcement and then found it difficult to leave the field, even when recognizing ill effects on their mental health and bodies. Participants Five and Seven both experienced chronic illnesses and other somatic effects that forced them out of police work, but this did not change their law enforcement identity or lessen the grief of losing their police family and connection to police work.

Cumulative effects also included anger and irritability with a subtheme of numbing of feelings to endure traumatic work stress. Carlan and Nored (2008) found the most widely used coping mechanism is avoidance, a maladaptive strategy that only deters confrontation and processing of the issues. Anger is often a secondary emotion meant to deter from underlying emotions, most likely sadness or fear. When a person's body is not able to discharge trauma, it is often redirected into negative emotions such as rage and shame and then becomes difficult to separate from undischarged trauma (Levine, 1997). Traumatic work stress experienced by multiple participants seemed to be channeled into irritable outbursts or was suppressed.

As they found more work and home life balance, female officers physical health improved (Gachter et al., 2011). Many participants in my study discussed work-life balance and making difficult choices between work, family, and social life. Four officers altered the trajectory of their career due to family obligations by taking demotions,

changing roles, or leaving law enforcement for careers with predictable schedules. At least one participant felt guilty because she preferred spending time at work to being at home and others felt grief over losing status after working hard to advance in law enforcement. Others clearly wanted to shift focus to their home life. Participant Eight captured the spirit of this, “You're thinking, my god, how much time did I waste doing this job, that I could have been spending with my family.”

Over identification by participants mirrors research completed by Miller (2007) who used the term super-cop to describe officers so devoted to law enforcement that their work identity consumes other aspects of their life resulting in a higher risk for maladaptive behavior. One example noted in my study was Participant Nine's shift to a more masculine persona. She gave the example of using foul language for the first time after becoming a cop, curse words she was never entirely comfortable speaking, to fit in with her coworkers. Morash, Kwak, and Haarr (2006) categorized foul language and sexual jokes as harassment and a stressor for both male and female officers.

Other participants used alcohol as a maladaptive means of coping. Reported in a literature review, there was much dissension among researchers about the prevalence of alcohol use among police officers. Some reported higher rates among officers linked to trauma, but other scholars reported no increase in consumption rates of officers as compared to the general population. (Lindsey, 2008) Increased alcohol use in response to traumatic work stress was disclosed by three participants in my study with Participant Four seeking support from Alcoholics Anonymous (AA). Several others mentioned drinking socially without concerns of overuse. Participant Four reported increased

alcohol use in the first half of her career and fit a finding that the highest risk of alcoholism was among rookie, White, unmarried officers (Lindsey, 2008).

Public perception was mentioned by almost every participant and considering the theme of public scrutiny, media does not help improve this barrier because the focus is often on the negative aspects, rather than the positive, and salacious news is likely to attract more views (Waters, 2007). Participant One said, “We really have more supporters than we don’t. And I really, I believe that there's more good in this world than there is bad. But the bad is what gets the media ratings, you know.” Negative news about law enforcement may increase officer feelings of isolation (Woody, 2006). Participant Six limited her social media time to avoid negative stories about law enforcement.

Participants talked about community support differently depending on the size of their department and region served. Although all participants reported positive and negative public feedback in the aftermath of recent police brutality protests, participants in urban police departments reported less support and more threatening behavior from citizens. Participant Four described an upsetting exchange, “Now sitting on horseback in front of these protesters, and then one, somebody tried to stab our horse, throwing stuff at us, telling us, you know, what horrible people we are.” Although she later had a citizen yell accolades at her, overall traumatic work stress was increased by negative public perceptions. Participants in suburban cities did not describe scenes of protest and had many more positive interactions with the public. Participant Nine stated she and colleagues had citizens pay for their meal, a stark contrast to being screamed at on the street. Morash, Haar and Kwak (2006) supported this as they found differences in societal and community stressors for urban, suburban, and rural police forces.

Another emergent theme in my study supported by the literature was agency leadership contributing to traumatic work stress. Extremely hierarchical departments were found to be an underlying cause for stress in officers (Woody, 2006). Participant Two stated, “What a police department administration does to people can be far worse than any critical incident that they (officers) can go through. And I think especially for females.” Officers reported being negatively affected when their department administrators issued unfair discipline and held expectations that job duties take precedent, both factors identified by researchers to decrease job satisfaction (Zhao et al., 2002). Participants One and Three spoke of being targeted with harsh discipline and a subsequent increase in traumatic work stress and burnout. Many participants mentioned supervisors expected them to put work above their wellbeing with Participants Six and Seven facing consequences for taking days off for health issues. Participant Seven was laid off for too many sick days. Zhao et al. (2002) found police leadership may also limit the ability to take care of mental health. I perceived a sense of disillusionment and resignation in many veteran officers interviewed who were supervised by others with less time on the police force. Officers in one study took issue with promotions not tied to merit or ability (Gershon et al., 2009). In my study, Participant One was not impressed with higher ranked officers in her department and resented promotions of younger and less experienced officers.

Research Question Two

How do female officers cope with traumatic work stress and find support networks, peer support, and mental health support? Stress is decreased for officers with strong support systems and female officers tend to have well-developed support systems

with partner support especially connected to their mental health. (Chapin, et al., 2008).

Subthemes of family and partner, peers and friends, and mental health services were evident in participant responses to interview questions about coping and support.

Participant Five summed up support from family, partners, and friends well by saying:

Also my husband, being a police officer, we've always been able to talk about things. And that's important and family is important, whether it be your parents or your siblings or even friends, being able to talk to them and have a support system is good.

Many participants mentioned spending time with family and friends as means to cope with traumatic work stress. Family could be a source of traumatic work stress when officers responded to calls or investigated cases with victims who reminded them of their own children or other family members. All ten participants had current or former spouses who were law enforcement officers with most appreciating the ease of talking about work struggles with a partner in the field. Several participants leaned on family to process traumatic work stress while others avoided telling family members about difficult aspects of their jobs. There was a similar divide when deciding to tell friends about traumatic work stress, with two participants trusting friends with details. Other officers interviewed stressed the importance of having friends outside of the field who could bring normalcy to conversations. Peers could increase or decrease traumatic work stress and some participants felt supported by female coworkers while others did not trust them. Researchers reported in one study that all female officers benefited more from social support (Gachter et al., 2011).

Almost all agencies associated with participants offered debriefing groups after traumatic incidents and many offered peer support services. Four participants worked for departments that had a contracted counselor on staff. Willingness to utilize mental health services including Critical Incident Stress Debriefing (CISD) groups, peer support, and counseling services varied greatly among participants. Six participants met with counselors for individual sessions with three practitioners using Eye Movement Desensitization and Reprocessing (EMDR) interventions, four attended a Critical Incident Stress Debriefing (CISD) session at least once in their law enforcement career, two received peer support, one attended group therapy, one used their Employee Assistance Program (EAP), and one was admitted to an intensive outpatient program (IOP). Two participants were reluctant to use any form of mental health support and had not participated in counseling, peer support, or debriefing sessions.

Research Question Three

How is traumatic work stress experienced in the physical body of female law enforcement officers? Research themes seemed most connected through participants somatic experiences to traumatic work stress. Head and shoulder stiffness and pain, gastric issues, and headaches including stress headaches and migraines were prevalent among participants. Trauma-related health issues have been found in over 25% of officers including stomach problems and high blood pressure (Van Hasselt et al., 2008). Eight participants in my study reported gastric issues and two were diagnosed with high blood pressure. Participant Ten mentioned an ongoing joke in criminal investigations that new detectives would develop high blood pressure within a year, and this proved true in her department. Several participants alluded to feeling betrayed by their bodies, even

when trying to counteract the effects of traumatic work stress. Researchers found female officers perceived mental stress equally with male officers, but physical somatic effects and overall health was perceived significantly higher (Gachter et al., 2011).

The Essence: Empathy and Looking for Humanity in Self, Peers, and Others

Participants who spoke of having empathy for others and finding the humanity in people contrasted with two previous research studies. Repeatedly seeing the worst in people was found by one researcher to promote supreme distrust of others (Hanewicz, 1987). Another scholar later reported repeated interactions with violent and dishonest perpetrators necessitated a worldview of distrust (Aaron, 2000). Underrepresentation of female officers in both studies could explain the difference in their results. Trust was mentioned in different contexts by participants in my study and none seemed to have a pervasive distrust in others. Participants Three and Five mentioned gaining trust of coworkers while proving themselves as officers and Participant Four spoke of increased trust in mental health and other services if referrals come from peers. Participant Nine surrounded herself with friends she could trust with information about her work.

Implications for Counseling

The results of this study suggest there may be a need to test the effects of various counseling interventions related to traumatic work stress for female officers and its predictors in the law enforcement realm. Although various coping strategies are implemented by female police officers, it is evident that the strategies do not eliminate all traumatic work stress. Three participants voiced the benefits of Eye Movement Desensitization and Reprocessing (EMDR) techniques used by their counselors in individual sessions. Collectively, they credited EMDR with managing anxiety, processing

grief and loss, coping with traumatic work stress, dealing with difficult scenes, and decreasing stigma of seeking help. Other exposure-based therapies might be as useful, but additional research is needed.

Recommendations for Practice

Arredondo, et al. (2002) identified multiple barriers to effective mental health services in law enforcement agencies primarily in money issues, lack of time or willingness to commit to assistance programs, lack of awareness of programs, insufficient buy-in of programs, and dislike of clinical settings. Another major factor was fear of the need for assistance being viewed by others as a weakness, especially among administration. Participant Four was hesitant about seeking treatment for alcohol abuse and worried about repercussions for her career if coworkers or supervisors discovered she attended Alcoholics Anonymous (AA). Participant Eight mentioned the stigma of using mental health services for males and females but felt female officers in counseling would be perceived as weak by coworkers. This is closely linked to disbelief in true confidentiality and thinking there is a permanent record of assistance. Department administrations must be willing to closely monitor their ranks and proactively attempt to identify early risk factors and behaviors. Positive support is imperative because many officers will not seek assistance for fear of being stigmatized as someone who cannot handle their duties.

Counselors and other mental health professionals should be aware of stress and grief related to exiting law enforcement or changing roles within the field. Participants Five and Seven were saddened by leaving their identity as police officers behind although both experienced chronic health concerns and other negative effects from the culture of

police work and related traumatic work stress. Mental health clinicians should allow space for female officers to address this loss when seeking support.

Participants Suggestion for Mental Health Support in Law Enforcement

How can you package services so officers will utilize counselors and various mental health programs for support? Participants One and Five believed best practices for mental health were in contracting counselors to provide therapy services. Participant Five believed the mental health counselor should be warm and welcoming and present at least once a month at show-up, the start of each shift. She felt it was important to have mental health support very visible to “keep the door open” for services. Participant Five was also adamant about holding Critical Incident Stress Debriefing (CISD) groups after all critical events with the belief that officers who are resistant to traditional counseling may open-up when other officers share during a debrief. To be most effective, Participant Ten stated debriefs should include all dispatchers, victim services, and detectives, although she often did not have time to take away from investigations to attend. Participant Seven saw debriefings as ideal because her father often held impactful informal groups for first responders at their home and she later trained in critical incident stress management. All but one agency mentioned by participants had a peer support program and most participants wanted peer support teams at every law enforcement agency. Only Participant Six did not see the benefit of peer support and preferred to encourage officers to seek individual counseling with a licensed professional. Participant Two outlined best practice as also including preventative measures, such as academy training on realistic expectations for the difficulty of law enforcement work coupled with coping tools. She also believed encouraging kindness and empathy instead of numbness could change the

culture of police work. Three veteran officers recognized progress in mental health support since their start in law enforcement. The need to decrease the stigma of counseling support was mentioned many times and multiple participants saw the benefit of counselors who understood the culture of policing. Word of mouth was a key factor in who officers were willing to see for counseling. Peers who openly talked about their own experiences in therapy and made provider recommendations were often instrumental in encouraging participants to seek mental health services. Participant Three fully believed in the power of peer support and felt providing mentorship to rookies was especially important even after calls more seasoned officers might think mundane. She said peer support would be improved by changing the idea that officers should be hardened:

Some of them have never seen a dead body or things. And so it doesn't matter how serious the call is, you go touch base with them and make sure you have supervisors that understand you don't have to have thick skin. You should just be able to talk about it and be open. Don't condemn them for crying at a scene or getting sick and having to go home because the scene was so bad.

Participant Nine named peer support as the one type of assistance she might utilize because the peer is usually from another department and she would feel less judged. Participant Four invites officers struggling with traumatic work stress to the horse stables of her agency's mounted unit and spoke of the healing power of spending time with and caring for horses. She believed equine therapy might be a way to break the stigma of traditional counseling among officers and suggested a system of referrals for peer support and other forms of counseling. Participant Eight did not support the idea of officers being forced to utilize mental health services but would like to see all law

enforcement agencies have a form of confidential “therapy-type” programs to include wellness activities like yoga or meditation.

Recommendations for Future Research

Sheehan and Van Hasselt (2003) believe the full effects of police work have not been thoroughly researched, especially around early onset of symptoms, and if such research is explored, assistance can be provided for the prevention of stress-induced behaviors. Future research might also focus on exploration of gender roles in police work. The paucity of research in this area lends way for further exploration to understand the lived experiences of female police officers. Qualitative or mixed-methods scholars could include questions about participant history of trauma, possibly using The Adverse Childhood Experiences (ACE) Assessment to explore the connections between personal trauma history, traumatic work stress, and coping. Other populations would likely benefit from voicing their experiences of traumatic work stress in policing. Replicating the study with a focus on intersectionality by including marginalized populations within law enforcement would be useful in exploring issues of diversity within the phenomenon of traumatic work stress in law enforcement. With current public scrutiny of law enforcement agencies due to systemic racism and police brutality, future studies on officers’ history of trauma, traumatic work stress, and use of force would prove timely and useful in addressing important social issues.

Conclusions

I designed this study to explore the phenomenon of traumatic work stress among female law enforcement officers and I addressed research questions pertaining to perceptions of coping, support, and somatic experiences. A phenomenological

methodology design was applied to provide a window to the experiences and well-being of female officers participating in the study. Ten participants completed interviews and provided rich and deeply personal information about their experiences of unpredictable, inherent traumatic work stress. Goals of the study were: (1) to provide a greater understanding of traumatic work stress experienced by female officers; (2) to identify sources of coping with traumatic work stress for female law enforcement officers; (3) to explore how traumatic work stress for female officers is experienced somatically; and (4) to inform and better prepare counseling clinicians who work with female officers.

Themes and subthemes emerged to address goals: Themes aligning with the research questions emerged as: Culture of Traumatic Work Stress; Personal Identity Connected to Law Enforcement Roles; Proving One's Self; Cumulative Effects of Traumatic Work Stress with a subtheme of Hardened Personality and Numbing of Emotions; Work-life Balance; Agency Leadership Contributing to Traumatic Work Stress; Public Perception; Changing Roles or Leaving Law Enforcement; Importance of Support Systems with subthemes of Family and Partner, Peers and Friends, and Mental Health Services; and Somatic Experiences. Understanding the experiences of traumatic work stress for female law enforcement officers can influence counseling trends, responses, and interventions. Hopefully participants were empowered through speaking of their experiences of traumatic work stress. Findings of this study may be used as building blocks for best practices for agencies and counselors providing mental health support for female law enforcement officers.

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APPENDIX A



Female Officers Needed

*Would you like to add
your voice to an important
research study?*

**We are looking for female
police officers to
discuss traumatic stress
experienced in their law
enforcement work.**

FOR MORE INFORMATION
PLEASE CONTACT:

NESI LILLARD

936-344-1023

NLL010@SHSU.EDU

**INTERVIEWS WILL TAKE ABOUT
1 HR AND YOUR IDENTITY WILL
BE KEPT CONFIDENTIAL.**

**** INTERVIEWS WILL BE VIA VIDEO AND PARTICIPANTS
ARE ENCOURAGED TO LOCATE A PRIVATE MEETING
SPACE FOR INTERVIEW AWAY FROM THEIR WORK SITE**

APPENDIX B

Verbal Consent Script

Hello, my name is Nesi Lillard and I am a student in the counselor education department at Sam Houston State University (SHSU). I am conducting a study under the direction of Dr. David Lawson to explore experiences of traumatic work stress among female law enforcement officers. The results will be reported in a dissertation that I will complete as a requirement of my graduate program.

Your participation in the study would involve a recorded, virtual video interview that includes questions about your experiences of traumatic work stress. Due to the sensitive nature of the questions and because many questions are related to work experiences, I encourage you to avoid being interviewed in your work setting and to find a private space to meet with me. I will ask about your path into law enforcement, traumatic work stress events on the job, effects on your body of exposure to traumatic work stress, and your coping and support systems. The interview will take about an hour of your time and I may contact you later in the research process to clarify some of your responses.

There is potential risk of psychological discomfort in this study due to the nature of the questions. If you think you might be vulnerable to stress or mental health issues, you should NOT participate in this study. Before the study begins, you will be provided with referrals for mental health support.

There are no direct benefits associated with participating in this study. I expect this study to assist mental health professionals in addressing the psychological and emotional needs of female officers resulting from on-the-job stress. This study will add to the literature on traumatic work stress in law enforcement and will expand the view of how traumatic work stress is experienced in female law enforcement officers.

To qualify for this study, you must be currently or previously employed as a law enforcement officer in Texas, have responded to a critical incident during law enforcement work, identify as female, and be 18 or older.

Your participation in this study is voluntary. If you decide to participate, your responses will be anonymous and recorded without any identifying information linked to you. If you have any questions regarding this interview, please contact me at 936-344-1023 or nll0101@shsu.edu. If you have any questions regarding your rights as a human subject and participant in this study, or to report research-related problems, you may call the Institutional Review Board at SHSU for information at (936) 294-4875 or irb@shsu.edu.

Please say if you agree or do not agree to participate in this study.

APPENDIX C

Mental Health Resources

The following agencies can be utilized if you experience psychological discomfort during or after your participation in the study. You may contact me at nll010@shsu.edu for additional information or assistance regarding mental health resources.

Southeast Texas

Agency: Sam Houston State University Jack Staggs Clinic

Website: <https://www.shsu.edu/academics/counselor-education/jack-staggs-counseling-clinic.html>

Phone: 936-294-1121

Services Provided: Low cost counseling services to the SHSU and the Walker County communities

Agency: SHSU Psychological Services Center

Website: <https://www.shsu.edu/academics/psychology-and-philosophy/psychology/psychological-services-center/>

Phone: 936-294-1210

Services Provided: Sliding scale psychotherapy and assessments for children, adolescents, adults, and families in the Huntsville community

Agency: Tri-County Behavioral Healthcare

Website: <http://www.tricountybehavioralhealthcare.org/>

Phone: 1-800-659-6994 (24-hr)

Services Provided: Community-based mental health support in Walker, Montgomery, and Liberty Counties for children, adolescents, and adults including crisis, substance use, IDD, and inpatient services

Texas

Agency: Texas Health and Human Services Commission

Website: <https://www.211texas.org/>

Phone: 2-1-1 or 877-541-7905 (24-hr)

Services Provided: Free, anonymous social service hotline for information about resources in your local Texas community including: food, housing, child-care, crisis counseling, local mental health authority, and substance abuse treatment

Agency: Mental Health Texas

Website: <https://mentalhealthtx.org/>

Services Provided: Online, easy to navigate database of state-wide mental health resources

National

Agency: National Alliance on Mental Health (NAMI) Helpline

Website: <https://www.nami.org/help>

Phone: 1-800-950-NAMI (6264)

Services Provided: Free, nationwide peer-support service providing information, resource referrals and support to people living with mental health conditions, their family members and caregivers, mental health providers, and the public.

Agency: Crisis Text Line

Website: <https://www.crisistextline.org/>

Phone: Text “home” to 741741 to connect with a crisis counselor

Services Provided: Support from a crisis counselor through a secure text/online platform

Agency: National Suicide Prevention Lifeline

Website: <https://suicidepreventionlifeline.org/>

Phone: 1-800-273-TALK (8255) (24-hr)

Services Provided: A national network of local crisis centers that provides free and confidential emotional support to people in suicidal crisis or emotional distress

Agency: Veteran’s Crisis Line

Website: <https://www.veteranscrisisline.net/>

Phone: 1-800-273-8255, press 1

Services Provided: Connect with the Veterans Crisis Line to reach qualified responders with the Department of Veterans Affairs, many of them are Veterans

Agency: Office of Minority Health Resource Center

Website: <https://www.minorityhealth.hhs.gov/>

Phone: 1-800-444-6472

Services Provided: Dedicated to improving the health of racial and ethnic minority populations through the development of health policies and programs that will help eliminate health disparities

Agency: Office on Women’s Health – Mental Health Resources

Website: <https://www.womenshealth.gov/mental-health/mental-health-resources>

Phone: 1-800-994-9662

Services Provided: Resource line

Agency: LGBT National Help Center

Website: <http://www.glbtnationalhelpcenter.org/>

Phone: 1-888-843-4564

Services Provided: Serves the lesbian, gay, bisexual, transgender, queer, and questioning community by providing free and confidential peer support and local resources

VITA

Education

Doctor of Philosophy, Counselor Education
Sam Houston State University, Dec. 2020

Master of Arts, Professional Counseling
Texas State University, Aug. 2008

Bachelor of Science, Community Health
Texas A&M University, Dec. 1996

Professional Experience

Private Practice, Owner, Sept. 2019-present

Catasys OnTrac Program, Embedded Provider, May 2018-Aug. 2020

Clinical Counselor, SHSU Student Counseling Clinic, Dec. 2016-Sept. 2019

Adjunct Instructor, Sam Houston State University, Aug. 2012-Dec. 2016

Behavioral Health Provider, HealthPoint Community Clinic, Feb. 2014-July 2016

CACREP Graduate Assistant, Sam Houston State University, Jan. 2013-June 2013

Victim Services Coordinator, Cedar Park Police Department, July 2002-Sept. 2010

Teaching Experience

Invited Guest Presenter, Sam Houston State University, April 2018
Undergraduate level, Victimology

Adjunct Instructor, Sam Houston State University, Aug. 2012-Dec. 2016
Undergraduate level, Abnormal Behavior (*online course*)
Undergraduate level, Career Development
Undergraduate level, Intro to Helping Relationships

Doctoral Teaching Assistant, Sam Houston State University, June 2013-Aug. 2013
Graduate level, Practicum in Group Counseling

Invited Guest Instructor/Presenter, Sam Houston State University, Jan. 2013
Graduate level, Counseling Program Orientation

Invited Guest Instructor, Sam Houston State University, Oct. 2012
Graduate level, Play Therapy Basics

Doctoral Teaching Assistant, Sam Houston State University, June 2012-Aug. 2012
Graduate level, Play Therapy Basics

Invited Guest Instructor, Sam Houston State University, Mar. 2012
Undergraduate level, Introduction to Helping Relationships

Doctoral Teaching Assistant, Sam Houston State University, June 2011-Aug. 2011
Graduate level, Practicum in Group Counseling

Victim Services Coordinator, Cedar Park Police Department, July 2002-Sept. 2010
Volunteer Academy Coordinator and Lead Instructor
New Officer Academy Trainer
Citizens Police Academy Trainer
Response Team Training Volunteer

Guest Instructor, Citizen's Emergency Response Team, May 2008-Sept. 2010
Victimology, Crisis Response, and PTSD

Guest Instructor, CAPCOG Regional Training Academy, Sept. 2006-Mar. 2008
Victimology, Crisis Response

Presentations

Bay Area Counseling Associates, April 2018
"Ethics in Distance Counseling, Technology, and Social Media"
1.5 hour session

HealthPoint Community Health Center, Mar. 2014
"How to Cool Down Difficult and Aggressive Patients"
1 hour session

ACA Conference and Expo, Mar. 2014
"Future Fest: Promoting Graduate and Intern Placement with Community Partners"
Accepted poster session

TCA Professional Growth Conference, Nov. 2013
"Taking Care of Those Who Take Care of Us: Counseling Police Officers and Crisis Responders"
1.5 hour session

Sixth Annual Kaleidoscope of Counseling Conference, Mar. 2013

“Experiences of Single Parents”

1 hour session

Southwest Educational Research Association Conference, Feb. 2013

“Predicting Effects on the Work Stress of Police Officers: A Multiple Regression Analysis of Work and Family Services”

Accepted 1.5 hour session

TACES Mid-Winter Conference, Jan. 2013

“Using Art as a Window to Non-Traditional Family Experiences”

Poster session

“Reflections on the Supervision Process: Creative Techniques to Promote Professional Awareness in Supervisees”

1 hour session

TCA Professional Growth Conference, Nov. 2012

“Experiences of Single Parents: Voices from the Modern Family”

1.5 hour session

Publications

Review of *Handbook of Medical Play Therapy and Child Life: Interventions in Clinical and Medical Settings*, edited by Lawrence C. Rubin, *Play Therapy Magazine*, Volume 13, Issue 2: 14.

Professional Licenses

Texas Licensed Professional Counselor Supervisor, Oct. 2008-present

National Certified Counselor, Oct. 2008-present

Registered Play Therapist, June 2015-present

Professional Associations and Service

Association for Play Therapy, Jan. 2014-present

Student Member

Professional Member

Research Committee Member

University Education Committee Member

Play Therapy Magazine Critical Reviewer

American Counseling Association Human Rights Committee, July 2013-July 2014
Student Representative

American Mental Health Counselors Association, Dec. 2012-Jan. 2015
Public Awareness Committee Member

Southwest Educational Research Association, Dec. 2012
Conference Proposal Reviewer

American Counseling Association, May 2005-present
ACES Student Member
CSJ Student Member

Texas Counseling Association, June 2010-present
Conference Entertainment Chair
Professional Growth Conference Proposal Reviewer

Chi Sigma Iota, Counseling Academic and Prof. Honor Society, April 2004-present
Beta Kappa Tau President, 2013-2014
Beta Kappa Tau President-elect, 2012-2013

Cedar Park Police Department Hostage Negotiation Team, Oct. 2003-Sept. 2010
Mental Health Advisor

Williamson County Sexual Assault Response Team, Dec. 2003-Sept. 2010
Chair and Founding Member

Williamson County Child Protection Team, June 2003-Sept. 2010
Professional Member

Recognition

Certificate in Doctoral International Research, June 2013
UNIBE, San Jose, Costa Rica

Genevieve Brown Outstanding Counselor Award, May 2013
Sam Houston State University

Williamson County Crisis Center Leadership Award in Public Service, 2005

Cedar Park Police Department Certificate of Merit, 2005

Williamson County Child Protective Team Victim Services Assistant of the Year, 2004

Cedar Park Police Department Employee of the Year, 2004

Clinical Supervision

LPC Intern Supervisor, Dec. 2016-Sept. 2019
Sam Houston State University Student Counseling Clinic

Group Practicum Supervisor, Jan. 2013-Aug. 2013
COUN 6374 Practicum in Group Counseling

Doctoral Assistant for Transition Clinic, Jan. 2013
Sam Houston State University Jack Staggs Counseling Clinic

Individual Supervisor for Master's program practicum students, Jan. 2012-Dec. 2012
COUN 7334 Theories of Counselor Supervision
COUN 7335 Practice of Counselor Supervision

Group Supervisor for Master's program pre-practicum students, Oct. 2012-Dec. 2012
COUN 5385 Pre-Practicum Techniques of Counseling

Group Supervisor for Master's program students, May 2012-Aug. 2012
COUN 5399 Play Therapy Basics

Group Facilitator and Supervisor, Jun. 2011-Aug. 2011
COUN 6374 Practicum in Group Counseling

Scholarships and Grants

Counselor Education International Doctoral Scholarship, \$1700, May 2013

International Education Fee Scholarship, \$500, April 2013

Graduate Bearkat Grant, \$1000, 2012-2013

Emerging Scholars Honor Program, cost of summer tuition, June 2011