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Kara Gettman

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Rural and Urban Police Officer Attitudes Toward
Psychologists and Psychological Services

Kara Gettman

Running head: POLICE OFFICER ATTITUDES

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as meeting the research requirement for the Master's degree.

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Abstract

Psychologists are frequently called upon to work with law enforcement personnel, yet little research has been conducted to examine the attitudes of police officers toward psychologists and psychological services. The purpose of this study was to survey police officers in both urban and rural settings in an attempt to gauge their attitudes toward psychologists and psychological services. The researcher designed the questionnaire that was used because no single assessment instrument currently exists which measures all of the potentially relevant variables to be considered in this study. The attitudes assessed included the perceived need for psychologists and psychological services, the preferred roles for psychologists in law enforcement settings, and attitudes toward mental illness and the mentally ill. Analyses were also conducted to compare demographic variables, including urban and rural community affiliations, to questionnaire items.

Introduction

Although psychologists are frequently called upon to work with law enforcement, there is little research investigating the attitudes that may affect this working relationship. In addition to the provision of direct services to law enforcement by both in-house staff psychologists and psychologists who act as consultants to the departments, police officers and psychologists are having increased contact in multiple settings. These settings include situations in which both law enforcement officers and psychologists are called to work with mentally ill individuals in the community, and interactions in courtrooms and prisons.

The fields of mental health and law enforcement have the potential to benefit each other greatly, with psychology bringing scientific knowledge and methodology to the field of law enforcement, and law enforcement giving research and practice opportunities to psychology (Ostrov, 1986). However, negative preexisting attitudes can limit the beneficial nature of this relationship, and these should be explored so

that professionals in each field can understand and more fully respond to the other's concerns.

The most common activities of police psychologists range from psychological assessment and counseling to criminal profiling and hostage negotiation, with the greatest percentage of their time devoted to therapy (Zelig, 1987). Although the psychologist's goal is to aid police officers, these officers may view some or all of these activities as unwelcome intrusions by outsiders who really do not understand the various demands placed on a professional law enforcement officer. Because mutual misunderstandings and resultant hostility may hinder what could be a beneficial relationship, police attitudes toward mental health professionals should be explored.

Very little data exists to indicate what police attitudes actually are toward psychologists, and there has not been any consensus in research findings that do explore this topic. Police attitudes toward mental illness in general also require exploration because attitudes toward mental health providers and willingness to utilize the services of psychologists are likely to be related to the police officers' perceptions concerning the consumers of these professional services.

It has been reported that rural officers face

different stressors and different professional demands than those encountered by urban officers. Rural police have fewer opportunities to interact with mental health professionals. Also potentially effecting rural officer attitudes is the reported finding that rural residents are less likely to seek professional help for mental problems, and if they do seek formal assistance, they have different expectations concerning psychotherapy (Mazer, 1976; Wagenfeld, Murray, Mohatt, & DeBruyn, 1994). However, little research has been conducted to explore the potential effects of rural versus urban lifestyles on officer attitudes toward psychologists, psychological services, and mental illness.

The purpose of this study was to examine police attitudes toward psychologists and psychological services. The participants were urban and rural law enforcement officers recruited from several agencies in West Virginia and Kentucky. A survey was used to assess attitudes toward mental illness, psychologists, psychological services, and to obtain demographic data including urban versus rural background and current assignment, age, years in law enforcement, education, exposure to a psychology class, and experience with mentally ill individuals. Statistical analyses were conducted to compare demographic variables and

responses to questionnaire items.

Review of the Literature

Few empirical psychological studies of police and law enforcement have been published during the past five years. Academic psychology has alternated between disinterest in the police and a preoccupation with a few specific topics, such as eyewitness behavior. More than half of the published studies fall into one of two categories: assessment and other clinical services to the police, and investigation of eyewitness identification variables (Nietzel & Hartung, 1993).

The literature concerned with police psychology also tends to be of two types: descriptions of the activities of police psychologists, and surveys of police agencies designed to elicit information about their perceived needs. The activities of police psychologists described in the literature can be categorized into counseling, screening and selection, training, and organizational development (Bergen, Aceto, & Chadziewicz, 1992). Very few studies directly measure police officer attitudes toward mental health professionals.

Attitudes

Attitudes are enduring mental representations of various features of the physical or social world. They are acquired through experience, and they exert a directive influence on behavior (Baron & Byrne, 1991; Breckler & Wiggins, 1989).

Currently, little is known about police officer attitudes and what influences them. Results about the effects of attitudes on police behavior have been mixed. The general level of cynicism may affect attitudes expressed by police officers. It has been reported that police officers begin their careers with low levels of organization and work cynicism, but this increases and peaks when officers have 10-14 years of service then declines again (Brooks, Piquero, & Cronin, 1993; O'Connell, Holzman, & Armandi, 1986). Cynically hostile individuals perceive the world as stressful, lacking in social support, and they appear to expect the worst in others which may lead them to behave in an antagonistic manner (Brooks, Piquero, & Cronin, 1993; Smith & Pope, 1990). It has also been suggested that high school versus college education may result in distinct officer perceptions of their role, the community, and the expected behavior, but the findings on this have been mixed (Brooks, Piquero, & Cronin, 1993; O'Connell, Holzman, & Armandi, 1986).

Attitudes toward mentally ill individuals

Several factors have been found to affect the attitudes of the general public toward the mentally ill. Attitudes toward the mentally ill vary significantly by age, such that older residents generally report less sympathetic attitudes. Single, separated, or divorced individuals are less sympathetic than married or widowed individuals; and males tend to be less sympathetic than females. Higher levels of education have been associated with attitudes suggesting greater sympathy (Taylor & Dear, 1981).

Law enforcement officers have had to answer an increasing number of calls regarding the mentally ill due to the deinstitutionalization of individuals suffering from mental illnesses and the strict laws and regulations concerning commitment (Ruiz, 1993). It has been reported that police officers tend to express negative attitudes toward mentally ill people (Godschalx, 1984; Nunnally, 1961; Patrick, 1978). Two of the most prevalent misconceptions reportedly held by police officers about the mentally ill are that they are all violent and that they cannot be reasoned with (Ruiz, 1993). Police officer perceptions of the consumers of psychological services may be related to their perceptions of psychologists and psychological services in general. Therefore, it would seem

beneficial to examine their attitudes toward the mentally ill.

Attitudes toward mental health professionals and services

It has been reported that criminal justice professionals hold conflicting ideas and attitudes about mental health professionals, ranging from interest and admiration to fear and disdain (Fein, 1984).

Several factors that affect potential resistance from the police officers toward mental health professionals have been documented. Perceptions of the mental health professional as an outsider who has an intellectual orientation and who is primarily associated with a university tend to increase resistance. It may be difficult for the university-based psychologist to translate academic and clinical consulting concepts into a language that is applicable to street realities. Also, the police have been stereotyped as authoritarian and suspicious of outside intervention, both of which could heighten resistance (Mann, 1971). A subtle and powerful resistance may arise from difficulty many police officers have in switching from an authoritarian orientation to a more flexible mediating orientation, especially when dealing

with crisis situations (Lovitt, 1976).

Potential sources of resistance also could stem from differences in perceptions of the role and objectives of the mental health professional (Mann, 1971). When surveyed about potential tasks that mental health professionals could perform, police officers have identified personal and family counseling for officers, screening for job applicants, and providing workshops on topics of special interest for police work as being the most beneficial (Rios, Parisher, & Reilley, 1978). Members of rural southern police agencies identified human-relation skills training for officers as the psychological service with the most potential in increasing officer effectiveness (Brown, Burkhart, King, & Solomon, 1977).

It has been reported that one area where police officers do not want assistance from psychologists is in dealing with police agencies on internal organizational difficulties (Burkhart & King, 1981). This may be due to norms of secrecy and self-reliance within the police culture as well as to a general mistrust of outsiders (Burkhart & King, 1981; Bent & Rossum, 1976; Fortier, 1972; Nierderhoffer, 1957).

There have been conflicting data regarding whether staff psychologists are more accepted by police officers than consulting psychologists. It has been

reported that consultants, who typically address specific and organizationally defined problems, appear to gain earlier acceptance within the law enforcement community than the autonomous staff psychologist (Zelig, 1987; Mann, 1973). Because the consultant is situated away from the department, officers feel freer to use the service because they would be less likely to be seen by other officers (Zelig, 1987; Mann, 1973). However, it has also been reported that in-house psychologists may be perceived as more of an integral part of the department, adding to their credibility. Also, these psychologists share much of the daily experience of the officers they serve and can therefore better empathize with their problems (Bergen, Aceto, & Chadziewicz, 1992).

Studies indicate that animosity and "mutual hostility" between officers and psychologists is a potential problem for all police psychologists. It has been reported that the amount of animosity that police psychologists perceive, whether in-house or consulting, is low. However, some police psychologists have reported that the question of animosity is difficult to answer because animosity varies according to the interaction between the psychologist and the officer. Counseling and training activities may be associated with very low animosity, but fitness for duty

evaluations may result in greater levels of animosity (Bergen, Aceto, & Chadziewicz, 1992; Reiser & Klyver, 1987).

Although police officers have acknowledged the utility of certain psychologist roles, there is considerable distance between behavioral acceptance and questionnaire item endorsement. Officers may intellectually accept the mental health professional as a personal resource, yet when faced with stigma and inhibitions toward the psychologist, they approach a mental health specialist only when motivated by unbearable stress or when the consultation is ordered by a supervisor (Brown, Burkhart, King, & Solomon, 1977). Contrary to the reports that police may be hesitant to seek help from psychologists, it has also been reported that the most common referral source for staff and consulting psychologists is the self-referral. This indicates that officers view psychological services as a valuable resource (Zelig, 1987).

Effects of Rural versus Urban Background and Assignment

Rural and urban officers face different stressors and professional demands, which may differently affect attitudes toward psychologists. Rural officers experience an extreme sense of isolation and they tend

to patrol alone. Lone rural officers must rely on their own resources because often there is no practical back-up or relief conveniently available. They generally perceive most of the homes in rural areas as containing firearms (Sandy & Devine, 1978). A remote residence may conceal illegal activity, such as a drug factory (Lesce, 1991). They also lack the anonymity that is available to urban officers (Sandy & Devine, 1978). Rural sheriff departments face a dilemma as officers are the extension of the elected sheriff and their responses may reflect on the office holder (Hoffman, 1992). The salary level is often less for rural officers than urban, and they have less possibility for training due to the lack of funds. There are fewer promotional possibilities for rural officers and there is a lack of activity, all of which may lower the officer's esteem (Sandy & Devine, 1978).

Because mental health services are less available to rural officers and because the lack of anonymity in rural settings, rural officers may be less accepting of psychologists than urban officers. It has been reported that a person's values influences his or her perception of a problem, and rural values may hinder one from seeking help. Values that are especially problematic include those that stress self reliance, conservatism, and a distrust of outsiders. However, it

has also been reported that rural and urban value differences are not as great as they might have previously been (Wagenfeld, Murray, Mohatt, & DeBruyn, 1994).

Development of the Questionnaire

Because no single assessment instrument presently exists which measures all of the potentially relevant variables to be considered in the present study, the researcher designed the questionnaire that was employed, the attitude measurement scale. The attitude measurement scale may be found in Table 1 (see Appendix A). This questionnaire was designed to measure attitudes toward psychologists, psychological services, and the consumers of these services. Several items were drawn from the Community Attitudes Toward Mentally Ill Scale to aid in gauging attitudes toward mentally ill individuals (Taylor & Dear, 1981). Also, several items were drawn from a scale employed by Brown, Burkhart, King, and Solomon (1977) to assist in determining the psychological services that are perceived as being useful to police officers.

It has been reported that when surveyed, officers have been uncommitted in many of their attitudes, even when the questionnaire is a numbered Likert scale. To help remedy this problem, the questionnaire contained

an even-numbered Likert scale, to remove the option of a neutral response. Also, there may be a gap between attitudes expressed on the questionnaire and actual behavior. Items were included on this questionnaire that address potential behavioral responses as well as attitudes.

It has been reported that no approach to defining rurality is entirely satisfactory. The definition of rural is complex, and conflicting definitions have hampered research. Depending on the definition of rural that is chosen, important variables may not be taken into account (Wagenfeld, Murray, Mohatt, & DeBruyn, 1994). The definition of rurality involves more than just census. There is a psychological dimension. Definitions of rurality also represent personal and community perceptions of self in a social context (Bachrach, 1985). Therefore, the attitude measurement scale relies on the individual subject's definition of rurality in determining the community type(s) where the subject was raised and works.

Summary

Psychologists have tended to define their roles in law enforcement agencies within the context of the traditional models of mental health professionals,

rather than by a continuous evaluative process of consumer need. Psychologists may need to recognize that most law enforcement agencies operate from a framework that includes expectations, personal prejudices, and values which may limit acceptable areas of mental health participation and hinder collaboration (Brown, Burkhart, King, Solomon, 1977). Factors which influence this framework should be explored.

Method

Subjects

One hundred and seven law enforcement personnel serving as police officers, sheriffs, and deputies in West Virginia and Kentucky participated voluntarily in the present study. Participants were recruited at their primary work locations with the approval of their supervisors. The officers were not paid for participation.

Materials

All participants completed an informed consent document which included assurances of anonymity and confidentiality and a clear description of the purposes and scope of the study. To facilitate fully informed consent, the form also included the name of the

researcher and thesis adviser, and the adviser's office telephone number, so the participants could obtain additional information. Participants retained a copy of this document.

The attitude measurement scale contained 45 Likert scale items and eight demographic items. The demographic data included time in service, educational background, age, gender, if the officer has worked with mentally ill individuals or has taken a psychology class, and the officer's opinion concerning the rural versus urban nature of the community or communities where he/she was raised and where he/she serves.

Design and Procedure

The present study employed a multiple regression design correlating a variety of demographic data and responses to item responses from a questionnaire consisting of 45 Likert scaled items. Factor analysis was used to identify predicted clusters of individual correlations to facilitate regression.

Law enforcement personnel from several rural and urban communities in West Virginia and Kentucky completed the questionnaire. The questionnaires were left with departmental supervisors for distribution to the participants. The questionnaire package included two envelopes for returning the informed consent form

and the questionnaire separately. A sealed receptacle was made available at each recruitment site for the officers to return the informed consent forms and questionnaires. A copy of the proposal and a copy of the completed thesis was distributed to each recruitment site.

Results

Descriptive Statistical Analyses of Demographic Variables

The participants were 107 police officers (6 females and 101 males) ranging in age from 21 to 56 ($M = 35.76$, $SD = 8.277$) recruited from six law enforcement agencies in West Virginia and Kentucky. Forty-three officers (39.8%) reported that they had been raised in a primarily rural area. Fifty-one officers (47.2%) reported that they had been raised in a primarily urban area. Thirteen officers (12%) reported that they had been raised in both environments. Eighteen officers (16.7%) reported that they had worked in a primarily rural area, and 69 (63.9%) worked in an urban area. Twenty (18.5%) had worked in both environments.

The number of years that the officers have worked in law enforcement ranged from 1 to 26 ($M = 10.991$,

SD = 7.564). The educational levels of the officers ranged from 10 years (10th grade) to 17 years (M = 14.234, SD = 1.799).

Seventy-one (66.4%) of the officers reported that they had taken at least one psychology course and 80 (74.8%) stated that they had worked with mentally ill individuals.

Descriptive statistics for the demographic variables are shown in Tables 2-8 (see appendix B).

Initial Statistical Manipulations

Because of the relatively small numbers of participants who identified themselves as having been raised or as having worked in rural areas only (raised=43 / worked=18) or in both rural and urban settings (raised=13 / worked=20), participants in the "rural" and "both rural and urban" categories, all of whom would have been exposed to rural lifestyles as opposed to the participants who endorsed "urban" only, were collapsed into single groups for "community raised in" and "community worked in" (raised=56 / worked=38).

The very small number of female participants who completed the survey precluded any analyses based on gender.

Analyses Applied to the Entire Questionnaire

An exploratory factor analysis of items 1 through 45 of the attitude measurement scale using the SPSS-X varimax rotation failed to yield suitable factors for further analysis. However, those responses to items which were intended to measure attitudes toward mental illness and the mentally ill were summed to compute one scale (ATMI) and those items which were intended to measure attitudes toward psychologists and psychological services were summed to create a second scale (ATP). The item composition of each scale may be found in Table 9 (see Appendix C).

Correlations

Pearson R correlations were used to relate demographic items and to assess the relationships between the ATMI and ATP questionnaire scales.

Relationships Among the Demographic Variables

Age and number of years in law enforcement

As would be expected, age was found to be positively correlated with years in law enforcement, indicating that older officers had served longer than younger officers [$r = .838$, $r^2 = .702$, $p < .01$].

ATMI and ATP Scale Relationships

The scale composed of questionnaire items intended to measure attitudes toward mental illness and the mentally ill (ATMI) was found to be positively correlated with the scale composed of items intended to measure attitudes toward psychologists and psychological services (ATP). This indicates that positive attitudes toward mental illness and the mentally ill are associated with positive attitudes toward psychologists and psychological services [$r = .353$, $r^2 = .125$, $p < .01$].

Descriptive Analyses, Frequency Distributions,
And Multivariate Analyses of Individual Questionnaire
Items

Responses to the questionnaire items were used as the dependent variables in a series of multivariate analysis of variance procedures with demographic variables independent.

The likert scale numbers corresponding for several questionnaire items were reversed to facilitate statistical analyses. This means that higher numbers can be associated with responses in the direction indicating greater tolerance and acceptance. All items which were reversed are identified by the notation (R) following the item number.

Items 30 through 45 refer to various activities that might be part of a police psychologist's duties. These are identified by the notation (activity) following the item number.

Item #1: "Virtually anyone can become mentally ill."

Eighty-eight percent of the participants agreed with this item ($Mdn = 5$). An age by education level ANOVA yielded a significant main effect for age [$F(2,96) = 8.802, p = .001$]. Younger officers were more likely to disagree with this statement than older officers. These results appear in Table 10 (see Appendix D).

Item #2: (R) "It is best to avoid anyone who has mental problems."

Fewer than 16% of the officers agreed with this statement ($Mdn = 5 R$). An age by education level ANOVA yielded a significant main effect for education level such that officers who had completed higher levels of education (15 to 17 years) were more likely to agree with this statement [$F(2,96) = 3.154, p = .047$]. These results appear in Table 11 (see Appendix D).

Item #3: (R) "Mentally ill people usually need to be hospitalized."

Only 32% of the officers agreed with this statement (Mdn = 4 R). A "psychology class" by "worked with mentally ill" ANOVA yielded a significant interaction such that officers who had not worked with mentally ill individuals and had also not taken a psychology class were more likely to disagree with this statement [$F(1,103) = 4.446, p = .037$]. These results appear in Table 12 (see Appendix D).

Item #4: "Less emphasis should be placed on protecting the public from mentally ill people."

Thirty-nine percent of participants agreed with this statement (Mdn = 4). ANOVA failed to yield any significant interactions or main effects for demographic variables on this item.

Item #5: (R) "One of the main causes of mental illness is a lack of self-discipline and will power."

Only 12% of the participants agreed with this statement (Mdn = 5 R). ANOVA failed to yield any significant interactions or main effects for demographic variables on this item.

Item #6: (R) "Mentally ill people are unlikely to behave in a socially responsible manner."

Only 35% of the officers agreed with this item ($Mdn = 4 R$). An age by education level ANOVA yielded a significant interaction indicating that highly educated officers ages 31-40 years were most likely to disagree with this statement [$F(4,96) = 2.987, p = .023$]. These results appear in Table 13 (see Appendix D).

Item #7: (R) "Mental patients need to be treated like young children, with control and discipline."

Thirty percent of the participants agreed with this statement ($Mdn = 4 R$). An age by education level ANOVA yielded a significant main effect for education level such that the more highly educated officers were more likely to disagree with this statement [$F(2,96) = 3.732, p = .027$]. These results appear in Table 14 (see Appendix D).

Item #8: (R) "The best way to handle the mentally ill is to keep them behind locked doors."

Only 14% of the officers agreed with this item ($Mdn = 5 R$). ANOVA failed to yield any significant interactions or main effects for demographic variables on this item.

Item #9: "More tax money should be spent on the care and treatment of mentally ill people."

Fifty-five percent of the officers agreed with this statement (Mdn = 4). A "psychology class taken" by "worked with mentally ill" ANOVA yielded a significant main effect for having taken a psychology class such that officers who had not taken a psychology class were more likely to agree with this statement [$F(1,103) = 4.371, p = .039$]. These results appear in Table 15 (see Appendix D).

Item #10: "The mentally ill are far less dangerous than most people suppose."

Fifty-seven percent of the officers agreed with this statement (Mdn = 4). ANOVA failed to yield any significant interactions or main effects for demographic variables on this item.

Item #11: (R) "There are sufficient existing services for the mentally ill."

Forty percent of the officers agree with this statement (Mdn = 4 R). ANOVA failed to yield any significant interactions or main effects for demographic variables on this item.

Item #12: "We need to adopt a far more tolerant attitude toward the mentally ill in our society."

Seventy percent of the officers agreed with this item (Mdn = 4). A "psychology class taken" by "worked with mentally ill" ANOVA yielded a significant main effect for having taken a psychology class such that officers who had not taken a psychology class were more likely to agree with this statement [$F(1,102) = 4.554$, $p = .03$]. These results appear in Table 16 (see Appendix D).

Item #13: (R) "Anyone with a history of mental problems should be excluded from taking public office."

Fifty-nine percent of the officers agreed with this item (Mdn = 3 R). ANOVA analyses failed to yield any significant interactions or main effects for demographic variables on this item.

Item #14: (R) "Mental illness is more likely when family values are not stressed."

Only 21% of the officers agreed with this item (Mdn = 5 R). ANOVA analyses failed to yield any significant interactions or main effects for demographic variables on this item.

Item #15: "There is no reason why mentally ill people

should not marry and have children."

Forty-nine percent of the officers agreed with this statement ($Mdn = 3$). An ANOVA by education level yielded a significant main effect for education level in that the officers with 13 to 14 years of education tended to agree with this statement more than the other officers [$F(2,95) = 3.156, p = .047$]. These results appear in Table 17 (see Appendix D).

Item #16: (R) "It is normal for married couples to have occasional physical fights."

Twenty percent of the officers agreed with this item ($Mdn = 5 R$). ANOVA analyses failed to yield any significant interactions or main effects for demographic variables on this item.

Item #17: (R) "Wives can also be spouse abusers."

Ninety-eight percent of the officers agreed with this item ($Mdn = 1 R$). ANOVA analyses failed to yield any significant interactions or main effects for demographic variables on this item.

Item #18: "A wife should seek some kind of help the very first time her husband hits her."

Ninety-three percent of the officers agreed with this item ($Mdn = 6$). ANOVA analyses failed to yield

any significant interactions or main effects for demographic variables on this item.

Item #19: "Officers who work in rural areas are under less stress than those who work in cities."

Forty-six percent of the officers agreed with this item ($Mdn = 2$). A "community raised" by "community worked" ANOVA yielded a significant interaction in that officers raised in an urban community and working in a rural community generally agreed with this statement more than other officers [$F(1,102) = 4.291, p = .041$]. These results appear in Table 18 (see Appendix D).

Item #20: (R) "An individual should be able to handle his/her own emotional problems without seeking help."

Twenty-six percent of officers agreed with this item ($Mdn = 4 R$). A "psychology class" by "worked with mentally ill" ANOVA yielded a significant interaction in that officers who had not had a psychology class or worked with mentally ill individuals generally tended to agree with this statement more than the other officers [$F(1,102) = 5.798, p = .018$]. These results appear in Table 19 (see Appendix D).

Item #21: "All police officers should have access to a psychologist to talk over job related problems with."

Eighty-six percent of the officers agreed with this statement ($Mdn = 5$). ANOVA analyses failed to yield any significant interactions or main effects for demographic variables on this item.

Item #22: "Psychologists are helpful in assisting with the administration and control of the police department."

Fifty-five percent of the officers agreed with this statement ($Mdn = 4$). A "psychology class taken" by "worked with mentally ill" ANOVA yielded a significant main effect for having taken a psychology class such that officers who had not taken a psychology class were more likely to agree with this statement [$F(1,102) = 5.557, p = .020$]. These results appear in Table 20 (see Appendix D).

Item #23: (R) "If I chose to see a psychologist, I would not want any of my fellow officers to know."

Eighty-six percent of the officers agreed with this item ($Mdn = 2 R$). ANOVA analyses failed to yield any significant interactions or main effects for demographic variables on this item.

Item #24: "I would feel more comfortable talking to a staff psychologist than with an outside psychologist"

who acts as a consultant to the department."

Sixty-six percent of the officers agreed with this statement (Mdn = 4). ANOVA analyses failed to yield any significant interactions or main effects for demographic variables on this item.

Item #25: "When psychologists testify in court, they are usually testifying for the prosecution."

Twenty-eight percent of the officers agreed with this item (Mdn = 3). ANOVA analyses failed to yield any significant interactions or main effects for demographic variables on this item.

Item #26: (R) "Most psychologists are liberals."

Sixty-four percent of the officers agreed with this statement (Mdn = 3 R). ANOVA analyses failed to yield any significant interactions or main effects for demographic variables on this item.

Item #27: (R) "Psychologists believe that many criminals are not responsible for their own actions."

Twenty-eight percent of the officers agreed with this item (Mdn = 3). ANOVA analyses failed to yield any significant interactions or main effects for demographic variables on this item.

Item #28: "I would feel more comfortable consulting a male psychologist rather than a female psychologist."

Eighteen percent of the officers agreed with this item (Mdn = 2). ANOVA analyses failed to yield any significant interactions or main effects for demographic variables on this item.

Item #29: (R) "I would probably never go see a psychologist."

Forty-three percent of the officers agreed with this item (Mdn = 4). ANOVA analyses failed to yield any significant interactions or main effects for demographic variables on this item.

Items 30 through 45 refer to various services (activities) that may be preformed by police psychologists. The officers were asked to rate these according to their perceived usefulness.

Item #30: (activity) "counseling for officers"

Eighty-four percent of the officers agreed with this statement (Mdn = 5). ANOVA analyses failed to yield any significant interactions or main effects for demographic variables on this item.

Item #31: (activity) "counseling for officers families"

Eighty-five percent of the officers considered this to be a useful activity ($Mdn = 5$). An age by education level ANOVA yielded a significant main effect for age such that younger officers were less likely to identify this as a useful activity than were the older officers [$F(2,93) = 5.141, p = .008$]. These results appear in Table 21 (see Appendix D).

Item #32: (activity) "marriage counseling"

Seventy-nine percent of the officers agreed with this item ($Mdn = 5$). ANOVA analyses failed to yield any significant interactions or main effects for demographic variables on this item.

Item #33: (activity) "helping officers with stress management"

Ninety percent of the officers agreed with this item ($Mdn = 5$). ANOVA analyses failed to yield any significant interactions or main effects for demographic variables on this item.

Item #34: (activity) "counseling officers for substance abuse problems (drugs)"

Seventy-one percent of the officers agreed with this item ($Mdn = 4$). ANOVA analyses failed to yield any significant interactions or main effects for

demographic variables on this item.

Item #35: (activity) "counseling for alcohol abuse"

Eighty-four percent of the officers agreed with this item (Mdn = 5). ANOVA analyses failed to yield any significant interactions or main effects for demographic variables on this item.

Item #36: (activity) "helping officers stop smoking"

Fifty-three percent of the officers agreed with this item (Mdn = 4). ANOVA analyses failed to yield any significant interactions or main effects for demographic variables on this item.

Item #37 (activity) "career advice for officers"

Fifty-five percent of the officers agreed with this item (Mdn = 3). ANOVA analyses failed to yield any significant interactions or main effects for , demographic variables on this item.

Item #38 (activity) "criminal profiling"

Eighty-four percent of the officers agreed with this item (Mdn = 5). ANOVA analyses failed to yield any significant interactions or main effects for demographic variables on this item.

Item #39: (activity) "domestic abuse advice"

Eighty-eight percent of the officers considered this to be a useful activity (Mdn = 5). An age by education level ANOVA yielded a significant main effect for age such that younger officers were less likely to identify this as a useful activity than were the older officers [$F(2,93) = 5.141, p = .026$]. These results appear in Table 22 (see Appendix D).

A "community raised in" by "community worked in" ANOVA yielded a significant main effect for "community worked in" such that officers who worked in urban environment were most likely to identify this as a useful activity [$F(1,100) = 4.606, p = .034$]. These results appear in Table 23 (see Appendix D).

Item #40: (activity) "victim counseling"

Ninety-one percent of the officers agreed with this item (Mdn = 5). A "community raised in" by , "community worked in" ANOVA yielded a significant main effect for community worked in such that officers who worked in urban environment were most likely to identify this as a useful activity [$F(1,100) = 4.606, p = .034$]. These results appear in Table 24 (see Appendix D).

Item #41: (activity) "hostage negotiations"

Seventy-six percent of the officers agreed with this item (Mdn = 4). An age by education level ANOVA yielded a significant main effect for age such that younger officers were less likely to identify this as a useful activity than were the older officers [$F(2,93) = 4.698, p = .011$]. These results appear in Table 25 (see Appendix D).

Item #42: (activity) "pre-employment screening for officer candidates"

Eighty-six percent of the officers agreed with this item (Mdn = 5). An age by education level ANOVA yielded a significant main effect for age such that younger officers were less likely to identify this as a useful activity than were the older officers [$F(2,93) = 5.602, p = .005$]. These results appear in Table 26 (Appendix D).

Item # 43: (activity) "serving on the officer selection committee"

Sixty-seven percent of the officers agreed with this item (Mdn = 4). An age by education level ANOVA yielded a significant main effect for age such that younger officers were less likely to identify this as a useful activity than were the older officers [$F(2,93) = 3.432, p = .036$]. These results appear Table 27

(Appendix D).

Item #44: (activity) "post-trauma debriefing for emergency responders"

Eighty-eight percent of the officers agreed with this item ($Mdn = 5$). An age by education level ANOVA yielded a significant main effect for age such that younger officers were less likely to identify this as a useful activity than were the older officers [$F(2,93) = 4.531, p = .013$]. These results appear in Table 28 (Appendix D).

Item #45: (activity) "crisis intervention (i.e. suicide attempts, counseling for rape victims)"

Ninety percent of the officers agreed with this item ($Mdn = 5$). An age by education level ANOVA yielded a significant main effect for age such that younger officers were less likely to identify this as a useful activity than were the older officers [$F(2,93) = 4.972, p = .009$]. These results appear in Table 29 (Appendix D).

Discussion

Overall, police officer attitudes were positive toward psychologists and psychological services. The

research failed to support the hypothesis that rural officers differ from urban officers in their attitudes toward psychologists and psychological services. This may be due to the rural and urban officers' desires to answer the items with what they view as socially appropriate responses. Since there were not any items in the questionnaire that gauge for social desirability, it is not clear whether this had an impact on the results. There is variability in the participants' responses, and this indicates that not every officer was motivated to respond in a socially acceptable manner. If social desirability was not a factor in this outcome, this survey may accurately reflect the similarities between rural and urban police officer attitudes toward psychologists and psychological services. Previous research has noted that there are differences in rural and urban attitudes toward psychologists and seeking help for mental problems. Therefore, this survey may reflect the decrease in differences between rural and urban populations. However, it is possible that there has never been a difference between rural and urban police officer attitudes.

This study did support the hypothesis that attitudes toward mentally ill individuals are positively correlated with attitudes toward

psychologists and psychological services. This indicates that officers who have more favorable attitudes toward the mentally ill also view psychologists and psychological services as beneficial. This also indicates that officers who have negative attitudes toward the mentally ill have negative attitudes toward psychologist and psychological services and therefore, are less likely to ever seek psychological assistance.

Analyses of the items revealed that, in general, younger officers tended to have more negative attitudes toward psychologists, psychological services, and mentally ill individuals. This is surprising due to the common perception that younger individuals are more liberal than older individuals, and due to research findings that younger individuals report more sympathetic attitudes toward mentally ill individuals. It is possible that this conservative view may be, due to a combination of their lack of experience in law enforcement and lack of contact with mentally ill individuals. Also, these officers are the more recently graduated from their local police academy. It is also possible that these officers may be more conservative in their views due to the training and expectations that they were taught in the academy. This is only speculation and would need to be tested.

A way to test this hypothesis would be to survey a class entering the academy and one graduating from the academy to examine differences in attitudes.

A result of this survey reported that, as expected, officers with higher levels of education had more positive viewpoints of mental illness and psychologists. However, analysis of one item revealed that higher levels of education resulted in negative attitudes toward mentally ill individuals. Also, the analysis of another item revealed that individuals who had 13 to 14 years of education answered in a more liberal manner, with positive attitudes toward the mentally ill. These mixed results indicate that this is an area where further research would be beneficial.

A surprising result was that officers who had taken a psychology class had more negative attitudes toward mentally ill individuals and psychologists. This is perhaps due to different conceptualizations of the term mentally ill. The officers who had a psychology class may think in terms of severely mentally ill due to their education in this area, whereas the officers who had not taken the class, may think of the mentally ill in less severe terms. However, on one item, not having had a psychology class nor having worked with mentally ill individuals resulted in more negative attitudes toward mentally ill

individuals. So, there was some contradictions in the results. Again, future research is needed in this area.

Although overall analysis failed to support differences between urban and rural officers, analyses of two items (which dealt with potential activities of police psychologists) revealed that urban officers were more likely to view psychological services as being more valuable than rural officers. This may be due to urban officers having had more opportunities to have contact with psychologists and, therefore, recognize that many of their services may be potentially beneficial. Further research in this area may include items on the questionnaire that specifically explore what contact officers have had with psychologists or with other people who have used psychological services. Analysis of one item revealed that officers who were raised in an urban community and working in a rural community viewed officers who work in rural communities as being under less stress than urban officers. This may be due to perceptions that were developed while being raised in an urban community that officers in that community worked under stressful conditions.

Analyses of individual items also revealed that most officers believe that police officers should have access to a psychologist. However, approximately half

of the officers also reported that they would probably never go see a psychologist. This may reflect differences in attitudes and actual behavior. The majority of officers reported that if they did see a psychologist they would not want their fellow officers to know. Officers also reported that they would feel more comfortable talking with a staff psychologist, and they would prefer consulting a female psychologist.

One flaw with this study was not including a social desirability scale in the survey, because it is difficult to gauge whether this is reflecting the officers actual attitudes. Also, it would be interesting to distribute this survey among officers located in larger cities and more officers located in rural areas. It is possible that the officers in the larger urban cities have never been exposed to rural values. Having the officers report where they were raised and work would also clarify whether they had any exposure to rural populations. Giving a definition of "mentally ill" would also help clarify whether the officers define the concept of "mentally ill" differently. Future research may include the impact of education, having taken a psychology class, and having worked with mentally ill on attitudes toward psychologists and psychological services.

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Table 2
Continued

Continued

APPENDIX A

Continued

	Mean	SD	Min	Max
1. I am proud to be a police officer	4.2	0.8	1	5
2. I am satisfied with my job	3.8	0.9	1	5
3. I am proud to wear my uniform	4.1	0.7	1	5
4. I am satisfied with my salary	3.5	1.0	1	5
5. I am proud to be a member of the police force	4.3	0.6	1	5
6. I am satisfied with my supervisor	3.6	0.9	1	5
7. I am proud to be a police officer	4.2	0.8	1	5
8. I am satisfied with my job	3.8	0.9	1	5
9. I am proud to wear my uniform	4.1	0.7	1	5
10. I am satisfied with my salary	3.5	1.0	1	5
11. I am proud to be a member of the police force	4.3	0.6	1	5
12. I am satisfied with my supervisor	3.6	0.9	1	5

Table 1

Attitude Measurement Scale

Instructions:

Read each of the statements below and use the numbers printed to the right of each item to indicate how strongly you agree or disagree with each statement.

For example:

	strongly disagree		strongly agree
The color blue is the best color.....	1	2	3
	4	5	6

If you strongly agree that blue is the best color, for whatever reason, you should circle 6, or perhaps 5. If you are not really sure that this statement really reflects your true feelings about the color blue, you might circle 3 or 4. If you really dislike blue or strongly disagree with the statement for any reason, you could indicate this by circling the 1 or the 2.

There are no right or wrong answers. We are only interested in your own opinions.

	strongly disagree		strongly agree
Virtually anyone can become mentally ill.....	1	2	3
	4	5	6
It is best to avoid anyone who has mental problems.....	1	2	3
	4	5	6
Mentally ill people usually need to be hospitalized.....	1	2	3
	4	5	6
Less emphasis should be placed on protecting the public from mentally ill people.....	1	2	3
	4	5	6

	strongly disagree						strongly agree
One of the main causes of mental illness is a lack of self-discipline and will power.....	1	2	3	4	5	6	
Mentally ill people are unlikely to behave in a socially responsible manner.....	1	2	3	4	5	6	
Mental patients need to be treated like young children, with control and discipline.....	1	2	3	4	5	6	
The best way to handle the mentally ill is to keep them behind locked doors.....	1	2	3	4	5	6	
More tax money should be spent on the care and treatment of mentally ill people.....	1	2	3	4	5	6	
The mentally ill are far less dangerous than most people suppose.....	1	2	3	4	5	6	
There are sufficient existing services for the mentally ill.....	1	2	3	4	5	6	
We need to adopt a far more tolerant attitude toward the mentally ill in our society.....	1	2	3	4	5	6	
Anyone with a history of mental problems should be excluded from taking public office.....	1	2	3	4	5	6	
Mental illness is more likely when family values are not stressed.....	1	2	3	4	5	6	

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	strongly disagree						strongly agree
There is no reason why mentally ill people should not marry and have children...	1	2	3	4	5	6	
It is normal for married couples to have occasional physical fights.....	1	2	3	4	5	6	
Wives can also be spouse abusers.....	1	2	3	4	5	6	
A wife should seek some kind of help the very first time her husband hits her.....	1	2	3	4	5	6	
Officers who work in rural areas are under less stress than those who work in cities.....	1	2	3	4	5	6	
An individual should be able to handle his/her own emotional problems without seeking help.....	1	2	3	4	5	6	
All police officers should have access to a psychologist to talk over job related problems with.....	1	2	3	4	5	6	
Psychologists are helpful in assisting with the administration and control of the police department.....	1	2	3	4	5	6	
If I chose to see a psychologist, I would not want my fellow officers to know.....	1	2	3	4	5	6	

Police Officer Attitudes 53

	strongly disagree	strongly agree
I would feel more comfortable talking to a staff psychologist than with an outside psychologist who acts as a consultant to the department.	1	6
When psychologists testify in court, they are usually testifying for the prosecution.....	1	6
Most psychologists are liberals.....	1	6
Psychologists believe that many criminals are not responsible for their own actions.....	1	6
I would feel more comfortable consulting a male psychologist rather than a female psychologist...	1	6
I would probably never go see a psychologist.....	1	6

For the average police force, how useful would a psychologist be in each of the following roles:

	not useful	very useful
counseling for officers.....	1	6
counseling for officers' families.....	1	6
marriage counseling.....	1	6
helping officers with stress management.....	1	6

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	not useful					very useful
counseling officers for substance abuse problems (drugs).....	1	2	3	4	5	6
counseling officers for alcohol abuse.....	1	2	3	4	5	6
helping officers stop smoking.....	1	2	3	4	5	6
career advice for officers.....	1	2	3	4	5	6
criminal profiling.....	1	2	3	4	5	6
domestic abuse advice.....	1	2	3	4	5	6
victim counseling.....	1	2	3	4	5	6
hostage negotiations.....	1	2	3	4	5	6
pre-employment screening of officer candidates.....	1	2	3	4	5	6
serving on officer selection committee.....	1	2	3	4	5	6
post-trauma debriefing for emergency responders.....	1	2	3	4	5	6
crisis intervention (i.e. suicide attempts, counseling for rape victims).....	1	2	3	4	5	6

We need some information about you. This is not for the purpose of identification.

Your Age _____ Your Gender _____ M _____ F

Number of years in Law Enforcement _____

Have you worked with mentally ill people? _____ Yes _____ No

Have you every taken a psychology class? _____ Yes _____ No

Would you describe the communit(ies) in which you were raised as:

_____ mostly rural _____ mostly urban

_____ I was raised pretty equally in both rural and urban communities

Would you describe the communit(ies) where you serve / have served as a law enforcement official as:

_____ mostly rural _____ mostly urban

_____ I have served pretty equally in both rural and urban communities

Circle the highest grade in school that you have completed:

(by year) 10 11 12 13 14 15 16 16+

Are there any comments that you would like to share with the researchers? Please use the back of this page.

TABLE 1
Descriptive Statistics of Attitudes

Item	Mean (S.D.)	Range
1	3.2 (0.8)	1-5
2	3.5 (0.9)	1-5
3	3.1 (0.7)	1-5
4	3.4 (0.8)	1-5
5	3.3 (0.8)	1-5
6	3.2 (0.7)	1-5
7	3.4 (0.9)	1-5
8	3.1 (0.8)	1-5
9	3.3 (0.7)	1-5
10	3.2 (0.8)	1-5
11	3.4 (0.9)	1-5
12	3.1 (0.7)	1-5
13	3.3 (0.8)	1-5
14	3.2 (0.7)	1-5
15	3.4 (0.9)	1-5
16	3.1 (0.8)	1-5
17	3.3 (0.7)	1-5
18	3.2 (0.8)	1-5
19	3.4 (0.9)	1-5
20	3.1 (0.7)	1-5
21	3.3 (0.8)	1-5
22	3.2 (0.7)	1-5
23	3.4 (0.9)	1-5
24	3.1 (0.8)	1-5
25	3.3 (0.7)	1-5
26	3.2 (0.8)	1-5
27	3.4 (0.9)	1-5
28	3.1 (0.7)	1-5
29	3.3 (0.8)	1-5
30	3.2 (0.7)	1-5
31	3.4 (0.9)	1-5
32	3.1 (0.8)	1-5
33	3.3 (0.7)	1-5
34	3.2 (0.8)	1-5
35	3.4 (0.9)	1-5
36	3.1 (0.7)	1-5
37	3.3 (0.8)	1-5
38	3.2 (0.7)	1-5
39	3.4 (0.9)	1-5
40	3.1 (0.8)	1-5
41	3.3 (0.7)	1-5
42	3.2 (0.8)	1-5
43	3.4 (0.9)	1-5
44	3.1 (0.7)	1-5
45	3.3 (0.8)	1-5
46	3.2 (0.7)	1-5
47	3.4 (0.9)	1-5
48	3.1 (0.8)	1-5
49	3.3 (0.7)	1-5
50	3.2 (0.8)	1-5

APPENDIX B

TABLE 2
Descriptive Statistics of Attitudes

Table 2

Distribution of Officers' Ages

<u>Age</u>	<u>Number of Officers</u>	<u>Percent</u>
21	01	.9
23	05	4.6
24	03	2.8
25	04	3.7
26	06	5.6
27	05	4.6
28	05	4.6
29	03	2.8
30	01	0.9
31	03	2.8
32	05	4.6
33	01	0.9
34	05	4.6
35	02	1.9
36	05	4.6
37	05	4.6
38	01	0.9
39	04	3.7
40	06	5.6
41	05	4.6
42	06	5.6
43	04	3.7
44	05	4.6
45	02	1.9
46	06	5.6
47	01	0.9
48	01	0.9
51	01	0.9
52	02	1.9
53	01	0.9
56	01	0.9

Mean	35.762	Standard Deviation	8.277
Median	36.000	Range	21 to 56

Table 3

Distribution of Officers in Community Raised

	Number of Officers	Percent
Rural	43	39.8
Urban	51	47.2
Both	13	12.0

Table 4

Distribution of Officers in Community Worked

	Number of Officers	Percent
Rural	18	16.7
Urban	69	63.9
Both	20	18.5

Table 5

Distribution of Officers' Years in Law Enforcement

<u>Years in Law Enforcement</u>	<u>Number of Officers</u>	<u>Percent</u>
01	10	14.8
02	11	10.2
03	03	02.8
05	01	00.9
06	03	02.8
07	04	03.7
08	08	07.4
09	02	01.9
10	04	03.7
11	03	02.8
12	06	05.6
13	03	02.8
14	03	02.8
15	05	04.6
16	03	02.8
17	06	05.6
18	04	03.7
19	03	02.8
20	06	05.6
21	04	03.7
22	02	01.9
23	03	02.8
24	02	01.9
25	01	00.9
26	01	00.9

Mean 10.991 Standard Deviation 7.564

Median 11.000 Range 1 to 26

Table 6

Distribution of Officers' Years of Education

<u>Years of Education</u>	<u>Number of Officers</u>	<u>Percent</u>
10	01	0.9
11	01	0.9
12	23	21.3
13	13	12.0
14	27	25.0
15	08	07.4
16	19	17.6
17	15	13.9

Mean 14.234 Standard Deviation 1.799

Median 14.000 Range 10 to 17

Table 7

Distribution of Officers Who Have Taken a Psychology
Class

	Number of Officers	Percent
Yes	71	66.4
<hr/>		
No	36	33.6

Table 8

Distribution of Officers Who Have Worked with Mentally
Ill

	Number of Officers	Percent
Yes	80	74.8
No	27	25.2

TABLE 2

TABLE 2 (continued)

APPENDIX C

Table 9

Items Summed for Attitudes Toward Mentally Ill

-
- Virtually anyone can become mentally ill
 - It is best to avoid anyone who has mental problems (R)
 - Mentally ill people usually need to be hospitalized (R)
 - Less emphasis should be placed on protecting the public from mentally ill people
 - One of the main causes of mental illness is a lack of self-discipline and will power (R)
 - Mentally ill people are unlikely to behave in a socially responsible manner (R)
 - Mental patients need to be treated like young children, with control and discipline (R)
 - The best way to handle the mentally ill is to keep them behind locked doors (R)
 - More tax money should be spent on the care and treatment of mentally ill people
 - The mentally ill are far less dangerous than most people suppose
 - There are sufficient existing services for the mentally ill (R)
 - We need to adopt a far more tolerant attitude toward the mentally ill in our society
 - Anyone with a history of mental problems should be excluded from taking public office (R)
 - Mental illness is more likely when family values are not stressed (R)
 - There is no reason why mentally ill people should not marry and have children

Reversed items = (R)

Table 9 (cont.)

Items summed for Attitudes Toward Psychologists and
Psychological Services

- All police officers should have access to a psychologist to talk over job related problems with
- Psychologists are helpful in assisting with the administration and control of the police department
- When psychologists testify in court, they are usually testifying for the prosecution
- Psychologists believe that many criminals are not responsible for their own actions (R)
- I would probably never go see a psychologist (R)

For the average police force, how useful would a psychologist be in each of the following roles:

- counseling for officers
- counseling for officers' families
- marriage counseling
- helping officers with stress management
- counseling officers for substance abuse problems (drugs)
- counseling officers for alcohol abuse
- helping officers stop smoking
- career advice for officers
- criminal profiling
- domestic abuse advice
- victim counseling
- hostage negotiations
- pre-employment screening for officer candidates
- serving on the officer selection committee
- post-trauma debriefing for emergency responders
- crisis intervention (i.e. suicide attempts, counseling for rape victims)

Reversed items = (R)

TABLE 10
TOTAL, FEDERAL, STATE, AND LOCAL POLICE OFFICERS
BY RACE AND SEX

APPENDIX D

Table 10

Means, Standard Deviations, and Sample Sizes for Item

#1: Virtually anyone can become mentally ill.

		<u>Level of Education</u>		
		1	2	3
	1	<u>M=3.250</u> <u>SD=.751</u> <u>n=4</u>	<u>M=4.091</u> <u>SD=1.200</u> <u>n=11</u>	<u>M=4.556</u> <u>SD=1.381</u> <u>n=18</u>
<u>Age</u>	2	<u>M=5.308</u> <u>SD=.751</u> <u>n=13</u>	<u>M=5.222</u> <u>SD=.878</u> <u>n=18</u>	<u>M=4.833</u> <u>SD=1.602</u> <u>n=6</u>
	3	<u>M=5.429</u> <u>SD=.878</u> <u>n=7</u>	<u>M=5.091</u> <u>SD=1.44</u> <u>n=11</u>	<u>M=5.353</u> <u>SD=.702</u> <u>n=17</u>

Age: 1= 21-30 years
 2= 31-40 years
 3= 41-56 years

Level of Education: 1= 10-12 years
 2= 13-14 years
 3= 15-17 years

Table 11

Means, Standard Deviations, and Sample Sizes for
Item #2: It is best to avoid anyone who has mental
problems.

		<u>Level of Education</u>		
		1	2	3
	1	<u>M=6.000</u> <u>SD=.001</u> <u>n=4</u>	<u>M=5.000</u> <u>SD=1.265</u> <u>n=11</u>	<u>M=4.333</u> <u>SD=1.372</u> <u>n=18</u>
<u>Age</u>	2	<u>M=4.154</u> <u>SD=1.345</u> <u>n=13</u>	<u>M=4.778</u> <u>SD=.943</u> <u>n=18</u>	<u>M=4.333</u> <u>SD=1.751</u> <u>n=6</u>
	3	<u>M=5.286</u> <u>SD=.756</u> <u>n=7</u>	<u>M=5.182</u> <u>SD=.751</u> <u>n=11</u>	<u>M=4.529</u> <u>SD=1.231</u> <u>n=17</u>

Age: 1= 21-30 years
 2= 31-40 years
 3= 41-56 years

Level of Education: 1= 10-12 years
 2= 13-14 years
 3= 15-17 years

Table 12
Means, Standard Deviations, and Sample Sizes for
Item #3: Mentally ill people usually need to be
hospitalized.

		Yes	No
<u>Worked</u>		<u>M=4.091</u>	<u>M=3.680</u>
<u>with</u>	Yes	<u>SD= 1.175</u>	<u>SD=1.574</u>
		<u>n=55</u>	<u>n=25</u>
<u>Mentally</u>			
<u>ill</u>	No	<u>M=3.625</u>	<u>M=4.455</u>
		<u>SD=1.310</u>	<u>SD=.934</u>
		<u>n=16</u>	<u>n=11</u>

Table 13

Means, Standard Deviations, and Sample Sizes for
Item #6: Mentally ill people are unlikely to behave in
a socially responsible manner.

		<u>Level of Education</u>		
		1	2	3
	1	<u>M=4.250</u> <u>SD=1.258</u> <u>n=4</u>	<u>M=4.273</u> <u>SD=1.104</u> <u>n=11</u>	<u>M=3.611</u> <u>SD=1.243</u> <u>n=18</u>
<u>Age</u>	2	<u>M=3.462</u> <u>SD=.877</u> <u>n=13</u>	<u>M=4.056</u> <u>SD=1.110</u> <u>n=18</u>	<u>M=5.167</u> <u>SD=.753</u> <u>n=6</u>
	3	<u>M=4.143</u> <u>SD=1.215</u> <u>n=7</u>	<u>M=3.727</u> <u>SD=1.104</u> <u>n=11</u>	<u>M=3.529</u> <u>SD=1.46</u> <u>n=17</u>

Age: 1= 21-30 years
 2= 31-40 years
 3= 41-56 years

Level of Education: 1= 10-12 years
 2= 13-14 years
 3= 15-17 years

Table 14

Means, Standard Deviations, and Sample Sizes for
Item #7: Mental patients need to be treated like young
children, with control and discipline.

		<u>Level of Education</u>		
		1	2	3
<u>Age</u>	1	<u>M=3.250</u> <u>SD=1.258</u> <u>n=4</u>	<u>M=5.000</u> <u>SD=.894</u> <u>n=11</u>	<u>M=3.778</u> <u>SD=1.11</u> <u>n=18</u>
	2	<u>M=3.692</u> <u>SD=1.109</u> <u>n=13</u>	<u>M=3.944</u> <u>SD=1.211</u> <u>n=18</u>	<u>M=4.167</u> <u>SD=.753</u> <u>n=6</u>
	3	<u>M=3.857</u> <u>SD=1.069</u> <u>n=7</u>	<u>M=4.455</u> <u>SD=1.217</u> <u>n=11</u>	<u>M=4.059</u> <u>SD=1.44</u> <u>n=17</u>

Age: 1= 21-30 years
 2= 31-40 years
 3= 41-56 years

Grade: 1= 10-12 years
 2= 13-14 years
 3= 15-17 years

Table 15

Means, Standard Deviations, and Sample Sizes for
Item #9: More tax money should be spent on the care
and treatment of mentally ill people.

Taken a psychology class

		Yes	No
<u>Worked</u>		<u>M=3.673</u>	<u>M=4.080</u>
	Yes	<u>SD=1.334</u>	<u>SD=1.382</u>
<u>with</u>		<u>n=55</u>	<u>n=25</u>
<u>Mentally</u>		<u>M=3.187</u>	<u>M=4.091</u>
	No	<u>SD=1.424</u>	<u>SD=1.375</u>
<u>Ill</u>		<u>n=16</u>	<u>n=11</u>

Table 16
Means, Standard Deviations, and Sample Sizes for
Item #12: We need to adopt a far more tolerant
attitude toward the mentally ill in our
society.

		<u>Taken a psychology class</u>	
		Yes	No
<u>Worked</u>		<u>M=3.891</u>	<u>M=4.400</u>
	Yes	<u>SD=1.436</u>	<u>SD=.957</u>
<u>with</u>		<u>n=55</u>	<u>n=25</u>
<u>Mentally</u>		<u>M=3.687</u>	<u>M=4.500</u>
	No	<u>SD=1.580</u>	<u>SD=.850</u>
<u>Ill</u>		<u>n=16</u>	<u>n=10</u>

Table 17

Means, Standard Deviations, and Sample Sizes for

Item #15: There is no reason why mentally ill people should not marry and have children.

		<u>Level of Education</u>		
		1	2	3
	1	<u>M</u> =2.500 <u>SD</u> =.577 <u>n</u> =4	<u>M</u> =3.818 <u>SD</u> =1.834 <u>n</u> =11	<u>M</u> =3.882 <u>SD</u> =1.76 <u>n</u> =17
<u>Age</u>	2	<u>M</u> =3.538 <u>SD</u> =1.330 <u>n</u> =13	<u>M</u> =3.722 <u>SD</u> =1.638 <u>n</u> =18	<u>M</u> =2.167 <u>SD</u> =.983 <u>n</u> =6
	3	<u>M</u> =2.571 <u>SD</u> =1.397 <u>n</u> =7	<u>M</u> =4.091 <u>SD</u> =1.300 <u>n</u> =11	<u>M</u> =3.824 <u>SD</u> =1.33 <u>n</u> =17

Age: 1= 21-30 years
2= 31-40 years
3= 41-56 years

Level of Education: 1= 10-12 years
2= 13-14 years
3= 15-17 years

Table 18

Means, Standard Deviations, and Sample Sizes for

Item #19: Officers who work in rural areas are under less stress than those who work in cities.

		<u>Community worked</u>	
		rural	urban
<u>Community</u>	rural	<u>M</u> =2.621 <u>SD</u> =1.545 <u>n</u> =29	<u>M</u> =2.500 <u>SD</u> =1.581 <u>n</u> =26
	<u>Raised</u>	urban	<u>M</u> =3.500 <u>SD</u> =1.73 <u>n</u> =42

Table 19

Means, Standard Deviations, and Sample Sizes for

Item #20: An individual should be able to handle
his/her own emotional problems without
seeking help.

Taken a psychology class

		Yes	No
<u>Worked</u>		<u>M=4.127</u>	<u>M=4.600</u>
	Yes	<u>SD=1.203</u>	<u>SD=1.225</u>
<u>with</u>		<u>n=55</u>	<u>n=25</u>
<hr/>			
<u>Mentally</u>		<u>M=4.437</u>	<u>M=3.500</u>
	No	<u>SD=1.365</u>	<u>SD=1.354</u>
<u>Ill</u>		<u>n=16</u>	<u>n=10</u>

Table 20

Means, Standard Deviations, and Sample Sizes for
Item #22: Psychologists are helpful in assisting with
the administration and control of
the police department.

		<u>Taken a psychology class</u>	
		<u>Yes</u>	<u>No</u>
<u>Worked</u>	<u>Yes</u>	<u>M=3.364</u>	<u>M=3.840</u>
		<u>SD=1.470</u>	<u>SD=1.599</u>
<u>with</u>		<u>n=55</u>	<u>n=25</u>
	<hr/>		
<u>Mentally</u>	<u>No</u>	<u>M=2.750</u>	<u>M=3.900</u>
		<u>SD=1.390</u>	<u>SD=1.197</u>
<u>Ill</u>		<u>n=16</u>	<u>n=10</u>

Table 21

Means, Standard Deviations, and Sample Sizes for
Item #31: (activity) Counseling for officers'
families

		<u>Level of Education</u>		
		1	2	3
<u>Age</u>	1	<u>M=4.000</u> <u>SD=1.633</u> <u>n=4</u>	<u>M=3.636</u> <u>SD=1.91</u> <u>n=11</u>	<u>M=4.611</u> <u>SD=.778</u> <u>n=18</u>
	2	<u>M=4.583</u> <u>SD=1.564</u> <u>n=12</u>	<u>M=4.778</u> <u>SD=.878</u> <u>n=18</u>	<u>M=5.167</u> <u>SD=.983</u> <u>n=6</u>
	3	<u>M=5.400</u> <u>SD=.548</u> <u>n=7</u>	<u>M=5.364</u> <u>SD=.809</u> <u>n=11</u>	<u>M=4.824</u> <u>SD=1.425</u> <u>n=17</u>

Age: 1= 21-30 years
 2= 31-40 years
 3= 41-56 years

Level of Education: 1= 10-12 years
 2= 13-14 years
 3= 15-17 years

Table 22

Means, Standard Deviations, and Sample Sizes for

Item #39: (activity) Domestic abuse advice

		<u>Level of Education</u>		
		1	2	3
	1	<u>M</u> =3.250 <u>SD</u> =1.708 <u>n</u> =4	<u>M</u> =4.000 <u>SD</u> =1.483 <u>n</u> =11	<u>M</u> =4.778 <u>SD</u> =.808 <u>n</u> =18
<u>Age</u>	2	<u>M</u> =4.667 <u>SD</u> =.888 <u>n</u> =12	<u>M</u> =4.778 <u>SD</u> =.878 <u>n</u> =18	<u>M</u> =5.000 <u>SD</u> =.894 <u>n</u> =6
	3	<u>M</u> =4.400 <u>SD</u> =1.517 <u>n</u> =5	<u>M</u> =5.000 <u>SD</u> =.894 <u>n</u> =11	<u>M</u> =4.471 <u>SD</u> =1.18 <u>n</u> =17

Age: 1= 21-30 years
2= 31-40 years
3= 41-56 years

Level of Education: 1= 10-12 years
2= 13-14 years
3= 15-17 years

Table 23

Means, Standard Deviations, and Sample Sizes for
Item #39: (activity) Domestic abuse advice

		<u>Community worked</u>	
		rural	urban
<u>Community</u>	rural	<u>M</u> =4.214 <u>SD</u> =1.166 <u>n</u> =28	<u>M</u> =5.077 <u>SD</u> =.935 <u>n</u> =26
	<hr/>		
	<u>Raised</u>	urban	<u>M</u> =4.333 <u>SD</u> =1.414 <u>n</u> =9

Table 24

Means, Standard Deviations, and Sample Sizes for
Item #40: (activity) Victim counseling

		<u>Community worked</u>	
		rural	urban
<u>Community</u>	rural	<u>M</u> =4.964 <u>SD</u> =.922 <u>n</u> =28	<u>M</u> =5.269 <u>SD</u> =.827 <u>n</u> =26
	<u>Raised</u>	urban	<u>M</u> =4.444 <u>SD</u> =1.424 <u>n</u> =9

Table 25

Means, Standard Deviations, and Sample Sizes for

Item #41: (activity) Hostage negotiations

		<u>Level of Education</u>		
		1	2	3
<u>Age</u>	1	<u>M=3.000</u> <u>SD=1.826</u> <u>n=4</u>	<u>M=3.091</u> <u>SD=1.758</u> <u>n=11</u>	<u>M=4.056</u> <u>SD=1.514</u> <u>n=18</u>
	2	<u>M=4.417</u> <u>SD=1.564</u> <u>n=12</u>	<u>M=4.889</u> <u>SD=1.023</u> <u>n=18</u>	<u>M=4.500</u> <u>SD=1.225</u> <u>n=6</u>
	3	<u>M=4.400</u> <u>SD=1.140</u> <u>n=7</u>	<u>M=4.545</u> <u>SD=1.6</u> <u>n=11</u>	<u>M=4.176</u> <u>SD=1.551</u> <u>n=17</u>

Age: 1= 21-30 years
2= 31-40 years
3= 41-56 years

Level of Education: 1= 10-12 years
2= 13-14 years
3= 15-17 years

Table 26

Means, Standard Deviations, and Sample Sizes for
Item #42: (activity) Pre-employment screening for
officer candidates

		<u>Level of Education</u>		
		1	2	3
<u>Age</u>	1	<u>M=3.500</u> <u>SD=1.732</u> <u>n=4</u>	<u>M=4.182</u> <u>SD=1.834</u> <u>n=11</u>	<u>M=4.500</u> <u>SD=1.47</u> <u>n=18</u>
	2	<u>M=5.250</u> <u>SD=.754</u> <u>n=12</u>	<u>M=5.167</u> <u>SD=.786</u> <u>n=18</u>	<u>M=5.333</u> <u>SD=.816</u> <u>n=6</u>
	3	<u>M=4.600</u> <u>SD=1.140</u> <u>n=7</u>	<u>M=5.000</u> <u>SD=1.265</u> <u>n=11</u>	<u>M=4.588</u> <u>SD=1.37</u> <u>n=17</u>

Age: 1= 21-30 years
 2= 31-40 years
 3= 41-56 years

Years of Education: 1= 10-12 years
 2= 13-14 years
 3= 15-17 years

Table 27

Means, Standard Deviations, and Sample Sizes for

Item #43: (activity) Serving on the officer selection committee

		<u>Level of Education</u>			
		1	2	3	
	1	<u>M=2.750</u> <u>SD=2.062</u> <u>n=4</u>	<u>M=3.182</u> <u>SD=1.722</u> <u>n=11</u>	<u>M=3.500</u> <u>SD=1.689</u> <u>n=18</u>	
	<u>Age</u>	2	<u>M=4.167</u> <u>SD=1.586</u> <u>n=12</u>	<u>M=4.444</u> <u>SD=1.149</u> <u>n=18</u>	<u>M=4.167</u> <u>SD=1.17</u> <u>n=6</u>
	3	<u>M=4.400</u> <u>SD=1.517</u> <u>n=5</u>	<u>M=4.182</u> <u>SD=1.834</u> <u>n=11</u>	<u>M=3.588</u> <u>SD=1.661</u> <u>n=17</u>	

Age: 1= 21-30 years
2= 31-40 years
3= 41-56 years

Level of Education: 1= 10-12 years
2= 13-14 years
3= 15-17 years

Table 28

Means, Standard Deviations, and Sample Sizes for
Item #44: (activity) post-trauma debriefing for
emergency responders

		<u>Level of Education</u>		
		1	2	3
	1	<u>M=4.000</u> <u>SD=2.160</u> <u>n=4</u>	<u>M=4.636</u> <u>SD=1.362</u> <u>n=11</u>	<u>M=4.389</u> <u>SD=1.24</u> <u>n=18</u>
<u>Age</u>	2	<u>M=5.167</u> <u>SD=.937</u> <u>n=12</u>	<u>M=5.111</u> <u>SD=1.079</u> <u>n=18</u>	<u>M=5.667</u> <u>SD=.516</u> <u>n=6</u>
	3	<u>M=2.571</u> <u>SD=.548</u> <u>n=5</u>	<u>M=4.091</u> <u>SD=.786</u> <u>n=11</u>	<u>M=4.765</u> <u>SD=1.56</u> <u>n=17</u>

Age: 1= 21-30 years
 2= 31-40 years
 3= 41-56 years

Level of Education: 1= 10-12 years
 2= 13-14 years
 3= 15-17 years

Table 29

Means, Standard Deviations, and Sample Sizes for
Item #45: (activity) Crisis intervention (i.e.
suicide attempts, counseling for
rape victims)

		<u>Level of Education</u>		
		1	2	3
	1	<u>M</u> =4.250 <u>SD</u> =2.217 <u>n</u> =4	<u>M</u> =4.545 <u>SD</u> =1.21 <u>n</u> =11	<u>M</u> =4.611 <u>SD</u> =1.195 <u>n</u> =18
<u>Age</u>	2	<u>M</u> =5.250 <u>SD</u> =.866 <u>n</u> =12	<u>M</u> =5.333 <u>SD</u> =.907 <u>n</u> =18	<u>M</u> =5.667 <u>SD</u> =.516 <u>n</u> =6
	3	<u>M</u> =5.200 <u>SD</u> =1.304 <u>n</u> =5	<u>M</u> =5.455 <u>SD</u> =.688 <u>n</u> =11	<u>M</u> =4.941 <u>SD</u> =1.249 <u>n</u> =17

Age: 1= 21-30 years
 2= 31-40 years
 3= 41-56 years

Level of Education: 1= 10-12 years
 2= 13-14 years
 3= 15-17 years