Federal Bureau of Investigation

Criminal Justice Information Services Division

**LAW ENFORCEMENT ASSAULT STUDY**

**LEO Interview Questions**



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Law Enforcement Engagement & Data Sharing Section

**UNDER ATTACK: ASSAULTS ON OUR NATION’S LAW ENFORCEMENT OFFICERS**

**LEO INTERVIEW QUESTIONS**

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**INTERVIEW FORM**

Code Number:

Location of Interview:

Date of Interview:

Length of interview:

Interviewers:

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**PART ONE: QUANTITATIVE QUESTIONS**

Thank you for your willingness to participate in this important research project and answering the questions to the best of your ability. By now a member of the research team should have answered all questions you have about participating in this study and your rights as a research participant. If not, please let us know so we can do so now.

We will begin by asking many questions that will help us get to know you and your background. The final interview portion of the study will consist of open-ended questions about your assault. To restate what was covered in the Informed Consent, some of these questions may make you feel uncomfortable. You do not need to answer any questions that you do not want to. You may end the interview at any time. You may also ask for a rest at any time.

# BACKGROUND MATERIAL

1.1 Date of Birth:

1.2 Sex:

Male

Female

Non-Binary

Gender Non-Conforming

Other:

1.3 Race & Ethnicity (check all that apply):

American Indian or Alaska Native

Asian

Black or African American

Hispanic or Latino

Native Hawaiian or Other Pacific Islander

White

Pending further investigation

Unknown/not reported:

1.4 Religion:

Buddhist

Catholic

Eastern Orthodox

Hindu

Islamic (Muslim)

Jehovah's Witness

Jewish

The Church of Jesus Christ of Latter-day Saints

Multiple Religions

Other Christian

Pagan

Protestant

Sikh

Atheism/Agnosticism

No Affiliation

Other (Specify):

1.5 Are you currently active in your religion?

Yes

No

1.6 Besides English, in which languages are you proficient?

1.7 Were you born outside of the United States?

Yes

No

1.8.a If yes, where were you born?

1.8 What is your current relationship status?

Single/Never married

Married

Divorced/Not remarried

Divorced/Remarried

Widowed/Not remarried

Widowed/Remarried

Separated

Living with significant other

Domestic partnership

Long-term intimate relationship (not living together)

Other (Specify):

1.9 Did your relationship status change following employment as a law enforcement officer?

Yes

No

1.9.a If yes, what changed?

Married

Remarried

Divorced

Widowed

Separated

Living with significant other

Domestic partnership

Long-term intimate relationship (not living together)

Other (Specify):

1.10 Do you believe your job in law enforcement has or had any influence on your marital/relationship?

Yes

No

If yes, explain:

1.11 Do you have children?

Yes

No (If no, skip to Question 1.13)

1.11.a How many children live at home with you or who you have regular responsibility for?

1.11.b Age(s) of children:

1.11.c How many are biological children?

1.11.d How many are stepchildren?

1.11.e How many are adopted children?

1.11.f How many are foster children?

1.12 What was your family structure during childhood (check all that apply)?

Both parents

Single parent/never married

Single parent/separated

Single parent/divorced

Single parent/widowed

Single parent/living with significant other

Grandparents

Other family member

Foster care

Other (Specify):

1.13 Do you have any siblings?

Yes

No (If no, skip to Question 1.15)

1.14.a If yes, how many brothers do you have?

1.14.b If yes, how many stepbrothers do you have?

1.14.c If yes, how many sisters do you have?

1.14.d If yes, how many stepsisters do you have?

1.14.e If yes, other (specify):

1.14.f What is your birth order among your siblings?

1.14 Are any of your family members a law enforcement officer?

Yes

No

1.15.a If yes, which family member is/are currently in law enforcement?

1.15 Is there anything else about your **background** you’d like to tell us?

# EDUCATION AND TRAINING

**PRIOR TO YOUR POLICE ACADEMY**

2.1 What is the highest degree or level of education you have completed?

Did not graduate high school

High school diploma or equivalent

Some college, no degree

Postsecondary nondegree award

Associate degree

Bachelor’s degree

Master’s degree

Doctoral or professional degree

2.2 What was your field of study in your highest degree?

2.3 Did you pursue higher education before or after gaining employment as a law enforcement officer?

Before

After

During

**ACADEMY TRAINING**

**The following questions address types of specific law enforcement training received at the Academy you attended. Following this section, we will ask about post-academy training.**

2.4 What type of law enforcement academy did you attend?

Local

Regional

State

Federal

***Name of Academy***:

2.4.a Was this your department’s academy?

Yes

No

2.5 Age when you entered the Academy: years.

2.6 How long before the assault in question did you attend the Academy?

Years.

2.7 Law Enforcement Academy

2.7.a Length of Training (in weeks):

2.7.b Academy subject you were ***most*** interested in:

2.7.c Academy subject you were ***least*** interested in:

2.7.d Position in Academy Graduation:

Top third

Middle third

Lower third

Don’t Know

2.7.e Any other Academy attended (name)?

2.8 Training topics (answer to the best of your ability)

2.8.a Sidearm training

Yes

No

How long (in hours)?

2.8.b Simunitions (firearm):

Yes

No

How long (in hours)?

2.8.c Interactive combat training, firearms:

Yes

No

How long (in hours)?

2.8.d Shotgun training

Yes

No

How long (in hours)?

2.8.e Baton training:

Yes

No

How long (in hours)?

2.8.f Rifle training:

Yes

No

How long (in hours)?

2.8.g Chemical agent training:

Yes

No

How long (in hours)?

2.8.h Practical application of physical skills (martial arts/boxing, wrestling, etc.):

Yes

No

How long (in hours)?

Specify the type:

2.8.i Electronic Immobilization Device (e.g., TASER) training:

Yes

No

How long (in hours)?

2.8.j Other firearm training:

Yes

No

How long (in hours)?

2.8.k Weapons retention training:

Yes

No

How long (in hours)?

Specify:

2.8.l Physical conditioning (sit-ups, pullups, running, etc.):

Yes

No

How long (in hours)?

2.8.m Crisis intervention training (negotiation skills, interacting with people in crisis):

Yes

No

How long (in hours)?

Specify:

2.8.n Physical survival/mental conditioning training:

Yes

No

How long (in hours)?

2.8.o Foot pursuits training:

Yes

No

How long (in hours)?

2.8.p Emergency Vehicle Operator Course (EVOC) training:

Yes

No

How long (in hours)?

2.8.q Pursuit/high speed driving training:

Yes

No

How long (in hours)?

2.8.r Felony stop training:

Yes

No

How long (in hours)?

2.8.s Traffic stop training:

Yes

No

How long (in hours)?

2.8.t Handcuffing techniques training (speed cuffing, etc.):

Yes

No

How long (in hours)?

2.8.u Any other weapons training (please specify)?

2.9 Did your law enforcement academy training cover officer stress and mental health?

Yes

No

2.9.a If yes, how helpful was it (please check one response)?

1 = Not at all Helpful

2 = Somewhat Unhelpful

3 = Somewhat Helpful

4 = Very Helpful

**POST-ACADEMY TRAINING & IN-SERVICE**

**The following questions address types of specific post-academy (in-service) training received *prior to the assault* we’re studying.**

2.10 Training topics

2.10.a Sidearm training

Yes

No

How long (in hours)?

How long before the assault? months.

2.10.b Simunitions (firearm):

Yes

No

How long (in hours)?

How long before the assault? months.

2.10.c Interactive combat training, firearms:

Yes

No

How long (in hours)?

How long before the assault? months.

2.10.d Shotgun training

Yes

No

How long (in hours)?

How long before the assault? months.

2.10.e Baton training:

Yes

No

How long (in hours)?

How long before the assault? months.

2.10.f Rifle training:

Yes

No

How long (in hours)?

How long before the assault? months.

2.10.g Chemical agent training:

Yes

No

How long (in hours)?

How long before the assault? months.

2.10.h Practical application of physical skills (martial arts/boxing, wrestling, etc.):

Yes

No

How long (in hours)?

Specify the type:

How long before the assault? months.

2.10.i Electronic Immobilization Device (e.g., TASER) training:

Yes

No

How long (in hours)?

How long before the assault? months.

2.10.j Other firearm training:

Yes

No

How long (in hours)?

Specify:

How long before the assault? months.

2.10.k Weapons retention training:

Yes

No

How long (in hours)?

Specify:

How long before the assault? months.

2.10.l Physical conditioning (sit-ups, pullups, running, etc.):

Yes

No

How long (in hours)?

How long before the assault? months.

2.10.m Crisis intervention training (negotiation skills, interacting with people in crisis):

Yes

No

How long (in hours)?

Specify:

How long before the assault? months.

2.10.n Physical survival/mental conditioning training:

Yes

No

How long (in hours)?

How long before the assault? months.

2.10.o Foot pursuits training:

Yes

No

How long (in hours)?

How long before the assault? months.

2.8.p Emergency Vehicle Operator Course (EVOC) training:

Yes

No

How long (in hours)?

How long before the assault? months.

2.8.q Pursuit/high speed driving training:

Yes

No

How long (in hours)?

How long before the assault? months.

2.8.r Felony stop training:

Yes

No

How long (in hours)?

How long before the assault? months.

2.8.s Traffic stop training:

Yes

No

How long (in hours)?

How long before the assault? months.

2.10.t Handcuffing techniques training (speed cuffing, etc.):

Yes

No

How long (in hours)?

How long before the assault? months.

2.10.u Any other weapons training (specify)?

How long before the assault? months.

2.11 Did your in-service training cover officer stress and mental health?

Yes

No

2.11.a If yes, how helpful was it (please check one response)?

1 = Not at all Helpful

2 = Somewhat Unhelpful

3 = Somewhat Helpful

4 = Very Helpful

2.12 Is there anything else about your **education/training** you’d like to tell us?

# CAREER

3.1 Are you currently employed as a law enforcement officer?

Yes

No

3.2 How many years of law enforcement experience did/do you have?

3.3 What is the **current** jurisdiction of your primary agency?

City

County

State

Federal

Tribal

College/University

Other (specify):

3.4 If you are **no longer employed** in law enforcement, what type of agency were you employed with (Check all that apply)?

City

County

State

Federal

Tribal

College/University

Other (specify):

3.5 **At the time of the assault**, what was the jurisdiction of your primary agency?

City

County

State

Federal

Tribal

College/University

Other (specify):

3.6 If you are currently **not** in law enforcement, how long has it been since you left the profession? years.

3.7 What is your highest rank obtained, or your rank when you left law enforcement?

3.8 Please select ***all units*** in which you have served and designate the number of years employed in each.

Patrol: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ years.

Investigations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ years.

Narcotics/undercover: ­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ years.

Bomb Squad: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ years.

Special Operations (SWAT, Crisis Negotiators, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ years.

Cybercrime: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ years.

Crimes Against Children: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ years.

Headquarters: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ years.

Traffic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ years.

Mounted Police: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ years.

Harbor and Marine Patrol: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ years.

Animal Control: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ years.

Aviation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ years.

Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_years.

3.9 If currently employed as a law enforcement officer, do you work a second job?

Yes

No

3.9.a If yes, what is your second job?

3.10 Have you ever been on full-time active-duty military service (**reserve-duty military service will be addressed in question 3.11**)?

Yes

No (If no, skip to Question 3.11)

3.10.a If yes, please identify the branch of active-duty military service:

Air Force

Army

Coast Guard

Marines Corps

National Guard

Navy

Space Force

3.10.b Number of years of active-duty military service:

3.10.c Military Assignment:

Administrative

Air Support

Infantry

Intelligence

Medical

Military Police

Naval Support

Special Forces

Other (check all that apply):

3.10.d Did you experience combat?

Yes

No

3.10.e Type of discharge:

Honorable

General (under honorable conditions)

Other than Honorable

Uncharacterized

Bad-Conduct Discharge

Dishonorable Discharge

Dismissal

3.11 Are you now, or have you ever been a member of a reserve component?

Yes

No (If no, skip to question 3.12)

3.11.a If yes, please identify the branch of reserve-duty military service:

Air Force

Army

Coast Guard

Marines Corps

National Guard

Navy

Space Force

3.11.b Number of years of reserve-duty military service:

3.11.c Type of discharge:

Honorable

General (under honorable conditions)

Other than Honorable

Uncharacterized

Bad-Conduct Discharge

Dishonorable Discharge

Dismissal

3.11.d Did you experience combat in the reserves?

Yes

No

3.12 Is there anything else about your **career** you’d like to tell us?

# PERSONAL STRESSORS

4.1 Is your father living?

Yes

No

4.1.a If no, when did he die in relation to the assault we’re discussing?

Prior to when you were assaulted.

How long before?

After you were assaulted.

How long after?

4.2 Is your mother living?

Yes

No

4.2.a If no, when did she die in relation to the assault we’re discussing?

Prior to when you were assaulted.

How long before?

After you were assaulted.

How long after?

4.3 Have you experienced the loss of a child?

Yes

No

4.3.a If yes, when did the death occur in relation to the assault we’re discussing?

Prior to when you were assaulted.

How long before?

After you were assaulted.

How long after?

4.4 Do any of your children require special education services?

Yes

No (If no, skip to Question 4.5)

4.4.a If yes, for what?

4.4.b If yes, does this cause (check all that apply):

Financial stress

Career stress

Marital/relational stress

Distraction while on duty?

Self-doubt and uncertainty

Other (Please describe):

None of these

4.5 Have you experienced the loss of a sibling?

Yes

No

4.5.a If yes, when did the death occur in relation to the assault we’re discussing?

Prior to when you were assaulted.

How long before?

After you were assaulted.

How long after?

4.6 Do you or someone in your family suffer from alcohol abuse?

Yes

No

4.6.a If yes, select all that apply

Self

Father

Mother

Spouse

Child

Sibling

Other (specify):

4.7 Do you or someone in your family suffer from a substance use disorder, other than alcohol?

Yes

No

4.7.a If yes, select all that apply

Self

Father

Mother

Spouse

Child

Sibling

Other (specify):

4.8 Do you suffer from a psychiatric disorder?

Yes

No (If no, skip to question 4.9)

4.8.a Which psychiatric disorder(s) do you suffer from (Check all that apply)?

☐ Autism Spectrum Disorder

☐ ADHD

☐ Schizophrenia or Other Psychotic Disorders

☐ Depressive Disorders

☐ Bipolar Disorders

☐ Anxiety/OCD Disorders

☐ Trauma Disorders (e.g., Post-traumatic Stress Disorder)

☐ Eating Disorders

☐ Oppositional Defiant or Conduct Disorders

☐ Substance-Related Disorders

☐ Neurocognitive Disorders (e.g., dementia)

☐ Personality Disorders

☐ Other:

4.8.b If yes, what symptoms do you experience (check all that apply)?

Depressed mood

Change in weight or appetite

Feelings of worthlessness, self-reproach, or guilt

Change in sleeping patterns (too much/little, disturbances)

Thoughts of death, suicide, or wishes to be dead

Speaking and/or moving with unusual speed or slowness

Loss of interest or pleasure in usual activities

Withdrawal from family and friends

Fatigue or loss of energy

Diminished ability to think or concentrate, slowed thinking or indecisiveness

Extreme anxiety, agitation, or enraged behavior

Impulsive risks taking

Aggressive tendencies

Excessive drug and/or alcohol use or abuse

Neglect of physical health

Feelings of hopelessness or desperation

Physical illness impacting your ability to perform in the capacity of the job

Concern over impending retirement

Domestic violence

Chronic illness

Financial problems

Relationship problems (pending divorce, affairs)

Other (specify):

4.9 Does someone in your family suffer from a psychiatric disorder?

Yes

No (If no, skip to question 4.10)

4.9.a If yes, select all who apply

Father

Mother

Spouse

Child

Sibling

Other

4.9.b Which psychiatric disorder does this family member suffer from (Check all that apply and write in the person’s relationship to you in the blank line)?

Autism Spectrum Disorder

ADHD

Schizophrenia or Other Psychotic Disorders

Depressive Disorders

Bipolar Disorders

Anxiety/OCD Disorders

Trauma Disorders (e.g., Post-traumatic Stress Disorder)

Eating Disorders

Oppositional Defiant or Conduct Disorders

Substance-Related Disorders

Neurocognitive Disorders (e.g., dementia)

Personality Disorders

Other:

4.10 Have you experienced abuse from another person?

Yes

No (If no, skip to question 4.11)

4.10.a If yes, what type of abuse did you experience (check all that apply)?

Sexual

Verbal

Emotional

Physical

Mental

Other (specify):

4.10.b If yes, from whom did you experience the abuse (check all that apply)?

Parent/Guardian

Sibling

Other relative

Spouse/Partner

Teacher or mentor

Member of the clergy

Colleague/Boss/Supervisor

Stranger

Other (specify):

4.11 Have you ever experienced any undue stress from any of the following?

A family member with a serious illness

Financial strain

Domestic violence

Marriage

Divorce

Birth of child

Loss of job (you or family member)

Relational problems

Social difficulties

Other (specify):

4.12 Has anything happened of an emotional nature that has shocked or had a lasting effect on you (other than the assault under study)?

Yes

No

4.12.a If yes, describe the situation:

4.13 Do you suffer from a traumatic brain injury?

Yes

No

4.13.a If yes, what caused the traumatic brain injury?

4.14 Is there anything else about **personal stressors** you’d like to tell us?

# EMPLOYMENT-RELATED STRESSORS

5.1 Other than the assault we’re here to discuss, have you ever been seriously injured on the job as a law enforcement officer?

Yes

No

5.1.a If yes, please describe your injuries:

5.2 List each injury you have sustained and note how long you were away from work.

5.3 Have you ever experienced critical stress on the job (*Critical stress is a strong emotional reaction that overwhelms your usually effective coping skills*)?

Yes

No (If no, skip to question 5.4)

5.3.a If yes, please describe:

5.3.b If yes, did you seek professional counseling?

Yes

No

5.3.c If yes, how helpful was it (please check one response)?

Not at all Helpful

Somewhat Unhelpful

Somewhat Helpful

Very Helpful

5.4 Were you ever involved in an incident in which a law enforcement officer suffered a serious injury or died in the line of duty?

Yes

No (If no, skip to question 5.5)

5.4.a If yes, did you seek any professional (counseling) help?

Yes

No

5.4.b If yes, how helpful was it (please check one response)?

Not at all Helpful

Somewhat Unhelpful

Somewhat Helpful

Very Helpful

5.5 Were you ever involved in an incident in which a bystander suffered a serious injury or died?

Yes

No (If no, skip to question 5.6)

5.5.a If yes, did you seek any professional (counseling) help?

Yes

No

5.5.b If yes, how helpful was it (please check one response)?

Not at all Helpful

Somewhat Unhelpful

Somewhat Helpful

Very Helpful

5.6 Were you ever involved in an incident in which a YOU OR ANOTHER law enforcement officer discharged a weapon?

Yes

No (If no, skip to question 5.7)

5.6.a If yes, did you seek any professional (counseling) help?

Yes

No

5.6.b If yes, how helpful was it (please check one response)?

Not at all Helpful

Somewhat Unhelpful

Somewhat Helpful

Very Helpful

5.7 Other than the assault we’re here to discuss, have you ever been seriously/critically injured or assaulted in a line-of-duty incident?

Yes

No (If no, skip to question 5.8)

5.7.a If yes, did you seek any professional (counseling) help?

Yes

No

5.7.b If yes, how helpful was it (please check one response)?

Not at all Helpful

Somewhat Unhelpful

Somewhat Helpful

Very Helpful

5.8 Were you ever present at the scene of an incident resulting in a casualty/casualties?

Yes

No (If no, skip to question 5.9)

5.8.a If yes, did you seek any professional (counseling) help?

Yes

No

5.8.b If yes, how helpful was it (please check one response)?

Not at all Helpful

Somewhat Unhelpful

Somewhat Helpful

Very Helpful

5.9 Were you ever involved in an active shooter incident?

Yes

No (If no, skip to question 5.10)

5.9.a If yes, did you seek any professional (counseling) help?

Yes

No

5.9.b If yes, how helpful was it (please check one response)?

Not at all Helpful

Somewhat Unhelpful

Somewhat Helpful

Very Helpful

5.10 Were you ever involved in a hostage/barricade situation?

Yes

No (If no, skip to question 5.11)

5.10.a If yes, did you seek any professional (counseling) help?

Yes

No

5.10.b If yes, how helpful was it (please check one response)?

Not at all Helpful

Somewhat Unhelpful

Somewhat Helpful

Very Helpful

5.11 Were you ever served a Protection Order?

Yes

No (If no, skip to question 5.12)

5.11.a If yes, how long ago was it?

Less than a year

1-5 Years

6-10 Years

11-15 Years

16-20+ Years

5.12 Has your ***agency*** (excluding your team or unit) ever been under investigation for anything during your time at the agency?

Yes

No (If no, skip to question 5.13)

5.12.a If yes, what for?

5.12.b If yes, how long ago? Years.

5.13 Has your ***team*** or ***unit*** ever been under investigation for anything during your time with your unit?

Yes

No (If no, skip to question 5.14)

5.13.a If yes, what for

5.13.b If yes, how long ago? Years.

5.13.c If yes, did it lead to any of the following ***for you*** (Check all that apply)?

Depression

Change in weight or appetite

Feelings of worthlessness, self-reproach, or guilt

Change in sleeping patterns (too much/little, disturbances)

Thoughts of death, suicide, or wishes to be dead

Speaking and/or moving with unusual speed or slowness

Loss of interest or pleasure in usual activities

Withdrawal from family and friends

Fatigue or loss of energy

Diminished ability to think or concentrate, slowed thinking or indecisiveness

Extreme anxiety, agitation, or enraged behavior

Impulsive risks taking

Aggressive tendencies

Excessive drug and/or alcohol use or abuse

Neglect of physical health

Feelings of hopelessness or desperation

Other (Specify):

5.14 Have ***you*** ever been under investigation for anything during your time in law enforcement?

Yes

No (If no, skip to question 5.15)

5.14.a If yes, what for?

5.14.b If yes, how long ago? Years.

5.14.c If yes, did it lead to any of the following ***for you*** (Check all that apply)?

Depression

Change in weight or appetite

Feelings of worthlessness, self-reproach, or guilt

Change in sleeping patterns (too much/little, disturbances)

Thoughts of death, suicide, or wishes to be dead

Speaking and/or moving with unusual speed or slowness

Loss of interest or pleasure in usual activities

Withdrawal from family and friends

Fatigue or loss of energy

Diminished ability to think or concentrate, slowed thinking or indecisiveness

Extreme anxiety, agitation, or enraged behavior

Impulsive risks taking

Aggressive tendencies

Excessive drug and/or alcohol use or abuse

Neglect of physical health

Feelings of hopelessness or desperation

Other (Specify):

5.15 Were you ever a witness of another law enforcement officer who was subject to an investigation?

Yes

No

5.15.a If yes, what for?

5.15.b If yes, how long ago? Years.

5.15.c If yes, did it lead to any of the following ***for you*** (Check all that apply)?

Depression

Change in weight or appetite

Feelings of worthlessness, self-reproach, or guilt

Change in sleeping patterns (too much/little, disturbances)

Thoughts of death, suicide, or wishes to be dead

Speaking and/or moving with unusual speed or slowness

Loss of interest or pleasure in usual activities

Withdrawal from family and friends

Fatigue or loss of energy

Diminished ability to think or concentrate, slowed thinking or indecisiveness

Extreme anxiety, agitation, or enraged behavior

Impulsive risks taking

Aggressive tendencies

Excessive drug and/or alcohol use or abuse

Neglect of physical health

Feelings of hopelessness or desperation

Other (Specify):

5.16 Have you ever been charged with a misdemeanor crime?

Yes

No (If no, skip to question 5.17)

5.16.a If yes, how long ago? Years.

5.16.b If yes, did it lead to any of the following ***for you*** (Check all that apply)?

Depression

Change in weight or appetite

Feelings of worthlessness, self-reproach, or guilt

Change in sleeping patterns (too much/little, disturbances)

Thoughts of death, suicide, or wishes to be dead

Speaking and/or moving with unusual speed or slowness

Loss of interest or pleasure in usual activities

Withdrawal from family and friends

Fatigue or loss of energy

Diminished ability to think or concentrate, slowed thinking or indecisiveness

Extreme anxiety, agitation, or enraged behavior

Impulsive risks taking

Aggressive tendencies

Excessive drug and/or alcohol use or abuse

Neglect of physical health

Feelings of hopelessness or desperation

Other (Specify):

5.17 Have you ever been charged with a felony crime?

Yes

No (If no, skip to question 5.18)

5.17.a If yes, how long ago? Years.

5.17.b If yes, did it lead to any of the following ***for you*** (Check all that apply)?

Depression

Change in weight or appetite

Feelings of worthlessness, self-reproach, or guilt

Change in sleeping patterns (too much/little, disturbances)

Thoughts of death, suicide, or wishes to be dead

Speaking and/or moving with unusual speed or slowness

Loss of interest or pleasure in usual activities

Withdrawal from family and friends

Fatigue or loss of energy

Diminished ability to think or concentrate, slowed thinking or indecisiveness

Extreme anxiety, agitation, or enraged behavior

Impulsive risks taking

Aggressive tendencies

Excessive drug and/or alcohol use or abuse

Neglect of physical health

Feelings of hopelessness or desperation

Other (Specify):

5.18 Are there current charges pending or against you for a crime?

Yes

No (If no, skip to question 5.19)

5.18.a If yes, please describe:

5.18.b If yes, did it lead to any of the following ***for you*** (Check all that apply)?

Depression

Change in weight or appetite

Feelings of worthlessness, self-reproach, or guilt

Change in sleeping patterns (too much/little, disturbances)

Thoughts of death, suicide, or wishes to be dead

Speaking and/or moving with unusual speed or slowness

Loss of interest or pleasure in usual activities

Withdrawal from family and friends

Fatigue or loss of energy

Diminished ability to think or concentrate, slowed thinking or indecisiveness

Extreme anxiety, agitation, or enraged behavior

Impulsive risks taking

Aggressive tendencies

Excessive drug and/or alcohol use or abuse

Neglect of physical health

Feelings of hopelessness or desperation

Other (Specify):

5.19 Have you been disciplined (or is there a pending discipline) for a violation of policy?

Yes

No (If no, skip to question 5.20)

5.19.a If yes, how long ago? Years.

5.19.b If yes, did it lead to any of the following ***for you*** (Check all that apply)?

Depression

Change in weight or appetite

Feelings of worthlessness, self-reproach, or guilt

Change in sleeping patterns (too much/little, disturbances)

Thoughts of death, suicide, or wishes to be dead

Speaking and/or moving with unusual speed or slowness

Loss of interest or pleasure in usual activities

Withdrawal from family and friends

Fatigue or loss of energy

Diminished ability to think or concentrate, slowed thinking or indecisiveness

Extreme anxiety, agitation, or enraged behavior

Impulsive risks taking

Aggressive tendencies

Excessive drug and/or alcohol use or abuse

Neglect of physical health

Feelings of hopelessness or desperation

Other (Specify):

5.20 Were you ever scheduled to stand trial (or were tried) in civil or criminal litigation for an offense you were alleged to have committed?

Yes

No (If no, skip to question 5.21)

5.20.a If yes, how long ago? Years.

5.20.b If yes, did it lead to any of the following ***for you*** (Check all that apply)?

Depression

Change in weight or appetite

Feelings of worthlessness, self-reproach, or guilt

Change in sleeping patterns (too much/little, disturbances)

Thoughts of death, suicide, or wishes to be dead

Speaking and/or moving with unusual speed or slowness

Loss of interest or pleasure in usual activities

Withdrawal from family and friends

Fatigue or loss of energy

Diminished ability to think or concentrate, slowed thinking or indecisiveness

Extreme anxiety, agitation, or enraged behavior

Impulsive risks taking

Aggressive tendencies

Excessive drug and/or alcohol use or abuse

Neglect of physical health

Feelings of hopelessness or desperation

Other (Specify):

5.21 Have you ever been denied a promotion?

Yes

No

Unknown (If no or unknown, skip to question 5.23)

5.21.a If yes, how long ago? Years.

5.21.b If yes, did it lead to any of the following ***for you*** (Check all that apply)?

Depression

Change in weight or appetite

Feelings of worthlessness, self-reproach, or guilt

Change in sleeping patterns (too much/little, disturbances)

Thoughts of death, suicide, or wishes to be dead

Speaking and/or moving with unusual speed or slowness

Loss of interest or pleasure in usual activities

Withdrawal from family and friends

Fatigue or loss of energy

Diminished ability to think or concentrate, slowed thinking or indecisiveness

Extreme anxiety, agitation, or enraged behavior

Impulsive risks taking

Aggressive tendencies

Excessive drug and/or alcohol use or abuse

Neglect of physical health

Feelings of hopelessness or desperation

Other (Specify):

5.22 Have you ever been demoted?

Yes

No

Unknown (If no or unknown, skip to question 5.24)

5.22.a If yes, how long ago? Years.

5.22.b If yes, did it lead to any of the following for you (Check all that apply)?

Depression

Change in weight or appetite

Feelings of worthlessness, self-reproach, or guilt

Change in sleeping patterns (too much/little, disturbances)

Thoughts of death, suicide, or wishes to be dead

Speaking and/or moving with unusual speed or slowness

Loss of interest or pleasure in usual activities

Withdrawal from family and friends

Fatigue or loss of energy

Diminished ability to think or concentrate, slowed thinking or indecisiveness

Extreme anxiety, agitation, or enraged behavior

Impulsive risks taking

Aggressive tendencies

Excessive drug and/or alcohol use or abuse

Neglect of physical health

Feelings of hopelessness or desperation

Other (Specify):

5.23 **In the past week**, how have you been in touch with family or friends? (Check all that apply)

Phone calls

Writing letters/cards

Writing emails

Video chat like Skype, Facetime

Text messages

Messaging apps like WhatsApp, Viber

Sharing messages/photos/images on social networks

Face-to-face visits

Other (Specify):

None of these

5.24 Is there anything else about **employment-related stressors** you’d like to tell us?

# MENTAL HEALTH

6.1 Does your agency provide wellness training?

Yes

No

6.1.a If yes, how helpful is it (please check one response)?

1 = Not at all Helpful

2 = Somewhat Unhelpful

3 = Somewhat Helpful

4 = Very Helpful

6.2 Does your agency provide guidance on the availability of mental health services?

Yes

No (If no, skip to question 6.3)

6.2.a If yes, how helpful is it (please check one response)?

1 = Not at all Helpful

2 = Somewhat Unhelpful

3 = Somewhat Helpful

4 = Very Helpful

6.2.b If yes, how often does your agency provide guidance on the availability of mental health services?

At orientation only

Bi-Annually

Annually

Upon request

6.3 How long were the mental health services training sessions?

0-2 hours

2-4 hours

4-6 hours

more than 6 hours

6.4 Are counseling resources available for your agency?

Yes

No

6.5 Following your assault, did you go to counseling?

Yes

No

6.5.a If yes, how helpful was it (please check one response)?

1 = Not at all Helpful

2 = Somewhat Unhelpful

3 = Somewhat Helpful

4 = Very Helpful

6.6 Was the counseling you received voluntary or mandated?

Voluntary

Mandated

6.6.a To what extent was the counselor **knowledgeable** about law enforcement officer issues (please check one response)?

1 = Not at all Knowledgeable

2 = Somewhat NOT Knowledgeable

3 = Somewhat Knowledgeable

4 = Very Knowledgeable

6.6.b To what extent was the counselor **competent** in addressing law enforcement officer issues (please check one response)?

1 = Not at all Competent

2 = Somewhat NOT Competent

3 = Somewhat Competent

4 = Very Competent

6.7 Do you believe there is a stigma among the law enforcement community that creates a barrier to seeking help for emotional or behavioral health issues?

Yes

No

6.7.a If yes, what concerns contribute to this stigma about seeking help? (Check all that apply)

Concern about putting job at risk

Concern that work colleagues will not trust your judgment under pressure

Concern that you will be seen as weak or unfit for duty

Concern that leadership does not support or encourage seeking help

Concern about potential impact on family

Concern that service providers won’t understand the nature of my job

Overall cultural stigma about behavioral/mental health issues

Other (Specify):

6.8 If you have struggled with a troublesome reaction to a critical incident at work, how did you cope with it? (Check all that apply)

Professional help through work

Professional help outside work

Talking it over with peers at work

Talking it over with family or friends

Distracting myself with hobbies

Using alcohol

Using drugs

Exercise

Didn’t do anything

I have not struggled with any reactions to critical incidents

Other (Specify):

6.9 Have you ever used your employer’s behavioral health services or Employee Assistance Program (EAP) for emotional or mental health issues related to your job?

Yes

No

6.9.a If yes, how helpful was it (please check one response)?

1 = Not at all Helpful

2 = Somewhat Unhelpful

3 = Somewhat Helpful

4 = Very Helpful

6.10 Have you ever participated in a Critical Incident Stress Management (CISM) debriefing?

Yes

No

6.10.a If yes, how helpful was it (please check one response)?

1 = Not at all Helpful

2 = Somewhat Unhelpful

3 = Somewhat Helpful

4 = Very Helpful

6.11 Have you ever participated in a Post Critical Incident Seminar (PCIS)?

Yes

No

6.11.a If yes, how helpful was it (please check one response)?

1 = Not at all Helpful

2 = Somewhat Unhelpful

3 = Somewhat Helpful

4 = Very Helpful

6.12 Have you ever sought help from a peer support service or from a fellow law enforcement officer?

Yes

No

6.12.a If yes, how helpful was it (please check one response)?

1 = Not at all Helpful

2 = Somewhat Unhelpful

3 = Somewhat Helpful

4 = Very Helpful

6.13 Have you ever sought private counseling or therapy?

Yes

No

6.13.a If yes, how helpful was it (please check one response)?

1 = Not at all Helpful

2 = Somewhat Unhelpful

3 = Somewhat Helpful

4 = Very Helpful

6.14 Are there other behavioral health services or resources available to you?

Yes

No (If no, skip to question 6.16)

6.14.a If yes, what resources are available to you? (check all that apply)

In-house mental health care available for officers

Embedded chaplain

Substance abuse resources

Peer support program

Screening procedures for identifying high risk personnel

An official health and wellness program

Other (Specify):

6.15.b Which of the above has been the most helpful to you?

6.14.c How helpful was this most helpful service (please check one response)?

1 = Not at all Helpful

2 = Somewhat Unhelpful

3 = Somewhat Helpful

4 = Very Helpful

6.15 Have you used any other available mental/behavioral health resources?

Yes

No (If no, skip to question 6.17)

6.15.a If yes, what was it?

6.15.b If yes, how helpful was it (please check one response)?

1 = Not at all Helpful

2 = Somewhat Unhelpful

3 = Somewhat Helpful

4 = Very Helpful

6.16 Do you believe there are adequate behavioral health services available to law enforcement officers?

Yes

No

6.17 Do you believe there is adequate recognition that behavioral health support services for law enforcement officers is important or necessary?

Yes

No

6.18 Do you believe greater awareness about behavioral health and post-traumatic stress in law enforcement will lead to improved services to address these issues?

Yes

No

6.19 Do you believe the public is aware of the effect that critical stress has on law enforcement officers?

Yes

No

6.20 Are you opposed to seeking mental health services?

Yes

No

6.20.a Why or why not?

6.21 Is there anything else about **mental health** you’d like to tell us?

# PRE-ASSAULT

7.1  Does your agency issue work evaluation reports?

Yes

No

7.1.a If yes, how often? Months.

7.2 What was the most recent evaluation or work performance report you received ***prior to the assault***?

Above Satisfactory

Satisfactory

Below Satisfactory

Does Not Apply

7.3 Did this last evaluation differ from previous evaluations?

Yes

No

Unavailable

Does not apply (no previous evaluations) (If no or does not apply, skip to question 7.4)

7.3.a If yes, indicate what areas *decreased*:

7.3.b If yes, indicate what areas *increased*:

7.4 What was the time between this evaluation and your previous evaluation: months.

Does not apply (no previous evaluations)

7.5 Did you have any physical limitations at the time of the assault (illnesses, injuries, etc.)?

Yes

No

7.5.a If yes, Describe:

7.6 How long before the assault was your last physical examination? months.

7.7 Were you using any tobacco products at the time of the assault?

Yes

No (If no, skip to question 7.8)

7.7.a If yes, please check all that apply:

Cigarettes

Cigars

Pipe

Chewing Tobacco

Snuff

Other (specify):

7.7.b If yes, please indicate how long you’d been using tobacco at the time of the assault: (years).

7.7.c If yes to cigarettes, how many did you smoke per day?

Less than 1 pack

1 to 2 packs

More than 2 packs

7.8 Were you taking prescription medications at the time of assault?

Yes

No (If no, skip to question 7.9)

7.8.a If yes, please check all that apply:

Anti-depressants

Anti-anxiety

Opioids (pain relievers)

Stimulants

Other:

7.8.b If yes, please indicate how long you’d been taking these medications at the time of the assault: (years).

7.8.c If YES, please indicate how often you took these medications:

More than once per day

Once per day

As needed

7.9 Did you drink alcohol prior to the assault (overall, not necessarily on the day of the assault)?

Yes

No (If no, skip to question 7.10)

7.9.a If yes, please check all that apply:

Beer

Wine

Liquor

Other:

7.9.b If yes, average number of drinks:

7.10 Is there anything else about the **pre-assault** you’d like to tell us?

**PART TWO: QUALITATIVE QUESTIONS**

We will now ask you a series of open questions about the assault we are studying. Please answer as fully as possible, and if you do not understand something, please ask. Remember that some of these questions may make you feel uncomfortable. You do not need to answer any questions that you do not want to. You may end the interview at any time. You may also ask for a rest at any time.

# THE ATTACK

**CHARACTERISTICS OF THE SCENE**

8.1 Please tell us about what took you to the location of the assault (include the type of dispatch call, how you arrived, and if high speed driving was involved in getting to the scene).

8.2 Describe the tour of duty, time of day, lighting conditions, and how long you had been on duty before the assault.

8.3 Did you formulate a plan of action prior to arriving on the scene, and if so, what was it?

8.4 Please describe what you encountered when you arrived on scene (e.g., people, crowd, darkness, etc.).

8.5 Did your awareness of possible media coverage and bystander cellphone use cause you to hesitate during the encounter? If so, please elaborate.

**CHARACTERISTICS OF THE ASSAULTER**

8.6 Describe when you first encountered the assaulter. What was he/she/they doing? What was their attitude toward you?

8.7 Was the assaulter alone or with others? If they were with others, what did those people do during the assault?

8.8 Did you know or have any prior encounters with the assaulter? If so, please describe.

8.9 Please describe the moment when you realized you were in a dangerous situation.

8.10 Did you perceive any danger signals from the assaulter? If so, what were they?

**THE ASSAULT**

8.11 In as much detail as you can, walk us through the assault. Include descriptions of the assaulter’s weapons, actions, words, etc.

8.12 Please describe your thoughts at the time.

8.13 Please describe your feelings at the time.

8.14 Was there any cover available to you, and were you able to make use of it? If so, please describe.

8.15 Please tell us about what you did to defend yourself during the assault (e.g., hand-to-hand combat, use of weapon, calling for backup).

8.16 Please explain your decision to use lethal force (if lethal force was NOT used, please explain why it was not).

8.17 Why do you think the assaulter attacked you?

8.18 What actions did you take to take to subdue the attacker, and how successful were they?

8.19 How was the assault resolved?

8.20 Tell us about the injuries you sustained. Include when you first became aware that you were injured.

8.21 Were you hospitalized? How long before you were able to return to work?

8.22 Were any other officers injured or killed during the attack? Please describe.

8.23 Was the assaulter injured or killed? Please describe.

8.24 What do you think was most beneficial to you in surviving this assault?

8.24 Is there anything else about the **assault** you’d like to tell us?

# POST-ASSAULT RECOVERY

9.1 What was the most important thing you did to recover from the assault?

9.2 What else helped your recovery?

9.3 Please describe any help you received during your recovery and why you think it was or wasn’t helpful to you.

9.4 What could ***you*** have done to better train or prepare yourself for incidents like this?

9.5 What could ***your department*** have done to better train or prepare yourself for incidents like this?

9.6 Describe any lingering **physical** conditions you may have from this assault.

9.7 Describe any lingering **psychological** effects of this assault (e.g., Post-traumatic Stress Disorder).

9.8 What have you done to build resilience and cope with trauma as you move forward?

9.9 If a similar incident were to happen again, would you do anything differently, and what?

9.10 In your opinion, how could this incident have been prevented?

9.11 Is there anything else about your **post-assault recovery** you’d like to tell us?

# ADVICE TO OTHER LAW ENFORCEMENT OFFICERS

10.1 What advice would you offer to other law enforcement officers to ***prevent*** such an attack?

10.2 What advice would you offer to other law enforcement officers to help them ***recover*** from such an attack?

10.3 Is there anything else you would like to tell us today?

# THANK YOU AND RESOURCES

Do you have any questions before we wrap up?

**Thank the officer for taking the time to visit with us.**

**Tell them that if this has raised emotions that are difficult, they need to reach out to the following resources:**

**MENTAL HEALTH RESOURCES**

**Substance Abuse and Mental Health Services Administration’s National Helpline**

SAMHSA’s National Helpline is a free, confidential, 24/7, 365-day-a-year treatment referral and information service (in English and Spanish) for individuals and families facing mental and/or substance use disorders.

**Call 1-800-662-HELP (4357)**

**National SUICIDE Hotline**

**Call 988**