

Federal Bureau of Investigation  
Criminal Justice Information Services Division

## LAW ENFORCEMENT ASSAULT STUDY

### LEO INTERVIEW QUESTIONS



Version 3.0

Document Date: June 26, 2023

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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.

## I. 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?



## II. 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?

### III. 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?

## IV. 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?

## V. 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.

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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?

## VI. 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?

## VII. 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.

### **VIII. 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?

## **IX. 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?

## **X. 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?

## **XI. 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**