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SAFETY

A GUIDE TO FAIR, SAFE, AND EFFECTIVE
COMMUNITY POLICING

12

OFFICER HEALTH, WELLBEING, AND SAFETY

Police officers often respond to violent situations and crises, and many work in communities with high levels of gun violence and regularly bear witness to human tragedy. This puts them under great physical and mental stress, which can undermine their health and wellbeing and affect other parts of their lives. The toll on officers is reflected in the high rates of suicide, which is the leading cause of officer deaths in the line of duty.[1]

These effects go beyond officers themselves; they also affect loved ones and family members — and entire communities. The Final Report of the President's Task Force on 21st Century Policing notes that officer wellness has a direct impact on communities.[2] Officers who are equipped to handle stress at work and at home, it notes, are more likely to make better decisions on the job and have positive interactions with community members.[3] As task force member Tracey Meares noted on the importance of officer wellbeing, "Hurt people can hurt people."[4] Officer health, wellbeing, and safety is, in short, an important public and officer safety issue.

RECOMMENDED BEST PRACTICES

This chapter outlines best practices in promoting and enhancing officer health, wellbeing, and safety. To take a holistic approach to health, wellbeing, and safety and support officers' spouses, partners, and families, departments should:

12.1

Create a culture that supports and promotes wellbeing.

12.2

Implement robust employee assistance programs.

12.3

Create peer support and mentoring programs.

12.4

Attend to and promote officer health and wellbeing.

12.5

Incorporate officer health, wellbeing, and safety into operations.

12.6

Establish post-crisis evaluation and treatment protocols.

12.7

Provide officers with appropriate equipment.

PHYSICAL AND MENTAL HEALTH

Police officers risk injury[5] and regularly face a range of stressors, such as evaluating risk in dangerous situations, making quick decisions to stay safe and protect the public, and interacting with people in challenging and sometimes tragic circumstances. These stressors can have long-term, cumulative effects and put officers at higher risk for various physical and mental health problems.

The nature of police work affects officers' physical and mental health.[6] Policing typically involves long sedentary periods interspersed with short bursts of physical activity and shift work (which often occurs outside traditional work hours and disrupts normal sleep cycles).[7] These conditions contribute to job-related stress and anxiety, which are associated with obesity, insomnia, heart disease, stroke, and diabetes.[8] Officers also experience higher rates of alcoholism — also often associated with job-related stress — which exacerbates other health problems.[9]

Because officers respond to confrontation, conflict, and violence, they are exposed to trauma and death. These traumatic experiences carry significant mental health risks, including suicide, which disproportionately affects police officers. An estimated 159 officers took their lives in 2018, making death by suicide more likely than death from firearms and traffic-related accidents combined.[10] Officers are also more likely than the general population

to exhibit symptoms of post-traumatic stress disorder (PTSD),[11] which increases the risk of substance use disorders.[12]

These negative effects go beyond individual officers and departments. The physical and emotional stress of police work takes a toll on officers' family and home lives, contributing to divorce and intimate partner violence, which is associated with unresolved (i.e., untreated) trauma, substance use, and burnout.[13] Family members may also develop anxiety about officers' safety and wellbeing. For these reasons, department leaders should take a holistic approach to health and wellbeing and include support systems for spouses, partners, and family members.

Communities also suffer when officers aren't healthy and well. Fatigue impairs decision-making, and tired officers are more likely to escalate encounters with the public.[14]

Officers who are mentally and physically fit are more productive and receive fewer complaints regarding use of force.[15] Improved mental health and emotional wellbeing, meanwhile, is associated with better outcomes in police encounters[16] and supports other recommendations in this report, such as attracting and retaining a talented and diverse workforce. (For more detail, see Chapter 10.)

BEST PRACTICES IN OFFICER HEALTH, WELLBEING, AND SAFETY

Because officers face different risks and stressors depending on where they work, health and wellbeing initiatives vary by department. These programs sometimes incur costs relating to equipment, health care, data collection, and more. For this reason, leaders should incorporate officer health, wellbeing, and safety into departmental budgets, and they should take the specific needs of their staff into account when assessing how to best promote it.

To take a holistic approach to health, wellbeing, and safety and support officers and their spouses, partners, and families, departments should:

RECOMMENDATION 12.1
CREATE A CULTURE THAT SUPPORTS AND PROMOTES WELLBEING.

To promote health and wellbeing and lessen stigma around treatment and care, leaders should integrate wellbeing principles into training, counseling, and intervention programs. Specifically, departments should strive to instill the value and importance of self-care in all aspects of operations. To understand officers' needs, department leaders should seek out officers' input, conduct surveys, and visit roll calls both to promote department assistance programs and resources, and to destigmatize their use. In listening to officers' needs directly, departments will increase procedural justice, too.

RECOMMENDATION 12.2
IMPLEMENT ROBUST EMPLOYEE ASSISTANCE PROGRAMS.

Police departments need adequately staffed employee assistance programs (EAPs) to provide officers with the mental health services and support they need to ensure they can positively interact with communities and deliver fair, safe, and effective services.[17] EAPs should offer low- or no-cost services, such as confidential counseling, crisis counseling, stress management counseling, and mental health evaluations,[18] and they should provide access to mental health hotlines.[19]

To encourage use of these services, supervisors should promote them and trainers should publicize them in trainings.[20] Professional counselors should be trained in treating substance use disorders, PTSD, intimate partner violence, depression, and issues of particular concern to female officers.[21] These services should also be available to officers' partners and families.[22]

RECOMMENDATION 12.3
CREATE PEER SUPPORT AND MENTORING PROGRAMS.

Departments should provide peer counseling programs so officers can talk with other officers (i.e., peers) who have experienced similar job stressors. Sometimes, officers are reluctant to seek help coping with stress and trauma because they perceive it as a sign of weakness. Peer support programs help officers who feel this way find validation from people they trust and respect.[23] These programs should complement other departmental supports, and peer counselors should help officers connect with other services.[24] Volunteer peer counselors should receive training in effective approaches to assist officers who show signs of stress.

Mentoring programs support the kind of long-term relationships that help officers navigate challenges in their personal and professional lives, such as PTSD and trauma, and help applicants during the hiring process and through the transition from community member to officer.[25] Volunteer mentors should be selected based on healthy personal and professional habits and/or because they have overcome challenges of their own. Officers should be able to request a mentor at any stage in their career and should be matched based on a confidential profile completed by both mentor and mentee.

The Indianapolis Metropolitan Police Department's mentoring program is cited by the U.S. Department of Justice as a model program. It provides peer support and facilitates officer wellness.[26] Supported by the department's Office of Professional Development and Wellness, the program conducts eight-hour wellness training on managing stress and trauma[27] for mentors.[28] In the program's first six years, officer disciplinary referrals dropped 40 percent.[29]

RECOMMENDATION 12.4
ATTEND TO AND PROMOTE OFFICER HEALTH AND WELLBEING.

Mental and physical health are critical for all officers to meet the needs and demands of the job. When departments have the processes and resources in place, and promote wellbeing as a departmental value, they signal to officers that they are invested in their mental and physical health, as well as their safety. Specifically, departments should:

Address mental health. Officers frequently experience violence and the risk of violence, witness traumatic events, and come under heavy criticism, all of which can lead to isolation and job-related stress.[30] Thus, all new hires should be required to undergo a thorough psychological screening as part of the hiring process. Psychological screenings are designed to identify the kind of mental health problems and personality disorders that interfere with officer performance.[31]

Once on active duty, officers should receive periodic psychological screenings[32] to monitor stress levels, biases, coping skills, and overall attitudes.[33] Supervisors should receive training on how to identify officers with particularly high stress levels or who are experiencing mental health crises and who may benefit from counseling or stress management training.[34]

Officers who are involved in or witness traumatic events, such as an officer-involved shooting, a mass shooting, the death of a child, or a terror-based attack, should be required to speak with a counselor and should have the option of additional counseling. Additionally, department leaders should actively encourage members to use these services and clarify that they carry no adverse consequences.

Encourage good physical health. Numerous studies have found that investing in physical health programs reduces costs associated with heart disease and other related medical problems.[35] Thus, department leaders should promote and incentivize physical health by providing low- or no-cost gym access and rewards for performing well on annual physical exams.

Promote health and wellbeing in training. Health and wellbeing should be woven into all academy and in-service training, and mental health and other wellbeing experts should lead discussions on topics that apply to officers' professional and personal lives. Training in the use of force, for example, should address the stress of using and witnessing serious and lethal force; coping with public criticism (warranted or not); and support services available to officers.[36]

Crisis response training teaches officers how to identify people in crisis or who are exhibiting dangerous behaviors. Officers can use these skills to recognize alarming behavior in coworkers, family members, and friends.[37]

RECOMMENDATION 12.5
INCORPORATE OFFICER HEALTH, WELLBEING, AND SAFETY INTO OPERATIONS.

Officer health, wellbeing, and safety should be integrated into all facets of operations. Specifically, departments should:

Limit shift lengths. Establishing maximum shift lengths for officers enhances wellbeing.[38] Research shows that long shifts undermine mental and physical wellbeing, especially when they occur in high-risk or high-stress environments.[39]

Maximum shift lengths should be set in tandem with daily limits on work hours. For example, an officer who works an eight-hour night shift and then spends the day in court should not return for a subsequent shift. Department leaders should meet their staffing needs while limiting the number of hours officers are required, or allowed, to work within a set period. One option is to fill positions that do not need to be staffed by sworn officers with non-sworn civilian personnel.

Ensure vehicle safety. Traffic accidents are the second leading cause of officer fatalities in the line of duty (after the use of firearms).[40] To prevent vehicular death and injury, all officers should be required to wear seat belts and participate in vehicle safety training.[41] This training should cover policies regarding vehicle pursuits,[42] such as how to weigh the risks of pursuits and how to manage and/or terminate them to protect public and officer safety.[43]

RECOMMENDATION 12.6
ESTABLISH POST-CRISIS EVALUATION AND TREATMENT PROTOCOLS.

Departments should have clear policies and protocols for treating officers during and after crises. All officers who are involved in or witness a crisis or traumatic event should undergo a mandatory screening with a health professional, such as an EAP counselor.[44] This policy should apply not only to officer-involved shootings but to all crises and traumatic events. Officers should also have the option to access crisis counseling.

Supervisors should monitor changes in officers' demeanor and behavior after traumatic events. Departments should have formal and informal intervention processes, as well as comprehensive nondisciplinary early intervention systems, to identify officers who may be in crisis or experiencing personal or professional difficulties. (For more detail, see Chapter 7.)

Supporting and treating officers who have experienced trauma is a public safety interest.

RECOMMENDATION 12.7
PROVIDE OFFICERS WITH APPROPRIATE EQUIPMENT.

All departments, large and small, need equipment so officers can police safely and effectively. Inadequate and outdated equipment endangers public and officer safety and increases stress. Department leaders should establish processes to evaluate equipment needs (e.g., protective gear, body-worn cameras, vehicle safety, first-aid kits, and computer terminals) on an ongoing basis. Budget officials should meet various community needs, but they should ensure that all officers have certain equipment so they can serve the community safely and effectively and protect their own safety. Specifically, departments should:

Equip officers with on-duty aid kits. All officers need their own first aid kits, which should include items to stem blood loss. All officers should also receive in-service training throughout their careers on proper techniques for rendering aid in the field.[45]

Provide protective gear. Policing is dangerous and complex work. Officers should be required to wear bulletproof vests in appropriate circumstances.[46] While officers may find protective gear cumbersome, it saves lives and alleviates stress because officers know they will be protected in emergencies.[47]

Supply adequate computers. Departments should collect and report data on enforcement activities accurately and efficiently. (For more detail, see Chapter 8.) To carry out this task, officers need properly functioning computers. Otherwise, department leaders send the message that they do not support officers in their job duties, which increases job-related stress and lowers morale.

Chapter 12

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[2]   The President's Task Force on 21st Century Policing, Final Report of the President's Task Force on 21st Century Policing 4 (2015) [hereinafter President's Task Force Report] ("[t]he wellness and safety of law enforcement officers is critical not only for the officers, their colleagues, and their agencies but also to public safety"), https://cops.usdoj.gov/pdf/taskforce/taskforce_finalreport.pdf.

[3]   Id. at 27.

[4]   President's Task Force Report, *supra* note 2, at 61 (quoting Tracey Meares).

[5]   See Samuel Stebbins et al., Workplace Fatalities: 25 Most Dangerous Jobs in America, USA Today (Jan. 9, 2018) (explaining that there were 3.6 deaths for every 100,000 full-time workers across all industries in the private and public sectors but for police and sheriff's patrol officers the figure is 14.6 fatal injuries per 100,000), https://www.usatoday.com/story/money/careers/2018/01/09/workplace-fatalities-25-most-dangerous-jobs-america/1002500001/.

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[7]   Stefanos N. Kales et al., Blood Pressure in Firefighters, Police Officers, and Other Emergency Responders, 22 Am. J. Hypertension 11, 12 (2009) (cross referencing: Murray A. Mittleman et. al., Triggering of Acute Myocardial Infarction by Heavy Physical Exertion--Protection Against Triggering by Regular Exertion, 329, New England J. Med. 1677-1683 (1993), https://academic.oup.com/ajh/article/22/1/11/226424; Barry A. Franklin et al., Snow Shoveling: A Trigger for Acute Myocardial Infarction and Sudden Coronary Death, 77, Am. J. Cardiology 855-858 (1996); Ute Wilbert-Lampen et. al., Cardiovascular Events During World Cup Soccer, 358, New England J. Med. 475-483 (2008)).

[8]   Ellen Goldbaum, Univ. at Buffalo News Center, Police Officer Stress Creates Significant Health Risks Compared to General Population, Study Finds (July 9, 2012) (shift work contributes to elevated rate of metabolic syndrome, a cluster of symptoms including obesity, hypertension, and glucose intolerance, in police officers), http://www.buffalo.edu/news/releases/2012/07/13532.html; Tara A. Hartley et al., Associations Between Police Officer Stress and the Metabolic Syndrome, in 13 Int'l J. Emergency Mental Health 243, 244 (Laurence Miller et al. eds., 2011), https://www.omicsonline.org/open-access/health-disparities-in-police-officers-comparisons-to-the-us-general-populations.pdf; Hartley, Health, *supra* note 6, at 216-217.

[9]   See Butler Center for Research, Links Between Officer Trauma and Substance Abuse, Hazelden Betty Ford Foundation (Nov. 1, 2015), https://www.hazeldenbettyford.org/education/bcr/addiction-research/alcohol-abuse-police-ru-716.

[10]   BLUE H.E.L.P., *supra* note 1; see also Nat'l Law Enforcement Officers Memorial Fund, 2018 End-of-Year Preliminary Officer Fatalities Report 1 (2018) https://view.joomag.com/2018-end-of-year-preliminary-law-enforcement-officers-fatality-report-2018-end-of-year-report/0160170001545883698?short (reporting 52 firearms-related and 50 traffic-related law enforcement deaths); Nat'l Alliance on Mental Illness, Law Enforcement Officers (last visited Jan. 10, 2018) (citing: Ruderman Family Foundation, White Papers and Research, Study: Police Officers and Firefighters Are More Likely to Die by Suicide than in Line of Duty), http://www.nami.org/Law-Enforcement-and-Mental-Health/Strengthening-Officer-Resilience; Chrystal Hayes, 'Silence Can Be Deadly': 46 Officers Were Fatally Shot Last Year. More Than Triple That Committed Suicide, USA Today (Apr. 12, 2018); see also John M. Violanti, Police Suicide: A National Comparison with Fire-Fighter and Military Personnel, 33 Policing 270 (2009).

[11]   Nat'l Alliance on Mental Illness, *supra* note 10 (citing Gordon J.G. Asmundson & Jennifer A. Stapleton, Associations Between Dimensions of Anxiety and PTSD Symptom Clusters in Active-Duty Police Officers, 37 Cognitive Behavior Therapy 66 (2008)); Goldbaum, *supra* note 8; U.S. Dep't of Justice, Civil Rights Div. & U.S. Atty's Office, N.D. Ill., Investigation of the Chicago Police Department, 120 (2017) [hereinafter Chicago Investigation], https://www.justice.gov/opa/file/925846/download; U.S. Dep't of Justice, Civil Rights Div., Investigation of the New Orleans Police Department, at 106-107 (2011) [hereinafter New Orleans Investigation], https://www.justice.gov/sites/default/files/crt/legacy/2011/03/17/nopd_report.pdf; see also U.S. Comm'n on Civil Rights, Who Is Guarding the Guardians?: A Report on Police Practices, at 32-34, 154-156 (1981), https://catalog.hathitrust.org/Record/007105152.

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[13]   See, e.g., Leanor Boulin Johnson et al., Violence in Police Families: Work-Family Spillover, 20 J. Family Violence 3, 4 (2005) (reviewing literature discussing causes of intimate partner violence).

14 See, Am. Acad. of Sleep Med., Study of Police Officers Finds Fatigue Impacts Tactical Social Interaction (June 8, 2016), https://aasm.org/study-of-police-officers-finds-fatigue-impacts-tactical-social-interaction/.

15 See, e.g., New Orleans Investigation, *supra* note 11, at 106-107; see also Judith P. Andersen & Harri Gustafsberg, A Training Method to Improve Police Use of Force Decision Making: A Randomized Controlled Trial, SAGE Open 1-13 (Apr.-June 2016).

16 See e.g., Am. Acad. of Sleep Med., *supra* note 14; Anderson & Gustafsberg, *supra* note 15.

17 C.f. Consent Decree at ¶ 271-72, United States v. City of Ferguson, No. 4:16-CV-00180-CDP (E.D. Mo. 2016), ECF No. 41; Settlement Agreement at ¶ 299, United States v. Cleveland, No. 1:15-CV-1046-SO (N.D. Ohio 2015) [hereinafter Cleveland Settlement Agreement], ECF No. 7-1.

18 See, e.g., Consent Decree at ¶ 436, United States v. the Mayor and City Council of Balt. and the Police Dep't of Balt., No. 1:17-cv-99 (JKB) (D. Md. 2017); Settlement Agreement at ¶ 248, U.S. v. Albuquerque, No. 1:14-CV-01025-RB (SMV) (D.N.M. 2014) [hereinafter Albuquerque Settlement Agreement], ECF No. 9-1; Agreement for the Sustainable Reform of the Puerto Rico Police Dep't at ¶ 201, U.S. v. Puerto Rico and the Puerto Rico Police Dep't, No. 3:12-cv-2039 (GAG) (D.P.R. 2013); Consent Decree at ¶ 289–290, United States v. New Orleans, No. 2:12-cv-01924 (E.D. La. 2012) [hereinafter New Orleans Consent Decree].

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20 New Orleans Consent Decree, *supra* note 18, at ¶ 292; Albuquerque Settlement Agreement, *supra* note 18, at ¶ 249; Agreement for the Sustainable Reform of the Puerto Rico Police Dep't, *supra* note 18, at ¶ 202.

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24 *Id.*

25 See, e.g., Indianapolis Metropolitan Police Dep't, Office of Professional Development and Wellness, https://s3.amazonaws.com/destination-zero/2017/DZ%20Conf/Indianapolis-Metropolitan-Police-Department.pdf; Leischen Stetler, Putting Experience to Work: The Value of a Formal Mentoring Program, In Public Safety. (Feb. 25, 2015), https://inpublicsafety.com/2015/02/putting-experience-to-work-the-value-of-a-formal-mentoring-program/.

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28 See Zercoe, *supra* note 23.

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34 See U.S. Comm'n on Civil Rights, *supra* note 11, at 33.

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36 Chicago Investigation, *supra* note 11, at 100, 151.

37 *Id.*; President's Task Force Report, *supra* note 1, at 4.

38 Am. Acad. of Sleep Med., *supra* note 14 ("[o]ur results indicate that officers who work biologically normal day shifts perform much better than those on other shifts").

39 *Id.*

40 Nat'l Law Enforcement Officers Memorial Fund, *supra* note 10.

41 President's Task Force Report, *supra* note 2, at 97.

42 High-speed pursuits threaten both officers and bystanders. See James Queally, Police Pursuits Cause Unnecessary Deaths and Injuries, L.A. County Grand Jury Says, L.A. Times (July 12, 2017), http://www.latimes.com/local/lanow/la-me-ln-police-pursuits-dangers-20170711-story.html. For an example of appropriate guidelines, see Cal. Comm'n on Peace Officer Standards and Training, California Law Enforcement Vehicle Pursuit Guidelines (2007) (addressing when to initiate a pursuit, tactics, speed, conditions, bystanders, and reporting, among other things), http://lib.post.ca.gov/Publications/vp_guidelines.pdf.

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46 President's Task Force Report, supra note 2, at 97.

47 Id. at 67.