

OCTOBER 2017

Officer Safety and
Wellness Group
Meeting Summary

Officer Health
and Organizational
Wellness

EMERGING ISSUES AND RECOMMENDATIONS

Wellness Teach
Prevention
Leadership Tools
Culture Safety Education
Health Strength
Responsible
Planning



COPS
Community Oriented Policing Services
U.S. Department of Justice

BJA
Bureau of Justice Assistance
U.S. Department of Justice

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Letter from the Director

Colleagues,

On a daily basis, law enforcement officers deal with difficult and dangerous situations. As a result, many experience a host of physical and mental health problems. Though assaults on officers account for an alarming number of officer injuries and deaths, a significant proportion of officer injuries and deaths are caused by vehicular accidents, cardiovascular and other diseases, and—tragically—even suicide.

We owe the men and women who serve to protect us our gratitude and our best efforts to help them withstand the mental and physical assaults they endure. To this end, the Officer Safety and Wellness Group (OSWG), a collection of law enforcement leaders, researchers, doctors, and other stakeholders, continues to be an important venue for the sharing of knowledge and dissemination of best practices to the field.

In October 2017, the group met to continue exploration of methods to support emotional health and organizational wellness, focusing on the continuing incidence of officer suicides and rising number of felonious assaults. The participants also discussed emerging health and safety issues—a conversation critically informed by new information and insights from practitioners and researchers familiar with what is happening in the field today.

Among the topics discussed were strategies for improving resilience to stress, the cultural changes needed to reduce the stigma often associated with mental health challenges, and the need to develop the capacity for data mining on assaults on officers.

The OSWG is committed to exploring new ideas and strategies for increasing officer safety and wellness. The COPS Office is proud to partner with the Bureau of Justice Assistance to support the OSWG. I want to express our gratitude to the experts, police chiefs, rank-and-file officers, and others who contributed their time and expertise to this group's efforts.

I believe you will find this report very thought provoking and hope you will pass it on to others who are equally concerned with the safety and wellness of our police officers.

Sincerely,

A handwritten signature in black ink that reads "Phil Keith". The signature is fluid and cursive, with a long, sweeping underline that extends to the right.

Phil Keith
Director
Office of Community Oriented Policing Services

History of the OSW Group

The Office of Community Oriented Policing Services (COPS Office) and the Bureau of Justice Assistance (BJA), a component of the Office of Justice Programs, formed the national Officer Safety and Wellness (OSW) Group in 2011 to bring attention to the safety and wellness needs of law enforcement officers following a number of high-profile ambushes on police. Since 2011, the OSW Group has raised awareness, increased knowledge, and encouraged law enforcement agencies to adopt practices that recognize that a law enforcement agency's most valuable resources are the men and women who put their lives on the line every day in the name of protecting and serving their communities. For this reason, it is critical that the COPS Office and BJA—with support from U.S. Department of Justice leadership—research, discuss, and promote the best possible information to keep our nation's law enforcement officers safe on the job.

To that end, the OSW Group regularly brings together law enforcement practitioners, researchers, and subject matter experts to help amplify new and existing efforts to improve officer safety and wellness in the field. The founding goals of the OSWG are

- to create an opportunity and environment for law enforcement organizations and researchers to collaborate on improving officer safety and wellness;
- to bring together law enforcement organizations and researchers to share knowledge and information about officer safety and wellness initiatives;
- to broadly disseminate information and best practices to the field through the government and law enforcement organizational communications mechanisms.

The OSW Group identified 16 priority areas, grouped into four main themes, on which to focus:

I. Operational and emergency responses

- 1. Injuries and death from gunfire**
- 2. Premeditated and unprovoked ambush situations**
- 3. Rifle and long-gun threats and assault weapons**
- 4. Task force operations (federal and local)**
- 5. Offenders (behavior during incident and history)**
- 6. Court security**

II. Leadership and management

- 7. Leadership and safety practices**
- 8. Equipment**
- 9. Deployment strategies and communication technologies**

III. Mental and physical health and wellness

- 10. Physical health (e.g., fatigue, alcohol, weight, and nutrition)**
- 11. Psychological health**
- 12. Maintaining good health**
- 13. Former military in law enforcement**

IV. Training

- 14. Education and training**
- 15. Emergency vehicle operation and safety**
- 16. Foot pursuit safety**

Since 2011, the OSW Group has discussed these critical officer safety and wellness issues and produced a number of resources to encourage the nation's law enforcement agencies to adopt a culture that embraces the value of safety and wellness. The COPS Office and BJA continue to strive to provide agencies with the tools necessary to develop effective programs that address some of the most persistent and prevalent safety and wellness issues facing law enforcement officers today.

Given the upward trend in violent attacks against law enforcement since 2012 and the need to facilitate resilient officers and organizations, the OSW Group convened in October 2017 to continue its discussion of officer health and organizational wellness.¹ This meeting summary provides readers with critical information, promising practices, and recommendations from law enforcement leaders at that meeting. When first responders have the tools and support they need to take care of themselves and manage the stress and trauma of their jobs, the benefits have far-reaching positive effects in both their personal and professional lives. Healthy officers in healthy organizations help ensure safe communities.

1. That discussion began with the October 2016 meeting summarized in Spence (2017).

Overview of the October 2017 Meeting on Officer Health and Organizational Wellness

Law enforcement officers are exposed to risks every day. Some of those risks are obvious, such as assaults on officers, vehicular accidents, and injuries in the line of duty. Some risks are less obvious. The effects of stress, cardiovascular disease, depression, and suicide may not be visible, but they can have fatal consequences. This forum focused on three topics for discussion:

1. Emotional health and organizational wellness
2. Officer suicide
3. Felonious assaults on officers

In addition to engaging these three topics, the participants provided insight into current priorities—not to replace the original 16 areas of focus but to provide contemporary input from practitioners and researchers on emerging officer safety and wellness issues.

OCTOBER 2017 OSW GROUP MEETING ATTENDEES

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Chuck Wexler

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Executive Research Forum



Initial Remarks

“One of the president’s first executive orders directed the U.S. Department of Justice (DOJ) to ramp up its efforts to prevent violence against law enforcement,” said Alan Hanson, acting Assistant Attorney General for the Office of Justice Programs (OJP) in his opening remarks. “The Attorney General is laser focused on using its resources to protect officers. Protecting law enforcement is one of the administration’s and DOJ’s highest priorities. Your mission matches a key priority for this administration. Your deliberations are critical to advancing this mission. I am impressed by the scope of specialties you represent on local law enforcement, research, mental health, and national law enforcement organizations.”

Hanson went on to say, “We live in a complex, and in many ways dangerous world, and law enforcement faces a disproportionate share of these challenges. We at the Office of Justice Programs are using all of our resources and expertise to make sure officers have the support, the skills, and the tools they need to return home safely after their shifts.”



Current DOJ OSW Initiatives

Representatives from the COPS Office, BJA, and the National Institute of Justice (NIJ) summarized the work that each of their agencies are doing that involves officer safety and wellness.

Steve Edwards of BJA introduced the VALOR Initiative,² whose mission is to provide education and tools to prevent violence against police officer and enhance their safety, wellness, and resilience. The VALOR Initiative has grown to seven components:

1. VALOR Officer Safety and Wellness Training and Technical Assistance Program
2. Active Shooter Response Training and Technical Assistance Program
3. De-escalation Training and Technical Assistance Program
4. Destination Zero—Officer Safety and Wellness Recognition Program
5. Law Enforcement Agency and Officer Resilience Training Program
6. Law Enforcement and Community: Critical Intervention Training Model Program
7. Officer Safety and Wellness Pilot Research and Evaluation Program

Deborah Spence of the COPS Office provided an overview of efforts supported by the COPS Office, including grants and publications, that advance the mission of the OSW Group and which has been informed by the OSW Group meetings over the years. These include the following:

- *Preparing for the Unimaginable: How Chiefs Can Safeguard Officer Mental Health Before and After Mass Casualty Events*³—the COPS Office’s most distributed publication in 2017
- *Breaking the Silence on Law Enforcement Suicides: IACP National Symposium on Law Enforcement Officer Suicide and Mental Health*⁴

2. BJA (2018).

3. NAMI (2016).

4. IACP (2017).

- Two current COPS Office microgrants address OSW issues specifically:
 1. The Milwaukee (Wisconsin) Police Department was funded to support a pilot program training officers on techniques for self-regulating their emotional and physiological responses to stress.
 2. The Indianapolis (Indiana) Metropolitan Police Department was funded to develop and deliver a training curriculum to replicate their own successful wellness initiative.
- The National Law Enforcement Officers Memorial Fund received a grant for enhancements to its fatality data collection program increasing our collective understanding about line-of-duty deaths.
- The IACP received a grant to develop and pilot a web-based tool agencies can use to collect data on and track officer injuries. Agencies can analyze data to better understand the specific injury risks officers face and how to prevent such injuries, as well as producing required documentation for workers' compensation claims.
- The Police Foundation received a grant to promote the use and adoption of a near-miss reporting system that analyzes incident-specific information about near misses to provide lessons learned, underlying risk factors, and characteristics that contribute to near-miss incidents—offering the potential for safety changes within an agency and nationwide.

Brian Montgomery of NIJ briefed the OSW Group on NIJ's work as the research development and evaluation arm of the DOJ. The NIJ published its strategic plan for safety, health, and wellness in August 2016.⁵ The plan seeks to connect research across the three different offices within NIJ and the criminal justice system as a whole. Overall NIJ is looking at the individuals working within the criminal justice system and at those affected by the criminal justice system. Examples of current research efforts include the following:

- A pilot project with Virginia Tech focuses on increasing officer safety in traffic situations using findings from research conducted for the emergency responder community. Law enforcement has been slow to adopt evidence-based practices from this research. The pilot project assesses the use of these lighting and markings schemes in a law enforcement setting without compromising the ability of law enforcement to be able to perform their duties.
- The Centers for Disease Control and Prevention's National Institute for Occupational Safety and Health (NIOSH) is partnering with the NIJ to investigate vehicle-related officer fatalities, identify risk factors for fatal events, and develop recommendations for preventing vehicle-related fatalities and injuries.⁶

5. NIJ (2018).

6. NIJ (2017).

NATIONAL BLUE ALERT NETWORK

The COPS Office provides resources and technical assistance to states, law enforcement agencies, and other stakeholders seeking to establish or enhance an existing Blue Alert plan. The National Blue Alert Network also maintains a secure data repository, for law enforcement only, containing many Blue Alert resources collected from around the nation, including examples of legislation, policies, forms, and a directory of state Blue Alert officials.

Blue Alerts provide for rapid dissemination of information to law enforcement agencies, media, and the public about violent offenders who have killed, seriously injured, or pose an imminent and credible threat to law enforcement. Blue Alerts can be transmitted via

wireless devices and through the Emergency Alert System (EAS). The National Blue Alert Network works to encourage, enhance, and integrate Blue Alert plans throughout the United States.

In 2015, Congress passed the Rafael Ramos and Wenjian Liu National Blue Alert Act, named in honor of two New York City police officers killed in an ambush attack on December 20, 2014. The Act establishes a voluntary nationwide system to give police an early warning of threats against police officers and to aid in the apprehension of suspects who have killed or seriously injured an officer. In 2016, the COPS Office was asked to implement the Blue Alert Act and establish a National Blue Alert Network. ■

Blue Alerts provide for rapid dissemination of information to law enforcement agencies, media, and the public about violent offenders who have killed, seriously injured, or pose an imminent and credible threat to law enforcement.

Source: COPS Office (2018).

- A report on the assessment of the Las Vegas (Nevada) Metropolitan Police Department's change in traffic policy and procedures that focused on vehicle and driver safety impacts on reducing injuries and death is soon to be released.
- NIJ has done some research on the use of less-lethal weapons: Does it improve officer safety? Does it reduce injuries to officers and to suspects? Does it impact bystanders? In general, the answer is yes, it does appear to show improvements in safety outcomes.⁷
- NIJ has a component that researches the technology and tools for the field to answer the following questions: Do emerging technologies and products work? Do they make officers and communities safer? Do they improve outcomes?
- New research is underway on mental health, stress, and trauma and the impact on law enforcement officers as well as individuals in violent communities.

7. NIJ (2014a).

Presentation of Research Findings

John M. Violanti, PhD, was invited to present research findings on emotional health and organizational wellness. A professor at the School of Public Health and Health Professions at the State University of New York University at Buffalo, Violanti has spent his career looking at the psychosocial and physical forces that affect officer health and performance. Violanti is a former law enforcement officer, retired from the New York State Police.

Dr. Violanti's presentation focused on the Buffalo Cardio-Metabolic Occupational Police Stress (BCOPS) Study, which began in 1999 and gives researchers the opportunity to analyze longitudinal data on the impact of stress on officer health and wellness factors.⁸

The research team at Buffalo is looking at the relationship between psychological stress and physical health. Dr. Violanti emphasized that today's environment for police officers is challenging. Officers experience significant amounts of public scrutiny and criticism because of police shootings and the failure to adequately respond to community questions. This has contributed to significant psychological stress among officers. Violanti pointed out, "Unfortunately our body keeps score.⁹ Any time we are under stress and it becomes chronic, it affects our body in some way and you lose a little bit. There is damage done somewhere in your body when you experience stress. The more stress that you experience, the worse that situation gets."¹⁰

There is damage done somewhere in your body when you experience stress. The more stress that you experience, the worse that situation gets.

Dr. Violanti provided the following data points: When asked if your job affects your health, 38 percent of the police officers said "yes, especially stress." Sixty-eight percent said yes in another study conducted at the University of Iowa.¹¹

8. Violanti et al. (2006).

9. Van der Kolk (2014).

10. Violanti et al. (2006).

11. Yoo & Franke (2011).

Across a 55-year mortality study on police, researchers looked at deaths of police officers and specifically police versus the general population. A significantly higher percentage of officers died from every cause of death than the percentage of the United States general population in the same age groups.

Officer deaths from all malignant neoplasms or cancer combined were significantly higher than deaths in the general population. Likewise, deaths from all diseases of the circulatory system were significantly higher than deaths in the general population.

- 46% died of cardiovascular disease.
- 35% died of cardiovascular disease by age 60.
- 50% died by age 65, 66% by age 70, and 80% by age 75.

The average age of death for an officer was 68, somewhat below that of the general population. The earliest death was at age 35 from a heart attack. The median age at death was 65 years. A police officer has approximately a 55 percent chance of dying in the age range 55–60 years; a white man in the general population in that age group has only a one percent chance of dying.

The life expectancy of a police officer was significantly lower than the United States general population. Research identified a mean difference of 21.9 years difference between the average life

expectancy of a man in the general population and a man in police work. Differences were even more pronounced in younger age groups.¹²

A police officer has approximately a 55 percent chance of dying in the age range 55–60 years; a white man in the general population in that age group has only a one percent chance of dying.

Dr. Violanti noted, “Clearly, the life expectancy of a police officer is considerably shorter. The occupation has a lot to do with this reality. Issues of overall health and how officers take care of themselves contribute to shorter life expectancy. Employers know that their employees are their most valuable asset, and so it’s time for the police to understand the realities of their situation.”¹³

Dr. Jon Sheinberg, an officer with the Cedar Park (Texas) Police Department and a cardiologist, reinforced the data presented by Dr. Violanti with his own experience researching the onset of cardiovascular disease (CVD) in law enforcement officers. He said it is important to do an initial health check that establishes a clear baseline of cardiovascular health when an individual enters the profession. Sheinberg is seeing heart disease showing up very early, affecting officers in their 20s and 30s. In a cohort of 1,500 officers, he said, “We see heart disease, preclinical blockages forming in between 50 and 70 percent of young healthy officers. These are people who appear fit, this isn’t the

12. Vena et al. (2014).

13. Violanti et al. (2013).

25-year veteran who sits in his car.” Another point he made speaks to the cost benefit of preventing heart attacks. He cited data from CALEA that show every in-service heart attack costs \$400,000 to \$750,000.¹⁴ Compare that to the type of baseline cardiovascular screening that costs roughly \$1,000 dollars per officer over a four- or five-year period to screen and treat that officer compared to the cost of a heart attack. “The key to the prevention, detection, and treatment of cardiovascular disease is the development of a cardiovascular screening program and an overall wellness program.”¹⁵

The conclusion is clear: Health habits, stress, and critical events all contribute to poor health in police officers and can contribute to an early death.¹⁶

ORGANIZATIONAL WELLNESS

Dr. Violanti went on to address the role of organizational wellness and its impact on officer safety and wellness. He explained that what goes on in a workplace is important and that the organization and its culture contribute to officer health and wellness. Areas he identified that need to be paid attention to in organizational wellness for law enforcement agencies included mental health, suicide (addressed in the next section), physical health, nutrition, obesity, stress management, shift work, sleep (circadian cycles), and post-traumatic stress syndrome.

Years of potential life lost

From an organizational perspective, Dr. Violanti’s research looked at years of potential life lost, comparing the general population to the police. On average, the Buffalo Police Department lost 41 years of potential life every year for 55 years because of premature deaths of young police officers. In addition to the loss of human life and the tragedy of officers dying young, the impact—whether on morale, retention, recruitment, or finances—to an organization cannot be overstated: They are losing good people and a good investment.¹⁷

Mental health

Dr. Violanti said, “If I break my arm, people are glad to sign my cast. If I say I’m depressed, people don’t want to come near me. We think there is something different between mental health and physical health, when in fact there is not. How we change that in the law enforcement, that’s the big question and the greatest challenge.”

The group affirmed that reducing stigma is critically important. They suggested that case studies on how officers facing depression sought help—and whose lives were saved because of that help—can have a positive effect on other officers. Reactions included that the law enforcement

14. Smith and Tooker (2005).

15. See also Sheinberg (2015).

16. Violanti et al. (2013).

17. See also Violanti et al. (2013).

profession needs to create a more positive way to look at mental health. More significantly, there is nothing wrong with admitting that there are mental health issues in law enforcement and they need to be addressed from the perspective of treatment, not judgment.

Key points raised by participants in the discussion about mental health included the following:

- Employee Assistance Programs need to ensure counselors are culturally competent, meaning they understand the nature, culture, and stressors of the job to best serve the needs of law enforcement personnel. The ability to establish trust is important for a provider-patient relationship, and maintaining credibility as an effective service provider depends on an understanding of what officers go through.
- Organizational culture and stigma that surrounds officers seeking out mental health services tends to deter officers from seeking help because of a fear of being placed on restricted duty or creating a level of distrust about their ability to “keep it together” on the streets with fellow officers.
- Law enforcement agencies, executives, supervisors, and officers have a limited understanding of trauma symptoms, what they look like, and what to do about them.
- There is a need to create a repository of best practices around officer safety and wellness because even when we have the research, it is not disseminated effectively.
- Peer support teams are an effective way to overcome culture and stigma that make it more likely for officers to be able to process what they are experiencing, recognize warning signs themselves, and get the support they need from their peers.
- Smaller departments lack the resources to provide peer support, counselors, or EAP services; there may need to be a regional peer support model for rural areas and smaller departments.

Injury prevention

Dr. Kelly Kennedy of Fit-to-Enforce talked about the fact that officers’ physical fitness training in the academy can often lead to injuries. Officers get injured both in the academy and in their agencies when they begin rigorous workouts and are unaccustomed to such rigor. She went on to say, “Models of physical fitness are changing—and have been changing in recent years—to have different strategies to implement fitness in a way that’s more productive and less damaging.”

Discussion then followed about data collection related to injuries. Injury prevention was a major issue for many forum participants. Injury prevention needs to be a significant part of the conversation because injury has a huge impact on local agencies. Officers with knee injuries, sprained ankles, or other minor injuries are often relegated to light duty. They are out of service for all practical purposes. And a department that already has barely enough officers in the field cannot afford to have many officers on light duty. The group concluded that physical fitness programs should not be causing officer injuries if they are being done properly.

Obesity

Dr. Violanti talked about the impact of obesity on officers. Obese officers are at higher risk than fitter officer of metabolic syndrome, which is a cluster of cardiovascular disease conditions. Metabolic syndrome consists of five components. Abdominal obesity—for example, a 48-inch waist on a man or a 36-inch waist on a woman—high triglycerides, low good cholesterol, high blood pressure, and high fasting glucose levels are risk factors.¹⁸

Dr. Violanti referenced that we often see cartoons and pictures of overweight police officers; to some people, it is funny, and yet it is one of the biggest problems police departments face. A lot of obesity is related to diet, and a limited diet is part of the equation of working on this job, of working night shift and working shifts where officers cannot get access to some food. Diet studies show that those on the midnight shift are eating the worst possible foods.¹⁹ According to one source, 80 percent of officers are overweight or obese or overweight and obese.²⁰ According to a second source, the obesity rate for police officers is 40 percent (versus 32 percent in the general population).²¹

Circadian cycle

The combination of shift work with stress increases risk of circadian cycle disruption. The circadian cycle, commonly referred to as circadian rhythm or the sleep-wake cycle is the 24-hour cycle typically associated with being awake during the day and sleeping at night.²²

“When you reverse the 24-hour sleep cycle, you disrupt that whole cycle,” Dr. Violanti said. “It upsets a lot of things and because of that, it puts everything off balance. When things go off balance, the body becomes vulnerable for disease. Shift work is a major problem that departments need to address. The effect of shift work can be corrected with proper sleep hygiene, so we need to train officers how to sleep.”

The issue of sleep needs to be part of academy training, and developing strategies to cope with these interruptions in sleep patterns must be researched.

Participants observed that it is difficult to achieve consistency in sleep patterns when officers are working split shifts, holding down second jobs, attending court, taking care of their families, and numerous other responsibilities associated with their lifestyle. The issue of sleep needs to be part of academy training, and developing strategies to cope with these interruptions in sleep patterns must be researched.

18. Mayo Clinic (2018).

19. Bonnell et al. (2017).

20. Hartley, et al. (2011).

21. Fujishiro et al. (2011).

22. Fekedulegn et al. (2016).

A recent meta-analysis found higher rates of cancer among women who were long-term shift workers. They were identified as having higher rates than their regular-shift counterparts of breast cancer, gastrointestinal cancer, and skin cancer.²³ Such research demonstrates there may be unique gender issues associated with shift work and might help law enforcement agencies establish and implement effective measures to protect female night shifters.

Research has demonstrated a disruption in eating patterns associated with shift work—and new evidence on circadian disruption, diet and gut microbiomes (bacterial cells in gastrointestinal tract), and CVD and diabetes are side effects of lack of sleep. Trillions of microbiomes, a bio factor found in the intestine to protect the gut, are disrupted by shift work. It's a gut-brain reaction; when the disruption occurs, it increases the stress responses in microbiomes that can lead to disease.²⁴

Shift work combined with elevated stress levels can lead to inflammation in the arteries, which can lead to CVD. The research on disruption of sleep patterns is convincing and needs to become a major focus on any initiative addressing officer safety and wellness.

Post-traumatic stress disorder's effect on decision-making

Dr. Violanti spoke about the existing and emerging research on the effect of post-traumatic stress disorder (PTSD) in decision-making among officers. A study published in 2009 showed that brain function is affected by PTSD.²⁵ Researchers looked at participant brain scans and those parts of the

brain that “lit up” when an officer tried to make a decision. When the prefrontal cortex, for example, lit up more than the rest of the brain, it was an indication that the participant struggled with a decision. Research suggests that because they had struggled to make that decision, they would likely have problems eventually storing that decision in their working memory. A study

A study published in 2013 by Dr. Violanti and a team of researchers also showed that officers with PTSD do not have the ability to make decisions as well as those who do not have PTSD.

published in 2013 by Dr. Violanti and a team of researchers also showed that officers with PTSD do not have the ability to make decisions as well as those who do not have PTSD.²⁶

Dr. Violanti and his team at the University at Buffalo received a grant from NIJ in FY 2017 to better understand the effects of PTSD on decision-making abilities of law enforcement officers. The study will look at officers who have high levels of PTSD symptomology and whether they are able to make decisions as well as those who do not have PTSD.

23. Yuan et al. (2018).

24. Ranawat and Rawat (2017).

25. Hayes et al. (2009).

26. Covey et al. (2013).

PTSD has serious ramifications for an officer working the streets. The more difficult it is to make a decision in a critical situation, the more at-risk is the population they are serving and the more at risk they are of placing themselves and fellow officers in danger. This is expected to be a crucial study, and one of the largest studies done in this area to date.

GETTING TO ORGANIZATIONAL WELLNESS

Dr. Violanti reviewed several strategies to address officer and organizational wellness and shared the following examples: Begin in the academy, emphasize the role of the organization to create a culture that values and gives officers a voice, and use an evidence-based team approach like the SHIELD project.

It begins in the academy

Dr. Violanti emphasized, “Physical activity is important and needs to be addressed at the academy level. Physical activity is usually a punishment, a sort of negative at the academy. Many officers get through the academy, then throw away their sneakers and don’t do anything physical again. Physical activity needs to be changed to be seen as a positive factor. Educate officers on the effects of good nutrition, obesity, sleep patterns, and managing stress. Emphasize that wellness is important in getting people to develop a balance in their lives. Physical exercise can save a life and contributes to emotional and physical health.”

Role of the law enforcement organization in wellness and stress reduction

Organizational culture is a factor that has a direct impact on officer stress and well-being. Dr. Violanti referenced his own years in law enforcement and the recognition that the culture of law enforcement agencies is affected by how successful organizations are in building true communication and understanding between rank and file, middle managers, and executives. He stressed, “If there is a lack of communication in the organization, officers do not feel they are cared for or listened to, that they are not a part of what is going on above them.” That kind of organizational stress exacerbates the health risks associated with the job.

The principles of procedural justice can actually play a role in improving the psychological well-being of officers by establishing an organizational or internal culture and practice of (1) fairness, (2) voice, (3) transparency, and (4) impartiality by increasing officers’ sense of being listened to and confidence that they will be treated with fairness and impartiality and that they have a voice in the decisions of the organization.²⁷

27. Moe and Bradley (2015).

The OSW Group participants identified additional ways that law enforcement organizations can take a holistic or comprehensive approach to reducing the impact of stress on the job that includes fitness, nutrition, mindfulness, resiliency, paying attention to the impact of shift work, teaching how to manage sleep patterns, and paying attention to organizational issues that create stressful or toxic work environments. A related issue is the stress caused by the negative events that have impacted the perception of policing in communities and the loss of trust between the police and the community.

Dr. Brandi Burque, a psychologist with the San Antonio Police Department, advocated for mindfulness as a tool to reduce the impact of stress. Her department has taken an interesting approach to mindfulness by translating it into a language that officers can relate to. “Officers aren’t going to buy in if we don’t use their language. We brought offices in to help design the program. We have developed ‘stoic mindfulness.’ We have officers quoting Marcus Aurelius. We use the term ‘combat breathing’ to describe deep breathing or diaphragmatic breathing. It makes all the difference to their buy-in.” This approach is changing the organizational culture to understand and practice mindfulness.

Team-based approach

Dr. Violanti stressed the importance of developing a peer- or team-based approach to officer wellness and safety. Such an approach is particularly important in areas of physical and mental health. Dr. Violanti summarized the work of Dr. Kerry Khuel in his presentation on team health approaches to resiliency: “The SHIELD (Safety and Health Improvement: Enhancing Law Enforcement Departments) program demonstrated that a team-centered, worksite-based, peer-taught scripted health program resulted in healthier lifestyles and reduced injury rates among police. If you put a team together that emphasizes health, diet, nutrition, and exercise, they’re going to do better than by themselves. Each member of the team discusses weekly goals; there’s a set of questions to answer out loud. If you mess up and you don’t eat the right thing that week, you’re going to have to tell the group what you did. It works like a self-control group, and it works pretty well.”²⁸

The SHIELD Program has four health goals:

1. Increase physical activity to at least 30 minutes each day.
2. Reduce saturated and trans fat intake.
3. Increase servings of fruits and vegetables to at least five per day.
4. Improve energy balance and normalize body weight.

28. Kuehl et al. (2016).

Peer support programs to address mental health issues

Essential elements of successful evidence-based peer support programs²⁹ shared by Dr. Violanti include the following:

- Easily accessible and responsive
- Confidential
- Provides a safe environment
- Close match of peer supporter to client
- Careful selection of peer supporters
- Partnered with mental health professionals
- Thorough training of peer supporters
- Peer supports are monitored and cared for

James Banish, a deputy sheriff and peer coordinator from the Warren County (New York) Sheriff's Office, shared his experience leading a peer support group: "Law enforcement is very closed, walled-off, non-trusting—the community does not listen to other people. My brother took his life in 2008; he was a lieutenant for the State Police of New York. I was in turmoil after two years. Nothing helped. I had to find my own way. The peer support model worked for me. The bottom line is that officers have to trust that you can relate to their experience. You have to get their buy-in for them to participate."

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29. Bartone et al. (2017).

Officer Suicide

Dr. Violanti addressed officer suicide in his presentation. He noted, “Stigma is the hardest thing in the world to change. We need to ensure that officers accept the fact that it’s not weak to ask for help. How do we do that, when we are supposed to be strong? We’re supposed to solve problems. The biggest factor is culture; the second is stigma. Officers don’t want to be called crazy, they don’t want to report that they feel this way about killing themselves. There is a culture of silence when it comes to suicide.”

Chief Joe Collins of the Two Rivers (Wisconsin) Police Department also delved into officer suicide during his presentation. Collins co-chairs the officer safety and wellness committee for the National FBI Academy Association. He spoke about the need to break the silence about officer suicides. He said, “Our officers are killing themselves more than the bad guys are killing them and we know it, we have that knowledge. What are we doing?”

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Research done by the Badge of Life Police Mental Health Foundation since 2008 shows that police suicides have declined from a high of 143 police suicides in 2009 to 108 law enforcement officer suicides in 2016, a 25 percent reduction.³⁰ The average age for law enforcement suicides is 42 years with an average of 17 years on the job. In addition, 91 percent of suicides were men, with the ages of 40 to 44 being the most at risk.³¹

Chief Collins went on to identify several efforts underway to reduce officer suicides:

- **Below 100.** Below 100 is an ongoing program aimed at reducing officer deaths by encouraging officers to wear seat belts, slow down when driving, and wear their bulletproof vests.³²
- **QPR (question, persuade, refer) method.** The QPR Institute provides suicide prevention training for individuals and organizations. “Just like CPR, QPR is an emergency response to someone in crisis and can save lives. QPR is the most widely taught Gatekeeper training in the world.”³³

30. Clark and O’Hara (2017).

31. Clark and O’Hara (2017).

32. Below 100 (2018).

33. QPR Institute (2018).

- **Critical Incident Stress Debriefing.** Critical Incident Stress Debriefing (CISD) is a specific, seven-phase, small group, supportive crisis intervention process often referred to as small group psychological first aid. Critical incident debriefings with peers and supervisors happens within 24 hours of a bad event; everyone is able to talk about the incident, get their reactions out, and process them in a constructive way.³⁴

Participants spoke about solutions underway to address officer suicide. One example was the Indianapolis Metropolitan Police Department (IMPD) mentioned earlier by the COPS Office as a microgrant recipient. Deputy Chief Valerie Cunningham and Officer Nicole Juday of the IMPD spoke about the Mental Health Unit created by their department, which takes two approaches: (1) a developmental/prevention/early intervention approach and (2) a crisis response approach. The IMPD takes several steps to improve resiliency in officers. This begins by assigning them a mentor in the academy, someone who can help them to process what they are experiencing. This mentor steps up when that officer has a critical event, advising them on what to expect and how to process the experience. The Unit provides support services that address any stress issues that officers are experiencing such as financial, marital, or work-related problems. On the crisis response side, IMPD has trained peer support teams that meet after a critical incident to debrief and process the experience. “Our goal is to develop a culture that is informed, prepared, and responsive to mental health issues to better protect and support our officers and their families,” said Officer Juday.

The working group identified and highlighted other areas contributing to the breakdown of officer safety and wellness. Embodied in their discussion were solutions that merit further research and consideration. What follows is an overview of a significant problem participants identified—substance abuse—and some solutions they discussed.

SUBSTANCE ABUSE AS SELF-MEDICATION

Substance abuse is a problem within law enforcement. Alcohol seems to be an occupational hazard. This hazard is often reinforced by “choir practice,” a euphemism for post-shift gatherings where, to cope with the stress of the job, officers consume excessive amounts of alcohol. There are indications that marijuana and other drugs are also becoming a part of the culture to deal with PTSD. Research indicates that PTSD and relationship stress were linked to harmful alcohol use by officers.³⁵ Stress—and the issues that contribute to stress, already addressed in this publication—demand more research. The law enforcement field needs to have more information about evidence-based best practices for combating stress.

34. Malcolm et al. (2005).

35. Chopko, Palmieri, and Adams (2012).

SOLUTIONS

Many departments are creating networks of professionals to help them understand the many facets of officer wellness and are looking to research-based comprehensive approaches to resiliency, which also improves officer wellness. Deciding to implement evidence-based programs can be a driver of change in department cultures in the short- and long-term. Part of the comprehensive approach to resilience and wellness is getting officers to see beyond their careers in law enforcement and to think about the lifestyles they want in retirement.

Since 2012, the practice of mindfulness in the workplace has received a lot of attention, especially for first responders. Mindfulness has become a part of an officer's approach to life and duty. Officers are practicing meditation as a way to manage emotions and stress. More officers are going through resiliency programs like Blue Courage.³⁶ Blue Courage, previously funded by BJA, focuses on the nobility of policing and guiding officers into strategies that give balance to their lives. These interventions are promising practices that should contribute to both safety and wellness.³⁷

Part of the comprehensive approach to resilience and wellness is getting officers to see beyond their careers in law enforcement and to think about the lifestyles they want in retirement.

36. BJA National Training and Technical Assistance Center (2013).

37. Suttie (2016).

Felonious Assaults on Officers

The OSW Group continues to monitor and engage in discussions related to felonious assaults on police officers. Assaults on police officers is a priority of the administration, and the DOJ is making efforts to improve policy and practices to guarantee officer safety. The discussion focused on several programs and initiatives designed to monitor officer assaults and to increase awareness in the general population.

The VALOR Initiative introduced earlier in the forum was referenced as a way that BJA is addressing officer safety by reducing opportunities for assaults on police officers through improved training and arrest techniques. The Bulletproof Vest Partnership has also been a way for BJA to improve officer safety by providing bulletproof vests through grants to state and local law enforcement agencies.³⁸

Nick Breul of the National Law Enforcement Officers Memorial Fund (NLEOMF) provided an overview and update of the fund's data collection related to felonious assaults. Roger Miller of the FBI also contributed to the discussion on felonious assaults on police officers.

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In addition to collecting information on felonious assaults, the NLEOMF documents information on line-of-duty deaths. Since 2008, the information collected on line-of-duty death show that fatalities often fall into one of two categories: (1) firearm-related deaths or (2) traffic-related deaths. For example, of the 129 deaths in 2017, 46 were traffic-related and 46 were firearm-related, which represents 71 percent of line-of-duty deaths in 2017.³⁹ Nick Breul noted, "In 2016 there was a tremendous increase in shootings of law enforcement officers. There was a 53 percent increase from 2015."

38. OJP (2018).

39. NLEOMF (2018c); Breul and Luongo (2017), 72.

In March 2017, the NLEOMF and the COPS Office released a publication analyzing line-of-duty deaths that includes a section solely focused on ambushes of officers. “We have our own working definition of ambush,⁴⁰ and within that, we counted 21 ambushes compared to eight the year prior to that, and so the felonious assaults have gone up from 2015 to 2016.” Data on ambushes in 2017 show a sharp decline from 21 in 2016 to eight in 2017.

Table 1. Assaults on law enforcement officers, 2007–2017*

Year	Deaths [†]	Assaults [‡]	Assaults with injuries [§]
2007	202	61,257	15,479
2008	159	61,087	15,366
2009	139	58,364	14,985
2010	171	56,491	13,962
2011	185	55,631	14,578
2012	141	53,867	14,678
2013	120	50,802	14,565
2014	148	48,988	13,654
2015	160	50,991	14,281
2016	159	57,180	16,535
2017	129	N/A**	N/A**
Average per year	156	55,466	14,508

* NLEOMF (2018b).

† NLEOMF (2018b).

‡ FBI (2017b).

§ FBI (2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016b, 2017b).

** The full FBI report on Law Enforcement Officers Killed and Assaulted for each year is normally published in the autumn of the following year, so these statistics will be available in approximately October 2018.

40. The NLEOMF and COPS Office publication defines an ambush as “a method of assault used to suddenly and unexpectedly attack officers from a concealed position or in a calculated manner designed to catch them off guard and place them at a tactical disadvantage” (Breul and Luongo 2017, 47); this definition “seeks to encompass all those scenarios where officers have been assassinated in an unprovoked and deliberate manner” (Breul and Luongo 2017, 48).

The NLEOMF is also exploring the relationship between auto crashes and felonious assault: An auto crash or traffic-related crash can be a felonious assault. Breul emphasized, “One thing that I would mention when we’re looking at the definition of felonious assaults [is that] we believe it should include traffic-related fatalities of officers in a number of those cases. There is a high percentage of officers that were struck and killed or are involved in a motor vehicle crashes where the driver responsible was impaired. And in almost all those cases, they result in felony charges. So we consider that felonious.”

As part of the conversation about felonious assaults on officers, participants discussed the perception that officers are holding back in potentially violent encounters with suspects or when responding to calls for service for fear they will be caught on camera and tried in the media. Participants also opined that the combination of low morale and the fear of disciplinary action for perceived misconduct or wrongdoing may be an incentive for officers to limit their exposure outside of their vehicles, thereby decreasing interactions with the community as a way to reduce risk of being assaulted. Unfortunately, felonious assaults on officers have increased each year since 2014, which suggests a need for research on how officers’ perception of assault risk may be leading to changes in their behavior in the execution of their duties.

Several participants stressed the need to collect good data on nonfatal assaults. Participants stressed that we may be looking at a completely different picture and completely different ways officers are getting injured and that it is important to understand what those changes are and how we respond to them as a profession.

Recommendations

During the final session of the day, OSW Group participants spent time developing an updated list of relevant topics for discussion and review by the DOJ. The group reflected on the discussions of the day, identified a number of OSW-related topics and prioritized them.

A wide range of topics was covered, some of which were promising areas for discovery and replication such as the importance of family support services as part of a comprehensive officer safety and wellness program. Dianne Bernhard of Concerns of Police Survivors would like to see programs that are designed for the officer's entire family as a priority. "Because what we've found is that the law enforcement profession affects much more than just the officer, it's also the family attached to that officer. The culture permeates that family and we know that when things don't go well in the family, things won't go well for that officer. So I think the only way to approach the overall wellness for the officer is also to involve the family heavily in any of the things that we did to intervene." Several participants referenced the family support program model developed by the military that might have application for law enforcement and encouraged the DOJ to look into whether that model would work in a nonmilitary setting.

Another topic to percolate up from the group was the role and importance of the first- and second-line supervisors in all aspects of officer safety and wellness, from setting the culture of the organization to having the skills to recognize and manage trauma experienced by officers to operating using the principles of procedural justice to modeling the behaviors that reduce stress and improve officer performance as well as longevity.

This section contains recommendations from OSW participants that can improve officer safety and wellness. Each was voted on by the attendees at the forum; the recommendations are presented in descending order of number of votes received.

1. Strengthen data collection (with emphasis on local data collection) to improve officer safety and wellness.
 - a. Data should be collected on officer injuries.
 - b. Establish baselines for health assessment, especially at the time of recruitment.
 - c. Develop the capacity to do data mining on officer assaults.
2. Explore mandatory annual mental health check-ups.
 - a. Include post-critical incident check-ups and develop national standards.
 - b. Develop criteria for establishing mental health check-ups. Can there be consistency?

3. Address coronary disease prevention, detection, and treatment.
4. Improve physical fitness.
 - a. Establish requirements that address all levels of officer fitness and fitness for duty.
 - b. Explore training requirements that are gender-specific.
5. Train supervisors and mid-level managers on issues affecting fitness and wellness.
6. Create a catalogue or list of OSW best practices.
 - a. Identify, evaluate, and disseminate OSW best practices.
 - b. Develop case studies on OSW.
 - c. Identify and disseminate evidence-based approaches to OSW best practices.
7. Promote peer support models.
 - a. Examine small and large agency models of peer support.
 - b. Explore a regional team model.
8. Explore the possibility of developing or institutionalizing a playbook of comprehensive resilience that would include issues of stigma and bias in health maintenance.
9. Strengthen family support services and the role they play in sustaining officer physical and mental health resiliency.
10. Promote recruitment approaches that assess OSW issues such as physical and mental health.

Several other recommendations were mentioned:

- Use of force: Explore training and policies that decrease the risk of injury to officers and suspects.
- Develop five-minute OSW training videos by subject matter experts.
- Develop comprehensive approaches to OSW using a holistic approach including organizational health.
- Integrate mental health professionals as staff in police departments.
- Develop campaigns to regain community trust.
- Explore issues of organizational health and how they contribute to stress and physical wellness.

This information will be used by the DOJ, the COPS Office, and BJA to inform topics for future OSW Group meetings and program planning.

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About BJA

The **Bureau of Justice Assistance** is a component of the Office of Justice Programs, which also includes the Bureau of Justice Statistics; the National Institute of Justice; the Office of Juvenile Justice and Delinquency Prevention; the Office for Victims of Crime; and the Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking. BJA's mission is to provide leadership, criminal justice policy development, and services in grant administration to support local, state, and tribal justice strategies to achieve safer communities. BJA supports programs and initiatives in the areas of law enforcement, justice information sharing, countering terrorism, managing offenders, combating drug crime and abuse, adjudication, advancing tribal justice, crime prevention, protecting vulnerable populations, and capacity building. Visit www.bja.gov for more information.

About the COPS Office

The **Office of Community Oriented Policing Services (COPS Office)** is the component of the U.S. Department of Justice responsible for advancing the practice of community policing by the nation's state, local, territorial, and tribal law enforcement agencies through information and grant resources.

Community policing begins with a commitment to building trust and mutual respect between police and communities. It supports public safety by encouraging all stakeholders to work together to address our nation's crime challenges. When police and communities collaborate, they more effectively address underlying issues, change negative behavioral patterns, and allocate resources.

Rather than simply responding to crime, community policing focuses on preventing it through strategic problem-solving approaches based on collaboration. The COPS Office awards grants to hire community policing officers and support the development and testing of innovative policing strategies. COPS Office funding also provides training and technical assistance to community members and local government leaders, as well as all levels of law enforcement.

Since 1994, the COPS Office has invested more than \$14 billion to add community policing officers to the nation's streets, enhance crime fighting technology, support crime prevention initiatives, and provide training and technical assistance to help advance community policing. Other achievements include the following:

- To date, the COPS Office has funded the hiring of approximately 130,000 additional officers by more than 13,000 of the nation's 18,000 law enforcement agencies in both small and large jurisdictions.
- Nearly 700,000 law enforcement personnel, community members, and government leaders have been trained through COPS Office-funded training organizations.
- To date, the COPS Office has distributed more than eight million topic-specific publications, training curricula, white papers, and resource CDs and flash drives.
- The COPS Office also sponsors conferences, roundtables, and other forums focused on issues critical to law enforcement.

COPS Office information resources, covering a wide range of community policing topics such as school and campus safety, violent crime, and officer safety and wellness, can be downloaded via the COPS Office's home page, www.cops.usdoj.gov. This website is also the grant application portal, providing access to online application forms.

Law enforcement officers face many hazards in the line of duty. Though injuries from assaults and vehicular accidents are the most obvious, stress, cardiovascular disease, depression, and suicide are also serious job-related risks. What's more, these problems are even more common than assaults and vehicular accidents and can have fatal consequences as well. In October 2017, the Officer Safety and Wellness Group met to address these concerns, focusing on three main topics: (1) emotional health and organizational wellness, (2) officer suicide, and (3) felonious assaults on officers. In addition to discussing current priorities, participants recommended a wide variety of steps to improve officer safety and wellness. Among them were changes in organizational culture to lessen the stigma surrounding emotional distress, event response protocols for suicides, strategies to strengthen emotional resilience, and improved data collection related to felonious assaults.



COPS

Community Oriented Policing Services
U.S. Department of Justice

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To obtain details on COPS Office programs, call
the COPS Office Response Center at 800-421-6770.

Visit the COPS Office online at www.cops.usdoj.gov.