Comprehensive Law Enforcement Review: Officer Wellness and Safety
SUMMARY

Officer wellness and safety are two inseparable concepts. Even with great advances in the mechanics of policing (vehicles, tactics, weapons, body armor, etc.), officer wellness—the physical, mental, and emotional health of officers—is crucial for officers, their colleagues, and their agencies and to the well-being of the communities they serve.

An accurate assessment of officer wellness and safety requires taking a systematic approach shifting the focus from examining secondary or tertiary causes of sickness, injuries, and deaths to identifying the primary underlying causes. For example, the goal in considering patrol vehicle collisions because of speeding, the focus should be on *why* the officer was speeding (primary cause) and not just the actual act of speeding (secondary cause) or the outcome of speeding (tertiary cause).

Focusing holistically on primary problems also reveals underlying systematic connections between critical issues that tend to be overlooked. Thus, in understanding the current concerns in the area of officer wellness and safety, we must take into account agency culture, the role and importance of partnerships, and varying operational needs and concerns in different agency settings.

The summary below is centered on three broad areas of concern: (1) officer health and wellness, (2) officer shootings and assaults, and (3) vehicle operations and safety. First, a broad overview of the current state in the field is provided; then, innovative policies, programs, and current best practices are highlighted.

1) HEALTH AND WELLNESS

Occupational health risks

- The occupational fatality rate for law enforcement officers is three to five times greater than the national average for the working population in general, with trauma being the greatest occupational risk.[1]
- Numerous health problems are also correlated with the law enforcement profession, including cancer, sleep disorders, chronic heart disease, diabetes, metabolic disorders, depression, suicide, psychological stress, and substance abuse.[2] In fact, studies have shown that officers are twice as likely to die from alcohol-related liver disease as members of the general population.[3]
- Compared to the general population, officers have higher levels of cardiovascular disease risk factors such as body mass index, total cholesterol, and metabolic syndrome.[4]
- Research has shown that officers also have a higher risk of developing cancer and have statistically significant increases of mortality with all cancers.[5] In addition, officers on duty are at risk of exposure to hazardous chemicals, resulting in increased risk of cancer.[6]

- Data from national accident, injury, and illness research shows that on average 20 percent of law enforcement officers are responsible for 80 percent of the costs to their agency for these sources of mortality and morbidity.[7]

Mental and psychological health

- More than 40 percent of American police officers have sleep disorders.[8] Sleep-related fatigue is pervasive in policing due to shift work and long work hours. Shift work has also been associated with suicide ideation, as well as stroke and myocardial infarction.[9]
- Seven to nine percent of officers meet the diagnosis of post-traumatic stress disorder (PTSD), while an estimated 34 percent have multiple symptoms.[10] PTSD is associated with major depression, panic attacks, phobias, mania, substance abuse, and increased risk of suicide.[11]
- Mental health, stress, vicarious trauma and post-traumatic stress, and substance abuse issues have all been linked with officer suicides. With a suicide rate of 17/100,000 for law enforcement compared to 11/100,000 for the general population, suicide needs to be discussed openly and honestly.[12]

Programs/policies

- Departments should spend greater amount on fitness and wellness programs, given that they can provide a good return on investment. Studies have shown that for every $1 invested, the returns range from $2 to $5.[13]
- The Austin (Texas) Police Department Cardiac Screening Initiative, a pilot study, specifically sought to identify the early signs of coronary disease. The study found that a simple blood test can look for lipoprotein-associated phospholipase A2 (PLA2), an inflammatory marker that can detect coronary inflammation and offer a very effective tool for predicting the chance of a major adverse cardiac event.[14]
- Many departments have use monetary and other rewards as a means of incentivizing officers to be and remain physically fit. For example, the Long Beach (California) Police Department incentivized voluntary participation in their fitness program, which involves a medical and physical fitness screening.[15]
- Research looking at 8-, 10-, and 12-hour shift work suggests that 10-hour shifts offer certain benefits relative to other shift lengths for officers since it involves less overtime and a higher quality of life.[16] Further, agencies also should develop comprehensive fatigue management programs that help officers deal with the effects of shift work and long hours, such as teaching smart napping practices.[17] For example, some agencies provide sleep/rest quarters at the department for officers to sleep after a long shift or between shift work and a court appearance.
- Peer-to-peer networks and support groups can help officers get help in a confidential manner. Such networks can connect officers to other outside service provides and may provide ongoing support such as checking-in during bereavement and helping with marital issues.[18] More broadly, social support networks for officers can build resiliency and better coping with the inherently stressful work environment.[19]

- Awareness of the importance of physical, mental, psychological, and spiritual health led the Olathe (Kansas) Police Department to model a wellness program after an FBI course on "Spirituality, Wellness and Vitality Issues in Law Enforcement Practices," creating the Beyond Survival toward Olathe Wellness (BeStow) Program.[20] The BeStow Program focuses on four phases in employee's careers: recruitment, training post-hire, retention, and retirement.[21]
- Agencies should explore hiring or partnering with other agencies to obtain access to specialist providers such as an industrial hygienist, who focuses on occupational health and safety including injury prevention, emergency planning, and preventative health planning. The focus shifts from the safety of the place and location to the safety of the people, the officers. [22]

2) OFFICER SHOOTING AND ASSAULTS

Prevalence

- Officer fatalities in 2013 were the lowest in six decades. According to the U.S. Department of Justice Federal Bureau of Investigation's annual Law Enforcement Officers Killed and Assaulted (LEOKA) report, 76 officers died in the line of duty in 2013.[23] However, based on the first half of 2014, officer fatalities appear to be increasing, especially those caused by firearms.[24]
- More than nine percent of all officers were assaulted during 2013.[25] Among those assaults, more than 29 percent resulted in significant injuries to the officer, 14 percent involved attacks with knives or other cutting instruments, and 11 percent involved firearms.[26]
- Law enforcement ambush shootings have increased since the mid-1980s.[27] The 2013 LEOKA data reported that out of 27 officers killed feloniously, five were ambushed.[28] That same data showed that 234 out of 49,851 assaults of law enforcement were a result of ambush situations.[29]

Programs/policies

- Better reporting on near miss (close call) situations can benefit police agencies and officers by helping to develop better prevention strategies, new policies and directives, and better training practices. Near-miss situations generally are defined as an event that could have resulted in a serious injury, fatality, significant property damage, or crisis if not for a fortunate break in the chain of events.[30]
- At minimum officers should receive first aid training as well as the issuance of a medical or first aid kit.[31] For example, the military provides a free military and law enforcement course on "Tactical Combat Casualty Care."[32]
- The FBI reports that "the risk of sustaining a fatal injury for officers who do not routinely wear body armor is 14 times greater than for officers who do."[33] To illustrate this point, as of March 2011, the IACP/DuPont Kevlar Survivor Club had documented more than 3,126 incidents where body armor protected officers from more serious physical injuries or death.[34]
- Findings from a 2009 Police Executive Research Forum (PERF) study suggest that officers are much more likely to wear body armor if their agencies mandate it.[35] Unfortunately, 41 percent of agencies surveyed by PERF do not require officers to wear body armor, and 55 percent do not have written

mandatory vest-wear policies.[36] In November 2014, PERF publically reiterated its support for mandatory body armor and seat belt policies on a national level.[37]

3) VEHICLE OPERATIONS AND SAFETY

Current issues

- National data on officer fatalities from the FBI's 2003 to 2012 LEOKA reports shows that 49 percent of officer fatalities were a result of vehicle-related collisions.[38] Out of those, 94 percent were considered accidental and 6 percent were felonious.[39] Nearly half of all officers killed in collisions were not wearing their seat belts.[40]
- Studies show that officers aged 30 to 39 were involved in 36 percent of crashes and those aged 20 to 29 in 32 percent. Older officers were involved in far fewer collisions, 18 percent for 40- to 49-year-olds and eight percent for those 50 to 59.[41]
- New, experimental research has shown that 90 percent of collisions occurred during a simple, well-validated distraction task.[42] Further experiments showed that collisions increased significantly when officers were both fatigued and distracted.[43]
- The majority of vehicle pursuits result from failed stops for traffic violations, and about 5 percent of all vehicle-related officer fatalities occur during a pursuit.[44]

Programs/policies

- Physical vehicle characteristics such as the use of high visibility color schemes, reflective strips, and light bars can increase the safety of police vehicles.[45] Further, the use of different lighting intensity levels for day and night conditions as well as using blue lights for safety purposes can have positive safety effects, as can increasing the level of officer visibility.[46]
- The Below 100 Campaign is grassroots organization that gives safety training to officers nationwide. The goal of the campaign is to keep officer deaths below 100 a year by reinforcing the need to wear your seatbelt and vest and to drive at safe speeds.[47]
- Officers need to be held accountable in following departmental policies and mandates. For example, in order to discourage complacency and reinforce supervisor accountability, agencies might institute policy that if line officers are found not wearing their seatbelts, their corresponding sergeants are also reprimanded and held accountable.
- Departmental policies should be amended to decrease distracted driving amongst police. For example, in 2010, legislation in Washington exempted officers from its ban on texting and using handheld cell phones, but the Washington State Patrol proactively applied the law to its officers.[48]

Conclusion

Wellness comes before safety because safety depends in large part on both the physical and mental wellness of police officers. Both are important for officers to be successful in protecting their communities and facing the inherent dangers and stressors of the job. In order to enhance officer safety, it is fundamental to understand the underlying causes of injuries and deaths, which can allow us to

develop more effective prevention efforts. There must be a buy-in from police leadership in creating and fostering a culture of wellness and safety and in maintaining accountability at all levels. Further, agencies need to collect better and more accurate data from injuries, assaults, and near misses to better inform officer safety and wellness through lessons learned. Law enforcement agencies should also more fully embrace a holistic perspective of officer wellness and safety, which includes the physical, mental, emotional, and spiritual wellness of their employees and must base their policies on sound academic research and best practices identified by national police associations and organizations.

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[1] John M. Violanti, *Dying for the Job: Police Work Exposure and Health* (Springfield, IL: Thomas Books, 2014), 41.

[2] Ibid., 57.

[3] Marc L. Swatt et al., "Exploring the Utility of General Strain Theory in Explaining Problematic Alcohol Consumption by Police Officers," *Journal of Criminal Justice* 35 (2007): 596–611.

[4] Darrel W. Stephens et al., *OSW Group Meeting Summary: Psychological Health, February 4, 2013* (Washington, DC: Office of Community Oriented Policing Services, 2014), 6, http://cops.usdoj.gov/pdf/OSWG/OSW_Psychological_Health_v6.pdf

[5] Ibid., 17; Violanti, *Dying for the Job*, 67–68 (see note 1).

[6] Violanti, *Dying for the Job*, 4 (see note 1).

[7] Adrienne Quigley, "Fit for Duty? The Need for Physical Fitness Programs for Law Enforcement Officers," *The Police Chief* 75, no. 6 (June 2008): 13, http://www.policechiefmagazine.org/magazine/index.cfm?fuseaction=display&article_id=1516&issue_id=62008.

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[9] Violanti, *Dying for the Job,* 50, 84–85 (see note 1).

[10] Ibid., 158.

[11] Ibid., 164.

[12] Fiedler, *Officer Safety and Wellness* (see note 8).

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[13] Darrel W. Stephens et al., *OSW Group Meeting Summary: Creating a Culture of Safety through Leadership, September 20, 2012* (Washington, DC: Office of Community Oriented Policing Services, 2014), 20, http://cops.usdoj.gov/pdf/OSWG/OSW_Meeting_Sum_Sept_v5.pdf

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[15] Julia Hill et al., *Making Officer Safety and Wellness Priority One: A Guide to Educational Campaigns* (Washington, DC: Office of Community Oriented Policing Services, 2014), 47, http://ric-zai-inc.com/Publications/cops-p300-pub.pdf.

[16] *OSW Group Meeting Summary: Vehicle Operation, Risk Management, and Problem-Based Learning, April 25, 2012* (Washington, DC: Office of Community Oriented Policing Services, 2012), 4, http://cops.usdoj.gov/pdf/e071219497_OSW_Summary.pdf.

[17] Violanti, *Dying for the Job*, 86 (see note 1); Stephens et al., *OSW Group Meeting Summary: Psychological Health*, 14–15 (see note 4).

[18] Kent Barker, interview.

[19] *OSW Group Meeting Summary: Officer Deaths and Injuries from Gunfire*, January 26, 2012 (Washington, DC: Office of Community Oriented Policing Services, 2012), 11–12, http://cops.usdoj.gov/pdf/OSWG/Meeting_01-26-2012.pdf; Stephens et al., *OSW Group Meeting Summary: Psychological Health,* 9 (see note 4).

[20] Samuel L. Feemster, "Addressing the Urgent Need for Multi-Dimensional Training in Law Enforcement," *The Forensic Examiner*, Fall 2010, 44, http://www.911salt.com/uploads/4/3/1/7/4317513/2010-fall_forensic_examiner_feemster_addressing_the_need_for_multidimensional_training.pdf; Shawn Reynolds, interview.

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[22] Iris Velasco (Industrial Hygienist, Columbus (Ohio) Police Department), in discussion with Jan Hudson (research assistant, University of Maryland, College Park), November 2014.

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[26] Ibid.

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