

THE PRESIDENT'S TASK FORCE ON 21ST CENTURY POLICING

Task Force on Policing in the 21st Century Input from February 14-24, 2015 Officer Safety and Wellness Feb. 23, 2015 Future of Community Oriented Policing Feb. 24, 2015

Summary of Public Comments Submitted by Email

This document is a summary of public comments submitted online. Email addresses and phone numbers were removed for privacy reasons. Public comments submitted with more detail or specific recommendations are included in the Index of Invited Testimony and Public Comment received February 14-24, 2015.

Not included: short cover emails with the submission of written testimony provided in the Index.

Source: Patricia Archer

To Whom It May Concern:

I am submitting this correspondence to you by the recommendations of the Office for State and Local Law Enforcement, Department of Homeland Security in order to include ideas and concerns into account when submitting your recommendations to the President.

I have noted a disturbing change in how police interact with the people they are supposed to be protecting and serving. I am not ancient. I am a 75-year-old white grandmother and feel police officers have become unnecessarily confrontational during even relatively innocuous situations, e.g., traffic stops, parking infractions, etc. When I was young, officers always approached citizens with respect. They would call a man Sir and a woman Ma'am. These days it seems police are always screaming at people; are unwilling to have a conversation; are barking orders to "shut up," "get out of the car," "get on the ground," etc. before the individual they are yelling at has done anything to justify such disrespect and aggression. While it is obvious to me such behavior is more prevalent when they are dealing with minorities it seems this aggressive posture by officers applies to everyone. It is disrespectful and unacceptable.

I am fully cognizant of the dangerous nature of their work and the stress it causes them. I don't know enough about the training they receive but I believe systems should be in place to help them to cope with the emotional strain they are under routinely not just after there has been an incident which would make such intervention mandatory. Additionally, re-training should be required at least yearly. When situational training is done regularly appropriate responses become second nature.

That said, my gravest concern is how officer involved situations which result in injury or death are handled. Police and prosecutors are by necessity intimately involved with one another. The idea an Internal Affairs department and Prosecutors Office within the same jurisdiction can dispassionately assess such situations seems ridiculous to me. All such incidents should be handled by a special department having absolutely no other interaction with the affected police department or prosecutors office. The very second after an incident occurs that special department should be called in to take over the investigation into the matter. They should be charged with determining if charges should be filed against

THE PRESIDENT'S TASK FORCE ON 21ST CENTURY POLICING

the officers involved and if so their own prosecutors should be charged with building and presenting their case before a judge and jury also from a different district than the one involved. It is a statistical fact most grand juries decide in favor of the prosecutor's office. I won't get into the reasons I believe that is so except to say the average person want to believe our police officers are honorable and therefore give them the benefit of the doubt.

The advent of the commonplace use of smart phones has exposed what was once thought of as the unusual case of police brutality to be anything but unusual. It seems a week does not go by without another incident of unnecessary aggression documented on video for all to see. My stomach is in knots just thinking of what I want to say. The incidents I have seen just in this last year, some of which did not result in death but certainly resulted in great bodily harm have rendered me dumbfounded. It is impossible for me to believe I have seen a majority of these incidents. I feel certain I have seen only a small fraction of police brutality incidents and it sickens me. Adding insult to injury, I have had to endure police offenders walk away scot-free when their guilt is painfully obvious. All of this has subverted my faith in our system and it breaks my heart. When I see a police car now I feel fear. I no longer feel safe and protected. I feel fear.

To take no action to correct the current state of affairs is an injustice to all the police of integrity who truly are dedicated to protecting and serving their communities and are putting their lives on the line daily. I know their numbers are far greater than the bad apples who besmirch the uniforms they share.

I believe a national database of all incidents of brutality broken down by grave bodily injury, or resulting in death, perhaps even by final determination of justifiable or not, and resulting in prosecution or not as well would go a long way in opening everyone's eyes regarding the extent of the problem so we can better determine what steps are necessary to fix it. Not addressing this problem puts good cops in harms way. It provides those who have a propensity to dislike police with what they perceive as justification to act against them. Recently in my area two state police were attacked as they were arriving for work. One officer died instantly, while the second survived, he has had to endure around 15 surgeries so far. Both officers were fine men with exemplary records. The officer who died left three small children and a wife who loved him. Please for the sake of all the good officers out there compile this information so we can begin to address this horrible problem.

Sincerely,

Patricia Archer

Source: Faye Coffield

What is your position on police precincts having representatives from DFAC, Mental Health, and other social services assigned to police precincts or targeted areas so they can handle matters that come to the attention of the police which are not police issues.

Faye Coffield

Source: David Couper

I have recently revised and updated a booklet I wrote in the 1980s when I was chief of police in Madison, Wisc. If you are interested, you can find it, *How to Rate Your Local Police*, and my 2012 book, *Arrested Development: A Veteran Police Chief Sounds Off About Protest, Racism,*

THE PRESIDENT'S TASK FORCE ON 21ST CENTURY POLICING

Corruption, and the Seven Steps Necessary to Improve Our Nation's Police (2012) on Amazon.com. I think you will find both of them helpful.

http://www.amazon.com/s/ref=nb_sb_noss?url=search-alias%3Daps&field-keywords=how+to+rate+your+local+police+couper

David C. Couper

Chief of Police (Ret)
Madison, Wisc.

Source: Clyde Cronkhite

How about including *Law Enforcement and Justice Administration: Strategies for the 21 Century* <http://www.jblearning.com/catalog/9781449655167/> (it has outstanding reviews by police executives include the FBI Director) in your current task of preparing a report on the Future of Policing.

Source: William Pickens

To: Charles Ramsey, Co-Chair
Laurie Robinson, Co-Chair
President's Task Force

From: William Pickens, EdD

Subject: Officer Safety and Wellness

Date: 02/14/2015

Introduction

Hello. My name is William Pickens. I would like to thank all the members of the Task Force for your work and dedication on this important project; and thank you for the opportunity to submit this paper. I worked for thirty years as a law enforcement officer. I retired in 2009. For the past

THE PRESIDENT'S TASK FORCE ON 21ST CENTURY POLICING

ten years I have been dedicated to learning about issues related to law enforcement (LE) stress and health. Much of my work has been through my own education, active research, and by consulting and conducting training on these issues to LE administrators and their personnel here in California.

The intent of this paper is to call attention to the stressors and risks that are unique to law enforcement officers (LEO). Law enforcement is a stressful occupation. Given the day to day grind of experiencing the realities of pain, suffering, and tragic events that officers daily are exposed to, one can readily understand the significant number of officers who may fall through the cracks from stress related injuries and/or disorders. Law enforcement, unlike any civilian occupational field, presents its members with a unique continuum of stress. This spectrum begins with day-to-day operational stressors, not all of which are negative, to posttraumatic stress reactions, and at its most extreme suicide. What is needed are exemplary that include an integrated approach such as stress management training, early intervention protocols for officers exposed to traumatic incidents, and treatment options that are unique to this special culture.

Law Enforcement Health

Law enforcement officers (LEO), regardless of jurisdiction, (federal, state, and local), work in one of the most stressful of all occupations. It goes without saying that stress is a part of life. Moreover, stress is not always harmful or unnecessary. On the other hand, the stressors associated with a career in LE can have significant health implications to one's physical, psychological, emotional, and spiritual health and well-being. However, many officers struggle with anxiety and depression from stress related injuries incurred from critical incidents.

Also, research suggests that many officers around the Nation suffer from fatigue. Dr. Bryan Vila and Dr. Dennis Kenney (2002) conducted an exhaustive study entitled, *Tired cops: the prevalence and potential consequences of police fatigue*. The data are available from this comprehensive research on law enforcement fatigue, and the news was not good. Weary from overtime assignments, shift work, night school, endless hours spent waiting to testify, and the emotional and physical demands of the job, not to mention trying to patch together a family and social life during irregular breaks of off duty time. The authors of the study spoke to hundreds of

THE PRESIDENT'S TASK FORCE ON 21ST CENTURY POLICING

officers, supervisors, and managers, most of whom reported personal experiences with fatigue, exhaustion, and extreme drowsiness.

While resilient by virtue of selection and training, repeated routine and traumatic exposure takes a cumulative toll on officers over their long careers. The factual data on the overall health and well-being of LEOs is very compelling: LEOs have been reported to have increased rates of cardiovascular and gastrointestinal disorders, divorce rates twice the National average, suicide rates twice the National average, and a life expectancy much lower than the general population.

Operational Stress and Stress for Traumatic Critical Incidents

LEOs are exposed to two types of stress as indicated above: operational stressors and traumatic stress from critical incidents (CI). Operational stressors are associated with the unique demands found in this career field. One example is shift work. Shift work has been shown to affect one's sleep patterns, and can lead to sleep related difficulties and disorders. A short list of common stressors are as follows: bureaucratic red tape and agency politics; civil and criminal liabilities for actions taken while performing one's duties; the strain of shift work and its effects on family life; the demands of the subculture to conform to the expectations of peers, which further diminishes one's sense of self and can lead to estrangement and isolation from one's coworkers; the inability to reverse roles when off-duty which can inhibit one's "self-identity" and lead to difficulties in fostering and maintaining healthy relationships both at work and outside of the workplace; and finally, the slow erosion of one worldview, slowly diminishing over time due to the necessity to remain hyper vigilant for threats to both one's physical safety and psychological/emotional well-being security (Fishkin, 1987).

The second type stress is much more serious, namely traumatic stress associated with CIs. CIs regularly occur in LE and include such events as being injured in the line of duty, injuring others in the line of duty, an officer involved shooting (OIS), or witnessing death or injuries to other officers or civilians, child and infant deaths, etc. CIs have long been a concern of law enforcement executives, police unions, and the friends and families of police officers. CIs typically involve life threatening situations, or having to witness horrific scenes due to accidents, drive-by shootings, etc.

Critical incident (CI) stressors, depending on the type of incident, and the officer(s) involved, can affect the human nervous system, and typically cause autonomic responses. These are physiological and psychological responses, e.g., hypervigilance, problems concentrating, exhaustion, sleep deprivation, anticipatory anxiety, and painful memories. Unresolved Traumatic Stress can easily turn into mild to moderate posttraumatic stress reactions, such as a diminished sense of health and morale, coupled with feelings of futility and hopelessness (Grant, 2000). Also, it is important to bear in mind that not everyone exposed to a traumatic CI becomes traumatized, i.e., in terms of the full DSM criterion for PTSD. At the same time it does not mean that an individual (who fails to meet the full PTSD criterion) has not been seriously affected or traumatized.

Stress Related Injuries

The good news is that LEOs, as a population, are very high functioning and resilient; and most

THE PRESIDENT'S TASK FORCE ON 21ST CENTURY POLICING

are not damaged by the stressors cited above. Some officers who have been involved multiple traumatic CIs, and it is impossible to know how many, are affected in positive growth enhancing ways. Some officers I have known find new meaning, and a stronger spiritual connection, or a deeper belief in their God or higher power. However, others of course are injured by their traumatic experience

The objective characteristics of a traumatic critical incident are important, but not as important as the psychological and biological responses of the exposed officer at the time of or shortly following the exposure. Peri-traumatic responses, which are the reactions during or in the immediate aftermath of trauma exposure, as well as one's perception of perceived threat at the time of the event, have been shown to have strong associations with posttraumatic stress disorder (PTSD) symptoms (Brunet, 2011; Marmar, 2004; Pickens, 2010). For officers, CIs involving direct threat to the officers' own life are associated with higher levels of peri-traumatic panic and related emotional distress, and higher levels of chronic hyper arousal symptoms (McCaslin, 2006).

Most LEOs are able to cope with traumatic events. A large number of studies have attempted to account for individual differences in the ability to cope with traumatic life events. The results of some of these studies suggest that those who have personal histories of anxiety or mood disorders, have personal histories of childhood abuse or neglect, histories of alcohol or substance abuse, have pre-exposure personality disorders, higher levels of stressful life events in the year prior to traumatic incident occurrence, poorer social supports are more likely to develop PTSD (McFarlane, 1989).

One of the important findings to emerge from research with first responders is that individual characteristics mediate and moderate PTSD responses to both single incident exposure to CIs and to cumulative stress. Factors such as adaptive personality traits, adaptive coping strategies, and a sense of personal control over one's fate are associated with lower levels of stress responses to CIs and ongoing stressors so common to LE (Marmar, 1996; Pickens, 2010).

Personally, in my years of working with LEOs in a variety of capacities I have observed that those officers who have a strong internal sense of identity, well-defined goals or the future, high ambition, strong social supports, and who use active problem solving rather than avoidant coping strategies, are less emotionally disturbed at the time of a traumatic exposure and in the months and years beyond.

Law Enforcement Subculture

First, it goes without saying that law enforcement is an insular institution. The LE subculture has tremendous influence on the attitudes and behaviors of officers. There is ample evidence that the LE subculture works at cross-purposes and at times adversely influences officers from seeking support and assistance for mental health related issues. There continues to be a stigma in this subculture, which covertly influences and thereby prevents many officers from seeking emotional support, mental health counseling, and peer support, when necessary. The injuries to which I refer are not visible, as the reader no doubt has already concluded. Yet, traumatic stress injuries can many times be just as severe if not more deadly for the affected officer(s) than physical injuries. Ostensibly, officers who are in need of emotional support and/or mental health

THE PRESIDENT'S TASK FORCE ON 21ST CENTURY POLICING

treatment due to traumatic stress injuries, mood disorders, sleep disorders, substance abuse, etc. many times fail to seek assistance, support, or treatment for fear of being viewed as weak, damaged, or unfit for duty (Malmin, 2013; Pickens, 2010).

The problem is there are many distressed and/or emotionally wounded officers who continue to work in a job requiring mental and physical acuity, emotional stability and maturity, and discretionary decision-making. Yet, these affected officers, who may be sleep deprived, depressed, anxious, or worse, continue to fight through untold personal and professional issues while on the job. They refuse to get or ask for help for fear of either being ordered for a fitness for duty evaluation; or for being viewed as weak or damaged. The affected officer may resort to unhealthy coping strategies as a means of coping. This many times results in self-medication via alcohol and drugs. The officer may be suffering from a mood disorder, and continue to decompensate. Some officers suffering from traumatic stress disorders suffer from work related problems such as poor work performance, absenteeism, and citizen complaints. It can be a downward spiral while they continue to work until such time as the bottom falls out. As I have seen firsthand, in my work as an officer, and in my academic research, the consequences have led to disciplinary actions, arrest, divorce, and in extreme cases suicide (Violanti, 1995; Pickens, 2010; International Association of Chiefs of Police (IACP) National Symposium on Law Enforcement Suicide and Mental Health, 2014).

Suicide in Law Enforcement

Suicide among law enforcement officers is a real concern. More officers die each year to suicide than are killed by felons. Contributing factors can be related to relationship problems, mood disorders, traumatic stress, and substance abuse. Yet, law enforcement agencies treat the subject of suicide as the “elephant in the room.” Of course many agencies may lack the resources to prevent officer suicide from occurring and are unprepared to respond effectively to it when it does. Unfortunately, suicide occurs too often in this occupational field.

It is helpful to examine suicide along with “line of duty deaths” in order to get a true perspective of the problem. The statistical data for officers who were feloniously killed in the line of duty is drawn from the years 2008 through 2012. The data is clear, in the years specified above, depending on the year, two to three times as many officers committed suicide than were killed by a felon. In 2012, 65 LEOs were killed in the line of duty by felons (FBI, 2012). In that same year, 126 officers committed suicide (Badge of Life, 2013).

What is noteworthy given the data is that very few in law enforcement circle are talking about the issue of suicide. One problem is that with literally thousands of LE agencies in 50 states, there exists no centralized authority. In the military, central authority rests with the Defense Department. Thus, with the high suicide rate in the military, mandated steps, protocols, etc., are set forth that the entire military must conform to. However, most agencies in the U. S. must follow State guidelines, but are otherwise sovereign thereby deciding whether to implement programs or policies based on the discretion of the chief executive, based on agency funding or lack thereof, etc. Thus, many LE agencies, especially small municipal police or county sheriff departments, cannot mobilize resources, and otherwise respond like the Department of Defense to reduce and prevent suicide.

THE PRESIDENT'S TASK FORCE ON 21ST CENTURY POLICING

Also, on a larger scale, little is being done by individual law enforcement agencies to conduct research, share information, or to even acknowledge this ever-present phenomenon. Truthfully, LE administrators do acknowledge the problem, but rely on researchers or their state commissions on police standards and training (POST) to come up with training programs or funding to mandate action. Once again, the problem is addressed in a hit and miss fashion depending on funding, the size of the agency, and the inclinations of the leadership.

Recommendations

- 1). Health care professionals need better training in the assessment and treatment of combat stress and trauma, especially in regard to the various sub-clinical expressions of PTSD
- 2). LE leaders need to address issues related to stigma associated with the subculture through training, updated policies, etc.
- 3). Officers need to be taught a variety of operational stress and trauma self-care protocols that can be effectively implemented by trained personnel. There is little education offered to officers at basic and advanced training level that teaches them how to do psychological first aid and self-care in the aftermath of having been exposed to a traumatic stressors).
- 4). Officers must be taught how to identify suicidal ideation and intent prevention; they must be given permission to self-refer for treatment and understand that seeking help is not a sign of weakness but strength and maturity. This has to come from the top down.
- 5). LE agencies can deal with the effects of trauma now or it can deal with them later. The financial and social costs (to both LE and the American people) will be enormous, if many of issues surrounding LE stress and trauma are not addressed in a more comprehensive fashion.
- 6). More research is needed on what officers around the Nation are actually experiencing in their unique settings, (Federal agencies vs. small agencies, etc.). Information needs to be gathered from traumatized officers in terms of what they have experienced and how they are dealing with stress and trauma-based exposures.
- 7). Agencies around the Nation, especially medium to large agencies, need to establish legitimate peer support programs, and have professional mental health professionals to advise, train, and consult with peer support team members. Clear and consistent guidelines and policies must inform on these programs and on-going training is a must.
- 8). Moreover, this same level of service and support needs to be extended to the family members and significant others of those same officers. We cannot neglect these individuals as they can suffer immensely from the emotional duress, burnout, and consequences of secondary trauma.
- 9). Mandate training in crisis intervention and interpersonal skills and sensitivity training for all new officers in training.

Finally, LE agencies need funding to provide much needed training in areas specified. New and/or updated protocols need to be formulated for such programs known as psychological debriefing in the aftermath of officer involved shootings. Please feel free to contact me with any questions. To effect change in this field requires an insiders approach due to the insular nature of LE subculture.

THE PRESIDENT'S TASK FORCE ON 21ST CENTURY POLICING

Endnotes

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Source: Lt. Scott Prell

Dear Task Force Members:

As you finalize the task force proceedings please keep in mind that what you are doing will lay the ground work for change in policing for decades to come.

THE PRESIDENT'S TASK FORCE ON 21ST CENTURY POLICING

There are a few unavoidable truths to consider:

1. Police have three main goals: Protect life, protect property, and maintain order. As a mean to these goals police arrest people. Arrest is the sole function of the police. I bring out this point because much of the discussion at the task force hearings was to move away from arrest. Everyone agrees that less arrests and less incarceration is good. However, less arrest for people breaking the law is the wrong approach. If police should not enforce minor violations of law have the legislatures change the law. If economic conditions, broken families, or failing education system are impacting people to commit crime then change these systems to improve conditions. Research has shown that a small percentage of people are responsible for the majority of crime. That also means that not all the persons affected by economic, living and educational conditions commit crime. The point is that people who break the law need to be held accountable. The police are in the best position to begin the process and many times that means when you break the law you get arrested.

2. Community policing is not the answer. I have been a proponent of community policing since about 1988. I continue to endorse that community policing should be part of a comprehensive crime-fighting strategy. If community policing was the panacea crime-fighting strategy for policing then "traditional policing" would be ancient policing and community policing would be called traditional policing. The President's Commission on Law Enforcement and Administration of Justice (and it's General Report: The Challenge of Crime in a Free Society) and Harvard's Executive Session on Policing In the early 1980s laid out the ground work for much of what community policing and problem solving policing is today. Is this task force introducing new ideas or trying to recycle community policing? The major difference from 1967 Commission and today's task force is that community policing was not "invented then" and following the 1967 report community policing was developed into a program. Today from the hearings it sounds like the only advancement of community policing is to somehow make it mandatory for policing. This is a fatal flaw. If community policing hasn't become ingrained in policing for the last 25 years how will the use of community policing benefit policing by making it mandatory?

3. Traditional policing is king. Traditional policing as commonly understood as More police, Random motorized patrolling, Foot patrols, Rapid response to calls for service, and Routine criminal investigation. This is not to say that there are auxiliary crime-fighting strategies that can supplement traditional policing and make it stronger. The stark reality is that community policing has been a part of policing for over 25 years and community police continues to take a backseat to traditional policing. This is true even when community policing may be the most funded and supported policing initiative in the history of policing. Once it is an accepted notion that until there is a fundamental change in the function of policing, traditional will always be the primary crime-fighting strategy that police use, then and not until then policing can move forward and acknowledge that there exists other crime-fighting strategies that can supplement and improve policing. Community policing is one of these supplemental crime-fighting strategies. This will open the door to a vast array of other crime-fighting strategies and tactics that have been discussed during task force hearings.