Officer Safety and
Wellness Group
Meeting Summary

Officers' Physical and Mental Health and Safety

EMERGING ISSUES AND RECOMMENDATIONS

Wellness Teach Safety Planning
Physical Leadership Mental Culture Health Education Support Strength

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

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

Officer Safety and
Wellness Group
Meeting Summary

Officers' Physical and Mental Health and Safety

Contents

Letter from the Director of the COPS Office

Colleagues:

Since 2011, the Officer Safety and Wellness (OSW) Group has worked to improve the health and well-being of the men and women of our nation's law enforcement agencies. In its most recent meeting in October 2017, the group met to explore methods of supporting emotional health and organizational wellness, concentrating on the continuing problem of officer suicides and the growing problem of ambushes and other felonious assaults on officers.

In April 2018, the OSW Group continued and expanded on those discussions and focused particularly on line-of-duty deaths (in felonious assaults as well as in accidents), mental health and suicide, and crisis hotlines and other programs to help address law enforcement health and safety. There is important work to be done in this area, and the meeting participants emphasized that law enforcement agencies can't do the work alone: Families, community members, and others can contribute as well by supporting officer safety and wellness, participating in conversations and programming, and working to reduce the negative stigma surrounding mental health issues.

The COPS Office is proud to partner with the Bureau of Justice Assistance to support the OSW Group. We are grateful to Strategic Applications International for facilitating the meeting and preparing this report and to the law enforcement officers, leaders, subject matter experts, and others who continue to offer their time and effort to the group's work.

Sincerely,

Phil Keith
Director
Office of Community Oriented Policing Services

History of the Officer Safety and Wellness 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 (OJP), 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 OSW Group 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

II. **Task force operations (federal and local)**

    1. Offenders (behavior during incident and history)

    2. Court security

III. **Leadership and management**

    1. Leadership and safety practices

    2. Equipment

    3. Deployment strategies and communication technologies

IV. **Mental and physical health and wellness**

    1. Physical health (e.g., fatigue, alcohol, weight, and nutrition)

    2. Psychological health

    3. Maintaining good health

    4. Former military in law enforcement

V. **Training**

    1. Education and training

    2. Emergency vehicle operation and safety

    3. 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 April 2018 to continue its discussion of officers' physical and mental health and safety. 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.

Overview of the April 2018 Meeting on Officer Physical and Mental Health and Safety

Officer Safety and Wellness (OSW) has become a prominent topic of discussion and research in the field of law enforcement (LE). The year 2016 saw a dramatic spike in ambush attacks on police officers.[1] High rates of death due to lack of body armor and not wearing seat belts have persisted.[2] And the seemingly impermeable stigma around mental health and wellness has prevented thousands of law enforcement officers (LEO) from accessing essential preventative care and rehabilitation. Also in 2016, the LEO suicide trend continued, with more officers dying by suicide than by gunfire and traffic accidents combined.[3] As a result of these and many other disturbing statistics, the U.S. Department of Justice (DOJ) recognizes that a healthy future for the field demands discussion, change in both policy and practice, and—ultimately—improved OSW. The DOJ also recognizes that facilitating discussion around OSW that includes members of the LE community from leadership, field officers, family members, and community members is central to creating improvements and overcoming persistent barriers to OSW.

---

1. Breul and Luongo, *Making It Safer*.
2. Breul and Luongo, *Making It Safer*.
3. Badge of Life, "Debunking Suicide Myths."

The April 2018 OSW Group meeting expanded upon the discussions and findings that emerged from the October 2017 OSW Group meeting,[4] which focused on emotional health, officer suicide, organizational wellness, and felonious assaults on officers. The April 2018 meeting consisted of three similar topic areas with tightened focus based on the discussion that emerged from the October meeting:

1. Line-of-duty deaths

2. Mental health and suicide

3. Innovative approaches to OSW

While the presentations and facilitated discussions were anchored in these three topic areas, participants provided insight around additional concerns and emerging needs in the field. For example, participant discussions highlighted a critical need to bring family members, particularly spouses, into the conversation and also into OSW programming. In addition, participants raised critical concerns around insurance barriers to accessibility of mental health services. Insurance policies that exclude mental health services are enhancing negative stigma around mental health and preventing officers from seeking mental health care due to financial limitations. These insights will be central to guiding further discussion around OSW.

---

4. COPS Office, *Officer Health and Organizational Wellness.*

Experts from the field

Dianne Bernhard
Executive Director,
Concerns of Police Survivors

Officer Robert Casale
Chicago Police Department
Education and
Training Division

Cherie Castellano
Program Director,
Cop 2 Cop

Nathan Catura
National President,
Federal Law Enforcement
Officers Association

Clarence Cox
President, National
Organization of Black Law
Enforcement Executives

**Deputy Chief
Val Cunningham**
Indianapolis Metro
Police Department;
President,
National Association
of Women Law
Enforcement Executives

Chief William Denke II
Sycuan Tribal Police
Department, California

Patty Dobbs Hodges
Senior Manager,
Institute for
Intergovernmental
Research

Michael Genovese
Chief Medical Officer,
Acadia Healthcare

Assistant Chief Russ Hamill
Montgomery County
(Maryland) Police
Department

David Harvey
Deputy Director,
IADLEST

Domingo Herraiz
Director of Programs,
International Association
of Chiefs of Police

John Matthews
Director of
Federal Partnerships,
National Law Enforcement
Officers Memorial Fund

Assistant Chief Eric McBride
San Bernardino (California)
Police Department

Michael McHale
President,
National Association
of Police Organizations

Officer Brent Meyer
Sacramento (California)
Police Department;
Vice President,
Peace Officers Research
Association of California

Lori Moore-Merrell
Project Manager – Research,
International Association
of Fire Fighters

Edward Mullins
President,
Sergeants Benevolent
Association

Chief Tine Nieto
Marina (California)
Police Department
President,
Hispanic American
Command Officer
Association

Alfred Ozanian
Director of Communications
and Strategic Planning,
Veterans Health
Administration

Mark Plaushin
Chaplain,
Pennsylvania State Police

**Deputy Chief
Shawn Reynolds**
Olathe (Kansas) Police
Department

Tim Richardson
Senior Legislative Liaison,
Fraternal Order of Police

Sean Riley
President and Founder,
Safe Call Now

Catherine Sanz
President, Women in
Federal Law Enforcement

Sean Smoot
Managing Partner,
21CP Solutions, LLC

Karen Solomon
President and Co-founder,
Blue HELP

Chief Henry P. Stawinski
Prince George's County
(Maryland) Police
Department

Carrie Steiner
Founder,
First Responders
Wellness Center

Tim Stout
Senior Manager,
Hennepin County
(Minnesota) Sheriff's Office

Dave Weisz
Executive Director,
Major County Sheriffs
of America

Chuck Wexler
Executive Director,
Police Executive
Research Forum

George Lamb
Chief of Outreach and
Lead in Transition,
Department of Defense
Centers of Excellence for
Psychological Health

Hope Janke
Attorney Advisor,
Bureau of Justice Assistance

Bill O'Leary
Highway Safety Specialist,
National Highway Traffic
Safety Administration

Federal representatives

Phil Keith
Director, Office of
Community Oriented
Policing Services

Jon Adler
Director,
Bureau of Justice Assistance

Brenda Auterman
Senior Policy Analyst,
Office of Community
Oriented Policing Services

Robert Chapman
Deputy Director,
Office of Community
Oriented Policing Services

Shanetta Cutlar
Senior Counsel
to the Director
Office of Community
Oriented Policing Services

Steven Edwards
Senior Policy Advisor,
Bureau of Justice Assistance

Russ Washington
Principal Deputy Director,
Office of Community
Oriented Policing Services

Katherine McQuay
Acting Chief of Staff,
Office of Community
Oriented Policing Services

Deborah Meader
Policy Advisor,
Bureau of Justice Assistance

Deborah Spence
Assistant Director,
Office of Community
Oriented Policing Services

Russ Washington
Principal Deputy Director,
Office of Community
Oriented Policing Services

Facilitator

Chief Joseph Collins
Two Rivers (Wisconsin)
Police Department

Initial Remarks

P hil Keith, the COPS Office Director, provided a brief welcome to the participants of the meeting. Keith's welcome was followed by opening remarks by the lead facilitator of the event, Joe Collins, Chief of Police in Two Rivers, Wisconsin. Collins shared the goals of the day: to share information and resources around OSW and to establish best practices that will improve the safety and wellness of individuals, the broader LE community, and the public. Further, Collins discussed the need to include officers' families into OSW programming, something he indicated is currently lacking, stating that "we aren't talking about the fact that family members of LE officers have higher rates of suicide when compared to the general public." Collins went on to highlight the importance of establishing OSW programs that encompass personal challenges alongside work-related issues, including financial struggles, relationship challenges, and death in the family. He expanded on the need for such programming stating that we "can't have a distracted officer on the street when they are dealing with personal problems. We need to pay attention to our officers." To close, Collins stated that, above all, the importance of the OSW April group meeting was to determine how to come together to better care for officers, agencies, and families.

Henry P. Stawinski III

Phillip Keith
Director, Office of Community
Oriented Policing Services

Presentation of Research Findings

LINE-OF-DUTY DEATHS

John Matthews of the National Law Enforcement Officers Memorial Fund presented the findings of the major collaborative report with the COPS Office: *Making it Safer: A Study of Law Enforcement Fatalities between 2010–2016*. This comprehensive report is the first of its kind and is currently the foundational source of available literature on line-of-duty-deaths (LODD) in the modern context. Matthews' presentation generated in-depth conversation and discussion around the following topic areas:

- Deadliest calls for service

- Self-initiated service fatalities

- Seat belt usage

- Body armor usage

- Ambush attacks

- Police-on-police shootings

According to Matthews, at the time of the April meeting 30 LODDs had been reported in 2018. Twenty-one of those deaths were firearms-related, an increase of 75 percent from 2017. As of June 4, 2018, that number had risen to 66 LODDs, a total increase of 12 percent from January–June 2017.[5] Matthews' presentation indicated that tactical preparedness may diminish throughout an officer's career due to inadequate, noncontinual in-service training. This weakened tactical preparedness may be a contributing factor to high rates of LODDs. Throughout his presentation, Matthews provided detailed recommendations for reducing and preventing LODDs and also allowed for questions, comments, and recommendations from the group participants.

---

5. NLEOMF, "Preliminary 2018 Law Enforcement Fatalities."

Deadliest calls for service

According to the findings of the 2010–2016 LODD report, calls for service regarding domestic violence were the deadliest calls for officers, followed by suspicious person calls. Traffic stops remain the most dangerous and deadliest self-initiated incidents (law enforcement encounters initiated by officers on their own rather than in response to a call for service). In 21 percent of traffic stop–related fatalities, officers were shot prior to contact with the vehicle or its occupants.[6]

Lacking tactical preparedness was raised as a significant factor in calls-for service and self-initiated service fatalities according to both Matthews and group participants. Participant Patty Dobbs-Hodges of the Institute for Intergovernmental Research pointed out that it is a "fascinating reality that causes of LODDs remain the same and are often related to not utilizing standard tactical procedures" such as passenger-side approaches during traffic stops, a choice that has persisted over many years. This thought was echoed by other participants, along with suggestions that this choice indicates a lack of sufficient curriculum and training changes to address persisting threats to officer safety. Participants suggested that the lack of requirements for continued tactical preparedness training has led to officers becoming complacent. Such complacency results in officers putting themselves in dangerous situations, both when handling calls for service and in self-initiated service calls.

In addition to complacency, participants repeatedly noted that officers frequently do not wait for backup. This is a primary concern when considering calls for service and self-initiated service fatalities because of a high volume of calls and a limited number of available officers. Often, dispatchers are not quick to send backup to certain calls because of the limited availability of officers. However, waiting for backup is one of the most important factors for reducing officer fatalities during calls for service and self-initiated service calls.[7]

Many participants also reported that the current national and political narrative around law enforcement, particularly regarding use of force, has created a culture of hesitation among officers. Officer Rob Casale of the Chicago Police Department stated, "body camera usage has created an added pressure. Even when you try to do everything correctly, you still receive pressure and often protest. No matter how much you teach and prepare officers, the amount of pressure in the current climate is causing hesitancy to act, and this is putting officers in danger." This culture of hesitation, compounded with complacency in tactical preparedness, must be addressed in order to minimize LODDs.

---

6. Breul and Luongo, *Making it Safer*.

7. Goodman and Baker, "Rushing to End Mass Shootings."

Seat belt and body armor use

According to Matthews, both seat belt and body armor use must be a national priority and a main focus of OSW programming for agencies across the nation. In 2016, 52 percent of officers killed in auto crashes were not wearing a seat belt. Further, 51 percent of fatal crashes did not occur during calls for service or to assist another officer. Thirty-four percent of officers killed in auto crashes who were not wearing their seat belts at the time of a crash were on regular patrol assignment. Forty-seven percent of unbelted officers at the time of a crash were on patrol or on administrative assignment.[8] As Matthews explains, these statistics debunk the common argument that officers are not using seat belts to save time during critical situations and calls for service. These findings indicate that officers are not using seat belts even during regular, routine operations.

In 2016, 37 percent of all officers killed were not wearing body armor, and 30 percent of officers killed in ambush-style attacks were not wearing body armor.[9] In 2017, the number of all officers killed who were not wearing body armor increased to 45 percent.[10] Russell Hamill, Assistant Chief of the Montgomery County (Maryland) Police Depart-ment, shared this story: "I'm here because of my vest. I had my life saved in an automobile accident because I was wearing a vest." Participants suggested that offi-cers often do not use body armor because it limits mobility and therefore officers feel that their tactical preparedness is limited. However, there are no data to

Both seat belt and body armor use must be a national priority and a main focus of OSW programming for agencies across the nation.

support this belief. Further, research has shown that, controlling for additional variables, officers who are wearing body while shot in the torso are 76 percent less likely to be killed than those who are not wearing body armor.[11] Several participants indicated that many small agencies do not have the budget to purchase sufficient body armor and are unaware of programs that assist with the purchase of body armor.

According to several participants, evidence suggests that "mandatory wear" policies have increased seat belt and body armor use and have also resulted in reduced auto-related deaths. Chief Henry Stawkinski of the Prince George's County (Maryland) Police Department (PGCPD) stated that his agency instated a mandatory wear policy, and the department "has seen a reduction in auto-related deaths. The largest cultural barrier to overcome was the belief that tactical response is inhibited by seat belts." Echoing Stawinski, participants indicated that, while there are no data to support

8.   Breul and Luongo, *Making it Safer*.
9.   Breul and Luongo, *Making it Safer*.
10. NLEOMF, "Facts and Figures."
11. Liu and Taylor, "The Effect of Body Armor."

the claim that tactical response is inhibited by seat belts, the myth remains deeply embedded in the law enforcement culture across the country. Dispelling this myth is imperative to increasing seat belt usage among officers. Despite evidence of the success of mandatory wear policies, numerous agencies across the country still do not have such policies.

Ambush attacks

Ambush attacks hit an all-time high in 2016, causing 21 officer deaths.[12] While this number decreased slightly in 2017, the number remained higher than usual with eight officer fatalities, causing ambush-style attacks to remain a prominent concern in the law enforcement community. Despite popular belief about ambush attacks, in 2016, 56 percent of ambush deaths did not occur during calls for service. Rather, 44 percent of officers killed in ambush attacks were off duty, often in uniform either driving to or from work. Thirty-four percent of officers killed in ambush attacks were sitting in their squad cars, while others were eating or pumping gas.[13] According to Matthews, these statistics also point to the critical need for improved and continued tactical preparedness training for all officers across the nation. Additional literature on ambush attacks supports this claim. Fachner and Thorkildsen's study on police ambush attacks found that officers who are less distracted by irrelevant stimuli such as noise—known as "field independent"— perform significantly better in violent situations where outside stimuli create chaos and complex decisions must be made. The authors suggest that training officers to be field independent may improve officer safety and performance in violent encounters.[14] Field independence may also be relevant to improved performance in calls to service, potentially decreasing LODDs in those situations as well as ambush attacks.

> *Fachner and Thorkildsen's study on police ambush attacks found that officers who are less distracted by irrelevant stimuli perform significantly better in violent situations where outside stimuli create chaos and complex decisions must be made.*

Police-on-police shootings

Between 2010 and 2016, police-on-police shootings (so-called friendly fire) accounted for 5 percent of all LODDs.[15] The majority of these deaths occurred during training exercises, both in scenario-based training and at shooting ranges. Such instances indicate a need for improved safety standards for training procedures. Other police-on-police shooting instances were the result of failures to identify plain-clothed officers. Since 1841, two to three officers have been killed each year

---

12. Breul and Luongo, *Making it Safer*.

13. Breul and Luongo, *Making it Safer*.

14. Fachner and Thorkildsen, *Ambushes of Police*.

15. Breul and Luongo, *Making it Safer*.

as a result of police-on-police shootings. Matthews argues again that such statistics point to a need for improved tactical preparedness training to reduce the chances of misidentification and other accidents while operating in the field and in chaotic situations.

Recommendations

Both Matthews and group participants provided several recommendations for reducing and preventing LODDs. In particular, recommendations were made regarding the current critical concerns of deadly calls for service and self-initiated service fatalities, seat belt and body armor use, ambush attacks, and police-on-police shootings. Recommendations focused heavily on communication and information sharing throughout the force, increased training particularly around tactical preparedness, and policy changes to encourage continued use of fundamental safety protocols.

Training

Recommendation. *During both basic and in-service training, situational awareness training should be a primary topic.*

Situational awareness training should not be taught only regarding service calls; officers need to be trained to be situationally aware at all times. This awareness will assist in reducing the threat of ambush attacks.

Recommendation. *In response to the rise of ambush attacks, agencies should use scenario-based exercises during both in-service training and at the academy level.*

The Chicago Police Department is using this scenario-based in-service training to improve officer responses and response time in ambush situations.

Recommendation. *To reduce auto-related fatalities, driver safety trainings should be mandatory in all academies and agencies.*

Recommendation. *In-service tactical training and refreshers should be used as a routine part of the job, including training on passenger-side approaches for traffic stops and waiting for backup to arrive.*

In Chicago, in-service scenario-based training is being used to keep officers tactically prepared throughout the life of their career. This is supported by findings in the literature, such as by researchers Fachner and Thorkildsen.

Departmental procedures

Recommendation. *Leadership should communicate LODD statistics throughout the ranks of officers to encourage use of proper safety procedures.*

Post reports, statistics, and anecdotes on agency websites. Print infographics on postcards and send them or hand them out to all officers on a regular basis.

Recommendation. *Although the volume of calls for service often makes it seem impossible to wait for backup, agencies should be trained to dispatch backup officers no matter the logistical limitations of the agency to prevent officer injuries and fatalities, and officers should be trained to wait for backup.*

Recommendation. *Seat belt and body armor use should be enforced through both policy and practice.*

Leadership must lead by example and must dispel the myth that seat belt use is inhibiting. Agencies should have an information strategy in place for enforcing seat belt and body armor use, including social media campaigns and persistent, proactive messaging.

Strategies should include anecdotal evidence of the dangers of not wearing seat belts or body armor to create an emotional response. For example, the Las Vegas Metropolitan Police Department implemented a video campaign consisting of messages from officers who were not wearing seat belts and survived but are severely physically impaired, officers who were wearing seat belts but lost partners who were not, and family members of officers who died in auto crashes while not wearing seat belts.[16]

Departments that struggle to afford body armor should tap into programs and foundations that provide funding for body armor. Agencies should establish disciplinary and corrective actions for officers who do not wear their seat belts or body armor. Officers need to know that there are consequences.

Recommendation. *Supervisors should actively correct dangerous behaviors including complacency, speeding, and not waiting for backup to arrive before approaching a scene.*

Recommendation. *Agencies should create a culture that rewards safe behavior.*

Recommendation. *Agencies should improve communication and information sharing with officers responding to calls for service.*

Primary responding officer(s) and backup officer(s) need to get appropriate information from dispatchers to handle calls safely. This information must be consistently communicated to all officers involved. Information should include call history, outstanding warrants, and arrest history at the location of call; any previously identified health issues; etc. Dispatchers must continuously check in with officers on calls for service with very minimal time elapsing between contacts.

Recommendation. *Rural agencies where there are not enough officers to always have backup should create partnerships with other agencies (i.e., state and local partnerships) to ensure that officers are not put in unsafe situations without backup.*

---

16. Hansen, "Metro Launches Effort."

Officers' Physical and Mental Health and Safety

Recommendation. *With scenario-based training on the rise, safety standards and best practice should be implemented to avoid accidental police-on-police shootings.*

Recommendation. *Both physical and mental OSW should be supported and incentivized by agencies.*

Regular health screenings and workout regimens should be incentivized.

Recommendation. *Law enforcement leadership must work to eliminate distractions in police vehicles to reduce traffic-related deaths. Currently, officer focus is inhibited by the number of distractions in vehicles.*

Agencies should consider putting governors on computers inside law enforcement vehicles that shut the computers down when an officer is driving faster than 15 mph.

LAW ENFORCEMENT OFFICER MENTAL HEALTH AND SUICIDE

In 2017, 155 law enforcement officer suicides were reported. As of April 20, 45 law enforcement officer suicides had been reported in 2018. Officers are facing a myriad of mental health challenges, including post-traumatic stress disorder (PTSD), often leading to additional health challenges and in some cases suicide. In addition, officers' family members are experiencing mental health challenges in relation to officer mental health. According to participants, lack of leadership around mental health wellness is perpetuating a culture of silence around mental health issues. This culture of silence is leading to fatalities and other health issues such as substance abuse and heart disease. As stated by Dr. Michael Genovese of Acadia Healthcare, deconstructing the culture of silence requires law enforcement leadership to shift thinking around mental health to a place where it is considered a component of holistic health and wellness just the same as physical health. Dr. Genovese stated that it is essential for leadership "to communicate to their officers that not only is it okay to deal with mental health issues, it is smart to deal with mental health issues."

According to participants, lack of leadership around mental health wellness is perpetuating a culture of silence around mental health issues.

This same culture that ignores and creates silence around mental health issues often then condemns and abandons officers for maladaptive behaviors that stem from treatable mental health challenges, including substance abuse. According to participants and presenters, practices such as cutting off employees' insurance benefits while they are suspended create a more severe situation for officers who need help. Further, once officers take steps toward mental health services, a lack of access to those services—especially in rural areas—leaves officers unable to receive the help they need. This inaccessibility compounds an already vulnerable experience for struggling officers.

While many agencies across the country do have some form of mental health support programming, it is common that such programming only offers one type of support. As Nate Catura, President of the Federal Law Enforcement Association, stated, "agencies must have multiple approaches and options available for officers when it comes to mental health support." For example, agencies may only have peer support programs while lacking other critical components such as access to external counselling or family support. This approach is problematic, as one type of programming will not fit the needs of all officers. In addition, it is critical that multiple forms of assistance remain available to officers throughout the longevity of an officer's career, as data show that most officer suicides occur between 15 and 19 years of service.[17]

A major theme that emerged throughout the meeting was the critical importance of recognizing that mental health wellness is not solely about the safety and wellness of individual officers. "Officer mental health is not only an officer issue. It is an agency issue, a family issue, and a public health issue." Officers who are leaving mental health issues untreated because of stigma or lack of access to resources are at risk of those issues playing out both in the public and at home. Further, the stress of the law enforcement profession is often compounded with private issues such as financial problems and marriage challenges. With exposure to such high levels of stress, lack of access to adequate services is detrimental not only to OSW but also to family safety and wellness and to the agency and the public. "[Leadership] can spend a few extra dollars to help provide support for what's going on at home, and [the agency] is going to reap the benefits of that investment." In addition, untreated mental health issues often lead to maladaptive behaviors such as substance abuse and violence. Such maladaptive behaviors often lead to disciplinary action, including termination. In other cases, untreated mental health issues lead to undue stress, which in turn leads to health issues such as cardiovascular disease and pulmonary disease. However, if treated early and appropriately, mental health issues may never lead to maladaptive behaviors, additional health problems, or suicide.

A major theme that emerged throughout the meeting was the critical importance of recognizing that mental health wellness is not solely about the safety and wellness of individual officers.

A high-priority concern among participants was the amount of time that it takes for an officer to receive mental health assistance either after reaching out for help or after a critical incident such as an officer-involved shooting. This includes lack of support during the vulnerable time between an officer-involved shooting and the clearing of an officer's name. This period of time is often isolating to officers, and this isolation can lead to maladaptive behaviors or an increased risk of suicide. Beyond lack of access to mental health support during this time, participants raised the concern that often even agencies fail to reach out and support an officer throughout this potentially dangerous period.

---

17.   O'Hara et al., "National Police Suicide Estimates."

Officers' Physical and Mental Health and Safety

Insurance and benefit issues were a predominant topic throughout the meeting, particularly as they relate to mental health and suicide. According to participants, a variety of insurance procedures act as barriers to receiving help for mental health challenges. In addition to inhibiting access to mental health services, the lack of support for mental wellness in insurance and benefits programs further perpetuates the stereotypes around mental health, deterring officers from ever seeking assistance. A number of insurance policies do not cover mental health services of any kind, preventing access to essential mental healthcare. Many officers go through the difficult initial process of asking for help, only to be told that PTSD and other mental health challenges are not eligible for coverage under insurance or Workers' Compensation. In many instances, the only option is to pay out of pocket—an expense that many officers cannot afford. A substantial number of participants shared stories of officers who reached out for help, began mental health care, and then were forced to return to work immediately and pay back any compensation earned during time seeking mental health services. In addition to insurance challenges, families of officers who die by suicide often do not receive benefits the way that families of officers who die from other causes do. This leaves families at risk of further social, mental health, and economic challenges.

A variety of procedural issues also stand in the way of mental health services for officers across the nation. Long standing procedures such as removing an officer's service weapon (known as "rubber gunning"), limited duty, suspension, and loss of benefits have established a culture of fear around seeking help for mental health challenges. Further, officers may fear speaking up on behalf of fellow officers who may be in need of assistance because of fear of harming their comrades' careers.

Whether accurate or not, it remains a widely held perception that if you seek help for mental health concerns, you will ultimately lose your job, whether immediately or after a period of time. According to Catura, upon application for a job in federal law enforcement, officers are required to fill out forms in which they disclose any prior mental health or substance abuse challenges. Fear of not getting hired or of eventual termination has resulted in officers withholding information from the forms, leading to avoidance of assistance for critical mental health needs. Participants at the meeting held that procedures such as administrative leave are dangerous to mental health beyond the fact that they discourage officers from seeking help in times of need. Such procedures also take officers out of a very structured environment and place them into a very unstructured, nonroutine environment during some of the most vulnerable times in their life without providing any tools or support for coping. Officers are often left isolated from their core community in their deepest times of need.

A variety of procedural issues also stand in the way of mental health services for officers across the nation.

A wealth of anecdotes were shared at the meeting, providing grounds for the fear of retribution that exists throughout the law enforcement field. For example, more than one attendee had heard stories of an officer needing treatment for PTSD being terminated just weeks before reaching

retirement—thereby losing access to the necessary assistance. While attention to the need for mental health awareness is increasing, a legitimate fear around lack of job security with regard to mental health wellness still persists.

Sean Riley, founder of Safe Call Now, shared a sentiment regarding mental wellness procedures that was echoed by other participants at the meeting: A misstep in law enforcement mental health man-

Largely due to persistent stereotyping and inadequate procedures, officers are made most alone during a time when they need support and community the most.

agement is that the responsibility of establishing a plan of care is placed into the hands of the sick individual alone. With other illnesses, such as cancer or heart disease, individuals are given assistance in seeking out the best possible team and resources. People suffering from any number of mental health challenges, including PTSD and substance abuse, are left essentially on their own to maneuver through an often-confusing mental health care system. During this time, officers are at the most vulnerable state, at increased risk of harm to self and others, and often already experiencing isolation. Yet, largely due to persistent stereotyping and inadequate procedures, officers are made most alone during a time when they need support and community the most.

Though increasing attention is being paid to officer mental health wellness, the topic exposes a critical research gap, largely because of inadequate funding appropriated to this topic area. The cause of underfunding is in part the persisting stereotype around mental health in law enforcement and the silencing of the issue that is bred out of such a stereotype. Therefore, additional funding is necessary in order to investigate officer mental health at a much deeper level.

Recommendations

Recommendation. *It is imperative to establish a cultural shift around mental health wellness in law enforcement across the nation.*

Agencies should communicate regularly with officers about mental health and trauma warning signs, wellness strategies, and available resources.

Mental health issues should be treated with the same attention as any other medical issue. As a field, law enforcement officers must begin to see mental health issues as a medical issue, not a weakness. This must begin with language and discourse around the topic, and it must begin with the leadership. Agencies must combat the "suck it up" mentality through the normalization of mental health wellness programs.

Recommendation. *Agencies should implement executive-level trainings around mental health wellness programs such as peer support teams, employee assistance programs (EAP), and partnerships with local mental health professionals.*

Recommendation. *Agencies should provide a variety of options for mental health support including avenues to external mental health professionals, internal peer support groups, EAPs, and having mental health professionals on staff.*

Recommendation. *First-line supervisors should create an open relationship with officers to build trust and confidence.*

Recommendation. *Agencies should provide officers with access to support for unrelated, off-duty mental health issues (marriage trouble, financial trouble, etc.).*

Recommendation. *Early intervention is critical, just as with any other medical issue. Early intervention around trauma and mental health issues can prevent mental illness and suicide.*

Recommendation. *Confidentiality is key to encouraging officers to come forward to receive help and also for ensuring that officers do not face retribution.*

Recommendation. *Agency leadership should adopt an open-door policy to facilitate relationship building with officers.*

Recommendation. *Agencies should create a culture of openness and support. Peer referrals and self-referrals will happen if officers believe that their agency has created a safe space for them to seek help without fear of retribution.*

Recommendation. *Agencies must make it easy for officers to get help—make the information readily accessible. Officers should not have to work hard to figure out how to access assistance.*

Recommendation. *Agencies should provide support for families, either through internal programming or partnership with external organizations.*

Recommendation. *Rural agencies should establish partnerships with mental health agencies in the surrounding locales in order to provide their officers with access to mental health support.*

Recommendation. *Small, rural agencies should consider creating a consortium with other agencies or counties in which resources are pooled to create peer support groups and other service options (e.g., a psychologist on retainer).*

This approach also encourages officers to seek help because it removes the need to seek help within a small agency, which increases anonymity and lessens fear of retribution and judgement.

Small agencies should also use free online resources such as destinationzero.org.

Recommendation. *Online resource mapping would be an excellent tool for officers.*

Map resources for several issues (mental health, physical health, financial support, marriage counselling, etc.).

Recommendation. *Agencies should not transfer officers immediately after a traumatic incident. Doing so takes away the officer's support network.*

Recommendation. *Procedures for handling officer-involved shootings should take into consideration the mental health wellness of the officer.*

Recommendation. *Agencies can shift language from PTSD (disorder) to PTSI (injury) to help address the stigma around post-traumatic stress.*

Recommendation. *Mental health strategies (i.e., peer support teams) should be deployed immediately after traumatic incidents and should remain in place several weeks and potentially months after the incident. Processing cannot happen all at once, and all individuals are different in their processing approach (some may process immediately, some may not even begin processing until months out).*

Recommendation. *A national standard for best practices in mental wellness should be established.*

Recommendation. *When a mass casualty incident occurs, agencies review and investigate every part of the system and every part of the incident to understand what could have been done differently to avoid the situation. This systemic review approach should be used for law enforcement officer suicide as well.*

Recommendation. *Agencies should strengthen curriculum for suicide prevention at the basic and in-service training levels.*

Recommendation. *Policy and legislative reform around health insurance and Workers' Compensation is imperative. Mental health care must be covered.*

Recommendation. *Congress must join in efforts to reform the mental health system for law enforcement and provide the budget to do so.*

Recommendation. *Families should be involved in the continuum of care for officers struggling with mental health challenges—when the first responder is sick, the whole family is sick or at risk.*

Recommendation. *Primary care physicians and other health specialists (as needed) should be involved in the mental health care and treatment of the officer. The approach should be holistic.*

Recommendation. *Doctors should be including mental health screening at the primary care level, especially for law enforcement officers.*

Throughout the conversation, the Indianapolis Office of Wellness was cited as a strong model for internal mental health programming. An open-door policy by leadership in Indianapolis has been correlated with a decrease in disciplinary action and an increase in reported performance. In addition, Indianapolis has not experienced an officer suicide since 2013. In Indianapolis, the Office of Wellness is viewed as critical for the operations and wellness of the broader agency. Arlington, Virginia, was also cited as exemplary in its approach to shifting the negative culture around mental health and suicide. Officers who die by suicide in Arlington have their photos placed on the wall alongside all other officers who have died in the line of duty. In addition, Arlington has made an effort never to withhold benefits from officers or family members who are seeking help for mental health challenges.

CRISIS HOTLINES AND OTHER INNOVATIVE PROGRAMS FOR LAW ENFORCEMENT OSW

Crisis hotlines for law enforcement have become a critical component for mental health support, largely because of their nature of being external to agencies and the increased sense of confidentiality that they provide to officers in need. Cop2Cop and Safe Call Now have emerged as two of the leading crisis hotline and mental health support programs across the nation. Cherie Castellano, the program director of Cop2Cop, and Sean Riley, the founder of Safe Call Now, spoke about the role of their programs, challenges they have faced, and critical components for success. Both Castellano and Riley stressed the importance of having a live person on the line at all times. This live presence is critical for providing uninhibited access to officers seeking help. If officers do not reach a live person, the likelihood of their staying on the line or calling back decreases drastically. With this 24/7 access to live individuals, Cop2Cop has only a 5 percent abandonment rate, and 75 percent of officers ask to be connected to peer support at the end of the initial

Crisis hotlines for law enforcement have become a critical component for mental health suppor

call. Both programs have hired retired officers to staff the hotlines and act as peer support agents. Cop2Cop works diligently to employ a diverse staff of retired law enforcement officers and to match callers with similar peer support after the initial call. For example, as much as possible, female officers are matched with female officers, federal officers with federal officers, and chiefs with chiefs. This procedure increases the likelihood of relatability and comfort for officers in crisis. Castellano and Riley noted that it is critically important to identify and target high risk groups, such as officers who have recently retired.

Although crisis hotlines are critical resources for officers in crisis, a persisting lack of research has prevented a thorough understanding of the impact of hotlines on law enforcement mental health and wellness. This lack of research is largely the result of insufficient funding. Understanding the impact of programs such as Cop2Cop and Safe Call Now is necessary for making programmatic decisions not only in crisis hotline programs but also in internal law enforcement mental health programming. Research may shed light on early warning signs and triggers that agencies can work toward preventing through an internal focus on holistic wellness.

In addition to crisis hotlines, Dr. Michael Genovese of Acadia Health presented on his integrated medicine approach, which brings appropriate clinicians together on one team to address all health needs—including mental health needs—of law enforcement officers. According to Dr. Genovese, an integrated approach allows for the formulation of the strongest, most proactive treatment plan based on the unique needs of each individual officer. Individualized, holistic treatment plans are created in a way that acknowledges the interconnected nature of health concerns. For example, trauma, substance use, and heart disease may all be interconnected for a given individual. Integrated treatment takes into account the relationship between a variety of health needs. In addition, Dr. Genovese's integrated medicine approach combats the stigma around mental health, treating it as an integral part of holistic health and well-being.

Hope Janke also presented briefly on the DOJ Public Safety Officers' Benefits Program (PSOB). PSOB provides disability benefits, education benefits, and death benefits to public safety officers or their families. According to Janke, the program receives about 350 death claims per year, and currently survivor benefits equal just over $350,000. To improve this program's accessibility, PSOB staff created an informational tool to outline the ways in which an officer can be covered under the program. This one-page fact sheet also outlines ways in which departments can be prepared in the case that an officer or a family requires coverage under the program.[18] The document lays out all requirements for both agencies and individuals and should be used by departments and made available for officers.

Last, Alfred Ozanian of the U.S. Department of Veterans' Affairs (VA) briefly discussed VA procedures and programs, particularly those focused on mental health, and how those may be replicated in law enforcement. Ozanian stressed the critical importance of making access to programs as simple as possible, stating, "The idea is often 'if we build it, they will come.' That doesn't work very well. What we should do is build it in a way that they can come and come easily." Similarly, Ozanian argues that active outreach is key to improving access and eliminating negative stigma. Increasing proximity of programs to law enforcement officers and using readily available communication tools that officers do not have to search for at length will increase the likelihood that an officer will reach out for help. Ozanian also described the model of vet centers—health centers tailored to the needs of veterans. Ozanian explained that a similar model for law enforcement may be useful in creating a safe and supportive environment that understands the specific needs and experiences of law enforcement officers. Finally, Ozanian mentioned the importance of creating a culture of early identification of mental health challenges such as PTSD. Early identification is made possible by informing agencies about warning signs and resources so that leadership and fellow officers can be aware and vigilant in their law enforcement communities.

Recommendations

Recommendation. *A live person should be on the line at all times to communicate with officers in need.*

Recommendation. *Mental health and suicide prevention training must become a priority and stressed throughout the career span via regular, mandatory in-service trainings.*

Recommendation. *Agencies should invest in resilience training.*

They should understand the variables that allow someone to be resilient after exposure to trauma.

Recommendation. *The continuum of care for law enforcement officers must be prevention, intervention, and "post-vention" (continued care and contact after an initial intervention).*

Recommendation. *Research and evaluation is key to understanding the true impact of peer support models including crisis hotlines.*

---

18.   BJA, "Public Safety Officers' Benefits Program."

Conclusion

Creating spaces for discussion about OSW topics is critical for making real strides in improving the safety and wellness of individual officers, agencies, families, and the public. The OSW Group meetings provide that space and allow for the sharing of ideas and the generation of new ideas. The April 2018 OSW meeting brought a broad range of law enforcement community members to the table to discuss ways to eliminate persisting factors leading to LODDs; ways to improve access to mental health services and prevent tragedies such as suicide; and the implementation of emerging, innovative ideas for supporting the holistic health and wellness of officers and agencies across the country. The thoughtful feedback provided by presenters and participants will be critical for guiding the continued discussion around OSW and for making real, lasting changes both locally and nationally.

Bibliography

Badge of Life. "Debunking Suicide Myths." Accessed July 27, 2018. https://www.badgeoflife.org/blog/debunking-suicide-myths.

BJA (Bureau of Justice Assistance). *Public Safety Officers' Benefits Program*. Fact Sheet. Washington, DC: Bureau of Justice Assistance, 2015. https://www.bja.gov/Publications/PSOB_FS.pdf.

Breul, Nick, and Desiree Luongo. *Making it Safer: A Study of Law Enforcement Fatalities between 2010–2016*. Washington, DC: Office of Community Oriented Policing Services, 2018. https://ric-zai-inc.com/ric.php?page=detail&id=COPS-W0858.

COPS Office (Office of Community Oriented Policing Services). Officer Health and Organizational Wellness: Emerging Issues and Recommendations. Officer Safety and Wellness Group Meeting Summary. Washington, DC: Office of Community Oriented Policing Services, 2018. https://ric-zai-inc.com/ric.php?page=detail&id=COPS-W0860.

Fachner, George, and Zoë Thorkildsen. *Ambushes of Police: Environment, Incident Dynamics, and the Aftermath of Surprise Attacks Against Law Enforcement*. Washington, DC: Office of Community Oriented Policing Services, 2015. https://ric-zai-inc.com/ric.php?page=detail&id=COPS-P340.

Goodman, J. David, and Al Baker. "Rushing to End Mass Shootings, Police Face Greater Danger." *The New York Times,* December 1, 2015. https://www.nytimes.com/2015/12/02/nyregion/new-yorks-tactical-shift-on-terror-attacks-dont-wait-for-backup.html.

Hansen, Kyle B. "Metro Launches Effort to Get Officers to Wear Seat Belts." *Las Vegas Sun*, July 30, 2010. https://lasvegassun.com/news/2010/jul/30/campaign-launches-get-officers-wear-seat-belts/.

Liu, Weiwei, and Bruce Taylor. "The Effect of Body Armor on Saving Officers' Lives: An Analysis Using LEOKA Data." *Journal of Occupational and Environmental Hygiene* 14, no. 2 (2017), 73–80. https://doi.org/10.1080/15459624.2016.1214272.

NLEOMF (National Law Enforcement Officers Memorial Fund). "Facts and Figures: Causes of Law Enforcement Deaths over the Past Decade (2008–2017)." Last modified March 15, 2018. http://www.nleomf.org/facts/officer-fatalities-data/causes.html.

NLEOMF. "Law Enforcement Facts." Accessed June 20, 2018. http://www.nleomf.org/facts/enforcement/.

NLEOMF. "Preliminary 2018 Law Enforcement Fatalities." Last modified July 31, 2018. http://www.nleomf.org/facts/officer-fatalities-data/.

O'Hara, Andrew F., John M. Violanti, Richard L. Levenson, Jr., and Ronald G. Clark, Sr. "National Police Suicide Estimates: Web Surveillance Study III." *International Journal of Emergency Mental Health and Human Resilience* 15, no. 1 (2013), 31–38. https://www.omicsonline.org/open-access/educational-training-session-influence-primary-carepediatricians-mental-health-practice.pdf.

About SAI

Strategic Applications International (SAI) provides training, technical assistance, and organizational development strategies for domestic and international non-governmental organizations; non-profits; and local, state, national, and international governmental organizations responding to crime, violence, and substance abuse. SAI provides facilitation and mediation services and brokers partnerships between public and private sectors to address critical issues facing communities.

In partnership with the US Department of Justice and the Substance Abuse Mental Health Services Administration of the US Department of Health and Human Services, SAI has facilitated 22 governors' summits on methamphetamine and, in collaboration with state and local agencies, developed comprehensive prevention and treatment strategies with measurable outcomes. Most recently, with funding from the COPS Office, SAI worked with 40 tribal law enforcement agencies seeking to address drug abuse in tribal nations.

SAI is a global firm with projects to address police corruption, criminal justice reform, counter-terrorism and de-radicalization in East Africa, prevent and treat HIV and AIDS in South Africa and Swaziland, and to tackle gender-based violence in Kenya, South Sudan, Ethiopia, and Rwanda. Globally, SAI addresses development issues around community policing, substance abuse, gender empowerment, climate and the environment, and women and youth employment.

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.

The OSW Group's April 2018 meeting expanded on previous discussions of ways to support officers' emotional health and organizational wellness. This meeting focused particularly on line-of-duty deaths in felonious assaults as well as in accidents, mental health and suicide, and crisis hotlines and other programs. Families, community members, and others can contribute to the important work that is needed in this area by supporting officer safety and wellness, participating in conversations and programming, and working to reduce the negative stigma surrounding mental health issues.

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