

IN CONSIDERATION OF THE BEHAVIORAL HEALTH OF POLICE

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I

INTRODUCTION

With increasing societal awareness about the adverse impacts of poor mental health on individual and community well-being, there has been a proliferation of scholarship on the need for criminal justice practices that are informed by evidence-based behavioral health. The primary focus of this work examines the need for incorporating evidence-based practices in law enforcement responses to vulnerable groups, such as individuals experiencing mental illness or substance use disorders. A lesser focus of the literature has examined the effects of poor behavioral health among criminal justice workers themselves—despite an increased concern to address such issues, both to protect the health and well-being of workers as well as the performance and functioning of agencies.

We have personally witnessed the impact of occupational stress and poor mental health as a prominent concern among police officers. Officers and police agency staff who participate in our applied research and training and technical assistance projects raise concerns about work-related stress more often than nearly any other topic. This extends beyond our projects focusing on mental well-being and stress. Police regularly raise issues of stress, burnout, fatigue, and vicarious trauma in research as varied as police recruitment and retention, diversion or alternatives to arrest, the development of training curricula, and even data systems and technology. These concerns also regularly emerge in discussions among the grantees of various technical assistance efforts. The grantees anecdotally note the negative impacts of vicarious traumatization and organizational stressors on their programs' functioning and ability to retain a strong and stable workforce. It is clear that these health and wellness issues are pervasive and affect all aspects of police work. They also lead to chronic turnover and understaffing, compounding the existing burdens on remaining staff.

The extant research corroborates this story. In this article, we move beyond anecdotal impressions of research participants, evaluation partners, and technical assistance recipients. By reviewing scientific findings across several areas of literature, we formulate a conceptual argument for how behavioral health

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concerns among law enforcement may be linked to collateral impact on police-public contact. Much research on law enforcement has substantiated the high prevalence of stress along with the range of associated behavioral health concerns. But we will demonstrate that little research has worked to connect these well-established concerns with changes in decision-making, discretionary behaviors, and outcomes related to police officers' public-facing behavior. There is a vast clinical literature that points to the potential adverse impacts of poor behavioral health not just on individuals' well-being, but also on cognition, attitudes, social behaviors, and performance. We argue that this gap in the literature presents an important missed facet of discussions of U.S. policing and police reform.

The remainder of this article will be divided into the following parts. In Part II, we overview the literature on the high prevalence of occupational stress and traumatic exposure among U.S. law enforcement. Part III outlines what is known about the vast impact of stress and related deteriorations for individual health, professional performance, and behavioral outcomes relevant to the policing profession. Part IV overviews the limited ways in which police officers' behavioral health has been directly linked with job performance, particularly in relation to public-facing behavior. In Part V, we provide guidance for researchers on addressing knowledge gaps related to officer behavioral health and performance. Specifically, we make recommendations for fostering stronger researcher-practitioner relationships that can sustain research endeavors, suggesting specific areas of research, and leveraging specific methodological choices that have the potential for making large contributions to this area of research. We conclude the article, in Part VI, offering thoughts arguing for the need for an inclusive conceptualization of policing and behavioral health that acknowledges the intertwined nature of police and community behavioral health.

II

EVIDENCE FOR THE PREVALENCE OF HIGH STRESS AND POOR BEHAVIORAL HEALTH AMONG POLICE

Prior to connecting the conceptual threads that constitute the argument of this article—that police officers' behavioral health is inextricably tied to the quality of police-community contact—it is useful to consider what constitutes “behavioral health.” Oftentimes, the terms mental health and behavioral health are used interchangeably; however, it would be more accurate to consider behavioral health as an umbrella term encompassing mental health, as well as the behavioral and environmental conditions that contribute to ill health. The earliest definition of behavioral health posited that it is “an interdisciplinary field dedicated to promoting a philosophy of health that stresses individual responsibility in the application of behavioral and biomedical science knowledge and techniques to the maintenance of health and the prevention of illness and

dysfunction by a variety of self-initiated individual or shared activities.”¹ As such, the term behavioral health relates to the connection between experience and behavior and the health of body and mind, including issues such as substance use. In this article, when we refer to behavioral health, we are referencing the experiences and behaviors of law enforcement officers and police agency staff, their effects on individuals’ health and wellness, as well as broader impacts on agencies, families, and communities.

There is a vast international literature examining police stress and the general prevalence of related behavioral health concerns among law enforcement;² the significant chronic stressors and acute traumatic experiences characterizing police work are well-documented. Within this line of inquiry, authors have long subdivided the sources of stress into two key dimensions: first, the unique stressors associated with the nature of police work, and second, the stressors related to the nature of police organizations³—that is, the internal operational and organizational characteristics of police agencies. In general, research suggests that chronic stressors, comprised primarily of internal organizational issues, are often seen as the primary drivers of overall occupational stress among law enforcement.⁴ But recent research has increasingly focused on quantifying police officers’ exposure to traumatic events, with some declaring law enforcement trauma a public health crisis.⁵ Below we review what is known about each of these general types of occupational stressors.

The nature of the police function puts law enforcement officers at high risk for experiencing work-related traumatic stressors, with serious negative consequences for their mental health. Although there appears to be some

1. Joseph D. Matarazzo, *Behavioral Health and Behavioral Medicine: Frontiers for a New Health Psychology*, 35 AM. PSYCH. 807, 813 (1980).

2. See generally, e.g., Mark H. Anshel, *A Conceptual Model and Implications for Coping with Stressful Events in Police Work*, 27 CRIM. JUST. & BEHAV. 375 (2000); RONALD J. BURKE, *STRESS IN POLICING: CAUSES, CONSEQUENCES AND REMEDIES* (2017); AnneMarie Berg, Erlend Hem, Bjoern Lau & Oivind Ekeberg, *Help-Seeking in the Norwegian Police Service*, 48 J. OCCUPATIONAL HEALTH 145 (2006); Jinseong Cheong & Ilhong Yun, *Victimization, Stress and Use of Force Among South Korean Police Officers*, 34 POLICING: AN INT’L. J. POLICE STRATEGIES & MGMT. 606 (2011); P. A. Collins & A. C. C. Gibbs, *Stress in Police Officers: A Study of the Origins, Prevalence and Severity of Stress-Related Symptoms Within a County Police Force*, 53 OCCUPATIONAL MED. 256 (2003); Peter G. van der Velden, Linda Grievink & Joris C. Yzermans, *Confrontations with Aggression and Mental Health Problems in Police Officers: The Role of Organizational Stressors, Life-Events and Previous Mental Health Problems*, 2 PSYCH. TRAUMA: THEORY, RSCH., PRAC. & POL’Y 135 (2010); John M. Violanti & Fred Aron, *Police Stressors: Variations in Perception Among Police Personnel*, 23 J. CRIM. JUST. 287 (1995); Elizabeth Velazquez & Maria Hernandez, *Effects of Police Officer Exposure to Traumatic Experiences and Recognizing the Stigma Associated with Police Officer Mental Health: A State-of-the-Art Review*, 42 POLICING: AN INT’L. J. 711 (2019); Jennifer H. Webster, *Police Officer Perceptions of Occupational Stress: The State of the Art*, 36 POLICING: AN INT’L J. POLICE STRATEGIES & MGMT. 636 (2014) (listing literature that examines behavioral health among police officers).

3. Martin Symonds, *Emotional Hazards of Police Work*, 30 AM. J. PSYCHOANALYSIS 155, 155 (1970).

4. Susan Radcliffe, Daniel Pollack & Casey Scott, *Law Enforcement Officers and Trauma: The Next Public Health Crisis?*, CRIME REP. (Feb. 22, 2021), <https://thecrimereport.org/2021/02/22/law-enforcement-officers-and-trauma-the-next-public-health-crisis/> [<https://perma.cc/UZN5-HKJR>].

5. *Id.*

variability in the prevalence of diagnosed mental health disorders for active-duty police officers, there is a considerably higher prevalence of mental health concerns among police compared to the general public.⁶ These concerns are related to the high rate of injury and significant exposure to direct and vicarious trauma that are inherent to the police profession. The majority of officers will experience work-related physical injuries at over four times the rate of injury in other professions, with the annual rate of nonfatal occupational injuries and illnesses involving days away from work among police officers being 485.8 cases per 10,000 full-time workers, compared to 107.1 cases for all occupations.⁷

Officers are also repeatedly exposed to potentially traumatic and graphic events. One study found that, on average, law enforcement officers experience 188.5 critical incidents during their career.⁸ Another study estimated that police officers experience more than three traumatic events every six months in their service—for example, fatal accidents, murders, suicides, and life-threatening incidents against themselves or others⁹—a number comparable to the modal number of lifetime traumatic events experienced among the U.S. general population.¹⁰ For the reasons noted, law enforcement populations are at an increased risk of experiencing a broad range of adverse mental health consequences such as higher incidences of depression, anxiety, post-traumatic stress disorder (PTSD), substance abuse, interpersonal stressors, and emotional exhaustion,¹¹ an issue that we will return to in the following part of this article.

Perhaps surprisingly, despite the high prevalence of traumatic exposure and related deteriorations in behavioral health, organizational stressors inherent to

6. Kristin E. Klimley, Vincent B. Van Hasselt & Ashley M. Stripling, *Posttraumatic Stress Disorder in Police, Firefighters, and Emergency Dispatchers*, 43 *AGGRESSION & VIOLENT BEHAV.* 33, 33 (2018).

7. *Injuries, Illnesses, and Fatalities*, U.S. BUREAU OF LABOR STAT. (Jan. 27, 2022), <https://www.bls.gov/iif/snapshots/osn-police-officers-2016-20.htm> [<https://perma.cc/BE8M-KY8L>].

8. Brian A. Chopko, Patrick A. Palmieri & Richard E. Adams, *Critical Incident History Questionnaire Replication: Frequency and Severity of Trauma Exposure Among Officers from Small and Midsize Police Agencies*, 28 *J. TRAUMATIC STRESS* 157, 157 (2015).

9. George T. Patterson, *The Relationship Between Demographic Variables and Exposure to Traumatic Incidents Among Police Officers*, 2001–2 *AUSTRALASIAN J. DISASTER & TRAUMA STUD.* (2001), <https://trauma.massey.ac.nz/issues/2001-2/patterson2.htm> [<https://perma.cc/S8X3-DD3T>].

10. One study measuring exposure to traumatic events in a nationally representative sample of the U.S. public found that the modal number of DSM-5 Criterion A event types experienced within the sample was three. DSM-5 Criterion A events include events comparable to those that would be considered critical incidents in first responder populations, such as witnessing dead bodies; threat, injury, or death of a family member or close friend due to violence, accident or disaster; and exposure to disaster, accident, or fire, among others. Dean G. Kilpatrick et al., *National Estimates of Exposure to Traumatic Events and PTSD Prevalence Using DSM-IV and DSM-5 Criteria*, 26 *J. TRAUMATIC STRESS* 537, 539 (2013).

11. See Beatriz Talavera-Velasco, Lourdes Luceño-Moreno, Jesús Martín-García & Yolanda García-Albuérne, *Psychosocial Risk Factors, Burnout and Hardy Personality as Variables Associated with Mental Health in Police Officers*, 9 *FRONTIERS PSYCH.*, Sep. 2018, at 3 (detailing that police officers are often exposed to traumatic events during the course of work that put them at risk of stress, anxiety, and depression over time); see also Benjamin R. van Gelderen, Arnold B Bakker, Elly A Konijn & Evangelia Demerouti, *Daily Suppression of Discrete Emotions During the Work of Police Service Workers and Criminal Investigation Officers*, 24 *ANXIETY, STRESS & COPING* 515, 515 (2011) (investigating the effects of police officers' consistent emotional labor on their mental health).

police organizations are often felt more acutely by officers than those related to the nature of police work. A substantial body of research has demonstrated that officers' perceptions of organizational stressors or daily hassles have as much of a cumulative negative impact on officers as operational stressors on the job,¹² including trauma-related incidents.¹³ Moreover, these organizational stressors may have similarly adverse consequences for officers' mental health.¹⁴

III

THE ADVERSE CONSEQUENCES OF POOR BEHAVIORAL HEALTH ARE WELL-ESTABLISHED

Much research among the general public and law enforcement populations has shown that the adverse consequences of stress and trauma are widespread. They affect dimensions such as individual health and well-being, organizational outcomes, and behaviors that affect relationships between officers and their families and friends, and the community members they serve. At the individual level, work-related stress has been shown to negatively affect many aspects of officers' health, including sleep, cardiovascular disease risk factors—for example, obesity and hypertension—mood disorders like anxiety and depression, and serious mental health outcomes like suicidal ideation and suicidal behavior.¹⁵ One recent study provided insight into the physical, psychological, and behavioral profiles of a nationally-representative sample of U.S. police officers. Among the 2,232 participants, the researchers found that substantial proportions of officers were experiencing physical health problems (14%), PTSD (11.6%), suicidality

12. See generally, e.g., Daniela Acquadro-Maran, Antonella Varetto, M. Zedda & Valentina Ieraci, *Occupational Stress, Anxiety and Coping Strategies in Police Officers*, 65 OCCUPATIONAL MED. 466 (2015); John P. Crank & Michael Caldero, *The Production of Occupational Stress in Medium-Sized Police Agencies: A Survey of Line Officers in Eight Municipal Departments*, 19 J. CRIM. JUST. 339 (1991); Barry J. Evans & Greg J. Coman, *General Versus Specific Measures of Occupational Stress: An Australian Police Survey*, 9 STRESS MED. 11 (1993); Lynne Huddleston, Christine Stephens & Douglas Paton, *An Evaluation of Traumatic and Organizational Experiences on the Psychological Health of New Zealand Police Recruits*, 28 WORK 1999 (2007); William H. Kroes, Bruce L. Margolis & Joseph J. Hurrell, *Job Stress in Policemen*, 2 J. POLICE SCI. & ADMIN. 145 (1974); Peter E. Maynard & Nancy E. Maynard, *Stress in Police Families: Some Policy Implications*, 10 J. POLICE SCI. & ADMIN. 302 (1982); John M. Violanti & Fred Aron, *Sources of Police Stressors, Job Attitudes, and Psychological Distress*, 72 PSYCH. REPS. 899 (1993).

13. See Robyn R. M. Gershon et al., *Mental, Physical, and Behavioral Outcomes Associated with Perceived Work Stress in Police Officers*, 36 CRIM. J. & BEHAV. 275, 276 (2009) (noting exposure to traumatic stressors may result in physiological, psychological, and/or behavioral problems); Akiva M. Liberman et al., *Routine Occupational Stress and Psychological Distress in Police*, 25 POLICING: AN INT'L J. POLICE STRATEGIES & MGMT. 421, 424 (2002) (distinguishing routine from traumatic aspects of police work); Shira Maguen et al., *Routine Work Environment Stress and PTSD Symptoms in Police Officers*, 197 J. NERVOUS & MENTAL DISEASE 754, 754 (2009) (finding routine work environment stress, including traumatic experiences such as confrontation, violence, and potential harm, was most strongly associated with PTSD symptoms).

14. J. F. Chan & J. P. Andersen, *Influence of Organizational Stress on Reported Depressive Symptoms Among Police*, 70 OCCUPATIONAL MED., 496, 496 (2020).

15. John M. Violanti et al., *Police Stressors and Health: A State-of-the-Art Review*, 40 POLICING: AN INT'L J. 642, 644–45 (2017).

(5.7%), and risky drinking behaviors (36.9%), among other concerns such as deficits in executive functioning, attention, and memory.¹⁶ Similarly, another study in a large, urban police department, showed that about a quarter of officers reported current symptoms of mental illness.¹⁷ However, these cross-sectional snapshots in time understate the true impact of behavioral health struggles of officers over the course of their career. For example, nearly one in five police officers have thoughts of suicide at some point in their lives.¹⁸

In addition to the adverse impacts of occupational strains on officers' individual well-being, there are many aspects of police work that create challenges for officers' lives outside of work. Shift work, long hours, unconventional schedules, divided commitment between work and family roles, and perceived personality changes among officers often result in marital difficulties for officers.¹⁹ Additionally, worse mental health status as measured by a widely-accepted symptom checklist—assessing issues such as anxiety, depression, distrust, hostility, interpersonal sensitivity, and sleep disorders—appears to hinder officers' performance in many aspects of their daily life. For example, lowered mental health status may negatively impact varied private life tasks, such as dealing with emotions effectively, managing money effectively, deriving meaning and learning from life experiences, and maintaining positivity in the face of disturbing incidents at work.²⁰ Clearly, increased stress and declines in health resulting from work affect officers in many facets of life, including their ability to maintain healthy relationships and a positive perspective on life.

At the system-level, the challenges related to officer stress and health also affect agency functioning and outcomes. For example, high rates of injury reduce the number of staff able to work. Moreover, work-related stress may lead to decreased job satisfaction²¹ and increased turnover²²—a critical issue in today's acute staffing shortage across U.S. police departments.²³ Officer burnout has also

16. Elizabeth A. Mumford, Weiwei Liu & Bruce G. Taylor, *Profiles of U.S. Law Enforcement Officers' Physical, Psychological, and Behavioral Health: Results from a Nationally Representative Survey of Officers*, 24 POLICE Q. 357, 365 (2021).

17. Katelyn K. Jetelina, Rebecca J. Molsberry & Jennifer Reingle Rodriguez, *Prevalence of Mental Illness and Mental Health Care Use Among Police Officers*, 3 JAMA NETWORK OPEN art. no. e2019658, at 1 (2020).

18. John M. Violanti et al., *Suicide in Police Work: Exploring Potential Contributing Influences*, 34 AM. J. CRIM. JUST. 41, 48 (2009).

19. Kerry Karaffa et al., *Perceived Impact of Police Work on Marital Relationships*, 23 FAM. J. 120, 120 (2015).

20. Heilwine Bakker, Marc Van Veldhoven, Anthony Gaillard & Margot Feenstra, *The Impact of Critical Incidents and Workload on Functioning in the Private Life of Police Officers: Does Weakened Mental Health Act as a Mediator?*, 15 POLICING 817, 822 (2021).

21. Jason Julseth, James Ruiz & Don Hummer, *Municipal Police Officer Job Satisfaction in Pennsylvania: A Study of Organisational Development in Small Police Departments*, 13 INT'L J. POLICE SCI. & MGMT. 243, 251 (2011).

22. Susan Hilal & Bryan Litsey, *Reducing Police Turnover: Recommendations for the Law Enforcement Agency*, 22 INT'L J. POLICE SCI. & MGMT. 73, 74 (2020).

23. Ryan Young, Devon Sayers & Ray Sanchez, *'We Need Them Desperately': US Police Departments Struggle with Critical Staffing Shortages*, CNN (July 20, 2022),

been associated with increased counterproductive work behaviors, such as abusive behavior toward others, deliberately violating work norms, sabotage, and withdrawal behaviors—that is, avoiding work by being absent or late.²⁴ Taken together, all these issues create challenges for the operations and functioning of police agencies while also having the potential to incur high financial costs. For example, financial costs related to turnover include the loss of the performance and expertise of the employee, as well as imposing the recruitment, screening, and training costs of replacement hires.²⁵ It is estimated to cost as much as five times the salary of a given employee who leaves to replace them.²⁶ Moreover, officers' high injury rates are expensive for agencies. Injuries to individual officers have been estimated to cost agencies \$2,500 to \$12,000 per occurrence.²⁷

In short, the impact of work-related stress on agencies-level outcomes is multifaceted and profound.

IV

RESEARCH CONNECTING BEHAVIORAL HEALTH OF POLICE OFFICERS TO THEIR PROFESSIONAL BEHAVIORS IS LIMITED

Parts II and III overviewed the expansive literature on the adverse consequences of work-related stress and trauma on individual officers, their families, and their agencies. Despite these fundamentally well-established research areas, only limited work has considered how the prevalence of poor behavioral health among police may reverberate to the communities in which officers serve. Yet, the significant body of basic research on the effects of stress and psychological health, as well as the limited available literature directly linking police mental health constructs to performance, provide compelling reasons to believe that the strains of police work and resultant negative outcomes meaningfully shape officer behavior and decision-making in public-facing interactions.²⁸

Basic research has shown that stress, directly and indirectly, affects decision-making. Exposure to threatening or stressful situations heightens sympathetic

<https://www.cnn.com/2022/07/19/us/police-staffing-shortages-recruitment/index.html>
[<https://perma.cc/2PRN-ZKMU>].

24. Ewelina Smoktunowicz, Lukasz Baka, Roman Cieslak & Crystal F. Nichols, *Explaining Counterproductive Work Behaviors Among Police Officers: The Indirect Effects of Job Demands Are Mediated by Job Burnout and Moderated by Job Control and Social Support*, 28 HUMAN PERFORMANCE 333, 338–39 (2015).

25. Jennifer Wareham, Brad W. Smith & Eric G. Lambert, *Rates and Patterns of Law Enforcement Turnover: A Research Note*, 26 CRIM. JUST. POL'Y REV. 345, 346 (2015).

26. W. DWAYNE ORRICK, RECRUITMENT, RETENTION, AND TURNOVER OF POLICE PERSONNEL: RELIABLE, PRACTICAL, AND EFFECTIVE SOLUTIONS 149 (2008).

27. Kate Lyons, Cameron Radburn, Robin Orr & Rodney Pope, *A Profile of Injuries Sustained by Law Enforcement Officers: A Critical Review*, INT'L J. ENV'T. RSCH. & PUB. HEALTH 14, 14 (2017).

28. Jennifer R. Rineer, Kevin J. Strom & Travis A. Taniguchi, Guest Editorial, *An Introduction to the Special Issue: Stress, Health and Wellness in Policing: Understanding and Addressing Complex Issues*, 44 POLICING 193, 193–94 (2021).

nervous system arousal—for example, fight-or-flight responses—and the release of stimulant hormones. This, in turn, leads to physiological changes that include increased blood pressure and muscle tension, changes in heart rate,²⁹ and impaired fine motor skills, focus, and decision-making.³⁰ Moreover, heightened physiological arousal can also create a state of “hypervigilance,” in which officers rely more on their reactive limbic system than their frontal lobe, which is used for reasoning and analytical thinking.³¹ In a state of hypervigilance, cognitive resources are focused on managing the anxiety that is generated from the stressful situation, and individuals experience a reduced ability to consider options or alternatives or to scan the environment for additional information.

Relatedly, it is also useful to consider the overarching impact of positive mental health on individual outcomes. Organizational and behavioral scholarship tends to focus on the negative aspects of work and life, resulting in fewer studies on healthy experiences and behaviors, positive mental health status, and related outcomes.³² But research among the general population has linked psychological health and well-being with various positive outcomes including improved social behaviors,³³ more lenient social attributions,³⁴ enhanced attention and other cognitive processes,³⁵ and better professional performance.³⁶

While basic research connecting behavioral health constructs with performance and decision-making is plentiful, tests of these relationships among law enforcement populations have been limited. However, the few studies that have examined the relationship between physiological stress and police officer performance have demonstrated the negative impact of stress on performance.

29. Solange Akselrod et al., *Power Spectrum Analysis of Heart Rate Fluctuation: A Quantitative Probe of Beat-To-Beat Cardiovascular Control*, 213 SCIENCE 220, 220 (1981).

30. See generally BRIAN R. JOHNSON, CRUCIAL ELEMENTS OF POLICE FIREARMS TRAINING (2008); WILLIAM R. LOVALLO, STRESS AND HEALTH: BIOLOGICAL AND PSYCHOLOGICAL INTERACTIONS (2015).

31. See generally Irving Janis, Peter Defares & Paul Grossman, *Hypervigilant Reactions to Threat*, in SELYE'S GUIDE TO STRESS RESEARCH (Hans Selye ed., 1983).

32. One recent paper showed that in a search of contemporary psychological literature, articles on negative aspects of mental health (that is, mental illness, depression, burnout, anxiety, fear and anger) outnumbered those on various positive concepts and capabilities of people by a ratio of approximately 375 to 1. Thomas A. Wright & Russell Cropanzano, *The Role of Psychological Well-Being in Job Performance: A Fresh Look at an Age-Old Quest*, 33 ORGANIZATIONAL DYNAMICS 338, 340 (2004).

33. See generally Gerben J. Westerhof & Corey L.M. Keyes, *Mental Illness and Mental Health: The Two Continua Model Across the Lifespan*, 17 J. ADULT DEV. 110 (2010) (discussing findings that support the “two continua model in adult development,” partially focusing on both psychological well-being and social well-being).

34. Joseph P. Forgas, *Feeling and Doing: Affective Influences on Interpersonal Behavior*, 13 PSYCH. INQUIRY, no. 1, 2002, at 10.

35. Barbara L. Fredrickson & Christine Branigan, *Positive Emotions Broaden the Scope of Attention and Thought–Action Repertoires*, 19 COGNITION & EMOTION 313, 319 (2005); Karen Gasper & Gerald L. Clore, *Do You Have to Pay Attention to Your Feelings to be Influenced by Them?*, 26 PERSONALITY & SOC. PSYCH. BULL. 698, 699 (2000).

36. See Timothy A. Judge, Carl J. Thoresen, Joyce E. Bono & Gregory K. Patton, *The Job Satisfaction–Job Performance Relationship: A Qualitative and Quantitative Review*, 127 PSYCH. BULL. 376, 390 (2001) (performing a meta-analysis of the relationship between job performance and satisfaction).

For example, one study found that police officers' motor performance deteriorated in high-threat firearm drills in which physiological stress—measured by pupil size and heart rate—was high.³⁷ Another study among criminal justice professionals connecting good mental health with professional performance confirmed that psychological well-being was more predictive of job performance than even job satisfaction.³⁸

Research on the relationship between behavioral health and officers' public-facing behavior is even more limited; its mixed findings point to a pressing need for more theory development and comprehensive empirical studies. The most commonly examined performance outcome in relation to police behavioral health has been the use of force and related attitudinal constructs. While one study suggests that officers who experience more stress-related burnout report more favorable attitudes toward the use of violence,³⁹ the body of research in this area has not shown a strong or consistent relationship between behavioral health constructs and the use of force. For example, studies have shown that police officers with poor mental health may have contradictory responses as both increased⁴⁰ and decreased⁴¹ aggressivity and anger in public contact. One recent qualitative study examining the connection between police officers' mental health and decision-making in relation to public contact explained these noted contradictory responses using a cognitive-behavioral framework.⁴² It considers the well-established fact that trauma responses are known to be varied and contradictory and relate to the way in which individuals cognitively make sense of their experiences.⁴³ The study further argues that this area of research requires more nuanced theory development to understand these contradictions.

The research outlined above shows that occupational stress and poor behavioral health impact performance and decision-making. Moreover, positive emotions attributable to psychological well-being lead to positive cognitions, positive behaviors, and increased cognitive capability—all important qualities for addressing the police's responsibilities effectively. Taken together, the literature suggests that is highly likely that police officers' behavioral health has

37. Johan Bertilsson et al., *Towards Systematic and Objective Evaluation of Police Officer Performance in Stressful Situations*, 21 POLICE PRAC. & RSCH. 655, 655 (2020).

38. Thomas A. Wright & Russell Cropanzano, *Psychological Well-Being and Job Satisfaction as Predictors of Job Performance*, 5 J. OCCUPATIONAL HEALTH PSYCH. 87, 89 (2000).

39. Nicolien Kop, Martin Euwema & Wilmar Schaufeli, *Burnout, Job Stress and Violent Behaviour Among Dutch Police Officers*, 13 WORK & STRESS 326, 328–29 (1999).

40. Cristina Queiros, Mariana Kaiseler & Antonio Leitao Da Silva, *Burnout as a Predictor of Aggressivity Among Police Officers*, 1 EUR. J. POLICING STUD. 110, 120–21 (2013).

41. Martin C. Euwema, Nicolien Kop & Arnold B. Bakker, *The Behaviour of Police Officers in Conflict Situations: How Burnout and Reduced Dominance Contribute to Better Outcomes*, 18 WORK & STRESS 23, 35–36 (2004).

42. Meret S. Hofer, Lucy A. Guarnera & Shannon Savell, "After That, I Was Leery About Giving Anybody a Break About Anything": *Officer-Perceived Consequences of Trauma Exposure on Interactions with the Public*, 75 J. CRIM. JUST., Jul. 2021, at 9.

43. Isaac R. Galatzer-Levy & Richard A. Bryant, *636,120 Ways to Have Posttraumatic Stress Disorder*, 8 PERSPS. ON PSYCH. SCI. 651, 651 (2013).

consequences not only for officers themselves but also for those they encounter in the course of their duties.

V

GUIDANCE FOR RESEARCHERS ADDRESSING KNOWLEDGE GAPS RELATED TO OFFICER BEHAVIORAL HEALTH AND PERFORMANCE

Rigorous research on police officers' behavioral health, particularly in relation to professional performance and public-facing behavior has been limited—to the detriment of officers, police agencies, and the public. In this part, we present specific recommendations for scholars seeking to address knowledge gaps in this area of inquiry. Our recommendations encompass the (A) need for culturally sensitive research engagements that foster strong researcher-practitioner partnerships that can sustain research endeavors. We also suggest specific areas of research including (B) nuanced theory development related to officer stress; (C) improving performance measures, particularly for public-facing behaviors; and (D) generating evidence-based organizational guidance for improving officers' behavioral health. Finally, we discuss specific methodological choices that can make large contributions to this area of research, including (E) emphasizing experimental, multi-level and multi-source research designs, and (F) leveraging novel technologies.

A. Culturally Sensitive Approaches For Fostering Stronger Researcher-Practitioner Partnerships That Can Sustain Research Endeavors

Developing close relationships with law enforcement partners who can support and collaborate on research endeavors is critical. Police involvement in research partnerships improves the feasibility of police research efforts and can also increase the practical relevance of the research and its findings.⁴⁴ Moreover, police agencies can often benefit from researchers' ability to introduce novel perspectives and ideas from other agencies, supply needed resources and expertise to perform evaluation activities, provide more objective and valid insights to stakeholder audiences, and assist with incorporating findings into agency policies and practices.⁴⁵

One critical aspect of relationship-building with law enforcement partners is to proactively address concerns about stigma and privacy. Much research has shown that law enforcement populations are disproportionately affected by mental health stigma, including self, social, and structural stigma.⁴⁶ In an

44. Lisa Tompson, Jyoti Belur, Julia Morris & Rachel Tuffin, *How to Make Police-Researcher Partnerships Mutually Effective*, in *ADVANCES IN EVIDENCE-BASED POLICING* 175 (Richard Wortley ed., 2017).

45. J. Andrew Hansen, Geoffrey P. Alpert & Jeffrey J. Rojek, *The Benefits of Police Practitioner-Researcher Partnerships to Participating Agencies*, 8 *POLICING: J. POL'Y & PRAC.* 307, 307 (2014).

46. See, e.g., Peter T. Haugen, Aileen M. McCrillis, Geert E. Smid & Mirjam J. Nijdam, *Mental Health Stigma and Barriers to Mental Health Care for First Responders: A Systematic Review and Meta-Analysis*, 94 *J. PSYCHIATRIC RSCH.* 218, 225 (2017); Kerry M. Karaffa & Julie M. Koch, *Stigma, Pluralistic*

environment characterized by mental health stigma, research on behavioral health concerns among police personnel may elicit grave concerns about officer privacy, quickly creating barriers to officers' engagement with the research process.

Additionally, when studying the consequences of behavioral health status and professional outcomes, the current sociopolitical moment defined by tense police-community relations may lower law enforcement agencies' motivation to open their operations to scrutiny due to potentially negative perceptions by the public. Moreover, doing so may precipitate important legal questions related to organizational liability as links between behavioral health and performance are made. For example, agencies may lack clarity on whether they can be held accountable for adverse outcomes related to the poor behavioral health of their officers—whether by the public or officers and their families.

Given the sensitivities around researching police officers' behavioral health, it is crucial to build and maintain trust between prospective participants and researchers. Common best practices should always be followed to ensure privacy and confidentiality. For example, survey findings should only ever be reported in the aggregate. If researchers are reporting on qualitative data—open-ended survey responses or focus group interviews—responses should be summarized or reworded to ensure the statement cannot be attributed to the individual. Researchers should also help to normalize the discussion around officer well-being, including mental health. One way to do this is to share data from national studies and other agencies to demonstrate that psychological health challenges are common aspects of the professional experiences of police. It is, of course, also important to communicate that officers' needs can be better addressed if they are adequately understood. Research is central to that understanding. Further, officers are more likely to participate in research if they know that the findings of the work will be used to make improvements in the lives of fellow officers.

B. Nuanced Theory Development Related to Officer Stress

Our overview of the literature highlights the need for more theory development related to the connection between police officers' behavioral health and officer performance. There are several areas in which scholars can contribute to the foundation of this field of inquiry. While existing research has identified many of the sources of police officer stress, including both operational stressors—for example, exposure to violence, shift work—and organizational stressors, for example, leadership issues, internal pressures, overall, the field needs more nuanced, theory-driven knowledge about the sources of police stress. Understanding the mechanisms through which aspects of work affect stress and

Ignorance, and Attitudes Toward Seeking Mental Health Services Among Police Officers, 43 CRIM. J. & BEHAV. 759, 760–61 (2016); Meret S. Hofer & Shannon M. Savell, "There Was No Plan in Place to Get Us Help": *Strategies for Improving Mental Health Service Utilization Among Law Enforcement*, 36 J. POLICE & CRIM. PSYCH. 543, 543–44 (2021) (finding that law enforcement personnel are disproportionately affected by stigma around mental health).

psychological well-being will allow for more targeted approaches to improving the work environment and officer health outcomes. Further, it is important to consider the need to distinguish healthy behaviors in normative contexts versus healthy and adaptive behaviors in the policing context. For example, some measure of heightened vigilance is likely adaptive for police, so further examination is needed to understand how such states affect officers in terms of performance and short- and long-term health and well-being.

Regardless of the type of occupational stressor, it is also important to acknowledge that different officer groups can experience work-related stress and behavioral health challenges to varying degrees and in different ways. One consideration, for example, is that a great number of police are hired during emerging adulthood when human brains are very plastic and have a heightened capacity to grow and evolve in response to life experiences. Human brains continue to develop until about age twenty-five, while most police agencies accept new recruits upon completion of a high school diploma.⁴⁷ During these early years of new officers' careers, they may be particularly vulnerable to the development of trauma and chronic stress-related behavioral health difficulties, such as impulsivity, risk-seeking, and substance use issues based on stress.⁴⁸ Similarly, stress may have differential effects on men versus women officers, sworn versus professional staff, and officer groups underrepresented in terms of race, ethnicity, sexual orientation, gender identity, and other characteristics.⁴⁹ Stress and health challenges, and therefore their solutions, are not one-size-fits-all. To effectively address those issues and better equip officers to best serve their communities, researchers need to collect relevant data and build evidence to fully understand which aspects of work are causing the most strain across demographic groups, ranks, and roles.

C. Improving Performance Measures, Particularly For Public-Facing Behaviors

The dearth of research linking police behavioral health concerns with police-public contact is a critical concern, particularly considering the increased urgency in calls for police reform that have gained prominence through the activism of the Black Lives Matter and Defund the Police movements in recent years. A critical challenge contributing to this gap in the literature is the lack of a sufficient model for assessing performance in modern policing, which complicates the

47. BUREAU OF JUST. STATS., LOCAL POLICE DEPARTMENTS, 2013: PERSONNEL, POLICIES, AND PRACTICES 1, 7 (2015), <https://bjs.ojp.gov/content/pub/pdf/lpd13ppp.pdf> [<https://perma.cc/5XDD-3DK4>].

48. Mariam Arain et al., *Maturation of the Adolescent Brain*, 9 NEUROPSYCHIATRIC DISEASE & TREATMENT 449, 449–52 (2013).

49. See, e.g., Penelope Allison et al., *Police Stress and Depressive Symptoms: Role of Coping and Hardiness*, 43 POLICING: AN INT'L J. 247, 249–55 (2019); Stephen A. Bishopp et al., *Police Stress and Race: Using General Strain Theory to Examine Racial Differences in Police Misconduct*, 66 CRIME & DELINQ. 1811, 1823–29 (2020); Tracey Varker et al., *Mental Health, Operational Stress, and Organizational Stress Among Sworn and Unsworn Police Personnel*, TRAUMATOLOGY, Jul. 2022, at 1–7 (illustrating that stress has different effects depending on race, ethnicity, gender identity, and whether the individual is a sworn officer or part of professional staff).

ability to examine predictors related to performance.⁵⁰ Common mechanisms for performance evaluation for U.S. law enforcement have not been adequately nuanced to capture the multidimensional nature of officers' professional behaviors, particularly in relation to public-facing behaviors.

The discussion of how to effectively measure police officers' performance is not a new one.⁵¹ Policing involves a range of goals beyond crime control, including creative problem-solving, relationship-building, crisis response, and diversion or deflection. Each of these professional goals may be affected by police officers' discretionary decision-making, and little is known about how officers' behavioral health may impact officers' actions in each context. Unfortunately, common performance indicators, such as crime reports, arrests, citations, clearance rates, and response time, tap certain aspects of an agency's functioning but are actually ineffective for assessing the bulk of today's police function, which relate primarily to service and social welfare functions the vast majority of the time.⁵² Moreover, such traditional performance measures can, at times, be quite misleading.⁵³ For example, a high number of citations or arrests may suggest strong performance but rather reflect poor efforts to solve community problems in a more meaningful way.

As such, police researchers would benefit from the development of a comprehensive set of performance indicators that can measure the range of outcomes related to various aspects of the police function. Police assessments should encompass the need for collecting ecologically valid data on police and public contact related to goals as varied as crime control, problem-solving, relationship-building, response to social welfare concerns, and diversion.

50. Cary A. Caro, *Predicting State Police Officer Performance in the Field Training Officer Program: What Can We Learn from the Cadet's Performance in the Training Academy?*, 36 AM. J. CRIM. JUST. 357, 361–62 (2011).

51. Robert H. Langworthy, *Measuring What Matters: A Policing Research Institute*, in MEASURING WHAT MATTERS: PROCEEDINGS FROM THE POLICING RESEARCH INSTITUTE MEETINGS 1–2 (Robert H. Langworthy ed., 1999).

52. An oft-cited statistic holds that criminal activity constitutes only twenty to thirty percent of the police workload, with the remainder primarily dedicated to welfare and public safety concerns. This trend has been identified internationally and in the United States. See generally Kathryn E. Wuschke et al., *What Do Police Do and Where Do They Do It?*, 20 INT'L J. POLICE SCI. & MGMT. 19, 19–26 (2017).

53. Robert C. Davis, Christopher W. Ortiz, Samantha Euler & Lorriane Kuykendall, *Revisiting "Measuring What Matters: Developing a Suite of Standardized Performance Measures for Policing*, 18 POLICE Q. 469, 475–76 (2015).

D. Providing Evidence-Based Organizational Guidance For Improving Officers' Behavioral Health

With the growing awareness of the need for supporting police officers' well-being,⁵⁴ efforts are underway to better fund behavioral health resources,⁵⁵ and there has been effort to address organizational barriers to facilitating access to such services.⁵⁶ For example, officer wellness was highlighted as a critical pillar of police reform by President Obama's Task Force on 21st Century Policing,⁵⁷ and the International Association of Chiefs of Police—the main professional organization for police leaders—has recently developed and made accessible reference documents and model policies on employee mental health and wellness.⁵⁸ Moreover, the Law Enforcement Mental Health and Wellness Act signed into law in 2018 has brought more awareness and allocated more resources to this important issue.

As a result, many law enforcement agencies now work to monitor and meet the behavioral health needs of their officers. For example, agencies across the country have adopted early warning systems to implement data-driven strategies for flagging problematic officer behavior that may be indicative of behavioral health challenges.⁵⁹ The same agencies are also making systematic efforts to increase the availability of services by expanding Employee Assistance Programs, establishing peer support programs, arranging critical incident debriefings, providing confidential access to a hotline—for example, COP-2-COP—and referring staff to psychologists.⁶⁰

Unfortunately, current organizational responses to police behavioral health concerns are limited in two ways. First, despite agencies' efforts, the law enforcement population as a whole has long tended to underutilize behavioral health resources.⁶¹ This underutilization is due to a variety of perceived barriers,

54. *Law Enforcement Mental Health and Wellness (LEMHWA) Program Resources*, OFFICE OF CMTY. ORIENTED POLICING SERVS., <https://cops.usdoj.gov/lemhwareources> [<https://perma.cc/XUT8-9F9G>] (last visited Jan. 26, 2023).

55. *Fact Sheet: President Biden's Safer America Plan*, WHITE HOUSE (Aug. 1, 2022), <https://www.whitehouse.gov/briefing-room/statements-releases/2022/08/01/fact-sheet-president-bidens-safer-america-plan-2/> [<https://perma.cc/5VTN-PGR6>].

56. George T. Patterson, Irene W. Chung & Philip G. Swan, *The Effects of Stress Management Interventions Among Police Officers and Recruits*, 7 CAMPBELL SYS. REV., no. 8, 2012, at 24–25.

57. PRESIDENT'S TASK FORCE ON 21ST CENTURY POLICING, OFFICE OF CMTY. ORIENTED POLICING SERV., FINAL REPORT OF THE PRESIDENT'S TASK FORCE ON 21ST CENTURY POLICING 4 (2015).

58. INT'L L. ENFORCEMENT POL'Y CTR., INT'L ASS'N OF CHIEFS OF POLICE, EMPLOYEE MENTAL HEALTH AND WELLNESS (2020), <https://www.theiacp.org/resources/policy-center-resource/employee-mental-health-and-wellness> [<https://perma.cc/A3VP-WJHB>].

59. Geoffrey P. Alpert & Samuel Walker, *Police Accountability and Early Warning Systems: Developing Policies and Programs*, 2 JUST. RSCH. & POL'Y 59, 59 (2000).

60. Peter Finn, *On-the-Job Stress in Policing – Reducing It and Preventing It*, NAT'L INST. JUST. J., Jan. 2000, at 21–23.

61. See Robert P. Delprino & Charles Bahn, *National Survey of the Extent and Nature of Psychological Services in Police Departments*, 19 PRO. PSYCH.: RSCH. & PRAC. 421, 421 (1988) (changing legal and social circumstances have created a need for psychologists to work with police agencies).

including: high levels of self and social mental health stigma that may prevent treatment seeking,⁶² structural mental health stigma that is perceived to negatively affect officers' future professional opportunities and trajectories,⁶³ and logistical barriers to care, such as not knowing where to get help and having scheduling issues due to non-traditional work hours.⁶⁴ Second, there is also very limited scholarship on the efficacy of behavioral health interventions that are typically offered to police officers. For example, one of the most commonly utilized interventions in the aftermath of a critical incident is critical incident debriefing; however, findings on the impact of debriefings for police officers and other first responders are mixed.⁶⁵ Moreover, there is evidence among civilian populations suggesting that debriefings may, in fact, have iatrogenic effects—that is, unintentional negative effects induced by medical intervention—when they are used in response to traumatic incidents—for example, debriefings following natural disasters or mass shootings.

In short, the strategic development of targeted, evidence-based behavioral health interventions addressing occupational strains and their adverse effects have lagged, which presents obstacles to preserving and building officers' well-being and professional capacities. An outgrowth of the dearth of data on these issues is that, at this time, there is little evidence-based organizational guidance on how to address occupational stress among police. Researchers can contribute greatly to knowledge building and translational efforts in this area.

E. Emphasizing Experimental, Multi-Level, And Multi-Source Research Designs

In general, research on behavioral health interventions for police has rarely leveraged the most rigorous experimental research designs—that is, randomized control trials—that could help confidently build the evidence base for such interventions. Interventional research to examine the effectiveness of strategies to reduce the impacts of occupational stress in policing and improve the behavioral health of officers is urgently needed to improve the rigor of research in this area. Moreover, such research should consider the optimal administration of useful interventions. For example, research has shown that interventions tend to be more effective when they are structured at multiple levels—including

62. See, e.g., Karaffa & Koch, *supra* note 46, at 759; Chelsea Wheeler et al., *Stigmatizing Attitudes Toward Police Officers Seeking Psychological Services*, 36 J. POLICE & CRIM. PSYCH., Sep. 2021, at 1 (establishing that some of the barriers include high levels of individual and social mental health stigma among police officers).

63. Hofer & Savell, *supra* note 46, at 554.

64. Haugen, McCrillis, Smid & Nijdam, *supra* note 46, at 219.

65. See, e.g., Grant J. Devilly, Richard Gist & Peter Cotton, *Ready! Fire! Aim! The Status of Psychological Debriefing and Therapeutic Interventions: In the Work Place and After Disasters*, 10 REV. GEN. PSYCH. 318, 331–39 (2006); Morag B. Harris, Mustafa Baloglu & James R. Stacks, *Mental Health of Trauma-Exposed Firefighters and Critical Incident Stress Debriefing*, 7 J. LOSS & TRAUMA 223, 223–234 (2002); Cheryl Regehr, *Crisis Debriefing Groups for Emergency Responders: Reviewing the Evidence*, BRIEF TREATMENT & CRISIS INTERVENTION 87–97 (2001) (varying results from studying the efficacy of crisis debriefing).

changes at leadership or policy levels as well as at the individual worker level—and when the training, program, or other resource is accompanied by targeted follow-ups (such as booster trainings, reminders) to ensure transfer and sustainability of knowledge, skills, or practice changes to the work environment in the long term. As noted above, officer experiences of stress can also differ based on several characteristics, such as race, gender, rank, and role within the agency. Accordingly, interventions should account for these differences and ensure that solutions address the needs of all groups.

Research on police behavioral health can also benefit from utilizing study designs that leverage different levels and sources of data. For example, exposure to stress and performance measures can be assessed at the agency level as opposed to the individual officer level. Agency exposure to stress could be assessed using variables such as call for service data, incident reports, records of officer injuries or assaults, or even the number of anti-police protests in a jurisdiction. Agency performance could also be assessed at the aggregate level using metrics like the number of complaints against officers and use-of-force incidents over a certain period. Policing research is also increasingly seeking to collect data from community members to understand perceptions of police and experiences of police interactions and quality of service from their perspective.

Using multi-level and multi-source research designs help to triangulate findings across data sources, improving the quality of research, while also serving as a useful strategy for preempting concerns about officer privacy and confidentiality.

F. Leveraging New Technology to Advance The Research

Due to the wide adoption of technological innovations in police departments across the country, there is a new wealth of administrative data available for research purposes. For example, one particularly useful data source is information collected in computer-aided dispatch software that is routinely used by police agencies. Such systems can be leveraged to access comprehensive details about 911 calls for service that are dispatched in a locality and how they were resolved by officers.⁶⁶

There is also much research potential in using body camera footage to assess various performance metrics, including the quality and outcomes of interactions between police and members of the public based on individual and contextual factors. Combined with recent methodological innovations in research settings, such as improvements to natural language processing, large amounts of administrative data can be analyzed. For example, transcriptions of body camera footage or text data from social media—generated by police or members of the public—could be used to examine issues such as public sentiment toward police or police experiences of work and stress.

66. *New Study to Help Cities Evaluate First-Responder Services Based on 911 Calls*, ARNOLD VENTURES (Dec. 10, 2020), <https://www.arnoldventures.org/newsroom/new-study-to-help-cities-evaluate-first-responder-services-based-on-911-calls/> [<https://perma.cc/Z3SN-KG2A>].

A different approach would leverage emerging technologies to create realistic simulations of work-related situations and tasks. Certain kinds of studies, particularly those involving randomized controlled trials in real-world settings, would simply be impossible or unethical. However, technology such as virtual reality could effectively be used in experimental designs in which officers are randomized to different stress reduction strategies before performing simulated tasks—including interacting with community members or responding to potential threats.

Recent developments in police technology present an invaluable, yet currently underutilized opportunity, for innovative police research linking psychological health and performance.

VI

CONCLUSION

It is without question that improvements need to be made to the way behavioral health issues are addressed in communities. Community members require better access to preventative resources, and those resources should be of high quality and culturally considerate. Police continue to need better training on how to respond to the behavioral health challenges affecting communities across the country. Jurisdictions across the country are implementing new first responder models and creating new departments to address this very need. Still, more effective coordination is needed between police, other first responders, clinicians, and other service providers to integrate the piecemeal behavioral health responses available in most communities. Yet, community issues cannot be adequately addressed unless we also invest in better behavioral health support *for* the police. These issues are inextricably tied. While this conceptual article focuses on the behavioral health of police officers, it is critical to acknowledge the potential compounding effects of the dynamics we describe here when an officer in crisis encounters a community member in crisis.

Members of marginalized communities, often communities of color, tend to suffer higher levels of violent victimization, stress and trauma generally, as well as disproportionate police contact. Within such contacts, they are also more likely to experience discrimination, use of force, and other types of negative interactions. Moreover, the increased recent coverage of police violence in traditional and social media may further compound the police-related fears among these groups.

There is some evidence that vulnerable community members may experience some of the very behavioral health-related consequences we outlined in this article. For example, one study showed that physiological stress increased among Black youth, but not White youth, between thirty-one and sixty days following a local police-related death.⁶⁷ While the study does not further elaborate on how

67. Christopher R. Browning et al., *Exposure to Police-Related Deaths and Physiological Stress Among Urban Black Youth*, 125 *PSYCHONEUROENDOCRINOLOGY*, Mar. 2021, at 6–8.

physiological stress may relate to behavioral changes, it is possible that community members who feel particularly vulnerable to negative or risky interactions with police experience the same changes to cognitive processes, decision-making, threat-perception and behaviors as we suggest police officers are likely to. It is critical to examine how poor behavioral health among police may interact with poor behavioral health among the vulnerable groups with whom officers routinely come into contact.

Officers who have better physical and mental health function are better able to perform their duties to protect and serve citizens. Thoughtful and innovative approaches to research, as described above, can help us understand what specific actions policymakers, agencies, and mental health professional should take to support the health and wellness of officers, and in turn, the health and wellness of the community members they serve.