

This Job is Killing Me!

Surviving the Hidden Health Risks of a Law Enforcement Career

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Session LIV

Garland County Sheriff's Office

Abstract

Law enforcement officers across the nation are afflicted with psychological and physiological diseases and illnesses at a much higher rate than the general public. Officers are subjected to extreme conditions that can cause these deep mental and physical health issues. These diseases must be identified and explored, and the causation of these illnesses must be determined.

Solutions to the unique challenges law enforcement face must be sought. Departments across the nation must take an active role in the health and safety of their officers in order to lessen the mental and physical impact of these debilitating conditions on the officers and their families and to create opportunities for stronger community relationships.

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Every day, hundreds of thousands of law enforcement officers take to the streets and roads to protect and serve the citizens of this great nation. Some risks of this profession are known due to the nature of the job. The FBI annually tracks data on officers killed and assaulted in the line of duty, enabling departments to prepare and train their officers physically and mentally for dangers they may encounter. While these risks and threats are frequently addressed, they are only a small part of the hazards these officers face. The law enforcement community is plagued by other causes of death and illness as a direct result of employment factors. Departments around the country must begin to recognize their role in the overall health and safety of officers and take proactive steps to mitigate those risks.

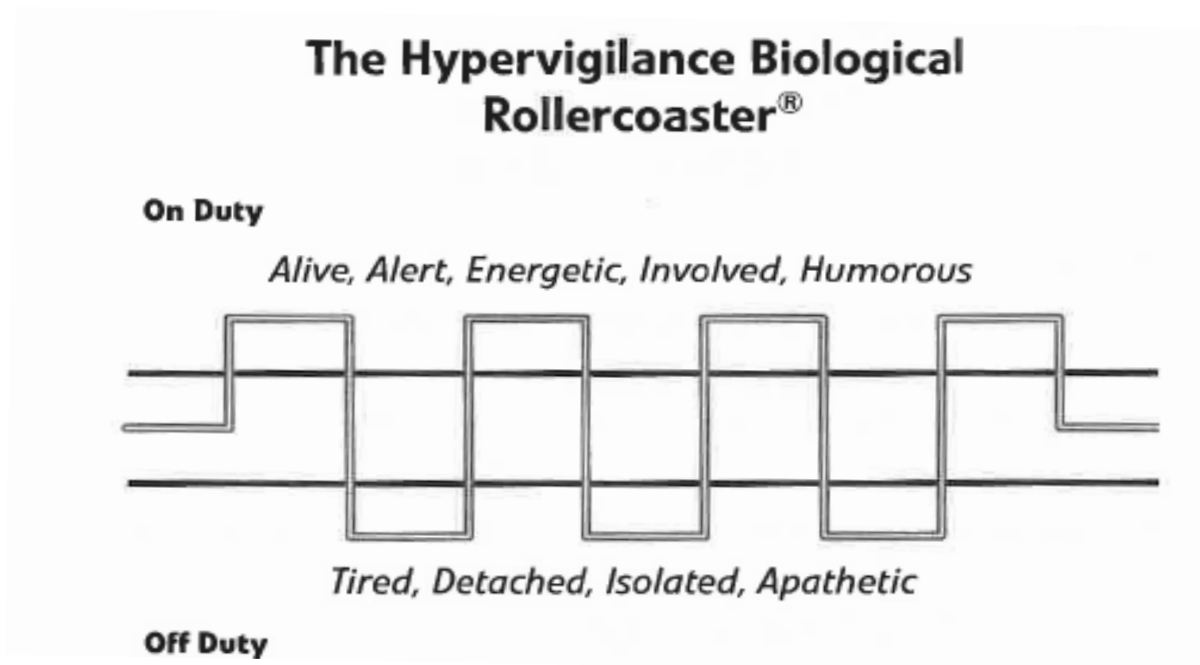
Conditions Related to Law Enforcement Careers and Their Causes

Mental Health Issues and Disorders

As a nation, mental illness is prevalent throughout the population. According to the National Alliance on Mental Illness (n.d), one in every five people suffer from some form of mental illness. Law enforcement officers are no exception to these statistics. Due to the nature of their job duties and factors beyond their control, many officers are at increased risk for a myriad of mental health problems. While mental health issues manifest themselves in different ways, the underlying causes can be similar across disorders. There are several factors that contribute to the negative psychological impacts of police work.

As part of their routine job duties, law enforcement officers are tasked with a wide range of situations. Unfortunately, exposure to traumatic events and extreme conditions can impact the

mental health of law enforcement professionals. In an article regarding a study on suicide risks to law enforcement officers, Jenna Hillard (2019) reports, “on average, officers witness 188 ‘critical incidents’ during their career”. Officers are often left without the tools or resources to cope with these extreme and recurring conditions. Traumatic situations can produce a cycle Dr. Kevin Gilmartin (2002, p. 50) calls “The Hypervigilance Biological Rollercoaster®”.



This cycle of behavior can exacerbate symptoms including avoidance and isolation from the officer’s support mechanisms. Left unaddressed, this emotional baggage can spiral into serious conditions that can impact the officers, their families and their departments.

Stress can also contribute to the symptoms of mental illness. In a study conducted by John Violante et al. (2018) regarding police stressors, two unique types of stressors were identified. One is based on situations encountered while performing job duties, or “operational stressors”. The other is based on the dynamics of the employing organization, or “organizational stressors”. While the exposure to “organizational stressors” may seem innocuous, research

shows officers who experience more “organizational stressors” reported higher levels of symptoms than officers who experienced “operational stressors” alone. Officers who display low levels of coping strategies (Violante et al., 2018) and lack “family or departmental support in responding” to these stressors are at higher risk for developing serious mental health issues (Police Executive Research Forum, 2018, p. 6).

Sleep deprivation and disorders can also reduce a person’s ability to effectively cope with events and stress, increasing the impacts of mental health problems. Sleep disturbance can be a symptom of an underlying issue, but it can also be the cause of issues for officers who are required to do shift work. Remaining awake during the nighttime hours can disrupt “the body’s circadian rhythms and causes them to become out of sync with the external environment and/or behavioral cycles.” The reduction of some chemicals in the body and the disruption of social inclusion with families or support systems can lead to depression (National Sleep Foundation, n.d.).

The main immediate mental health risks include depression, post-traumatic stress disorder, or PTSD, and other anxiety disorders. PTSD and other anxiety disorders often leave officers with a wide range of symptoms that may include hypervigilance or hyperarousal, reimagining the event, avoidance, sleep disturbance and depression. Research published by the Office of Community Oriented Policing Services states up to 17% of all officers, experience PTSD (Police Executive Research Forum, 2018, p. 4-5). Depression can cause sleep disturbance, feelings of hopelessness, appetite changes, and the loss of interest in activities, (NAMI, 2017) including activities that are often effective coping mechanisms.

Treatments for these disorders can include medications and therapy, however, many law enforcement officers shy away from treatment in a formal setting. Stigma associated with mental illness and the fear of damage to their professional credibility can cause officers to avoid conversations about their mental health issues (Heyman et al., 2018, p. 8) and deny support and help departments may offer. As a result, many officers experiencing symptoms of mental illness began a dangerous journey of “self-medicating”. Officers may use alcohol or drugs to mask the prevalence of their illness, thus creating addictions and substance abuse issues that can wreak havoc on their professional and personal lives (Hillard, 2019).

As mental health issues remain unaddressed, and substance abuse becomes more prevalent, suicide has become a crisis for the law enforcement community. “Officers’ death by suicide occur 2.4 times more frequently than deaths by homicide. Approximately 25 percent of officers experience suicidal ideations, compared to 13.5 percent of the general population” (Police Executive Research Forum, 2018, p. 5). Suicide has remained a silent killer among departments. In his book, *Emotional Survival for Law Enforcement*, Dr. Gilmartin (2002, p. 12) addresses the frequent mentality of other officers after a suicide.

After a fellow cop commits suicide, many officers have to develop strategies to avoid acknowledging the real emotional impact the job can have. Officers design techniques to blunt and deny the realities. This means putting emotional distance between what happened and the world the officer still works and resides in every day. In order to keep the suicide of a fellow officer at a safe emotional distance, fellow officers must tell themselves that the suicide must have been the result of some flaw in the individual psychological makeup of the dead officer.

The blame associated with such denial, sets back efforts of individuals and departments to promote suicide and mental health awareness.

Physical Health Problems

Due to the nature of the work, law enforcement officers can be afflicted with a wide array of physical health issues as well. Some of the physical threats are predictable. For example, per FBI (2019) data, 62.5% of all officer assaults happen between 6:00PM and 6:00AM, increasing the physical threat for officers who work the night shift. Officers can sustain injuries from a wide variety of sources including traffic accidents, heat exposure, and violence from another person. The unpredictable situations they are tasked with addressing make the possibilities endless. Most organizations provide training to decrease the risk of these types of injuries; however, some injuries and diseases have systematic causes.

Lower back pain is an issue many officers experience during their careers. Back pain can be debilitating for some officers. It can also lead to a dangerous reliance on prescription medication, putting officers at risk for substance abuse and addiction. In extreme cases, officers may require invasive surgery that can be the responsibility of the department's workers' compensation policy. This pain can reduce physical activity, which in turn, increases the risk of obesity and related issues. Lower back pain can cause permanent mobility problems and create significant impairment for officers long after their law enforcement career ends.

In a study at the University of Wisconsin – Eau Claire, researchers linked lower back and hip pain directly to traditional duty belts. Duty belts can carry up to 30lbs of gear, which can include firearms and ammunition, Tasers, radios, handcuffs, batons, and flashlights. The excess weight and bulk around the waist impacts almost all aspects of the officer's job. Walking,

standing, making arrests, and even long hours sitting in the squad car can have painful consequences with traditional duty belts (Berthiaume, 2018).

Obesity is a nationwide issue. And is measured by a body mass index, or BMI, over 30. Law enforcement officers, particularly those who work on the night shift are at increased risk. Anastasi Kosmadopoulos et al. (2020) conducted a study, Effects of Shift Work on the Eating Behavior of Police Officers on Patrol. They concluded “later mealtimes on night-shift days versus rest days is consistent with emerging hypotheses that implicate the biological timing of food intake - rather than its quantity or composition – as the differentiating dietary factor in shift worker health.” This study also stated “circadian disruption and sleep disturbance” are significant factors in impairments to metabolism and hormone production. Another factor impacting obesity in law enforcement is eating habits. During work hours, across all shifts, officers are left with few choices. Fast food quickly becomes a go-to for many. Coupled with sitting in a squad car for many hours per day, these types of habits can cause drastic impacts on the officer’s weight.

As these risk factors pile up, coupled with “The Hypervigilance Biological Rollercoaster®”, officers may retreat into a dangerous pattern. Dr. Gilmartin (2002, p. 69) outlines the tendency of officers to disconnect from their personal lives during off duty hours and fall into the pattern of “I usta”. “I usta” prefaces activities an officer used to participate in, i.e. “I usta workout”. According to Gilmartin (2002, p. 51-54), officers can revert to the “magic chair” or recliner during the off -duty part of the rollercoaster, often leaving healthy activities by the wayside.

Law enforcement officers face much higher risks for metabolic syndrome and cardiovascular disease. According to the American Heart Association (n.d.), metabolic syndrome is a group of disorders that may include high blood pressure, “abdominal obesity”, and “high fasting glucose levels”. The combination of these disorders places a person at greater risk for cardiovascular disease and type 2 diabetes. Cardiovascular disease covers a wide variety of conditions dealing with the circulatory system. Heart disease, heart attack, stroke, arrhythmia, and heart failure are all considered cardiovascular disease. Both metabolic syndrome and cardiovascular disease have underlying causes including “obesity, physical inactivity, genetic factors, and getting older (American Heart Association, n.d.)”

An article published by the National Police Support Fund (2019) reported “the average age of a police officer who suffers a heart attack is 49 years old, compared to 67 years old for the general population.” They also report stress can contribute greatly to the “prevalence of heart disease among police officers.” The disruptions to circadian rhythms and sleep patterns for night shift workers can also contribute to cardiovascular disease.

Law enforcement professionals are also at an increased risk for various forms of cancer. There are several contributing factors to the elevated occurrence of cancers. In the study, *The Epidemiology of Cancer Among Police Officers*, Michael Writh et al. (2012) states the following:

Circadian rhythms help maintain homeostasis in a variety of physiological processes, such as the immune, endocrine, cardiovascular, and autonomic nervous systems, and when disrupted may increase susceptibility to disease, including cancer.

Shift work and sleep disturbance increase the disruption of the circadian rhythms, which can contribute to “prostate, breast, non-Hodgkin’s lymphoma”, and colorectal cancer. Officers can also be exposed to unknown substances and pollutants that can increase the risks of “leukemia, non-Hodgkin’s lymphoma, lung, kidney”, and liver cancer. Radar equipment that is hand-held or rested against the officer’s body increases risks of “prostate, eye, brain, skin, testicular” cancer, and leukemia. Frequent exposure to direct sunlight significantly increases the risk of skin cancer, while solvents used to clean firearms can cause leukemia and Hodgkin’s lymphoma. (Writh et al., 2012)

Why Departments Should Help

Law enforcement professionals are faced with a stunning amount of physical and psychological risks. An officer’s decision-making and ability to communicate deteriorates as mental health stressors take their toll. Departments may experience absenteeism and use of sick leave, increased workers’ comp claims, early retirement among personnel, and a reduction in productivity. “This estimated productivity loss costs agencies \$4,000 per year for each officer affected” (Police Executive Research Forum, 2018, p. 6)

Impacted officers may experience difficulties in professional collaboration with colleagues and report disturbing decisions during “use of force incidents”, including difficulty assessing whether a situation is dangerous or not. “These issues pose serious concerns for officer safety, public safety, and overall agency performance.” Some symptoms of sleep issues and disturbance can manifest in an officer’s dealings with the public and can “be a hindrance to strengthening relationships with community members” (Police Executive Research Forum, 2018, p. 6-7).

Physical health issues also put the department in a contentious situation. Heart disease is responsible for up to “50 percent of early retirements” (Police Executive Research Forum, 2018, p. 4). Departments can lose significant resources when employees are unable to work. As shifts lose staff, other officers are stretched thin, and as a result, put under a higher amount of stress.

As agencies dispatch law enforcement professionals into communities, it is important for them to be a good community partner. This pivots on a workforce that is resilient, both physically and mentally, and capable of balancing the stress of the job with the best interest of the department and the public. Departments must take significant action to improve health and safety for this vital resource to benefit not only the officers’ long-term well-being, but also the public’s interest.

How Departments Can Help

Wellness Programs

One of the biggest things departments can do for both mental and physical health conditions is the establishment of a comprehensive wellness program; however, budgetary concerns can make these programs difficult to effectively implement. Many departments currently have a wellness program of some sort in place. The Police Executive Research Forum and the Office of Community Oriented Policing Services (2018, p.1-2) conducted research within the San Diego Police Department regarding their implementation of a wellness program, which is considered one of the premier programs in the nation. Their research found their current program was “decentralized”. They developed a “Wellness Unit” with full time department staff “to create and sustain a robust culture of wellness that prioritizes the physical and emotional health of the SDPD’s members.”

The different components of this “Wellness Unit” were the full-time staff, other support partners, and training. Staff members served on the unit for a two year term, and provided on-call coverage for immediate response to crisis situations. They found “waiting for a request from command staff to send help resources to the scene of a critical incident was impractical and delayed response time.” Members of the “Wellness Unit” worked to build trust and maintain confidentiality among members of the department, as well as producing “written materials to explain its services and publicize events (Police Executive Research Forum, 2018, p. 26).”

Programs can utilize a variety of support services to promote wellness. Many departments rely on a peer support program. Since law enforcement officers are often worried about the stigma associated with counseling, peers can sometimes be the best outlet. Peer support professionals should go through a formal training program to ensure the safety of both officers. Also, “peer support should be initiated immediately following a traumatic event, ideally while the officer is still on duty.” Services should be provided with confidentiality and should not be part of the “organized agency debriefings” (Stelter et al., 2017). Other effective support services that may be utilized are a police chaplain program, an alcohol/ substance abuse program, and psychological services (Police Executive Research Forum, 2018, p. 39-46).

Training was also incorporated into the “Wellness Unit” at the SDPD. New recruits were provided with “Emotional Survival Training”, based on Dr. Gilmartin’s book *Emotional Survival for Law Enforcement*, and “Effective Interactions Training.” Families of new recruits were included in “Psychological Preparedness Training for New Officers” in an effort to prepare families for the challenges their loved ones would face, as well as “familiarize them with the wellness services the department offers, and establish direct line of communication” (Police

Executive Research Forum, 2018, p. 48-50). For veterans, the department provides “Advanced Officer Training” annually to ensure seasoned employees have access to the same resources. In addition, the SDPD requires testing regarding *Emotional Survival for Law Enforcement* to ensure supervisors demonstrate competency on wellness issues (Police Executive Research Forum, 2018, p. 47).

Prompt responses to critical incidents reduces the tendency of agencies to minimize the impact of these situations on their officers. Also, most administrations can be dealing with multiple incidents simultaneously. Routing assistance for the officer through a separate department, frees administrative personnel to deal with the other implications of the incident(s). Intervention through a centralized system, ensures contact occurs with the officer(s) at regular intervals following critical incidents. All too often, officers may initially minimize or deny the emergence of symptoms, only to have issues surface later in the process. Initially providing helpful resources and then providing organized follow up will help build a supportive environment for officers.

Incentivized Participation

Often used in conjunction with a formal wellness program is incentivized participation. By tying participation to incentives, departments encourage participation. Departments can use a variety of incentives, i.e. additional time off or lowered insurance premiums, to participate in many different programs, including exercise, weight loss, and even stress management classes (Saldusk, 2018). Many health insurance companies already provide preventative and cancer screening services, intensive case management and resources for healthy lifestyle choices; however, that information is rarely communicated to employees during open enrollment. In the

research conducted by Police Executive Research Forum (2018, p. 10), participation increased with “incentives for physical fitness”.

Shift Work

Many of the outlined illnesses and diseases have a sleep disorder component. Both physical and mental health are dependent on adequate sleep and a routine sleep schedule. In the study, *Building and Sustaining an Officer Wellness Program*, researchers outlined guidelines for the healthiest way to schedule shifts (Police Executive Research Forum, 2018, p. 9).

In studies of shift length, researchers have found that compared to a schedule of five eight-hour shifts per week, a schedule of four 10-hour shifts resulted in workers getting significantly more sleep, experiencing less fatigue at the beginning of work shifts, and reducing overtime. In addition, a schedule of four 10-hour shifts is associated with lower fatigue and higher alertness than a schedule of three 12-hour shifts.

Depending on the department’s shift rotations, changes should be made to provide adequate rest periods for shift workers. Training often occurs during normal business hours, stressing already fatigued officers further. Considerations should be made when scheduling mandatory trainings and meetings to accommodate these needs.

Equipment Considerations

There are endless ideas and equipment solutions to improve an officer’s physical health. So many small things can make significant improvements on the overall well-being of officers. Some agencies hold on to the traditional style of uniforms with pressed, polyester pants and shirts, stiff, polished leather belts and a lot of shiny brass. While these uniforms look professional, there are some issues associated with them. The material of these uniforms does

not breathe and can create heat exposure and skin irritation issues for officers working in a hot climate. Something as simple as the fabric of a uniform makes such huge difference.

Wide, stiff leather belts or duty belts have been an integral part of a law enforcement uniform. They hold the tools of a law enforcement professional tightly in place. Unfortunately, they do not conform or flex to fit the human body. A study, conducted by the University of Wisconsin-Eau Claire, researched officer back pain in relation to duty belts versus load bearing vests. In all cases, officers wearing the vest reported less pain. When the officers transitioned back to the belt, they reported increases in pain. While the vests can be heavy, taking the weight off the officer's hips make a tremendous difference. During the study, participating officers continued to wear their duty weapon and Taser on the duty belt, but all other equipment was moved to the vest. There has been some controversy about the mobility of the new vest and the added training on muscle memory during high stress situations. During the study, they found there was no noticeable difference in mobility and "use-of-force training" corrected any muscle memory issues (Berthiaume, 2018).

Some departments across the nation are deploying other solutions to reduce lower back pain in officers. Break-away suspenders can distribute "the weight of the equipment over the shoulders and chest rather than just the waist". Officer safety was an issue with suspenders without the break-away feature. Properly loading the duty belt to "avoid placing hard objects", like handcuffs, near the spine has been effective. Research also suggests nylon belts and pouches provide a better fit that is more comfortable for officers, while drop-leg holsters reduce the weight of the firearm on the belt. Additional lumbar support and replacement of old and deteriorating seats can also result in significant improvement. Departments should also consider

seat design and modification for vehicles, as bolsters in the seat can create pressure at different spots on the duty belt (Espinoza, 2010).

Other modifications can be made to reduce instances of cancer. Transitioning from hand-held radar equipment to vehicle mounted equipment can drastically reduce the risk of cancer associated with radar emission. Officers should be issued respirators and full-face masks to ensure better protection against airborne fumes and pollutants. Departments could order fleet vehicles with UV protection applied to the windows. Window tinting with UV protection comes in a variety of shades, including clear. Small investments can reduce officers' risk in meaningful ways.

Conclusion

Responsibility and expectations run high for the heroes who protect our communities throughout the nation. Departments must provide tools to help these officers cope with the strains and stresses of their jobs. These tools can enable officers to become healthy and resilient. Healthy, resilient officers will serve their departments and the communities more effectively. Our communities deserve the most effective protection available, and departments must answer the call for improvement.

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