



# “Supporting Our Community:” Exploring the Impact of a Multi-Agency Police Peer Support Program

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## ABSTRACT

**Research Summary.** Policing is a high-stress career which can have a serious impact on officers’ mental health and wellness. This study expands upon one evidence-based practice to promote officer well-being: peer support programs. In addition to training with mental health professionals, peer support officers engage with colleagues on various mental health and wellbeing topics. Using data from a multi-agency peer support program in southern New Jersey, this study describes experiences during the development and design stages as well as specific challenges faced by officers and administration. Descriptive analyses offer insight into the prevalence of wellness topics discussed among officers and the types of interventions taking place among peer support members.

**Policy Implications.** There is limited research on the development and implementation of peer support programs among U.S. law enforcement agencies. The current study fills this gap by providing a nuanced look at both a peer support program’s early stages (i.e., design and development) and the later stages evaluating ongoing program and participant processes. Findings provide information that may prove useful for future program development and this study offers recommendations to guide the planning and execution of future peer support programs.

*Keywords:* mental health, officer well-being, peer support



## Introduction

Policing is an extremely taxing occupation characterized by dangerous and stressful situations that can adversely affect officers' mental health (Purba & Demou, 2019; Velazquez & Hernandez, 2019). In comparison to the general population, police officers are more likely to experience higher levels of anxiety, burnout, depression, and stress (Gullon-Scott & Longstaff, 2024; Lees et al., 2019). Moreover, officers are more likely to struggle with post-traumatic stress disorder (PTSD), substance abuse, and suicide ideation (Chae & Boyle, 2012; Soomro & Yanos, 2019). The job demands quick and effective decision-making in stressful situations, which can take a toll on officers' mental health and wellbeing. However, many officers find it difficult to ask for help due to distrust, stigma, and/or fear of repercussions (Jetelina et al., 2020; Karaffa and Koch, 2016).

Peer support programming, which emerged within several law enforcement agencies in the 1980s, was introduced as a promising practice to provide officers with mental health support (Reese, 1995). Not only do these programs emphasize the importance of relying on peers, but they also supply advice and support based on shared experiences and common social identities (Uhl et al., 2023). The number of mental health programs and services offered to officers is growing and now includes annual wellness visits, crisis hotlines, and employee assistance programs (EAPs). Peer support programs are another avenue for referring officers to professional services when peers cannot provide the necessary support (International Association of Chiefs of Police, 2023; Van Hasselt et al., 2019). Peer support programs are usually led by professionals and sustained by the insights of fellow officers. But program development and administration vary tremendously from place to place. As a result, there is limited research about peer support programs' impact on law enforcement agencies.

In response to this gap in the literature, this article presents preliminary findings from a study of a multi-agency peer support program. We first discuss the development and impact of law enforcement peer support programs based on prior research. Next, we describe the development of a multi-agency peer support program in New Jersey known as the Multi-Agency Police Peer Support (MAPPS) Program, which is the focus of the authors' ongoing evaluation. Since 2020, MAPPS team members have provided support to officers across three New Jersey agencies in Camden County. Looking at preliminary evidence during an 11-month period, we provide some findings on the frequency of interventions, topics discussed, and referrals made by MAPPS team members. We discuss the study's next steps and future considerations for research evaluating peer support programming.

## Literature Review

Starting in the 1980s, several major law enforcement agencies, such as the Boston Police Department, Los Angeles Police Department, and San Bernardino County Sheriff's Department, introduced peer support programming as a crucial component of assistance and intervention



for the mental health and wellbeing of officers (Klimley et al., 2018; Reese, 1995). Peer support programs offer emotional support to officers navigating both work-related and non-work-related trauma. These programs, which generally involve one-on-one meetings between officers and peer supporters, acknowledge the reality that many officers prefer to speak to peers with shared experiences (Feuer, 2021; Venville et al., 2024). Not only are peers often the first to hear about an officer's mental health concerns and/or symptoms, but they are also the first to see any signs of psychological distress in their daily interactions (Klimley et al., 2018). Peer supporters may offer advice and support to their fellow officers and, in some instances, encourage officers to seek professional help for mental health concerns. Therefore, peer support programs not only serve to improve individual officers' wellbeing, but they can also serve as an important tool in overcoming the barriers and stigmas associated with seeking mental health help (Bell & Eski, 2016; Bonner & Crowe, 2022; Dowling et al., 2005).

As peer support programs have gained popularity over the years, some have expanded to provide peer supporters with specialized training on pro-active mental health and wellness support options. In other words, peer supporters undergo training on mental health and wellness from a licensed mental health clinician who holds a graduate or post-graduate degree and is certified to work with first responders (Uhl et al., 2023). There are numerous advantages to these types of programs. First, this training provides peer supporters with additional knowledge to more effectively identify officers' needs and engage with them before their challenges become significant. While some agencies may offer their officers the opportunity to meet with mental health professionals, these professionals may not be as readily available as peer supporters. Thus, trained peer supporters can apply evidence-based practices and mental health techniques to support their fellow officers rather than wait to schedule an appointment with a mental health professional. Second, this training potentially reduces the influence of police subculture. Because the stigmatization of help-seeking is influenced by police subculture, these trainings offer peer supporters the opportunity to gain a non-law enforcement perspective from a mental health professional who has been trained on interventions and programs to assist fellow officers (Drew & Martin, 2021). Because mental health professionals are bound by confidentiality, ethical guidelines, and other laws, peer supporters can receive feedback within a judgement-free space and without fear of negatively impacting their career during the training. Finally, the continued partnership between peer supporters and mental health professionals cultivates trust and may reduce some of the stigma attached to seeking help for issues associated with mental health among officers.

Despite the increasing popularity of peer support programs among law enforcement agencies, a limited number of studies have examined their impact (Castellano, 2012; Jones et al., 2022; Van Hasselt et al., 2019). First, while peer support programs are becoming increasingly common, there is limited information on the availability of peer support programs across the country. Bonner and Crowe (2022) found that officers from larger agencies were more likely to report having access to peer counseling or support. Specifically, 89% of respondents in agencies with more than 250 officers reported access to peer support while only 42% of respondents from



agencies with fewer than 50 officers had access to peer support (Bonner & Crowe, 2022). Second, it is unclear why officers reach out to peer supporters. In other words, there is limited research on what topics officers are most likely to request support for (Fallon et al., 2023). For example, Milliard (2020) found that peer support team members provided the most support for organizational stressors among police given their shared lived experience. Venville and colleagues (2024), on the other hand, found that officers indicated their experience with peer supporters provided them with a judgement-free space and helped them restore their social and family relationships. Finally, officers may not use any of the existing mental health and wellness programs and services, including peer support programs, even when agencies offer them (Padilla, 2023). For example, Drew and Martin (2023) found that nearly 40% of officers who had access to peer supporters sought to use the programs. Therefore, it is important to identify whether peer supporters are being utilized, what the reasons are for officers reaching out to them, and whether officers are utilizing other programs for mental health support to determine their impact on officers’ mental health and wellness.

Overall, research provides some promising conclusions on peer support programs in law enforcement. First, peer support programs are instrumental in helping officers develop a social network and reconnect with their family and social relationships—factors that are associated with lower stress (Page & Jacobs, 2011). Second, peer support programs offer officers a judgement-free space to confide in peers who have shared experiences (Chae & Boyle, 2012; Crowe et al., 2022). Third, peer support programs are valuable for addressing mental health concerns among officers while mitigating stigmatization. However, despite their popularity, some officers criticize the lack of confidentiality, conflicts of interest, and connection to law enforcement culture since they are generally comprised of fellow officers (Uhl et al., 2023). Therefore, more research is needed to evaluate their effectiveness.

## Multi-Agency Police Peer Support (MAPPS) Program

While attending Temple University’s Police Leadership graduate certificate program in 2016-2017, Captain William Walsh developed a strategic plan for the Voorhees Township Police Department to implement a holistic organizational health and wellness program in partnership with Dr. Jennifer Kelly, a police and public safety psychologist. The goal of the program was to provide officers with the opportunity to access several mental health and wellness resources and services, including an annual wellness visit with Dr. Kelly, family wellness seminars, an employee assistance program, and an employee and family wellness guidebook. After implementing the program, the Voorhees Township Police Department partnered with Dr. Patricia Griffin of Holy Family University to conduct a pre- and post-evaluation of the program’s mental health and wellness services, which offered recommendations on how to improve their existing resources and services. In particular, the findings revealed that some officers preferred to speak with a peer who had similar experiences rather than a licensed mental health clinician, chaplain, or EAP provider. Thus, the research helped



drive the creation, mission, selection process, and training curriculum of the peer support program.

In 2020, Captain William Walsh and Dr. Jennifer Kelly developed the MAPPS Team with the assistance of several key individuals who had experience in developing peer support programs in other agencies. For example, Dr. Medina Baumgart, who is a police psychologist with the Los Angeles County Sheriff's Department, provided assistance and support in the design of the program's table of organization, selection process, and training. Dr. Vincent Van Hasselt,<sup>1</sup> who is a faculty member at Nova Southeastern University, also provided support in the 40-hour training. Captain Walsh, who served as the program's first coordinator, and Dr. Kelly, who served as the qualified mental health professional, partnered with the following three Camden County, New Jersey agencies to create the multi-agency peer support program: the Cherry Hill Township Police Department, the Gloucester Township Police Department, and the Voorhees Township Police Department.<sup>2</sup> Officers interested in serving as peer supporters were recruited from the three agencies and asked to complete an application form. The goal was to select individuals with whom their peers would feel comfortable speaking to about personal and/or professional adversity. Officers were disqualified from the applicant pool if they had internal affairs issues or poor work performance. The approved applicants were moved on to an application review and a confidential in-person interview with Captain Walsh and Dr. Kelly. At the conclusion of the process, the peer support team leaders selected the first cohort of 23 officers to participate in a mandatory 40-hour training program before becoming peer supporters.

A key component of the MAPPS Team's successful development is the quarterly eight-hour in-service training and debriefing sessions led by Dr. Kelly. Following the mandatory 40-hour training program during the selection process, peer supporters continue to participate in quarterly eight-hour in-service trainings and debriefing sessions throughout the year to discuss any challenges or questions about peer contacts over the past three-month period, review requests for psychological first aid debriefings following critical incidents, and consult with Dr. Kelly on cases and available referral options. These trainings and debriefing sessions allow Dr. Kelly clinical oversight to ensure team members have not experienced vicarious trauma, acted outside of their scope as peers, or caused harm. Information from these meetings helps team leadership provide feedback to the agencies to create healthier organizations while maintaining confidentiality of the individuals seeking help and their peer supporters.

Additionally, topics for new training presentations are identified from the needs demonstrated in their peer contact reports. Following every peer contact, peer supporters complete

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- 1 Dr. Van Hasselt, along with several doctoral students working towards careers as police and public safety psychologists, facilitated a virtual presentation of the NSU Peers As Law Enforcement Support (PALS) training program which represented one-half of the 40-hour initial training for team members. These students deftly contributed to the new peer supporters' skills acquisition through effective role-playing scenarios. However, due to COVID-19 restrictions, the initial team members were trained in two separate cohorts with a hybrid of virtual and in-person instruction.
  - 2 Each agency involved in MAPPS identified as a smaller agency compared to some other U.S. law enforcement totals. Cherry Hill Township Police Department and Gloucester Township Police Department each had 140 and 135 total sworn officers, respectively. Voorhees Township Police Department was the smallest, with about 54 total sworn officers.



reports on each contact, including whether they felt prepared to discuss the concern with their peer. This data serves two purposes for the quarterly training. First, subject matter experts and research organizations are consulted to tailor the ongoing training to address any organizational needs based on the feedback provided in the reports. For example, in 2023, data showed that MAPPS members were increasingly asked to help their peers with issues relating to grief. In response, a local hospice facility was asked for training to assist peers' navigation of the components of the grief process and how to act in an empathetic and supportive manner. The hospice graciously sent a trainer on several occasions to aid the MAPPS Team. Second, the MAPPS Team leaders review the data during each quarterly eight-hour in-service training to refine the measures and ensure accurate recording of every peer contact. Any relevant changes or concerns are communicated with the research team at American University (led by Dr. Iwama) for review. American University regularly participates in this portion of the training session to maintain an open dialogue with team members. Team members are able to better understand what the researchers are hoping to measure with the data collection tool, and researchers are informed of any improvements that only those actively engaging in data collection (i.e., the MAPPS Team members) could identify. Overall, the data collection serves as an internal performance management tool to track peer support team member activity and comfort with the peers' scenarios to plan training for the following quarter.

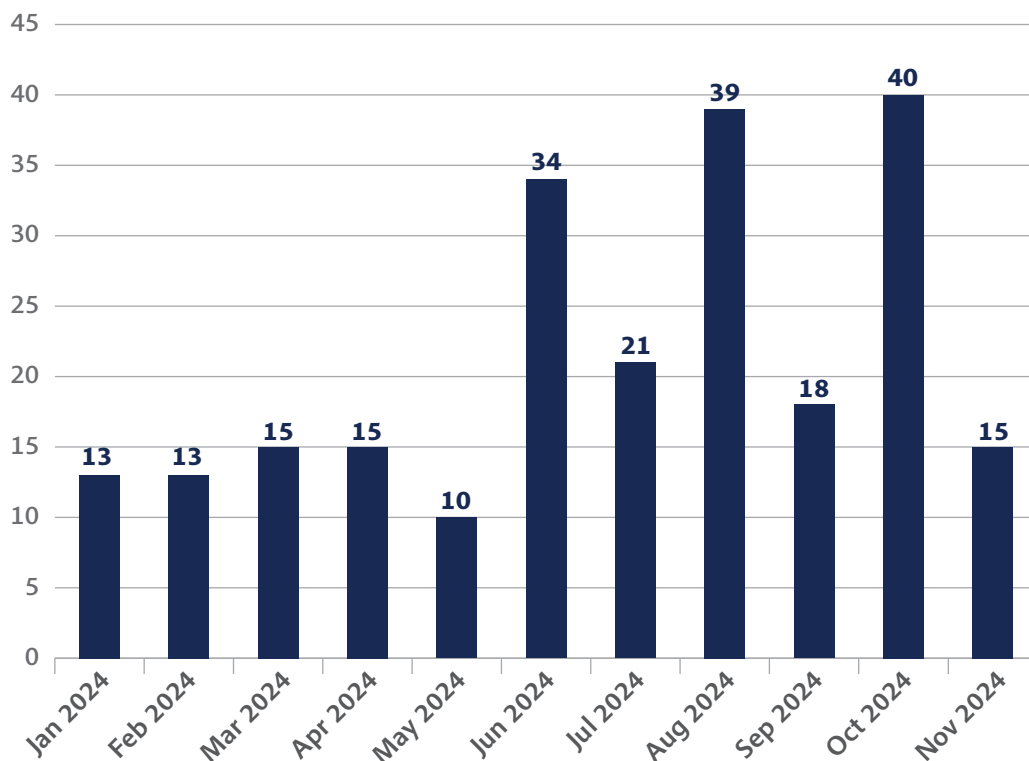
Nevertheless, any shift in culture and movement away from “the way things have always been done” is bound to cause growing pains, blind spots, and communication issues. Although the initial development of MAPPS was uneventful apart from COVID-19 illnesses and safety protocol considerations, there were several challenges that emerged in the first year of the program. First, having three separate police departments with different cultures and organizational structures sometimes required delicate navigation to maintain the program's integrity and ensure all partners were satisfied with their investment. Second, it became clear that peer supporters needed to be reminded about the limitations of confidentiality and mandatory reporting. Peer supporters tended to focus on protecting their contacts' confidentiality rather than exceptions to it or the importance of providing informed consent. Third, several measures had to be taken to address burnout among peer supporters. While police officers are known to experience burnout, the risk is greater among peer supporters who are also experiencing it from their job as officers as well as their role as peer supporters. For this reason, the initial 40-hour training and continuous in-service trainings regularly discuss the importance of self-care and participating in therapy. For example, several MAPPS members, who have taken a hiatus from the team or removed themselves for their own health, wellness, and work-life balance, have been supported by the program. Team members and the three police department chiefs consistently receive the message that needing a hiatus or stepping down would not be viewed negatively but rather supported for the good of the team member, their families, and peers. Moreover, the mantra “first, do no harm” has been a driving force behind how and why the team was created, operates, and evolves. The team works to remain aligned with its ethos. Learning organizations must grow from challenges, and MAPPS continues to proactively seek, identify, and remedy weaknesses.



## Data Collection

As mentioned earlier, the MAPPS Team has collected data to maximize the peer supporters' efficacy and confidence in their service provision. MAPPS Team leaders have refined the data collection system over time from monthly paper reports to online monthly reports to an online activity log following every peer contact. In 2024, MAPPS members began completing entries in real time following each activity and intervention with a peer rather than waiting until the end of the month to record these actions. The reports include information on the form of communication (e.g., phone call, text message, etc.), topics discussed (e.g., emotional/mental health concerns, physical health challenges), and any referrals made (e.g., private counseling). Not only do these reports offer administrators with an opportunity to address any gaps in training, but they also offer the opportunity to better understand the activities and interventions that peer supporters are engaging in to support their peers. Due to the limited research on peer supporters' activity, we discuss preliminary findings from the peer contact reports in the following section to better understand the type of outreach, areas requiring support, and referrals made by peer supporters.

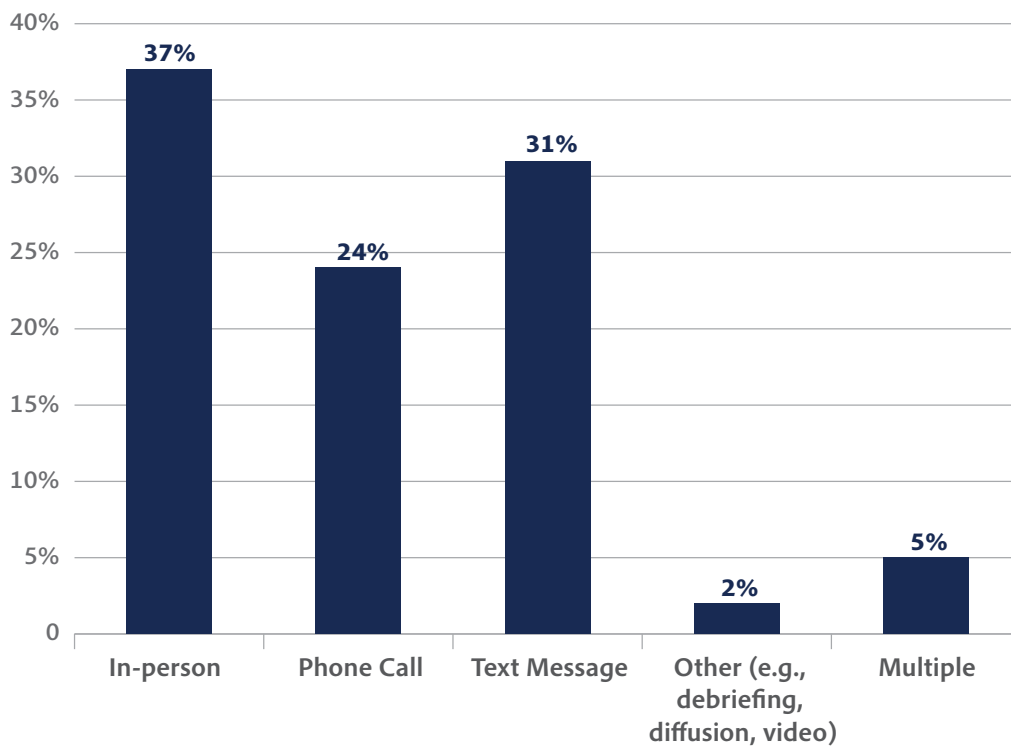
## Findings



**FIGURE 1.** Total Number of Reported Peer Support Interventions by Month, January 2024-November 2024



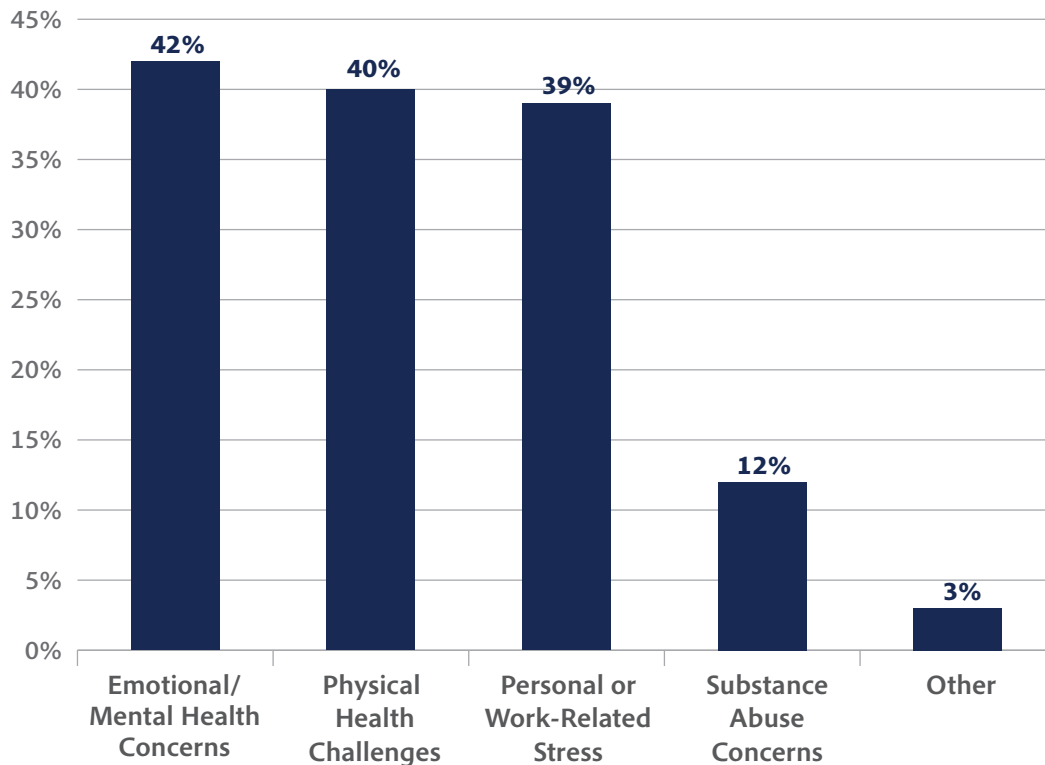
The preliminary data represents 233 contacts made by 27 peer supporters during an 11-month period, from January 2024 to November 2024. On average, peer supporters made about 21 contacts per month with the largest share reported in June, August, and October (see Figure 1). However, it is important to note that during this time, a small number of officers conducted a large share of the peer contacts due to peer supporters who came in as new recruits, peer supporters who were on scheduled leave, or peer supporters who retired during the 11-month period.



**FIGURE 2.** Percent of Reported Peer Support Interventions by Form of Contact, January 2024-November 2024

As shown in Figure 2, most peer supporters met with their peers in-person (37%) while others spoke on the phone (24%) or sent text messages (31%). A smaller share of peer supporters used multiple forms of communication (5%), and others met during critical incident stress debriefings/diffusions<sup>3</sup> or using video chat (2%). While peer supporters are available to support officers from any of the three agencies, most contacts were with members from their own agency (88%), which may explain why a large share of peer support meetings took place in-person.

3 Critical incident stress debriefings (CISD) refer to interventions, which are scheduled with officers that have been exposed to a stressful or traumatic event to provide them with space to process the incident. Critical incident stress diffusions, on the other hand, are shortened versions of CISD that take place immediately or soon after a critical incident to address basic human needs before a scheduled CISD.



**FIGURE 3.** Percent of Reported Peer Support Interventions by Topic, January 2024-November 2024<sup>4</sup>

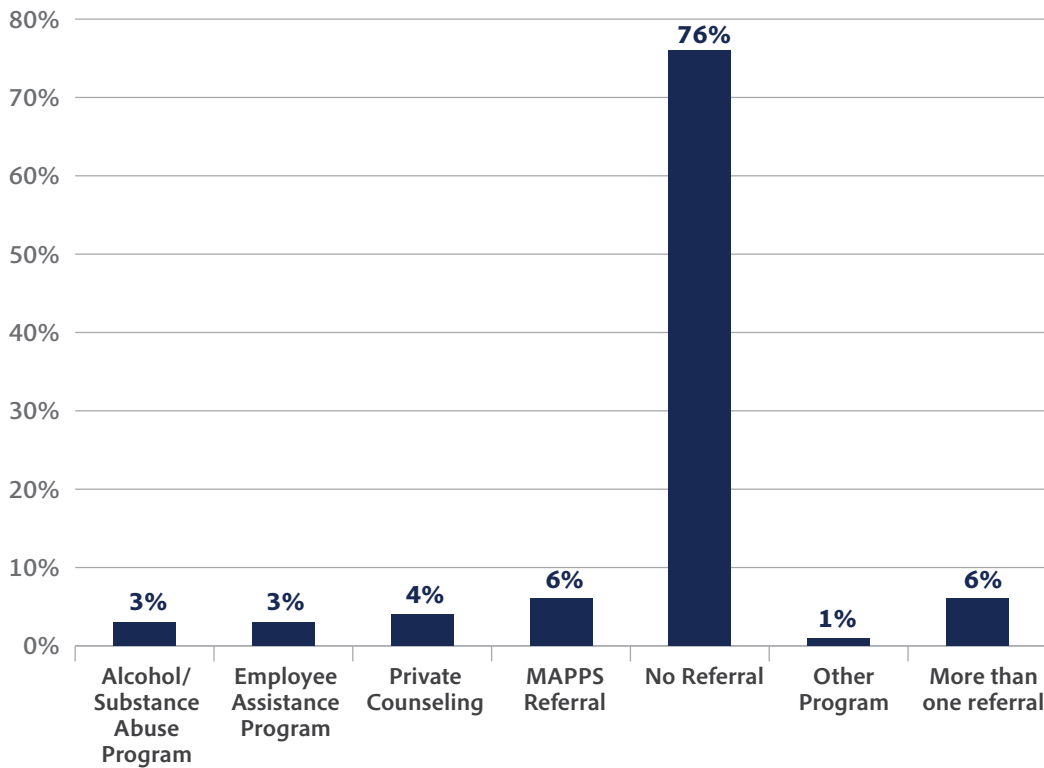
Turning to topics that were discussed during interventions, peer supporters were asked whether they addressed substance abuse concerns (e.g., alcohol abuse, etc.), emotional/ mental health concerns (e.g., anger issues, anxiety, depression, etc.), physical health challenges (e.g., injury on-duty, injury off-duty, trauma exposure, etc.), and/or personal or work-related stress (e.g., agency-related stress, job-related stress, financial stress, etc.). As shown in Figure 3, most peer supporters spoke to officers about their emotional/mental health concerns (42%), physical health challenges (40%), and/or personal/work-related stress (39%). On the other hand, substance abuse concerns (12%) and other topics (3%) were less likely to be discussed during a peer support activity/intervention. However, about one-third (31%) of these peer contacts discussed topics from more than one area of concern.

Figure 4 displays the percentage of referrals given by peer support team members. Although peer supporters are encouraged to refer officers to programs/services when it is deemed necessary, they are not required to do so. More than three-quarters of the peer contacts that took place during the 11-month period resulted in no referral. In other words, officers felt that they had sufficiently addressed the officer's concern and/or indicated that they would continue to meet with the officer to provide their support. On the other hand, six percent of the peer contacts resulted in a

<sup>4</sup> Note. Survey respondents were able to select more than one topic for each activity/intervention completed.



referral being made to another MAPPS Team member who the peer supporter felt would be better equipped to support the officer, and six percent of the peer contacts resulted in multiple referrals. Less than 4 percent of the peer contacts were referred to alcohol or substance abuse programs (3%), employee assistance program (3%), private counseling (4%), or another program (1%).



**FIGURE 4.** Percent of Reported Peer Support Interventions by Type of Referral, January 2024-November 2024

At the end of each report, peer supporters indicated how confident they felt in addressing the areas of concern brought up during the intervention. On a scale of 1 to 10, the average confidence rating among all peer supporters who submitted reports was 9.2, with a standard deviation of 1.04. Therefore, while ratings ranged from 5-10, most of the peer supporters felt confident about addressing the topics that they discussed with their fellow officers.

## Summary and Conclusions

With the growing number of peer support programs offered by law enforcement agencies across the U.S., it is important to share experiences and lessons learned during the design and implementation of specific peer support programs. More importantly, it is essential to identify best practices for small law enforcement agencies, which make up the largest share of U.S. agencies and



face unique challenges (International Association of Chiefs of Police, 2023). Based on this study's preliminary findings, peer supporters in the MAPPS program are actively engaging with officers. While the number of average activities/interventions can vary per month, officers do appear to be utilizing peer supporters. Continuous monitoring of monthly totals may be helpful to detect unique patterns given major events, changes in leadership, and/or policy changes. For instance, certain months may see greater need for peer support contacts and thus require more attention.

Overall, the preliminary findings revealed several key conclusions. First, peer supporters engaged more often with officers within their agency. While the MAPPS program is unique in that it encompasses three agencies working together, evidence suggests that officers are more comfortable engaging with peer supporters they know or meeting with a peer supporter in the same agency possibly due to their accessibility and availability. While past research has highlighted differences in the offerings of peer support programs by agency size (Bonner and Crowe, 2022), it is unclear what impact agency size has on the accessibility, availability, and utility of peer support programs. Second, findings indicate that peer supporters largely engaged in conversations about emotional and physical health concerns as well as personal- or work-related stress. Considering some of the most common negative health impacts identified among police including anxiety, depression, and burnout (Gullon-Scott & Longstaff, 2024; Lees et al., 2019), it is not surprising these are among the most commonly discussed topic categories during peer support interactions (Gullon-Scott & Longstaff, 2024; Lees et al., 2019). Third, peer supporters expressed confidence in discussing the topics encountered during contact, which can likely be attributed to regular MAPPS trainings. The MAPPS program prioritizes regular team meetings where members can request more training in specific topics. Once a topic area that could benefit from more training is identified, lessons led by a mental health professional are provided during the meetings. This continuous cycle of training not only teaches peer supporters best practices, it also provides the program with opportunities to direct the training according to officers' needs. While past research has highlighted the usefulness of incorporating training from mental health professionals (Uhl et al., 2023), research has not fully explored the benefits of continuous training—or the effects of having the peer supporters direct training topics. Finally, it is surprising to learn that a large share of officers are not being referred to other programs or services for support. It is possible that peer supporters are capable of addressing officers' concerns or challenges due to similar lived experiences. On the other hand, future research should examine how peer support programs compare to other existing mental health and wellness resources and services being offered to officers by their agencies and whether the lack of trust in other types of programs or services may influence referrals.

Considering the serious mental and physical health tolls policing can have on officers (Purba & Demou, 2019; Velazquez & Hernandez, 2019), research needs to further explore the development and implementation of peer support programs. Peer support has proven to be an effective tool for officers' mental health and wellness (Bell & Eski, 2016; Bonner & Crowe, 2022). For this reason, further research is warranted. It is important to advance this research by investigating what practices enhance the relationships between peer supporters and officers and how to replicate



these successes with agencies' available resources. This study provides first-hand experience before, during, and after designing a multi-agency peer support program. While our recommendations should not be generalized to every agency, they do provide an exploratory account of what other peer support program coordinators may encounter.



## References

- Bell, S., & Eski, Y. (2016). "Break a leg - it's all in the mind": Police officers' attitudes towards colleagues with mental health issues. *Policing: A Journal of Policy and Practice*, 10(2), 95-101. <https://doi.org/10.1093/police/pav041>
- Bonner, H. S., & Crowe, A. (2022). Mental health programming for law enforcement: A first look at trends and perceptions of effectiveness. *Journal of Crime and Justice*, 45(5), 552-566. <https://doi.org/10.1080/0735648X.2022.2045209>
- Castellano, C. (2012). Reciprocal peer support (RPS): A decade of not so random acts of kindness. *International Journal of Emergency Mental Health*, 14(2), 105-110. <https://pubmed.ncbi.nlm.nih.gov/23350226/>
- Chae, M. H., & Boyle, D. J. (2012). Police suicide: Prevalence, risk, and protective factors. *Policing: An International Journal*, 36(1), 91-118. <https://doi.org/10.1108/13639511311302498>
- Crowe, A., Averett, P., Bonner, H., Franks, C. (2022). "Let them know it's okay to get help:" Addressing the mental health needs of police officers. *Administration and Policy in Mental Health and Mental Health Services Research*, 49, 613-622. <https://doi.org/10.1007/s10488-022-01187-1>
- Dowling, F. G., Genet, B., & Moynihan, G. (2005). A confidential peer-based assistance program for police officers. *Psychiatric Services*, 56(7), 870-871. <https://doi.org/10.1176/appi.ps.56.7.870>
- Drew, J. M., & Martin, S. (2021). A national study of police mental health in the USA: Stigma, mental health and help-seeking behaviors. *Journal of Police and Criminal Psychology*, 36, 295-306. <https://doi.org/10.1007/s11896-020-09424-9>
- Drew, J. M., & Martin, S. (2023). Mental health and wellness initiatives supporting United States law enforcement personnel: The current state-of-play. *Journal of Community Safety and Well-Being*, 8(Suppl\_1), S12-S22. <https://doi.org/10.35502/jcswb.298>
- Fallon, P., Jaegers, L. A., Zhang, Y., Dugan, A. G., Cherniack, M., & El Ghaziri, M. (2023). Support Programs to Reduce Organizational Stress and Trauma for Public Safety Workers: A Scoping Review. *Workplace Health & Safety*, 71(11), 523-535. <https://doi.org/10.1177/21650799231194623>
- Feuer, B. S. (2021). First responder peer support: An evidence-informed approach. *Journal of Police and Criminal Psychology*, 36(3), 365-371. <https://doi.org/10.1007/s11896-020-09420-z>
- Gullon-Scott, P., & Longstaff, L. (2024). The prevalence of depression, anxiety, stress and their relationship to length of service in the UK police force. *The Police Journal*, 97(1), 131-149. <https://doi.org/10.1177/0032258X221140813>
- International Association of Chiefs of Police. (2023). *Implementing Peer Support Services in Small and Rural Law Enforcement Agencies*. Washington, DC: Office of Community Oriented Policing Services.
- Jetelina, K. K., Molsberry, R. J., Gonzalez, J. R., Beauchamp, A. M., & Hall, T. (2020). Prevalence of mental illness and mental health care use among police officers. *JAMA Network Open*, 3(10), e2019658-e2019658. <https://doi.org/10.1001/jamanetworkopen.2020.19658>
- Karaffa, K. M., & Koch, J. M. (2016). Stigma, pluralistic ignorance, and attitudes toward seeking mental health services among police officers. *Criminal Justice and Behavior*, 43(6), 759-777. <https://doi.org/10.1177/0093854815613103>
- Klimley, K. E., Van Hasselt, V. B., & Stripling, A. M. (2018). Posttraumatic stress disorder in police, firefighters, and emergency dispatchers. *Aggression and Violent Behavior*, 43, 33-44. <https://doi.org/10.1016/j.avb.2017.11.003>



[org/10.1016/j.avb.2018.08.005](https://doi.org/10.1016/j.avb.2018.08.005)

- Lees, T., Elliott, J. L., Gunning, S., Newton, P. J., Rai, T., & Lal, S. (2019). A systematic review of the current evidence regarding interventions for anxiety, PTSD, sleepiness and fatigue in the law enforcement workplace. *Industrial Health, 57*(6), 655-667. <https://doi.org/10.2486/indhealth.2018-0088>
- Milliard, B. (2020). Utilization and impact of peer-support programs on police officers' mental health. *Frontiers in Psychology, 11*(1686), 1-8. <https://doi.org/10.3389/fpsyg.2020.01686>
- Padilla K. E. (2023). A descriptive study of police officer access to mental health services. *Journal of Police and Criminal Psychology, 38*, 607-613. <https://doi.org/10.1007/s11896-023-09582-6>
- Page, K. S., & Jacobs, S. C. (2011). Surviving the shift: Rural police stress and counseling services. *Psychological Services, 8*(1), 12-22. <https://doi.org/10.1037/a0021796>
- Purba, A. & Demou, E. (2019). The Relationship between Organisational Stressors and Mental Wellbeing within Police Officers: A Systematic Review. *BMC Public Health, 19*(1286): 1-21. <https://doi.org/10.1186/s12889-019-7609-0>
- Reese, J. T. (1995). A history of police psychological services. In M. I. Kurke & E. M. Scrivner (Eds.), *Police Psychology into the 21st Century* (pp. 31-44). Lawrence Erlbaum Associates, Inc.
- Soomro, S., & Yanos, P.T. (2019). Predictors of mental health stigma among police officers: The role of trauma and PTSD. *Journal of Police and Criminal Psychology, 34*, 175-183. <https://doi.org/10.1007/s11896-018-9285-x>
- Uhl, A., Addo-Yobo, A., Boland, G., Watkins, R., Senegal, J., & Salami, T. (2023). Mental health providers and peers help enhance the effectiveness of law enforcement mental health interventions. *Journal of Police and Criminal Psychology, 38*, 774-781. <https://doi.org/10.1007/s11896-023-09604-3>
- Van Hasselt, V. B., Klimley, K. E., Rodriguez, S., Themis-Fernandez, M., Henderson, S. N., & Schneider, B. A. (2019). Peers as Law Enforcement Support (PALS): An early prevention program. *Aggression and Violent Behavior, 48*, 1-5. <https://doi.org/10.1016/j.avb.2019.05.004>
- Velazquez, E., & Hernandez, M. (2019). Effects of police officer exposure to traumatic experiences and recognizing the stigma associated with police officer mental health: A state-of-the-art review. *Policing: An International Journal, 42*(4), 711-724. <https://doi.org/10.1108/PIJPSM-09-2018-0147>
- Venville, A., Kostecki, T., McGowan, D., & Lynch, R. (2024). From active police duty to civilian life: The role of peer support. *The Police Journal, 97*(1), 92-104. <https://doi.org/10.1177/0032258X221129866>



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