

STUDY

CAN POLICE DE-ESCALATION TRAINING REDUCE USE OF FORCE AND CITIZEN INJURY WITHOUT COMPROMISING OFFICER SAFETY?



A RESEARCH SUMMARY OF:

White, M. D., Orosco, C., & Watts, S. (2023). Can police de-escalation training reduce use of force and citizen injury without compromising officer safety? *Journal of Experimental Criminology*, 1-26. <https://doi.org/10.1007/s11292-023-09584-8>

TOPIC AREA:

- Training
- Use of Force
- Organizational Culture

QUESTIONS ADDRESSED:

- Does de-escalation training reduce the prevalence of officer use of force generally, or specific types of force in particular?
- Does de-escalation training reduce the prevalence of officer and community member injuries during use of force incidents?
- Is de-escalation training associated with an increase in the amount of time spent at use of force incidents?



KEY FINDINGS

- After receiving de-escalation training, researchers found reductions in the use of several force types for the Treatment and Control Groups:
 - Patrol squads in the Treatment Group used a TASER less often in the post-training period (46.7% reduction between pre- and post-training).
 - Specialty units in the Treatment Group were less likely to use takedowns and body strikes in the post-training period (62.5% and 95.7% reductions, respectively).
- The duration of use of force encounters increased significantly for officers that received the de-escalation training. The average amount of time spent at use of force encounters increased by approximately 15 minutes for officers in the Treatment Group.
 - While the average use of force encounter in the pre-training period for officers in the Treatment Group was about 58 minutes, this increased to an average of almost 73 minutes in the post-training period.

- At the same time, use of force encounters for the Control Group lasted approximately 15 minutes less compared to the average encounter in the pre-training period. The authors attribute this to TPD's COVID protocols, which sought to reduce contact with community members.
 - The research team attributes these findings to trained officers employing the active listening and communication skills that they are taught during de-escalation training.
- Injuries to community members were significantly less common for civilians involved in encounters with officers trained on de-escalation. Community members were injured in 11.2% of incidents involving Treatment Group officers, compared to 26.4% of incidents involving officers in the Control Group.
- There was no significant difference in the rate of officer injuries between the Treatment and Control Groups, indicating that de-escalation training does not put officers at a greater risk of suffering an injury.
- Overall, use of force decreased significantly for both the Treatment Group and Control Group. This is attributed to the training program coinciding with the start of the COVID-19 pandemic, which may have changed officer behavior more than any changes brought about by de-escalation training. As such, the authors find no significant difference in overall use of force prevalence between the Treatment and Control Groups.

METHODS USED:

- Data for this study comes from the Tempe (AZ) Police Department (TPD). TPD designed a de-escalation training program focused on officer safety and wellness, in addition to more common de-escalation tactics like active listening, communication skills, emotional intelligence, and procedural justice.
- To evaluate this training, the research team used a randomized-controlled trial (RCT) design where patrol squads and specialty units were randomly assigned to either receive the training (Treatment Group) or to not receive the training (Control Group).
- The research team randomized patrol squads and specialty units to the Treatment Group rather than individual officers to avoid officers in the Treatment Group and Control Group responding to the same call for service.
 - 109 officers were assigned to receive the training and 107 officers were assigned to not receive the training.
- The TPD de-escalation training was delivered over six sessions, for a total of ten hours. The training was administered in-person and led by the commander and sergeant of TPD's training unit. Additionally, officers in the Treatment Group completed online refresher training modules three months and five months after attending the original training sessions.
- The research team compared use of force data from the six months before the training was delivered (August 2019 – January 2020) to data from the six months after the training was delivered (March 2020 – August 2020). Additionally, the researchers reviewed the body-worn camera footage for every use of force incident that occurred during the study period.
- Three separate analyses were conducted: the Treatment Group compared to the Control Group in

general; patrol squads in the Treatment Group compared to patrol squads in the Control Group; and specialty units in the Treatment Group compared to specialty units in the Control Group.

LIMITATIONS:

- The post-training study period coincides with the onset of the COVID-19 pandemic and the death of George Floyd, both of which drastically altered the field of policing. As such, these events may mask the potential impact of de-escalation training on overall officer use of force.
- This study examines one training program conducted within one agency, meaning that the results of this study may not necessarily be generalizable to all agencies. Additional research is needed to investigate the impacts of de-escalation training.

HOW DO THESE FINDINGS APPLY TO MY AGENCY?



This study presents promising findings for how de-escalation training can reduce the use of certain force types and the prevalence of civilian injuries during use of force encounters. Additionally, this study suggests that de-escalation training does not put officers at a greater risk of being injured during use of force encounters.



The de-escalation training curriculum taught by TPD emphasizes officer safety and wellness in addition to active listening and communication, showing that it's possible for de-escalation training to address both officer safety and community safety.

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