

Background

Much of the research on police use of force focuses on causal factors, differential risk levels by age, race, and ethnicity, and de-escalation training. Far less attention has been given to the role that 911 call takers play in influencing police responses to public calls for emergency services. Yet call takers have an important – and challenging – role in interpreting the nature and urgency of calls for police service and assessing the risk level associated with each request. The issue is important because differences in call-taker assessments of risk might influence police officers' perceptions of the potential danger posed by the incident prompting the call and, in turn, their behavior when they reach the scene. Call takers who routinely perceive calls as high risk could inadvertently prime officers to use force or be influenced by biased perceptions of the circumstances based on race, gender, ethnicity, and identity. Conversely, some call takers may routinely underestimate the risk associated with certain calls, leading officers to fail to take sufficient precautions to protect themselves and others.

Research Question

Do call takers who routinely assess calls as high-risk influence police officers' interpretations of the scene upon arrival?

Study Strategy

The study summarized here is the first quantitative research exploring variations in how 911 call takers perceive similar calls as high priority. The author analyzed data on over 20,000 calls to a public safety dispatching center in a large jurisdiction in southeast Michigan, identifying those pertaining to mental health and non-domestic assault. A total of 31 call takers were categorized based on how likely they were to classify the same type of calls as "high priority"—a measure the author defined as "call-taker alarmism."

After confirming that certain characteristics of the call (e.g., caller problem, year, seasonality, census block group where the incident happened) and the responding policing agency were not predictive of call-taker alarmism, the researcher identified the degree to which calls answered by alarmist call takers led police responders to also classify the call as high priority.

Findings

The research showed that mental health calls classified by alarmist call takers were six times more likely to be coded as high priority by police than calls classified by non-alarmist staff; assault calls classified by alarmist staff were twice as likely to be coded as such. These findings suggest that identifying and intervening with alarmist call takers could reduce the share of calls that result in unnecessary police response and mitigate the degree to which responding officers arrive expecting danger. That, in turn, could reduce the likelihood that police resort to force, but more research is needed to test that hypothesis.

"A police officer is about 42 percentage points more likely to code a call related to mental health or public assault as high priority at the scene if it was coded as high priority inside dispatch."

- Gillooly (2021)

Implications

How should policing agencies respond to this research? Alarmist staff could be informed that they are more likely than their peers to classify calls as high priority and encouraged to discuss why they don't conform with the norm. Routine debriefs among call takers, dispatchers, police, and other responders to discuss how calls were coded and handled could also be productive. In addition, call takers might benefit from more specific definitions and call-taking protocols for events that are particularly vulnerable to misclassification. The Philadelphia Police Department has taken a sensible step in this direction with its recent decision to support the objective classification of behavioral health calls.

Providing call takers with "avenues for feedback and the sharing of expertise could facilitate organizational learning and improve outcomes" and giving "more specific definitions and criteria for subjective incident types, such as suicidal subjects or emotionally disturbed persons" could help reduce "variability across call-takers."

- Gillooly (2021)

Researchers interested in further study of this question might begin by examining the best ways to measure variations in call taker classification, assessing which types of call taker practices are cause for concern – and why. It is equally important to identify call takers who routinely categorize more calls as low priority as it is to identify those who categorize more calls as high priority. Both have implications for police response and safe outcomes for officers and community members.

Future research also should evaluate the degree to which various policy responses reduce inappropriate call-classification tendencies and analyze and track outcomes related to reduced police dispatch, prevention of injury, or hospitalization. In addition, researchers should examine the degree to which officers are more or less likely to arrest, use force, and jail people who are subject to calls fielded by call takers at both ends of the classification spectrum, and determine whether that likelihood varies by race/ethnicity or gender.

Article Citation

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