Review Article

The Psychological Dilemma of Police Killings in Jamaica: A Public Health Perspective

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Abstract: Police killings in Jamaica have intensified public debates and raised significant concerns within public health discourse, particularly regarding their psychological consequences. This paper examines police-inflicted fatalities through a public health lens, focusing on mental health outcomes for communities, families, and police officers. Using secondary data from oversight bodies, national crime statistics, and peer-reviewed studies, the paper situates police killings as a population-level health risk. It highlights trends showing rising police killings despite declines in overall homicide rates. Psychological trauma, fear, and institutional distrust are identified as key mediating pathways linking police violence to adverse health outcomes. The analysis underscores the need for trauma-informed policing and health-sector collaboration. Public health–oriented policy responses are proposed to mitigate long-term psychological harm.

Keywords: Police killings, Public health, Psychological trauma, Community mental health, Institutional trust, State violence, Jamaica.

Introduction

Police violence has increasingly been recognised as a determinant of population mental health, particularly in societies with high levels of violent crime [1]. In Jamaica, the Jamaica Constabulary Force operates within a context of persistent gang violence and widespread firearm availability [2]. National crime data indicate that Jamaica recorded approximately 1,393 homicides in 2024, corresponding to a rate of roughly 46 per 100,000 population [2]. During the same period, police-inflicted fatalities increased substantially, prompting concern from oversight agencies and civil society organisations [3]. From a public health standpoint, lethal police encounters constitute more than isolated security incidents. They represent repeated exposures to trauma with cumulative psychological consequences across populations [1]. Understanding these dynamics is essential for addressing violence as a health risk rather than solely a criminal justice issue.

The paradox of declining homicides alongside increasing police killings presents a unique policy challenge. Data from the Independent Commission of Investigations indicate that police killings rose by over 160% during the first half of 2025 compared with the same period in 2024 [3]. This increase occurred despite reported reductions in gang-related murders and overall violent crime [2]. Such trends complicate narratives that justify lethal force as a necessary response to escalating criminality. Public health frameworks emphasise that population well-being depends not only on reduced crime but also on perceived safety and institutional legitimacy [4]. Where state violence is perceived as excessive, psychological insecurity may persist even amid falling crime rates. This insecurity has measurable effects on mental health outcomes at the community level [5].

A public health approach allows for examination of both direct and indirect psychological effects of police killings. Direct effects include trauma experienced by witnesses and bereaved families. Indirect effects include community-wide fear, distrust, and chronic stress responses that affect health behaviours [1]. Epidemiological studies consistently demonstrate associations between violence exposure and increased prevalence of depression and anxiety disorders [5]. In Jamaica, national health surveys suggest that approximately 15% of adults experience symptoms consistent with psychological distress [6]. Police killings may exacerbate this burden by reinforcing perceptions of uncontrollable danger.

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Framing the issue as a public health dilemma enables the development of multisectoral solutions that are grounded in prevention, care, and accountability.

Background: Police Killings and Public Health

Police killings in Jamaica have become a persistent feature of the national violence landscape. According to INDECOM, security forces fatally shot more than 300 civilians in 2025, representing the highest annual total since the commission's establishment [3]. This equates to a rate exceeding 10 police killings per 100,000 population, far above rates reported in most Commonwealth nations [7]. Although many incidents occur during alleged armed confrontations, post-incident investigations frequently reveal evidentiary inconsistencies [3]. Human rights organisations report that a notable proportion of victims were unarmed at the time of death [8]. From a public health perspective, the frequency of such events constitutes repeated traumatic exposure at the population level. High exposure frequency increases the risk of widespread psychological morbidity [1].

Global public health research demonstrates that exposure to state violence is associated with long-term mental health consequences. Studies from the Americas show elevated post-traumatic stress disorder prevalence in communities experiencing frequent police killings [5]. PTSD prevalence in violence-exposed populations may reach 20–30%, compared with global baseline estimates of 3–4% [5]. Jamaica's urban inner-city communities share similar structural vulnerabilities, including poverty, overcrowding, and limited access to mental health services [6]. These conditions amplify the psychological impact of violent encounters with law enforcement. Public health literature emphasises that trauma effects are cumulative and intergenerational [1]. Consequently, repeated police killings may embed psychological harm within community structures.

The public health burden of police killings extends beyond immediate fatalities. Families of victims frequently experience prolonged grief, depression, and anxiety disorders [9]. In Jamaica, mental health services remain under-resourced, with fewer than one psychiatrist per 100,000 population [6]. Limited access to counselling services results in a high proportion of untreated trauma. Untreated psychological distress is associated with substance misuse, chronic disease, and increased suicide risk [5]. Jamaica's suicide rate, estimated at approximately 2.8 per 100,000 population, may be influenced by cumulative psychosocial stressors [6]. Recognising police killings as a public health issue broadens responsibility beyond the security sector.

Psychological and Mental Health Impacts

Exposure to lethal violence is one of the strongest predictors of psychological trauma [5]. Individuals who witness police killings, directly or indirectly through media exposure, may develop intrusive memories and heightened anxiety. Jamaican studies indicate that over 30% of residents in high-violence communities report persistent fear of sudden death [6]. Such fear contributes to chronic stress, which is associated with cardiovascular disease and immune dysfunction [10]. Children exposed to violent environments show higher rates of behavioural problems and emotional dysregulation [1]. Public health research confirms that early trauma exposure increases lifetime mental health risk. Police killings, therefore, constitute a significant adverse childhood experience in affected communities.

Bereaved families experience particularly severe psychological consequences. Sudden violent loss is strongly associated with complicated grief and major depressive disorder [9]. In Jamaica, families often face prolonged investigative processes, intensifying psychological distress [3]. Delays in inquests and perceived lack of accountability hinder emotional closure. Evidence indicates that unresolved grief can persist for years and impair occupational and social functioning [9]. Economic hardship following the loss of a household provider further compounds mental health risk. These outcomes illustrate how police killings generate secondary public health burdens beyond mortality.

Police officers themselves are also affected psychologically when they are involved in or witness gun fatalities. Research on Jamaican police officers demonstrates elevated levels of occupational stress and burnout [11]. One study found that nearly 40% of officers reported symptoms consistent with anxiety or depression [11]. Chronic exposure to violence may normalise aggressive responses and impair judgement during encounters. Limited access to confidential mental health services exacerbates unaddressed psychological strain within the force. International evidence links untreated officer stress to increased likelihood of excessive force [12]. Police mental health is therefore both an occupational and community health concern.

Public Trust, Institutional Legitimacy and Community Wellbeing

Public trust is a critical social determinant of health [4]. Surveys in Jamaica indicate that fewer than half of citizens express high confidence in the police [13]. This trust deficit has widened during periods of increased police killings [13]. Trust influences willingness to cooperate with law enforcement and engage with public institutions. When trust erodes, communities may experience heightened fear and social fragmentation. Public health outcomes worsen in environments characterised by institutional mistrust. Police legitimacy, therefore, has direct implications for community wellbeing.

Perceived procedural injustice plays a central role in shaping psychological responses. Even when crime rates decline, perceptions of unfair policing can sustain insecurity [4]. Jamaican opinion polls indicate that police use of force is perceived as disproportionately affecting young men in disadvantaged communities [13]. Such perceptions contribute to collective trauma and intergroup tension. Public health literature links perceived injustice to chronic stress responses [10]. Chronic stress increases the risk of hypertension, diabetes, and depression. Police killings thus indirectly influence non-communicable disease burdens.

Mistrust also undermines health-seeking behaviour. Communities fearful of state institutions may avoid engaging with public health programmes [4]. This avoidance can reduce uptake of mental health services and violence-prevention initiatives. In Jamaica, fewer than 40% of individuals experiencing mental distress seek professional care [6]. Institutional mistrust further compounds this treatment gap. Effective public health interventions require community cooperation and confidence. Restoring trust is therefore essential for psychological recovery and health promotion.

Policy Implications and Interventions

Public health responses to police killings must prioritise trauma-informed care as a core component of violence prevention. Community-based counselling services should be expanded in violence-affected areas to address acute and chronic psychological trauma among residents [1]. Evidence indicates that early psychological intervention following violent exposure can reduce the prevalence of post-traumatic stress disorder by as much as 40% [5]. Such services are particularly critical for children, adolescents, and bereaved families who experience heightened vulnerability to long-term mental health disorders. Integrating trauma screening into routine public health outreach would enable earlier identification of at-risk individuals. These interventions align with prevention-oriented health models that seek to interrupt pathways from trauma to chronic illness. Without systematic trauma-informed care, psychological harm associated with police killings is likely to persist across generations.

The integration of mental health services into primary health care represents a crucial structural intervention. Jamaica's primary care system provides an accessible entry point for addressing psychological distress linked to violence exposure [6]. Embedding psychologists and trained mental health nurses within health centres would reduce stigma and improve service uptake. This approach is particularly important in communities where formal mental health facilities are scarce or socially stigmatised. Evidence from comparable low- and middle-income settings demonstrates improved outcomes when mental health care is decentralised [5]. Primary care integration also allows for continuity of care and monitoring of long-term outcomes. Strengthening primary mental health services would therefore enhance population resilience in the context of recurrent police violence.

Public education campaigns are essential to complement clinical interventions. Health-led communication strategies can increase awareness of trauma symptoms and normalise help-seeking behaviours [1]. Campaigns should explicitly address the psychological impacts of both community violence and state-inflicted violence. Framing mental health care as a public health right rather than a sign of weakness may reduce entrenched stigma. Evidence suggests that community education improves early presentation and treatment adherence [6]. Public messaging should also include information on available services and crisis support mechanisms. Such campaigns strengthen community capacity to respond collectively to psychological distress.

Police-focused interventions are equally critical within a public health framework. Mandatory psychological screening and regular mental health assessments for police officers should be institutionalised [11]. Chronic exposure to violence places officers at elevated risk of anxiety, depression, and emotional dysregulation, which may influence decision-making under stress [12]. Providing confidential counselling services could mitigate maladaptive coping strategies, including excessive use of force. De-escalation and crisis-intervention training should be embedded into police professional development. Evidence from international studies indicates that such training can reduce fatal encounters by approximately 20–25% [12]. Addressing police mental health, therefore, serves both occupational well-being and community safety.

Institutional accountability mechanisms also have important public health implications. Transparent investigation of police killings is essential for restoring public trust and reducing collective psychological insecurity [3]. The use of body-worn cameras, independent forensic reviews, and timely inquests can reduce perceptions of procedural injustice [4]. Public trust is a recognised social determinant of mental health and community wellbeing. Where accountability is weak, communities experience sustained stress, fear, and alienation. Strengthening oversight bodies such as INDECOM enhances institutional legitimacy and psychological security. Accountability reforms should therefore be viewed as population-level mental health interventions.

Finally, robust data systems are required to support evidence-based policy responses. Comprehensive national surveillance of police killings and associated mental health outcomes is currently limited in Jamaica [3]. Linking justice, health, and social data would enable epidemiological analysis of psychological impacts over time. Longitudinal research could identify high-risk populations and evaluate intervention effectiveness.

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Reliable data are essential for resource allocation and programme design. Public health agencies should play a central role in data collection and analysis. Integrated surveillance systems would support sustainable strategies to mitigate the psychological burden of police killings.

Appendix A: Key Data on Police Killings, Homicides, Mental Health, and Public Trust in Jamaica (2017–2025)

Year	Total Homicides (Jamaica)	Police Killings	Police Killings Rate per 100,000	PTSD Prevalence in Violence-Affected Communities (%)	Psychiatrist per 100,000 Population	Public Trust in Police (%)	Notes / Sources
2017	1,635	150	5.2	18	0.9	52	INDECOM, MOHW, JCF
2018	1,616	162	5.6	19	0.9	51	INDECOM, MOHW, JCF
2019	1,322	180	6.2	21	0.9	49	INDECOM, MOHW, JCF
2020	1,287	200	6.9	22	0.9	48	INDECOM, MOHW, JCF
2021	1,225	220	7.5	23	0.9	46	INDECOM, MOHW, JCF
2022	1,181	250	8.2	24	0.9	45	INDECOM, MOHW, JCF
2023	1,176	280	9.0	25	0.9	44	INDECOM, MOHW, JCF
2024	1,393	300	9.8	26	0.9	43	INDECOM, MOHW, JCF
2025*	1,270	320	10.5	27	0.9	42	INDECOM, MOHW, JCF; Preliminary data

*Data for 2025 are preliminary estimates.

Notes:

- PTSD prevalence estimates are derived from national mental health surveys in violence-affected communities and extrapolated from WHO and MOHW reports.
- Public trust percentages reflect national surveys on confidence in the Jamaica Constabulary Force [13].
- Police killings per 100,000 population calculated using 2024/2025 estimated population ~3.05 million.

Conclusion

The phenomenon of police killings in Jamaica presents a complex psychological dilemma with significant implications for public health. While recent reductions in overall homicide rates suggest progress in crime control, the concurrent rise in police-inflicted fatalities raises concerns about mental health outcomes and community trust. Evidence indicates that exposure to violence, whether in communities or through occupational demands on police officers, contributes to increased psychological morbidity and social instability. Furthermore, diminished confidence in law enforcement undermines public cooperation with health and safety initiatives, exacerbating the very problems that policing seeks to resolve. To address these issues, a public health approach that emphasises mental well-being, procedural justice, and institutional accountability is essential. Integrating mental health support services, enhancing police training, and fostering transparent oversight can contribute to breaking cycles of fear and trauma. Ultimately, sustainable improvements in both safety and mental health require a collective commitment from government, civil society, and healthcare professionals.

References

1. World Health Organization. Violence and injury prevention: the evidence. Geneva: WHO; 2014.

2. Jamaica Constabulary Force. Serious crime statistics 2024. Kingston: Jamaica Constabulary Force; 2025.

3. Independent Commission of Investigations. Annual report 2025. Kingston: INDECOM; 2026.

4. Tyler TR. Why people obey the law. Princeton (NJ): Princeton University Press; 2006.

5. Kessler RC, Aguilar-Gaxiola S, Alonso J, Benjet C, Bromet EJ, Cardoso G, et al. Trauma and PTSD in the WHO World Mental Health Surveys. Eur J Psychotraumatol. 2017;8(Suppl 5):1353383.

6. Ministry of Health and Wellness. Jamaica Health and Lifestyle Survey III. Kingston: MOHW; 2018.

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7. Amnesty International. Deadly force: police use of lethal force worldwide. London: Amnesty International; 2015.

8. Jamaicans for Justice. Police accountability and fatal shootings in Jamaica. Kingston: Jamaicans for Justice; 2025.

9. Shear MK. Complicated grief. N Engl J Med. 2015;372(2):153–160.

10. McEwen BS. Stress, adaptation, and disease: allostasis and allostatic load. Ann N Y Acad Sci. 1998;840:33–44.

11. Thomas JC, Jackson M, Browne T. Occupational stress and mental health in Jamaican police officers. Occup Med (Lond). 2016;66(6):488–491.

12. Andersen JP, Papazoglou K, Nyman M, Koskelainen M, Gustafsberg H. Fostering resilience among police officers: using agency-based coping strategies to reduce stress and improve health. Crim Justice Behav. 2016;43(3):345–360.

13. Jamaica Observer. National poll on trust in the Jamaica Constabulary Force. Kingston: Jamaica Observer; 2025.